Volunteer Annual Competency

WMC Health | **Westchester Medical Center**

Westchester Medical Center Health Network

Table of Contents

Mission Statement, Vision, Organization Goals and Values

Our Mission

Westchester Medical Center's vital mission is to provide the highest quality care for all residents of the Hudson Valley regardless of ability to pay. Westchester Medical Center will build on its long tradition of delivering the most advanced services in the region by providing a system that ensures access to a coordinated continuum of care for its community. As the region's only academic medical center, Westchester Medical Center is committed to educating the next generation of caregivers for the Hudson Valley and integrating research to advance treatment, expand knowledge, and improve lives.

Our Vision

Westchester Medical Center's vision is to be the provider of choice for Hudson Valley residents by establishing a system of care with multiple points of access to ensure availability of care close to home. Westchester Medical Center will leverage its unique strength as an academic medical center to provide the highest quality, patient-centered care in a respectful and compassionate environment and lead the transformation of health care in the Hudson Valley to continuously respond to the needs of it community.

Westchester Medical Center's Five-Year Strategic Goals

The Westchester Medical 2020 Strategic Plan is a structured around three primary goals, supported by enabling strategies that will chart the course of this organization across the next five years. These goals and strategies will guide the evolution of Westchester Medical Center to meet the needs of the Hudson Valley while developing and catalyzing innovations to improve the quality of care and health outcomes throughout the region. Westchester Medical Center's Strategic Plan outlines the building blocks of a forward-looking strategy that seeks to advance coordination and efficiency while expanding the organization's clinical and academic reach to better serve the region.

> Goal 1: Develop a Hudson Valley System of Care
>
> Goal 2: Advance Integration Across the Continuum of Care
>
> Goal 3: Optimize Clinical Education and Research by Enhancing Our Academic Affiliations

Our Values (VITAL)

Grounded in our Standards of Behavior and representing both who we are and to what we aspire, are our organizational values:

V	**I**	**T**	**A**	**L**
Value *Everyone*	**Integrity** *Proud to Be WMC*	**Transformation & Innovation** *Anything is Possible*	**Accountability** *It's Up to Me*	**Leadership & Learning** *Advancing Health*
We value and respect each other, our patients and their families and the members of the larger community we serve. We are committed to treating everyone with dignity and compassion- the way they would like to be treated. We take personal pride in our work, our organization and recognize our vital role in the community. *Standards: Respect, Pride, Diversity & Inclusion*	Our actions reflect our values. We communicate with transparency and behave ethically in all we do. We provide the highest level of care and service across the spectrum, from wellness programs to lifesaving medical treatment, regardless of ability to pay. *Standards: Service, Empathy*	We strive to advance excellence, always innovating and improving our services, technology, clinical research and processes. We are continuously evaluating performance, encouraging new ideas and diverse perspectives, and exceeding the expectations of those we serve. It is through teamwork and individual responsibility that we achieve, combining expertise and empathy to change lives, create possibilities and bring hope. *Standards: Excellence, Service*	We perform our services with honesty and sensitivity, abiding by ethical work practices. We are fiscally responsible, committed to quality services, outcomes and measures, and work effectively to achieve individual and collective goals. We foster an environment that is patient-centered, family-focused and supports employee engagement, service excellence and patient safety. *Standards: Excellence, Teamwork*	As leaders in our field, we are committed to advancing health in our region and our organization, through excellent clinical care and service, research and education. We embrace learning and are role models for creating an environment where everyone is inspired to do their best work and take initiative, and we recognize everyone's contributions and accomplishments. *Standards: Employee Initiative, Communication, and Diversity & Inclusion*

Westchester Medical Center Core Standards of Behavior

Westchester Medical Center is committed to providing high quality health services in all aspects of what we do. Our VITAL organizational values of Value, Integrity, Transformation & Innovation, Accountability, and Leadership & Learning are reflected in our Standards of Behavior, which were developed by an interdisciplinary team of employees. These standards reflect our commitment to service excellence and the delivery of the highest level of quality of care. Each individual, through their words, actions and attitude has a tremendous impact on those we serve. Our Standards of Behavior guide those words, actions and attitudes to ensure a positive impact. When choosing to work within this organization, each team member is choosing to embrace the following:

> **R**espect
> **E**xcellence
> **S**ervice
> **P**ride
> **E**mpathy
> **C**ommunication
> **T**eamwork/Accountability
> **E**mployee Initiative
> **D**iversity, Inclusion & Cultural Competency

Respect: Treats everyone with dignity and compassion - the way they would like to be treated.

- ✓ Welcomes and acknowledges everyone in a timely and friendly manner
- ✓ Utilizes courtesy, such as "please" and "thank you", in all interactions
- ✓ Acknowledges delays and problems; apologize for any inconvenience and offer alternatives if possible
- ✓ Safeguards the privacy and confidentiality of all individuals
- ✓ Strives to see the care and services we provide through the eyes of the people receiving care
- ✓ Demonstrates positive interactions with patients, families, visitors, and fellow staff members
- ✓ Maintains a clean and safe environment, respecting the organization's resources

Excellence: Demands personal best. Maintains a high standard of ethical behavior and personal expertise in the performance of your work.

- ✓ Commits to personal and professional growth, knowledge and learning
- ✓ Recognizes and acknowledges quality service in others
- ✓ Promotes and exhibits a positive attitude
- ✓ Contributes ideas to improve performance
- ✓ Serves as a part of the solution
- ✓ Accepts and contributes to change efforts

Service: Recognizes that we are each here to serve. To do so, the needs of patients, families, visitors and fellow staff members must be understood. We always strive to exceed their expectations.

- ✓ Uses first interaction to make a favorable impression
- ✓ Smiles, introduces self and acknowledges the presence of others
- ✓ Listens, explains patiently so others can understand, is courteous and helpful
- ✓ Anticipates the needs of others
- ✓ Responds to the needs of others in a timely, professional and competent manner
- ✓ Assists patients, visitors, and fellow staff members with extraordinary care or service

Pride: Takes pride in your work and yourself.

- ✓ Dresses in a professional manner wearing neat, appropriate clothing that adheres to departmental and organizational dress codes
- ✓ Wears ID badge on lapel where it can easily be seen
- ✓ Acts as a good steward of the hospital's resources
- ✓ Commits to quality and celebrates organizational successes
- ✓ Represents Westchester Medical Center positively in the workplace and in the community
- ✓ Takes pride in Westchester Medical Center and actively works to achieve the goals of the department and hospital

Empathy: Strives to see the care we provide through the eyes of those receiving the care. Understands that each person is a unique individual with distinct needs and desires. Accepts that each member of the WMC team has individual responsibility to meet these needs with care and compassion.

- ✓ Takes time to learn about people and finds out what is important to others
- ✓ Strives to understand; ask appropriate questions
- ✓ Actively demonstrates empathy by using caring words and gestures
- ✓ Responds appropriately to the feelings of others
- ✓ Acknowledges people as individuals and never as tasks

Communication: Communicates effectively by listening attentively and speaking with sensitivity and honesty in a clear and direct manner.

- ✓ Acknowledges the presence of others
- ✓ Introduces self and role in the organization
- ✓ Carefully listens and is fully present
- ✓ Ensures mutual understanding, responds to concerns
- ✓ Uses courteous language
- ✓ Gives and receives constructive feedback appropriately
- ✓ Communicates relevant information, as appropriate, across the organization

Teamwork: Acknowledges that in working together the team is able to accomplish more than any one individual.

✓ Works efficiently; avoids silos and duplicative efforts
✓ Supports and helps co-workers
✓ Behaves responsibly to gain the trust and confidence of others
✓ Keeps promises, commitments and meet deadlines
✓ Projects a positive image of the team and its work
✓ Actively engages in team efforts to improve quality, safety, and satisfaction
✓ Recognizes that we are ONE team with many members

Employee Initiative: Takes appropriate independent action and works proactively to complete responsibilities.

✓ Performs additional work without being instructed
✓ Seeks opportunities to improve the work environment
✓ Takes appropriate action to ensure a safe environment
✓ Identifies ways to improve work procedures
✓ Identifies and brings forward opportunities to ensure best use of resources
✓ Is a resource to others

Diversity & Inclusion: Demonstrates an understanding of the impact of personal behavior in creating an inclusive, respectful workplace and a caring environment conducive to healing, growth and well-being.

✓ Successfully works with and responds to people of different backgrounds, work styles and attitudes using inclusive language that is culturally appropriate and sensitive
✓ Refrains from using prejudice or stereotypes when discussing patients or co-workers
✓ Educates others in a positive manner when witnessing offensive jokes, derogatory comments or stereotyping
✓ Takes notice of the behavior of others; speaks up when someone is being excluded
✓ Engages diverse perspectives to create new and better ways of accomplishing work, solving problems, or making decisions
✓ Participates in Diversity & Inclusion activities or training

Cultural Competency: **Responds respectfully and effectively to people of all cultures, races, ethnic backgrounds, ages, lifestyles, and religions.**

✓ Demonstrates respect for cultural and personal values, beliefs, and preferences
✓ Suspends judgment while treating patients and co-workers respectfully and inclusively
✓ Communicates effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
✓ Participates in cultural competency activities or training

iCare: Your WMC Workforce Resource

Designed and maintained exclusively for our workforce, iCare is your go-to internet resource for hospital information, news and happenings. This site is also a valuable tool for hospital/department policies, occurrence reporting (MIDAS), e-learning, compliance tips and resources, and much more. You can learn about our Mission, Vision and Values, review department pages, browse our employee discounts, and share news and events. The internal site has all of the up-to-date information and resources you need to help you through your day.

Corporate Compliance/Code of Conduct

Our Code of Conduct reflects our collective environment and responsibility to uphold our organization's reputation, practice ethical business behavior, meet rigorous professional standards, and comply with the laws, regulations and policies that govern our work. The organization's integrity is critical to the success of its operations. The Compliance Office serves as a resource to guide the WMC Workforce to "do the right thing." Summary of Basic Business Conduct Policies:

- Provide appropriate medical services in accordance with applicable laws
- Act responsibly and honestly to treat others with dignity and respect.
- Bill only for services actually performed.
- Do not create false or misleading documents.
- Use work time for hospital business.
- Avoid relationships and activities that would conflict with your work.
- Discourage gifts from anyone in the course of your duties as a staff member.
- Protect the assets of the hospital.
- Maintain a safe and clean work and patient care environment.
- Strive to create a workplace free of sexual or other harassment.
- Do not engage in threatening behavior or acts of aggressions toward others.

Duty to Report: If you know of actual or suspected violations of a law, this Code or a WMC policy, you have a duty to report. You may report to your supervisor, manager, the Compliance Officer, or the Compliance Helpline

How to Report:
1. WMC Corporate Compliance Office at 914-493-2600
2. Confidential Compliance Helpline 1-866-545-0038

Supervisors, managers, directors and above have a special obligation to be open to employees'

HIPAA

Patients have the right to control who will see their protected health information (PHI). With the enactment of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a patient's right to have his/her health information kept private, secure and confidential became more than just an ethical obligation of healthcare providers; it became a federal law.

What is PHI?

- Relates to the past, present or future physical or mental health condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual
- Examples of PHI: patient name, address, age, social security number and any other personal information that patients are asked to provide. In addition, protected health information includes why a person is sick or in the facility, what treatments and medications he/she may receive, and other observations about his/her condition or past health conditions.

Ways to protect a patient's privacy include:

- Keep discussions about patient care private by closing doors, pulling curtains and conducting discussions so that others cannot overhear
- Keep medical records out of public areas
- If you find that you are overhearing someone else discuss patient information, politely remind the individual of the privacy policies and let them know they can be overheard
- Do not release any patient information, unless authorized by the patient
- Do not leave messages on answering machines regarding patient condition or test results
- If you do not need to know confidential patient information, then do not access it. Always ask yourself, what is the least amount of information I need to do my job?

To report a violation:

1. Call Privacy Official at 493.2600
2. Call corporate compliance hotline at 866.545.0038 (can be done anonymously)

WMC CODE OF CONDUCT BROCHURE IS ENCLOSED & PROVIDED FOR YOUR REVIEW AND ACKNOWLEDGEMENT
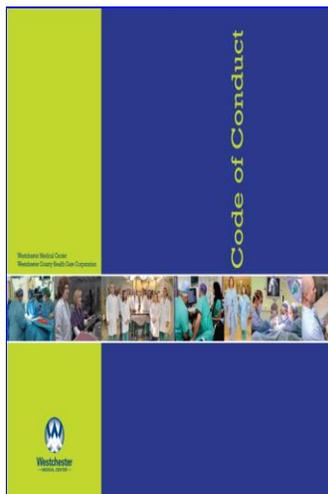
Environment of Care

The Westchester Medical Center's Environment of Care Quality Improvement Committee (ECQIC) is responsible for the overall safety of all patients, visitors and employees.

Safety and Security
Although two separate plans, both the Security Plan and the Safety Plan have the overall responsibility of ensuring that all patients, visitors and employees are safe and secure.

Security is everyone's business!
Effective security management depends upon the cooperation of those persons it is designed to protect. Compliance with hospital safety and security policies is the responsibility of every employee.

Reporting potential risks and/or security incidents: Call x 8535

Hospital photo identification: Hospital policy and state law require all staff members to wear employee photo identification. Security personnel monitor compliance with the hospital identification policy. Employees in violation of this policy are subject to disciplinary action.

Smoke Free Facility: Smoking is prohibited anywhere on the hospital campus and within corporation owned vehicles. The Department of Security will monitor and continuously enforce compliance with this policy. The name and department of non-compliant employees will be recorded and forwarded to hospital administration for corrective action. Employees are also responsible for enforcing this policy by politely reminding co-workers, visitors, and patients.

Bomb Threats: When the Medical Center receives a "bomb threat", our objectives are:
- Provide for the safety of our patients and employees → Prevent panic → Minimize disruption of the institution → Coordinate with appropriate public safety departments (County Police & Bomb Squad)

Suspicious items: DO NOT TOUCH, MOVE OR DISTURB SUCH ITEM!
   o   Call the Security Supervisor at x7209, x8535 or emergency pager #0911
   o   Keep all persons away until Security arrives
   o   Close the door so that a potential blast may be confined that room only

Workplace Violence

WMC is committed to providing a workplace environment that promotes the highest caliber of safety and security to its entire staff. Every workplace has the potential for employee-to-employee violence. Violence may be directed at supervisors or peers. It can range from starting rumors or exchanging angry words to taking physical action. **WMC has a zero tolerance stance towards workplace violence.**

3 levels of workplace violence:
- Level I – Intimidating words or gestures that induce fear of physical harm
- Level II - Resulting in minor injury, emotional injury affecting ability to carry on work
- Level III – Violence resulting in serious injury or death

4 Types of workplace violence:
- Type I Perpetrator – one who is a stranger and has no legitimate business on premises and no legitimate relationship with employee.
- Type II Client, patient, and/or visitor – person has legitimate reason to be on premises.
- Type III Co-worker – employee on employee or past employee
- Type IV Domestic – person that has a personal relationship with victim and does not have a legitimate relationship with the workplace.

DR STRONG **– workplace violence distress code**
What to do:
1. Remain calm
2. Call x8535 and state "I need to page Dr. Strong" and give your exact location and name
3. Make report of the incident to your immediate supervisor afterwards

Domestic Violence
- Every patient receives information on domestic abuse on admission to units, ambulatory surgery or the ED
- Look for bruising, scars, many accidents, suicidal gestures, fear, depression, indirect answers to questions, anxiety about financial questions
- What to do if you suspect domestic violence: Tell the nurse, the MD, the social worker, or your supervisor. Remember Privacy

Protective and Restraining Orders – Each employee who receives a PO or RO which lists WMC premises as a protected area is required to provide the security department with a copy of such order. If possible, also include a picture of the person the order is against.

Types domestic violence: battery, simple battery, simple assault, unlawful restraint, criminal trespass, stalking, criminal damage to property, abuse (any type), spousal rape, or whenever one person tries to control another using physical, sexual, emotional or financial means.

Hazardous Materials and Waste Management

This plan is concerned with making sure that every employee at Westchester Medical Center is working in a hazard-free environment.

Employee Right to Know Rule: If you have any questions while reading this material or any questions when using chemicals in your job, never hesitate to ask you supervisor.

The Safety Data Sheet (SDS)
- Safety information for each chemical purchased for use by the hospital
- Detailed information on a chemical and its hazards to you and what the treatment is should you be exposed to it.
- The SDS can be obtained from your unit/department library, on iCare
- It is the responsibility of each employee to read and follow the instructions on the SDS. Contact the Safety Officer at x 6979 with any questions.

Hazardous Spill Procedures
- Follow spill policies

Fire Safety Management Plan
Each employee must:
- Learn their department's fire plan as soon as they begin working.
- Know the location of the nearest fire-fighting equipment and alarm box nearest his/her workstation

When you discover a fire, first shout "Code Red" and the location of the fire, then
Follow the **RACE** procedures

Remove…   Patients and personnel from area of immediate danger. Close the door to the room containing the fire

Alarm…   Sound the alarm from the nearest fire alarm box or call 7911 to verify location of the fire

Contain…   The fire by closing all doors and windows including all doors on the corridor. Shut off all oxygen outlets

Extinguish…   The fire with the proper equipment, if possible, without putting yourself in danger. Never attempt to extinguish any fire regardless of how small, without first sounding the alarm

Tips after RACE procedure has been executed:
- Stay in the general area to direct firefighting personnel to the fire
- Close all doors and windows including all doors in the hallway
- Prevent the spread of smoke by placing blankets at the bottom of doors (if you cannot enter the room)

- If oxygen is in use, tell the proper personnel that it must be shut off. Respiratory Therapy, with the assistance of nursing staff, will shut the oxygen zone valve
- Before entering the room, feel the door with the back of your hand. If not hot, feel the doorplate or handle with the back of your hand. If that is not hot, stand to the side of the door (not behind it) and open it slowly by cracking it first and taking several steps away in the opposite direction
- Do not leave the area unless ordered to evacuate by the person in charge.
- Personnel should be staged and ready to evacuate to the nearest fire compartment, if necessary

Fire Bells
- Upon the sounding of the fire bells in your work area, STOP and be ALERT in the event that you may need to evacuate the work area.
- In the main hospital, Macy Pavilion, Taylor Pavilion and MFCH, the location of the fire will be shown on a remote enunciator panel located at each nurses' station. For all other buildings, consult the code chart at each pull station
- When "Code Clear" is paged overhead, this means the all-clear signal has been given

Fire Extinguishers

Type/Class	Materials Burning
A	Wood, paper, plastic, garbage
B	Flammable liquids
C	Electrical equipment
D	Explosive metals
K	Kitchen deep frying oils, grease

- Only use if you feel comfortable fighting the fire and are sure you are not in any danger
- To use an extinguisher, remember this simple word: **PASS**

        Pull (the ring).
        Aim (the extinguisher at the base of the fire).
        Squeeze (the handle together).
        Sweep (the extinguisher from side to side).

Medical Equipment Management Plan and Utilities Management
These plans ensure the maintenance of medical and other equipment and promote its safe and effective use. They also provide tracking, preventative maintenance, initial assessment and incident reporting.

Medical Device – a "device" is defined as an instrument, apparatus, contrivance, implant, in vitro reagent, or other similar or related article, including any component part, or accessory, which is –

a. Recognized in the official National Formulary, or in the United States pharmacopoeia, or any supplement of them.

b. Intended for use in the diagnosis of disease or other conditions or in the cure, migration, treatment, prevention of disease or monitoring of physiological parameters in man or other animals, or

c. Intended to affect the structure or any function of the body of man or other animals, and which does not achieve its primary intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of any of its intended principal purposes.

(*Federal Law, 21 U.S.C. 321[h].*)

Examples of medical devices/ equipment include but are not limited to:
Catheters, infusion pumps, hospital beds, patient restraints, suture material, syringes, defibrillators, pacemakers, tampons, in vitro (test tube), wheelchair, diagnostic equipment

Staff responsibility includes:

    1.   If the event involves a patient, provide the necessary treatment/follow up if needed to the patient and inform the appropriate clinical care team members and necessary departments, such as Security.

    2.   Occurrence/Event reports must be completed in Midas, the electronic occurrence reporting system, as soon as practicable after the discovery of the event but preferably no later than change of shift. Please see procedures in next section for Midas Occurrence Reporting - Remote Data Entry In filling out the form, document only the facts. Comments should be concise, objective and accurate.

3.   All Serious Safety Events should be immediately communicated to the Risk Management Department (x 8593) and/or Quality and Safety Department (x 7250), Administrative Leadership and/or the Administrator on Call.

4.   When an occurrence involves a patient, timely documentation of the occurrence should also be written in the patient's medical record. Again, documentation should only include the facts of what happened and what follow up was taken and no opinions or personal conclusions. **There should be no mention in the medical record of the filing of an Occurrence Report/Midas Report or that the departments of Risk Management or Quality and Safety were called.**

5.   If a serious adverse event involves a medical device, efforts should be made to preserve all pieces of equipment in question. The equipment should be put aside and tagged accordingly. Biomedical Engineering should be notified of any defective equipment. Do not release the device to the manufacturer or to the patient without approval from Risk Management.

6.   Hospital staff is required to cooperate when called upon for assistance including but not limited to participation in any follow-up investigation such as providing additional follow-up information and documentation.

Clinical Practitioners, please note: In suspected IV pump malfunction, please return IV tubing and IV bag in materials to be sequestered.

Radiation Safety
Primary sources Radiation:
1.   X-ray producing equipment – Diagnostic (machines used to form diagnostic x-ray images)
     a.   Usually have a warning light outside of room to indicate power is "on"
     b.   Only produces radiation when operator is present and is pressing exposure switch
     c.   No residual radiation after exposure
     d.   Mobile x-ray units do not have warning sign but are under control of trained tech
          i.   Not necessary to leave room during mobile x-ray exposures but should be 6 ft. away from the patient

2. X-ray producing equipment – Therapeutic (machines for treating cancer in Radiation Medicine)
    a. Very high levels of radiation in these rooms
    b. Warning light above the door when radiation is being produced
    c. If door opens, radiation turns off
        i. Always safe to enter these rooms if door is open
        ii. Never enter these rooms and close the door behind you
    d. No residual radiation in the room after the treatment has ended
    e. Patient is not radioactive

3. Radioactive Materials – Sealed sources (usually in metal tubes)
    a. For implantation in patients for cancer treatment (can be temporary or permanent)
    b. No residual radiation in temporary implants
    c. Radioactivity decays away over a period of weeks to months with permanent implants
    d. Radiation exposure if picked up by hand
    e. Patients will have a wristband and labeled chart indicating large amounts of these materials and a sign will be posted in areas with these materials

4. Radioactive Materials – Unsealed sources (usually liquids)
    a. Used for lab tests, nuclear medicine tests and cancer treatment
    b. Potential for contamination from patient bodily fluids & waste
        i. Minimal risk if standard precautions are followed
    c. Patients who receive nuclear medicine therapy will have a wrist band and a label in their charts indicating the type and amount of radioactive material present. These patients will be in a private room with appropriate signs indicating the presences of radioactive materials

Film badges - issued to employees who regularly work with radiation
Radiation Safety Office – Macy, Room 1487, x7919

Please refer to the Radiation Safety Policy (PC-9), found on Ellucid for more detailed information.

MRI Magnet Safety – What you need to know:

1. MRI magnet is ALWAYS ON
2. The MRI Technologist has the FINAL WORD on who and what equipment may enter the MRI Scan Room and Control Room
3. All personnel desiring to enter the MRI area must complete the MRI Safety Screening form. There is an extensive screening procedure that must be completed before entering the scan room. This is true for patients and all other personnel
   a. If you will need to regularly enter the MRI area, you must complete additional MRI specific training
4. The MRI Safety Checklist and Screening form must be completed before patients can be sent to MRI
5. Do not bring ANYTHING into the scan room without the explicit permission of the MRI technologist
6. Nothing that is magnetic or potentially magnetic can be brought into the scan room. This includes common items like keys, paperclips, pens, phones, pagers, etc. If you have magnetic items in your body, like metallic splinters, you will not be permitted into the MRI scan room
7. The magnetic force gets stronger as you get closer to the magnet
8. If there is a medical emergency inside the MRI scan room:
   a. DO NOT ENTER THE SCAN ROOM
   b. The patient will be removed from the MRI scan room immediately, then
   c. Appropriate medical procedures will be performed OUTSIDE the scan room
9. Please refer to the Magnetic Resonance Imaging Policy (PC-5), found on Ellucid for more detailed information

Body Mechanics

- All injuries must be reported immediately to your supervisor and an occurrence report must be completed.

Safe lifting practices

1. Get a firm footing, feet apart
2. Bend your knees, not your back
3. Tighten stomach muscles as they will support your spine when you lift
4. Lift with your legs
5. Keep the load close
6. Keep your back upright
7. Move your feet, don't twist
8. Get plenty of help
9. Be familiar with the equipment you are using
10. Have a plan for the lift and coordinate with counting
11. Prepare for the unexpected
12. Change positions often
13. Use lift equipment or other assistive devices (pushcart, dolly, etc.) as appropriate
14. Push, don't pull
15. Take rest periods
16. Do not lift any object overhead
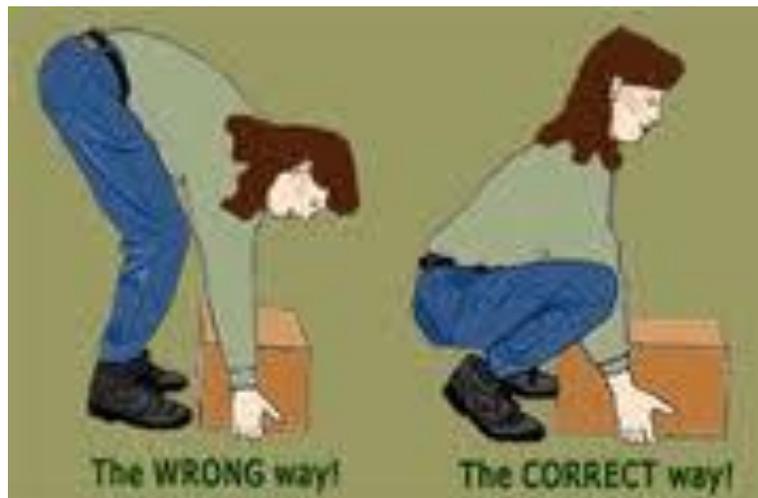
Emergency Preparedness

Hospital emergency codes

Staff members should be familiar with hospital emergency codes.   When any of these types of events occurs the hospital operators using the overhead paging system and other notification modalities will announce the appropriate code. At the conclusion of the emergency the operator will:

1.   Voice page "Code Clear" three times, or
2.   Voice page "Attention, "Code Clear".

DIAL 7911 for Hospital Emergencies

DIAL 911 for Non-Hospital Emergencies

It is important to be familiar with the following codes:

NEW EMERGENCY CODES

CODE RED
Fire and/or Smoke (**)

RACE
R : Rescue/remove anyone in danger
A : Activate fire pull station/call 7911
C : Contain fire smoke by closing doors
E : Extinguish small fires with fire extinguisher (when safe to do so)

PASS (for use of fire extinguisher)
P : Pull pin
A : Aim nozzle
S : Squeeze handle
S : Sweep nozzle at base of fire

CODE BLUE
Adult Medical Emergency
* Summon help
* Assess the patient
* Ensure AED or Code Cart is moved to area of need

CODE WHITE
Pediatric Medical Emergency
* Summon help
* Assess the patient
* Ensure Code Cart is moved to area of need

CODE NOELLE
Obstetrical Hemorrhage Emergency
* Assigned Team Response Required

CODE STROKE
Stroke Emergency
* Assigned Team Response Required

CODE SEPSIS
Possible Sepsis Emergency
* Assigned Team Response Required

CODE SILVER
Threat of Weapon / Hostage Situation (**)
* Stay clear of the area
* Run, Hide, Fight

CODE PURPLE
Patient Elopement
* Look for patient fitting description and notify security

CODE AMBER
Missing Infant or Child
* Prevent anyone from leaving with a child

CODE GREY
Security Emergency (Behavioral)
* Stay clear of the area

CODE HICS
Emergency Plan Activation
* Follow department specific plan

CODE TRIAGE
Mass Casualty Incident (MCI)
* Follow department specific plan

CODE ORANGE
Hazardous Materials / Major Spill
* Stay clear of the area

CODE YELLOW
Bomb Threat (**)
* Report any suspicious packages to security

CODE BROWN
Major Utility System Failure / Disruption
* Follow department specific plan

WMCHealth
Advancing Care. Here.

For more information or training related to our emergency codes, contact Emergency Management at x5025.

CODE CLEAR
Emergency Situation Cleared
* Resume normal operations

*** MAY REQUIRE CODE HICS ACTIVATION FOR SUPPORT OPERATIONS**

Hospital Emergency Communication Systems

Types: overhead public announcement system, multi-mode electronic notification system, in-house and long range pagers, internet, email, phone, and others

Alert Find (automated emergency notification system)
- Provides notification in a rapid fashion using multiple modalities including e-mail, SMS, voice over telephone and paging.
- Can call all in-house units to notify everyone on-duty of an event
  - Please DO NOT hang up if you hear an automated message. It will be important to listen to the entire message and confirm receipt of the message by pressing the "1" key at the conclusion of the message.
  - For those enrolled in the system for individual notification please periodically log on and make sure your contact information is up to date.

Emergency Operations Center (EOC)
- Location: Taylor Care Center E Wing, Room 242
- Phone #'s: x5025 or red phone 501
- Opened for CODE HICS LEVEL 2-4 Events
- Use EOC to communicate information or if you require assistance and/or resources during an event

EMERGENCY PREPAREDNESS

Off duty staff Requirements – Do not automatically respond to the hospital. Contact your department head or the WMC Emergency Update Line 493-5000 for further instructions.
- Staff is encouraged to have a plan for "emergency" dependent care (including pets) so that they continue to provide services to our patients under difficult and trying circumstances. Especially important is a family communications plan.
- Department of Emergency Management and Life Safety can provide staff with assistance in their efforts to be better prepared both at work and in their homes.

Types of Responses:
1. CODE HICS
   a. Significant disruption to normal hospital operations
   b. Automatic opening of the Emergency Operations Center for Level 2-4 events
   c. Activation of the Hospital Comprehensive Emergency Operations Plan
      14 locations with copies of the plan: Administration, Burn Unit, Clinical & Academic Affairs, ED, EOC, Emergency Services Office, HR, Occupational Health, Patient Care Services, BHC, Safety/Facilities, Security, Telecommunications, & TICU
   d. Most staff will continue normal job responsibilities; additional training will be provided for staff involved with disaster related responsibilities
   e. Non clinical nursing staff may assist in providing nursing care to disaster victims as per the CNO or designee
   f. At conclusion of disaster, operator will voice page "Code Clear" three times or voice page "Attention, Code Clear"

g. <u>Staff Responsibilities</u>
   i. Remain in their work area unless directed to evacuate that area
   ii. Continue the normal job functions unless directed to do otherwise by a supervisor
   iii. Return to normal work area immediately and await further instructions if you are on duty but were on a break
   iv. Limit phone use to urgent patient care issues and limit elevator use as much as possible.

2. CODE TRIAGE
   a. Mass casualty related event
   b. ONLY designated units are expected to send one RN to the ED
   c. Non-clinical nursing staff may be contacted by the CNO or designee to assist in providing nursing care to the disaster victims
   d. <u>Staff Responsibilities</u>
      i. Continue the normal job functions unless directed to do otherwise by a supervisor
      ii. If you are on-duty, but on a break or at lunch or in a meeting, return to normal work area immediately and await further instructions.
      iii. Limit phone use to urgent patient care issues and limit elevator use as much as possible.
      iv. For clinical staff prepare and immediately accept patients from the Emergency Department to decompress the Emergency Department for the arrival of the Mass Casualties
      v. ONLY designated units are expected to send one RN to the ED. If you are the designated RN from your unit, then report to the ED and Check in with the ED Charge Nurse who will be the Area Supervisor per the Hospital Incident Command System.

Infection Control

Infection Prevention and Control Department

An Infection Prevention Nurse is assigned to each area.

The MHRH Poughkeepsie office is open from 8:00 – 4:30 on weekdays (845) 483-5187; off hours, call the clinical Administrator for urgent matters.

The WMC Valhalla office is open from 8:00 – 4:00 on weekdays, or leave a message (914) 493-7657; off hours, call the operator to connect you with the Department Director or Hospital Epidemiologist.

The Essentials of Infection Prevention and Control:

- Preventing Health Care Associated Infections
- Essentials of Tuberculosis Control
- Essentials of Blood/Body Fluid Exposures
- Vaccination

It is estimated that 100,000 patients die each year from a healthcare associated infection.

Hospital Acquired Infections (HAIs)

An infection acquired in healthcare settings, often by:

- Devices (foleys, central venous catheters, ventilators)
- Procedures (surgery)
- Hospital pathogens, such as *Clostridium* difficile, methicillin resistant Staph *aureus*

Infection Prevention Practices for Healthcare Workers

1. Hand Hygiene:

- Hand hygiene decreases spread of pathogens.
- Hand hygiene is required:
- Before and after any patient contact
- After any contact with the patient's environment
- Artificial nails are prohibited for health care workers because they make hand washing/hand hygiene less effective.

Hand Hygiene – What's the best way?

Hand sanitizer: Apply and rub on all surfaces of hands until dry, 15-20 seconds. They are quick, convenient and effective. Exception to use: *C. difficile* – look for the hand washing sign below indicating hand sanitizers should not be used.

Hand washing: Apply soap to all surfaces and use friction for 15-20 seconds (don't immediately wash off soap) then dry hands and turn off faucet with a paper towel.

- Hand Hygiene is monitored on both WMC campuses
- We must remind each other if a hand hygiene opportunity has been missed
- Patients may also remind us!

2. Standard and Transmission-Based Precautions

Standard precautions are for EVERY patient EVERY time. This assumes ALL patients can have an organism that could spread to others. The elements are:

- For contact with blood, body fluids, secretions, excretions, undiagnosed rashes, non-intact skin
- For anticipated soiling
- For anticipated splashes

Standard Precautions also require respiratory hygiene and safe injection practices.

Types of Transmission-Based Precautions:

Droplet Precautions

Influenza   Pertussis   Meningitis   Mumps   Strep throat

- Upon Room Entry: clean hands
- Wear Surgical Mask within 6 feet of the patient
- Patient wears a surgical mask outside this room
- Wear N95 Respirator for:
- Aerosol Generating Procedures (Intubation, Extubation, Bronchoscopy, Open Suctioning)

Contact Precautions

C. difficile   Drug-resistant Organisms   Rashes that may be infectious

- For organisms spread by direct or indirect contact.
- Give patients their own stethoscope, blood pressure cuff & Thermometer or Tempadots at MHRH Poughkeepsie campus.
- Rooms get Ultraviolet disinfection upon discharge at WMC Valhalla

Airborne Precautions

Tuberculosis   Varicella (chickenpox)   Measles

- Visitors report to nurse before entering room
- Upon room entry: clean hands

Personal Protective Equipment

- N95 Respirator required
- N95 Respirator is not indicated for immune personnel in cases of chickenpox (varicella) or measles
- Remove N95 Respirator after leaving patients room and clean hands

Patient Care

- Keep door closed
- The patient must wear a surgical mask when outside room
    - Patients are housed in NEGATIVE PRESSURE ROOMS
    - Room pressure is monitored daily by Facilities Department on both WMC campuses
    - Patients MUST be educated about infections and contact precautions
    - Cover your cough
    - Safe Injection Practice = NEVER Reuse a Needle or Syringe that was used: On a patient, On an IV line, or medication vial

Preventing Tuberculosis:
- Tuberculosis (TB) is spread through airborne droplet nuclei
- To prevent spread, identify potential cases (Fever, night sweats, weight loss, hemoptysis, HIV, homeless, jail): Use Airborne Precautions
- Healthcare workers get tested/evaluated for TB after any exposure and annually
- TB is a slow grower, may take 6 weeks for results

Vaccination:

Influenza: New York State Law requires all people working or volunteering in health care facilities to be vaccinated against influenza each year. If they cannot be vaccinated for medical, religious or personal reasons, they must wear a surgical mask wherever patients may be present. Masks are worn for the entire flu season (not just when feeling ill).

Pertussis: A booster for pertussis vaccine is now recommended for all health care workers, especially those working with infants and children.

* WMC vaccinates HCWs at no charge.

3. Careful antibiotic use

The hospital antibiogram can help one select appropriate antibiotics; it is available from Microbiology in the MHRH Poughkeepsie campus, and on iCare, Infection Control section on the WMC Vahalla campus.

4. Careful Cleaning of the Environment and Careful routine cleaning of equipment

- Shared equipment that touches intact skin (such as Blood Pressure Cuffs) is cleaned and disinfected at least once per shift, anytime it is visibly soiled, and after use on a contact precautions patient.
- Glucometers contact patients' blood, so must be cleaned and disinfected with a bleach product AFTER EACH USE, or with purple top PDI wipes AFTER EACH USE in the Maria Fareri Children's hospital.

5. Careful Disposal of Trash:

- We can all help by reducing clutter in patient rooms and work stations. This allows Environmental Services to fully clean surfaces.
- Waste disposal:
- Use recycling containers only for items that are recycled.
- Use red bag waste only for blood and body fluid soaked items. Not for cups and general garbage.

6. Specific measures to prevent catheter associated urinary tract infections:

PREVENT Catheter-Associated UTI **Think first:** **Is a foley needed?** Indications for foley catheters are: 1. Acute urinary retention 2. Bladder outlet obstruction 3. Monitor urine output in critically ill patients 4. Immediately post-operative if general/spinal anesthesia used 5. To assist healing of sacral/perineal wounds in incontinent patients 6. Hospice or palliative care **7.** Genito-urinary adjacent structure surgery Consider Alternatives	PREVENT Catheter-Associated UTI **Optimize Care:** **Remove as soon as possible** 1. Insert catheter using aseptic technique & sterile equipment 2. Perform hand hygiene before and after touching catheters; use gloves as indicated per Standard Precautions 3. Secure catheter to the leg with securement device 4. **Every day** ask: "Is foley needed?" 5. Maintain closed sterile system: a. Keep urine flow un-obstructed b. Keep drainage bag below the bladder c. Obtain urine samples from the collection port with strict ASEPTIC technique d. Catheter bag must never touch the floor **e.** Maintain good perineal care

7. Specific measures to prevent ventilator associated pneumonia

1. Extubate as soon as possible and prevent re-intubations.
2. Daily assessment for "Sedation Interruption."
3. Daily assessment for "Readiness to Extubate."
4. Prevent aspiration: Maintain the head of the bed at 30-40°
5. Reduce colonization of aero-digestive tract: perform regular oral care.

These strategies are monitored by Respiratory Therapy.

8. Specific measures to prevent central venous catheter associated bloodstream infection.

- Full sterile field at insertion, keep dressing dry, scrub catheter hubs.
- Use specific measures to prevent ventilator associated pneumonia.

9. Preventing surgical site infections (SSI)

Preventing surgical site infection requires:

- Correct antibiotic prophylaxis
- Correct surgical site preparation
- Normothermia
- Glucose control

Preventing Blood & Body Fluid Exposures:

Prevent Injuries

- Dispose of all sharps in puncture-proof containers.
- Assure that blood SOAKED items are disposed in biohazard waste containers.
- Check that sharps containers are not overfilled.
- Never re-cap needles.
- Never leave sharps unattended.

Essentials of Blood and Body Fluid Exposures:

- Rapid HIV testing is available for exposed person and source patient.
- If the source patient is not able to consent, anonymous testing can be performed.
- The healthcare worker's provider (Employee Wellness Center, Occupational Health or ED) and the source patient's provider will arrange testing.
- Blood and body fluid exposures can lead to transmission of HIV, Hepatitis B and Hepatitis C.

After a needle stick:

1. Wash injury thoroughly with soap and water (if in eye, flush with copious amounts of water)
2. Note details of exposure; report incident to supervisor and complete an accident report
3. Immediately report to the *Occupational Health Center* at Valhalla or *Employee Wellness Center* at MHRH or to the *Emergency Department* at both campuses during off hours; post-exposure treatment for HIV infection must be started within 1 – 2 hours of the injury.

Patient Rights and Ethics

New York State Patients' Bill of Rights

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

1) Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.

2) Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.

3) Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

4) Receive emergency care if you need it.

5) Be informed of the name and position of the doctor who will be in charge of your care in the hospital.

6) Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.

7) A no smoking room.

8) Receive complete information about your diagnosis, treatment and prognosis.

9) Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.

10) Receive all the information you need to give informed consent for an order not to resuscitate. You also have a right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Deciding About Health Care – A Guide for Patients and Families."

11) Refuse treatment and be told what effect this may have on your health.

12) Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.

13) Privacy while in the hospital and confidentiality of all information and records regarding your care.

14) Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.

15) Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.

16) Receive an itemized bill and explanation of all charges.

17) Complain without fair of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.

18) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.

19) Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

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

Patient Care & Patient Choice

WMC is committed to providing the highest level of quality health care for its patients that conforms to the highest clinical and safety standards. Our concern is for the well-being, comfort and safety of our patients. All patients can expect to receive medically appropriate and necessary care in a respectful and dignified manner without regard to race, color, gender, ethnicity, age, religion, genetic predisposition, carrier status, sexual orientation, disability, marital status, veteran's status, source of payment or ability to pay. All clinical decisions are based solely on clinical needs. It is our expectation that Workforce members shall adhere to the New York State Patient's Bill of Rights (see above).

WMC respects the rights of patients to make choices concerning their medical treatment. Patients have the right to choose their health care practitioner and may change practitioners at any time. WMC has a qualified practitioner evaluate every patient prior to the initiation of treatment. Our patients shall be well informed and participate in determining and approving treatment plans that pertain to them.

If a patient complaint is unresolved, we are obligated to provide the patient and/or the patient's family member with a telephone number for the NYS Department of Health (DOH). Please contact your supervisor for this information.

Informed Consent and Advance Directives
WMC provides to its patients, upon admission, a written statement of their rights as patients. Patients, and as appropriate, their families or representatives, shall be given the information necessary to give informed consent prior to the start of any non-emergency procedure or treatment. Patients shall be provided with information about their treatment plan of care, including the risks, benefits and alternatives available to them. WMC shall respect a patient's right to make informed decisions about treatment and will honor all valid patient decisions involving advance directives, as well as their freedom of choice in selecting service providers.

Medical Ethics at WMC
Ethics means the rules or standards governing the conduct of the members of a profession. It is also defined as the moral quality of a course of action; fitness; propriety.

<u>WMC has a medical Ethics Committee</u>
- Meets every month
- Reviews conducted by a subcommittee → Division of Clinical Ethics (3-person team – must include a physician)
- Reviews initiated by anyone
- Obtain consent → medical record review → conduct interviews → obtain information related to the feelings/opinions of family/caregivers regarding the patient's status and current level of care → team analyzes the data → presents a final summary to the patient → written evaluation in medical record

***Role is **not to impose a final decision**, but to facilitate resolution between all those involved by making recommendations*

> **How do you contact the ethics committee?**
> **X 8877 9A-5P M-F**

LifeWings

LifeWings, a nationally-recognized program, is offered through the Organizational Development and Learning department and teaches hospital staff the safety techniques that have proven successful for the airline industry. LifeWings helps create a sustainable culture of safety, accountability and high reliability.

The training teaches behaviors conducive to creating a team environment. It emphasizes four major skills: Leadership, Communication, Situation Awareness and Mutual Support. These four skills are being utilized here at Westchester Medical Center Health Network to sustain the utilization of Hardwire Safety Tools (HST) such as Checklists, Universal Protocol and patient handoffs.

This training empowers staff not only to create their own processes but also encourages them to speak up for patient safety.

For Information contact:
(914) 493-5473
OrganizationalDevelopment@WMCHeath.org

Pain Management and Assessment

As a hospital, we are committed to the appropriate assessment and management of each patient's pain. All staff that has patient contact (not just care providers) need to pay attention to patients' comfort.

No matter what your job is here, if you observe a patient who appears to be in pain or in any type of distress, do something! If the patient can speak, ask if s/he is in pain or needs assistance. If the patient cannot speak but looks like s/he is in pain, or is making noises that sound like s/he is in pain, it is important that you let the nurses know. Report your findings to the patient's nurse, charge nurse or other care provider immediately.

All patients are either asked to rate their pain or are observed for behavioral symptoms of pain. Below are the scales we use:

Wong-Baker Face Scale:
Young child who demonstrates ability to use the scale or adult who prefers method. The patient picks the face that best indicates their level of pain. The scores range from 0-10, in intervals of 2 (0, 2, 4, 6, 8, 10).

0   2   4   6   8   10

Pain Scale:
Older children and adults who demonstrate the ability to communicate effectively. Scores range from 0-10. Patient states the number score they feel best describes their level of pain.
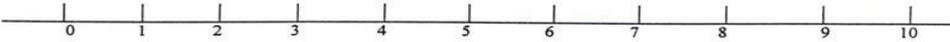
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

FLACC Scale: (Behavior pain assessment)
Score is obtained by assessing each of the five categories for the appropriate score (0-2), then adding the category scores together. The total score of the combined categories should range from 0-10 - this equals the pain score for the patient. Used for patients who are comatose, without verbal expression, or are experiencing dementia, alzheimers, language barriers, or young children (0-3) who are unable to use the Wong-Baker scale.

	0	1	2
FACE	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
LEGS	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
ACTIVITY	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, ridged, or jerking
CRY	No Cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
CONSOLABILITY	Content, relaxed	Reassured by occasional touching, hugging, or 'talking to'; distractible	Difficult to console or comfort

Cultural Diversity/Cultural Competence

Why do we need to provide culturally competent care?
1. Misunderstandings due to language barriers and poor communications can lead to mistrust and medical errors
2. Inadequate understanding about patients beliefs and concerns can attribute to non-compliance and poor health outcomes

Definitions:

Cultural Competency – a set of congruent behaviors, attitudes and policies that come together in a system or among professionals that enable effective work in cross cultural situations

- Cultural competence in healthcare is the ability of systems to provide care to patients with diverse values, beliefs and behaviors – this includes the ability to tailor delivery to meet patients' social, cultural and linguistic needs
- Within this definition…
  - Culture – Integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs values and institutions of racial, ethnic, religious or social groups
  - Competency – the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities

Diversity – the full range of human and/or organizational differences AND similarities

Inclusion – the process of using the full range of the differences and similarities throughout the organization to achieve common goals or objectives

***Make sure to check out WMC's Center for Cultural Competency on iCare, which includes "Reflections on Religious/Cultural Days" by Rabbi Charles Sheer

Appendix A

Checklist to Improve Effective Communication, Cultural Competence, And Patient-and Family-Centered Care Across the Care Continuum

This checklist can be used as a quick reference to help catalogue your hospitals efforts to improve in the areas of effective communication, cultural competence, and patient-and family-centered care.

Admission

- ☐ Inform patients of their rights.
- ☐ Identify the patient's preferred language for discussing health care.
- ☐ Identify whether the patient has a sensory r communication need.
- ☐ Determine whether the patient needs assistance completing admission forms.
- ☐ Collect patient race and ethnicity data in the medical record.
- ☐ Identify if the patient uses any assistive devices.
- ☐ Ask the patient if there are any additional needs that may affect his or her care.
- ☐ Communicate information about unique patient needs to the care of the team.

Assessment

- ☐ Identify and address patient communication needs during assessment.
- ☐ Begin the patient-provider relationship with an introduction.
- ☐ Support the patient's ability to understand and act on health information.
- ☐ Identify and address patient mobility needs during assessment.
- ☐ Identify patient cultural, religious, or spiritual beliefs or practices that influence care.
- ☐ Identify patient dietary needs or restrictions that affect care.
- ☐ Ask the patient to identify a support person.
- ☐ Communicate information about unique patient needs to the care team.

Treatment

- ☐ Address patient communication needs during treatment.
- ☐ Monitor changes in the patient's communication status.
- ☐ Involve patients and families in the care process.
- ☐ Tailor the informed consent process to meet patient need needs.
- ☐ Provide patient education that meets patient needs.
- ☐ Address patient mobility needs during treatment.
- ☐ Accommodate patient cultural, religious, r spiritual beliefs and practices.
- ☐ Monitor changes in dietary needs or restrictions that may impact the patient's care.
- ☐ Ask the patient to choose a support person if one is not already identified.
- ☐ Communicate information about unique patient needs to the care team.

End-of-Life Care

- ☐ Address patient communication needs during end-of-life care.
- ☐ Monitor changes in the patient's communication status during end-of-life care
- ☐ Involve the patient's surrogate decision-maker and family in the end-of-life care.
- ☐ Address patient mobility needs during end-of-life care.
- ☐ Identify patient cultural, religious, or spiritual beliefs and practices at the end-of-life.
- ☐ Make sure the patient has access to his or her chosen support person.

Discharge and Transfer

- ☐ Address patient communication needs during discharge and transfer.
- ☐ Engage patients and families in discharge and transfer planning and instruction.
- ☐ Provide discharge instruction that meets patient needs.
- ☐ Identify follow-up providers that can meet unique patient needs.

Organization Readiness

Leadership

- ☐ Demonstrate leadership commitment to effective communication, cultural competence, and patient-and family-centered care.
- ☐ Integrate unique patient needs into new or existing hospital policies.

Data Collection and Use

- ☐ Conduct a baseline assessment of the hospital's efforts to meet unique patient needs.
- ☐ Use available population-level demographic data to help determine the needs of the surrounding community.
- ☐ Develop a system to collect patient-level race and ethnicity information.
- ☐ Develop a system to collect patient language information.
- ☐ Make sure the hospital has a process to collect additional patient-level information.

Workforce

- [ ] Target recruitment efforts to increase the pool of diverse and bilingual candidates.
- [ ] Ensure the competency of individuals providing language services.
- [ ] Incorporate the issues of effective communication, cultural competence, and patient-and family-centered care into new or existing staff training curricula.
- [ ] Identify staff concerns or suggested improvements for providing care that meets unique patient needs.

Provision of Care, Treatment, and Services

- [ ] Create an environment that is inclusive of all patients.
- [ ] Develop a system to provide language services.
- [ ] Address the communication needs of patients with sensory or communication impairments.
- [ ] Integrate health literacy strategies into patient discussions and materials.
- [ ] Incorporate cultural competence and patient-and family-centered care concepts into care delivery.

Patient, Family, and Community Engagement

- [ ] Collect feedback from patients, families, and the surrounding community.
- [ ] Share information with the surrounding community about the hospital's efforts to meet unique patient needs.

Language Services

Quick Guide to WMC Language Services
Please document the use of interpreters!

All languages (By Telephone):

- **From a Dual-handset phone system on your unit, Dial "0" (WMC operator) –**

  Ask the operator to connect you to Pacific Interpreters
  (WMC access code: 202192)

- We **are not** able to provide live, on-site medically –certified language interpreter. For complex situations where over-the-phone interpretation is not sufficient, we are able to provide live video interpretation through Stratus Video. Simply call Couriers at extension 7777 and they will bring the needed device to your unit or area.
- We **may not** use family members, staff members or anyone who is not certified to do medical interpretation.

For Deaf or Hard-of-hearing Patients:

- **Stratus Video provides access to qualified ASL interpreters 24x7.**
  Call Couriers at extension 7777 and they will bring device to your area.

- **On-site qualified ASL, interpreters available for complex issues:**
  Minimum 24 hrs. advance notice. Consult regarding need with Patient Experience Department, ext. 8877 (M-F, 9am – 5 pm) or call Sign Language Resources, Inc. (845) 431-6475) at all other times.

- **TTY (TeleTYpewriter):**
  Device is brought to deaf patient for real time texting, usually to another TTY unit. Call Courier at extension 7777 to order.

For Blind/Visually-impaired Patients:

- **Braille editions of various WMC documents are available** in the Admitting Dept., ED, Clinics and Patient Advocate office.
- **Large print admitting and discharge information is required for visually-impaired individuals.** If requested, the information must also be provided as a recording. Please contact Janine Greto (Janine.Greto@WMCHealth.org)

For document Translation:

- **Key documents are available in Spanish, Italian, Albanian and French.** Please call Patient Experience at extension 8877.
- For **other requests**, please e-mail your text to Janine.Greto@WMCHealth.org
  NOTE: *It will take several days for delivery.*

Janine Greto, Operations Manager
[**Janine.Greto@WMCHealth.org**](mailto:Janine.Greto@WMCHealth.org)

Westchester Medical Center

HEARING IMPAIRED SERVICES
If a patient needs sign language interpretation, contact the following:

● **SIGNTALK AMERICA** is available 24 hours a day, seven days a week. Television is used with an attached video camera to send and receive image from the patient's hospital bed to a sign language interpreter on-call outside the hospital. Specifically designed carts can be wheeled throughout the hospital; SignTalk America brings the communication right to the patient. Actual set-up of the equipment is done by Courier Department by calling extension 7040, 5080 or 5404. After set-up courier will contact security office and they will make connection to the Sign Language Interpreter.

● **"LIVE" LANGUAGE INTERPRETERS**

(REGUIRES 24 HOUR NOTICE)
Monday-Friday•9a.m.-4:30p.m.
Contact – Patient Relations Ext 8877

After 4:30 p.m. Weekends and Holidays
Contact (through page)
Administrator On Duty or Nursing Supervisor

For an actual Sign Language Interpreter to be available for patients, 24 hour advance notice is generally required for the Office for the Disabled or Sign Language Resources. The Office for the Disabled and/or Sign Language Resources will be contacted by WMC Patient Experience (x8877) to arrange for these services.

On an emergent need, please utilize SignTalk America.

What are Medical Advance Directives?

It is your right as a patient to accept or refuse medical care. Having a medical advance directive can protect this right. By naming a health care proxy, you have insured that your wishes will be carried out when you can no longer speak for yourself.

What is a Health Care Proxy?

The health care proxy is a document that allows you, the patient, to name one or two people to make medical decisions, for you, if you lose the ability to decide for yourself. Your agents should have a clear understanding of your wishes.

What does a patient need to know about a Health Care Proxy?

You do not need a lawyer or notary to complete a health care proxy. You may choose any adult 18 years of age or older to be your health care agent. Your selection may include a family member or close friend. Two witness signatures are required. The witnesses must be 18 years of age or older. Also, the person who has been appointed as the health care agent cannot witness the document.

Who should I tell that I have a Health Care Proxy?

You should have a conversation with the appointed agent(s) informing them that they have been selected to act as your health care agent. This conversation will allow you to share with them what your wishes are with regard to medical treatment. Make sure to give your agent a signed copy of your advance directive.

Can I change my health care Agent(s)?

Yes. You have the right to cancel the control given to your agent by telling him or her or by contacting your health care provider either in writing or orally.

Child Abuse/Elder Abuse and Neglect

Child Abuse Recognition

Indicators of Physical Abuse	Indicators of Sexual Abuse	Indicators of Maltreatment/Neglect
Injuries to the eyes or both sides of the head/body	Symptoms of sexually transmitted diseases	Obvious malnourishment, listlessness, or fatigue
Frequent injuries of any kind	Injury to genital area	Stealing or begging for food
Destructive, aggressive, or disruptive behavior	Difficulty and/or pain when sitting or walking	Lack of personal care: poor personal hygiene, torn and/or dirty clothes
Passive, withdrawn, or emotionless behavior	Sexually suggestive, inappropriate, or promiscuous behavior/verbalization	Untreated need for glasses, dental care, or other medical attention
Fear of going home or fear of parent(s)	Expressing age-inappropriate knowledge of sexual relations	Frequent absence from or tardiness to school
	Sexual victimization of other children	Child inappropriately left unattended or without supervision

NYS mandated reporters - A person or professional required to report to the State Central Registry when they have reasonable cause to suspect that a child coming before them in their professional or official capacity is abused or maltreated

- New rule- "The duty to report shall not be delegated in any supervisory structure"
- YOU - Make the report personally @ 1-800-635-1522
- <u>SOME examples</u>: Physician, Physician's assistant, Psychologist, Registered nurse, Social worker, Emergency medical technician, Licensed creative arts therapist, Licensed marriage and family therapist, Licensed mental health counselor, Licensed psychoanalyst, Hospital personnel engaged in the admission, examination, care, or treatment of persons

Process for Reporting Child Abuse
1. Complete the DSS-2221 form
2. Report to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR)
   a. You are **not required** to notify the parents or other persons legally responsible either before or after your call to the SCR
   b. **Mandated Reporter (800) 635-1522**
   c. **Public Hotline (800) 342-3720**
   d. Notify attending MD of record (No requirements to notify prior or seek approval)
   e. Always record on the medical record that a report was made with the accepting ID #

Adult/Elder Abuse

Types of Elder Abuse:

1. Physical - Non-accidental use of force causing injury, pain or impairment such as being slapped, burned, cut, bruised or improperly restrained
2. Sexual - Nonconsensual sexual contact of any kind, including forced sexual contact or sex with a third party
3. Emotional - deliberate infliction of mental or emotional anguish, such as: threats, humiliation, intimidation, frightening or isolating
4. Financial exploitation - Improper or coercive use of the funds, property or resources of another, such as: fraud, embezzlement, conspiracy, forgery, coerced property transfers, or preventing access to funds
5. Neglect - failure to provide: for food, clothing or shelter; access to medical or long term care services; assistance with the activities of daily living; management of financial affairs; or for a safe environment
   a. Types of Neglect
      i. Passive - **Non-willful** failure of a caregiver to fulfill responsibilities usually due to lack of knowledge, infirmity, or disputing the value of prescribed services
      ii. Active - **Willful** failure of the caregiver
      iii. Self - Inability of an individual to perform tasks essential for self-care due to physical or mental impairment

Indicators of Elder Abuse		Indicators of Neglect
Drug or alcohol abuse by victim or abuser	Injuries to upper body, specifically the face, neck, throat, chest, abdomen or pelvic area	Dehydration
Difficulty in sitting/walking with no apparent reason	Bruises in the shapes of objects such as belts	Malnutrition
Bruising on inner thighs	Burns in strange sizes, shapes or locations	Hypo/hyperthermia
Inappropriate vaginal bleeding	Injury inconsistent with explanation	Decubitus ulcer
Unexplained STD	Repeated use of ER's/doctor hopping	Poor hygiene
Unexplained confusion in the patient	Delay in seeking treatment	General poor/deteriorating health
Signs of depression, anxiety, passivity, evasiveness, fear	Unwillingness to communicate	Misuse of medications
Inability to pay bills, unusual credit card bills, anxiety discussing finances or unusual financial transfers		Failure to provide necessary equipment such as glasses and hearing aids

What should I do? ---- Report my concerns to the nurse caring for the patient

Please Remember - **There are no mandatory requirements for reporting cases of elder abuse!**

* However, as health care workers it is our responsibility to protect those adults who are suspected or   actual victims or elder abuse or neglect. And, as such, it is the policy of this institution to identify, treat, and offer referrals to any potential or actual victims.

* It is important to note that all cases of gunshot wounds, stab wounds, or injuries serious enough to result in death must be reported

Quality/Risk Management/Safety

Performance Improvement Initiatives

All departments are required to have PI projects

- <u>Required</u> – Examples: Hospital Quality Measures (Core Measures): reporting of Pneumonia, Heart Failure, and Acute MI care. Additionally SCIP (Surgical Care Improvement Project) measures – inpatient and outpatient and HCAHPS (Patient Satisfaction). Results are available on the internet; general public is able to compare hospitals and their results.
- National Patient Safety Goals (The Joint Commission)
- Evidenced based practices (AHRQ – CMS)
- Identified problems or patient complaints (Press Ganey)
- Identified opportunities for improvement
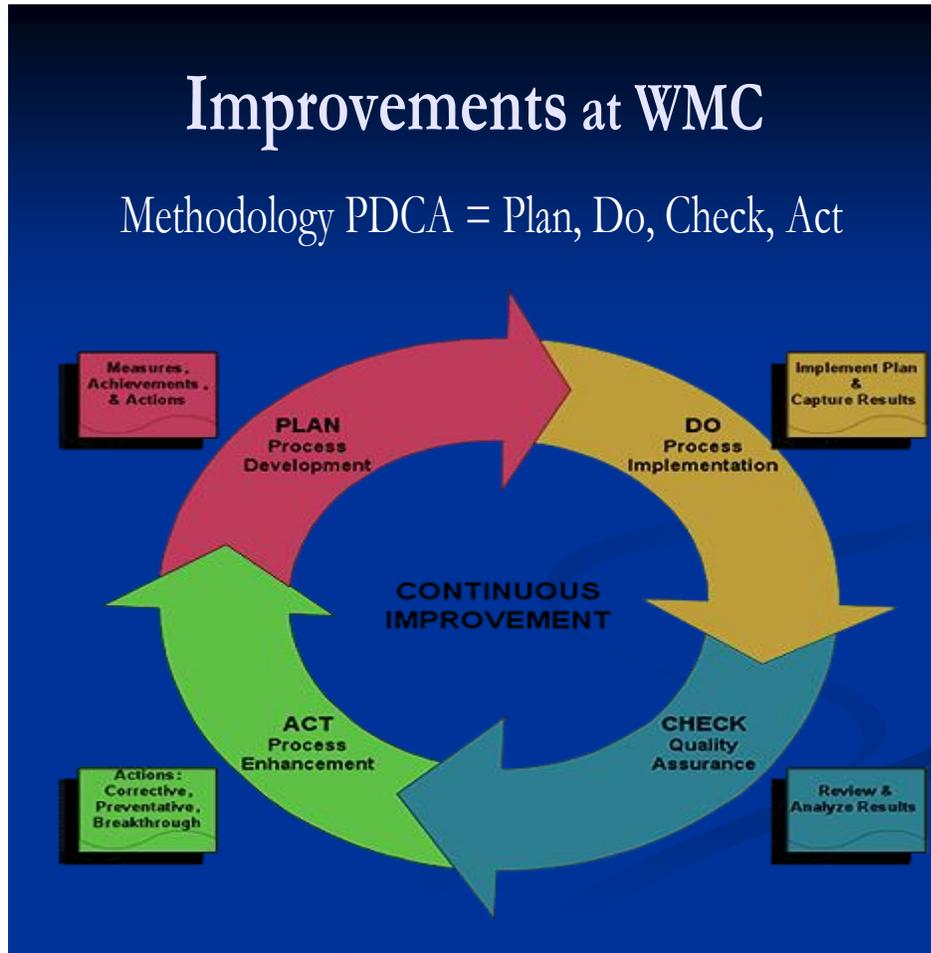
***WMC is a *Team Based Organization*

PIP - Performance Improvement Projects & Change Management
- Define problem, why improve, who is involved? (Research the possible solutions)
- Develop criteria to be able to show improvement
- Timeline for meetings, goals and individual responsibilities
- Understand resources available (including staff & costs)
- Structure of Leadership and responsible leaders
- Expected communication and where progress is reported
- Team members to receive training on Team Development (forming, storming, norming, performing)
- Team members requested to be collaborative, committed, contribute, and have equal rank and goals of excellence

Fall Prevention – this is everyone's responsibility!!
- Inpatients are assessed on admission by nursing staff using the Morse Fall Scale for risk of falling.
- Patients with score of 51 or greater are considered at high risk of falling and are identified with yellow wrist band and a Fall Prevention sign on the patient's room door.
- We continually review and revise the fall prevention program. Policy revised and implemented January 2009. We added additional high risk interventions: use of door sign, frequent rounding and use of clinical pharmacist consultation
- Evaluation of program: continue to monitor fall rate on a monthly basis
- Effective 2010 – participate in the NDNQI Nursing data base in order to have national comparisons

2011 TJC National Patient Safety Goals
- Purpose: to promote specific improvements in patient safety.
- Highlight identified national problematic areas in health care and describe evidence and expert based solutions to these problems
- Developed from Sentinel Event (adverse) reporting
- Focus on system-wide solutions, wherever possible

Goal #1 - Patient Identification
- Two (2) Unique identifiers: i.e./ Name, DOB
- Medical Record # used for patients at risk for identification errors (e.g., name alert, multiple births in neonatal areas, and administration of blood products) and patient transport, the medical record number is also used as an additional identifier.

Goal # 2 – Improve the Effectiveness of communication among caregivers
- Report critical results of tests and diagnostic procedures in a timely manner & always communicate "hand off" of patient to next provider of care
- Monitor Do not use abbreviations & medical record legibility

Goal #3: Improve the safety of using medications
- Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings
  - Medications or other solutions in unlabeled containers are unidentifiable. Errors, sometimes tragic, have resulted from medications and other solutions being removed from their original containers and placed in unlabeled containers. This unsafe practice neglects basic safe medication management, yet is commonplace in many organizations
- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy
  - Anticoagulation program
    - Protocols for initiation and maintenance of anticoagulation therapy
    - Process for dietary notification
    - Only programmable pumps used for IV therapy
    - Staff, patients, families education

Goal # 7 - Reduce the risk of health care–associated infections
- Hand hygiene must be performed – see infection control module
- Understand what disinfection practices are expected on all patient used equipment

Goal # 15 - The hospital identifies safety risks inherent in its patient population
- Identify patients at risk for suicide
  - Suicide of a patient while in a staffed, round-the-clock care setting is a frequently reported type of sentinel event. Identification of individuals at risk for suicide while under the care of or following discharge from a health care organization is an important step in protecting these at-risk individuals

Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery
- Pre-operative verification process
- Time out includes verification from "the team": Correct patient, correct procedure, correct site and side, correct patient position, correct implants/special equipment available
- Occurs
  - Before surgical procedures/invasive procedures in the OR/procedural areas
  - Prior to procedures at the bedside
- All members of the team involved in the procedure should stop immediately before starting the procedure
- "Time out" is documented on the appropriate form for both procedural and non-procedural areas

Individual Responsibility for High Quality & Safety at Westchester Medical Center

- Compliance with policies and the NPSG
- Understand PI projects in area of assignments
- Report all *Safety* issues to your supervisor and document in Midas
- Report behaviors which may indicate impaired individuals
- Report unexpected events and near miss events
- Understand what to do in emergencies & downtime
- Report changes in a patient's condition immediately (RRT)
- Adhere to patient rights, cultural sensitivity, HIPPA, and established guidelines for your specific role

Quality & Patient Safety Program

- Report to your immediate supervisor, or contact the Quality & Safety Department Referral line Extension 2492
- The Joint Commission "Speak up" program
  - Encourages patients, families and health care workers to share their concerns. Please contact your supervisor, Corporate Compliance or senior leaders to use the reporting chain of command to allow issues to be addressed

Team Building

What is a Team? A group of interdependent individuals organized and committed to achieving a common purpose. Effective teams share a common purpose, commitment, and organization. Team members:

- Have a purpose, which gives them an identity
- Have a unique function or position that must be combined with that of the other team members
- Are aware and supportive of the need for interdependent interaction
- Operate within the framework of a larger organization – the hospital

Teams need people:

1. *Sponsors*-accepts responsibility, special tasks or requirements related to area of expertise to help the team.
2. *Leaders* – guides the team and is accountable for their team's performance.
3. *Facilitators* – focuses and helps clarify the discussion, remains neutral.
4. *Members*– take an active role in making the team a success, accepts responsibility and accountability for team tasks and the results, as well as completes assigned tasks and functional work responsibilities of the team

Teams also needs:

- *Ground Rules* – must be established for acceptable behavior
- *Team Charter* – a Charter Statement – or statement of purpose
- *Consensus* – one of the most important steps is to come to an agreement on what your team will accomplish

What's Next?

1. Generate ideas – use a computer or flip chart to capture every comment and idea
2. Perform a Benefits/Risk Analysis – list specific measurable goals, objectives and outcomes. Brainstorm as many benefits to your customers and the organization as possible for each goal/objective. Identify potential risk(s) if your team does NOT SUCCEED. Apply creative planning techniques
3. Utilize P.D.C.A. A continuously quality improvement model. (refer to Quality Module)
4. Describe what happens next – research the ideas generated
5. Generate action items for follow-up – start turning ideas into reality
6. Summarize – review, vote and consolidate ideas; check requirements/restrictions

***Team success enhances **quality,** improves **service,** meets the needs of our **people** and increases **finances**!*

Department of Security

EMPLOYEE ORIENTATION & SECURITY AWARENESS PLAN

As an employee of the Westchester Medical Center, it is important to be familiar with security and public safety procedures that are designed to ensure a safe and secure environment for patients, visitors, and staff members. The Department of Security is committed, according to its mission statement, to continually enhance a system of safeguards to ensure the safety of all persons interacting within the organization and its environment.

SECURITY IS EVERYONE'S BUSINESS

As an employee of the Westchester Medical Center, it is important to be familiar with security and public safety procedures that are designed to ensure a safe and secure environment for patients, visitors and staff members. Be familiar with your work environment.

Effective security management depends upon the cooperation of those persons it is designed to protect. That is, compliance with hospital security policy is the responsibility of every staff member. It is the intention of the Department of Security to promote communication and employee participation in maintaining a suitable level of security awareness and in identifying hazardous and unsafe conditions that may pose potential risk to patients, visitors, or staff.

IT IS IMPORTANT TO KNOW HOW TO REPORT POTENTIAL RISKS AND/OR SECURITY INCIDENTS AND THE PROPER PROCEDURES TO FOLLOW

Supervisory staff of the Security Department is available on a twenty-four (24) hour basis, seven days per week. A Security supervisor may be contacted by contacting the Security Control Center (telephone extension **8535**) which is located across from service elevators near sign marked LLG-04 on the basement level of the Main Hospital, or in an emergency, by pager **0911**. Security Administration may also be contacted at their office (telephone extension **7193/5420**).

Upon completion, security personnel will promptly respond to the caller's location and document all incidents and concerns that are reported. Incident reports pertaining to criminal activity and missing/stolen property shall require Department of Security notification of the Westchester County Department of Public Safety. Patients, visitors, and staff members seeking redress for damaged, lost, or stolen articles may contact the Department of Risk Management (telephone extension **8593**) located in Elmwood Hall.

HOSPITAL POLICY REQUIRES ALL STAFF MEMBERS TO WEAR EMPLOYEE PHOTOIDENTIFICATION DISPLAYED ON OUTER GARMENTS

All staff members are required to conspicuously wear their hospital-issued photo-identification badge at all times on the grounds of Westchester Medical Center (see attached documentation). The Department of Security continually monitors compliance with the hospital identification policy. Employees without proper identification may be asked for their supervisor's name and department of origin in order to determine authenticity of employment. The name and department of uncooperative staff members who refuse to display or obtain identification shall be recorded and forwarded to hospital administration for corrective action. Staff members are fellow employees regarding compliance with this policy.

All employees are required to wear their Photo-Identification Badges at all times while on Westchester Medical Center property. There are several reasons for this:

➢ Photo-Identification Badges help security staff recognize potential problems. This includes unauthorized access of patient care areas as well as private offices.

➢ Photo-Identification assists in recognizing potential risks in your own area. Remember that Security is everyone's business.

➢ Your Photo-Identification Badge is essential to the Department of Security personnel in establishing and enforcing access control.

➢ The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards for all medical facilities requires photo-Identification Badges.

Your Photo-Identification Badge is more than just a visual security aide. Your Photo-Identification Badge will also serve as your access control card, which is part of a facility-wide Card Access Security System ("CASS"). The Photo-Identification Badge that you have been issued contains "proximity" technology that is concealed within the card. Each card will have the capability of granting access into entrances/areas controlled by the CASS. The CASS is not designed to obstruct authorized employee access into and throughout the hospital. Rather, it is designed with the intention of restricting unauthorized persons access to the Westchester Medical Center; restrictions are especially applicable during the off hours of evenings and nights. The success of the CASS is dependent upon the cooperation of all staff. We request everyone to abide to safe practices and to utilize the CASS in accordance with its mission of enhancing overall access control.

SAMPLE ID

ACCESS CONTROL – HOW DO YOU USE IT?

Access Control's main objective is to provide control of entry and traffic flow within specified buildings. His is accomplished through an electronic Card Access Security System ("CASS") that is operational 24 hours a day. Proximity Card Readers have been installed at lobby entrances and other areas that lead to restricted areas. The main entrances to all patient care buildings have proximity readers. The proximity card readers are gray in color, approximately 1- ½ inches by 3 inches.

In order to enter a door that is locked electronically, you must first pass your Photo-Identification Badge within 1 inch of the proximity card reader. If the badge is programmed for access, this process will unlock the door. It is that simple. In the event your card does not grant access, you need to inform Security that the card is not working and steps will be taken to correct the problem.

CARD READER

In addition, there is Closed Circuit Televisions (CCTV) placed throughout the facility. The CCTVs are recording 24 hours a day and are used to assist and enhance access control. All staff are required to use proper entrances and exits when arriving for, during and subsequent to their shift. Do not use emergency exits unless it is a true emergency. All emergency exit doors are well marked.

Please be advised that there are certain designated authorized staff entrances and exits as follows:

- ➢ Children's Hospital Lobby
- ➢ Children's Hospital Employee entrance (Between MRI Trailer and Ambulance Bay)
- ➢ Main Hospital Lobby
- ➢ Macy Pavilion Lobby
- ➢ Heliport/Radiation Medicine Entrance
- ➢ North Entrance (Opposite Taylor Care Center)
- ➢ Taylor Care Center Lobby
- ➢ Behavioral Health Center Lobby
- ➢ Macy Employee Entrance Door

Moreover, there are designated areas throughout the Westchester Medical Center complex where entrance and/or exit are **unauthorized** as follows:

Receiving Areas/Loading Areas
Emergency Departments (Adult/Pediatrics)
Ambulance Bays
Construction Areas
New York Blood Center
All areas which are designated with the sign *Emergency Exit Only*.

The Department of Security is committed to ensuring the success of the CASS. Adhering to the above designated entrances and an exit is a significant component of access control and the success of the CASS in which your cooperation is essential. As necessary, security personnel will monitor these areas. Department of Security personnel are available to answer your questions and concerns relating to the CASS.

Please remember the following:

> ➢ Wear your Photo-Identification Badge at all times.

> ➢ Your Photo-Identification Badge is your CASS card.

Employees requiring replacement of lost identification will be required to pay a fee of $15.00 in accordance with WMC photo-identification policy, for a replacement badge. To pay this fee, the person will be required to go to the Cashier's Office located in the Main Hospital on the first floor around the corner from the Information Desk. Upon paying the fee, the payee will receive a receipt from the cashier. The receipt is then brought to the Security Department and presented as proof that the fee was paid and a new identification card will be printed at that time. The hours of operation for obtaining photo-identification cards are as shown below:

Security ID Office – Taylor Pavilion, 3rd Floor, C-Wing, Room C-336
Monday – Friday
8:30 am to 1:00 pm
2:00 pm to 5:00 pm
Special arrangements are made for evening shift personnel

HOSPITAL ACCESS IS LIMITED TO PERSONS HAVING LEGITIMATE BUSINESS ONLY

Security reports the presence of suspicious persons and unauthorized vehicles to the Westchester County Department of Public Safety. Security personnel prohibit the access of persons engaged in the distribution of non-hospital-related advertisements and sale or solicitation of merchandise, services, and donations. The posting of advertisements to wall surfaces in public and private hospital areas I prohibited. Staff members are encouraged to help in observing and reporting such activities, including the presence of authorized persons loitering in or around Westchester Medical Center buildings and exterior parking facilities. This especially includes individuals without hospital identification who may inquire about confidential patient information. Persons purporting to be media personnel, private investigators, lawyers, bail bondsmen, or insurance company representatives should be immediately reported to Security.

Upon request to open secured rooms, offices and other sensitive areas. Security personnel will first verify employment and identify by examination of hospital photo-identification. Employees are encouraged to conduct similar verification of unknown persons prior to permitting access to hospital facilities.

EMPLOYEES SHOULD NEVER LEAVE PERSONAL BELONGINGS INCLUDING WALLETS, POCKETBOOKS, PAGERS AND KEYS, UNATTENDED IN ANY PUBLIC OR PRIVATE AREA

Valuables should always be secured before leaving the work area. This may be accomplished by utilizing available locking control systems including desk drawers, file cabinets, storage cabinets, and office doors. It may also be advisable to request co-workers to monitor personal valuables when away from the work area. It is preferable, however, to keep valuables on your person at all times.

THE HEATHCARE PARKING SYSTEMS MANAGES ALL EMPLOYEE PARKING FACILITIES

Inquiries and special requests relating to parking accommodations, passes, and rates should be directed to the office of Healthcare Parking Systems located on the lower level of the Parking Garage (telephone extension 7932). The Healthcare Parking Systems Manager will assist you with all concerns and needs.

It is always advisable to properly secure your vehicle and place belongings and valuables out of sight. Employees should consider retaining an extra set of keys in case of unexpected loss. Security escort service from hospital or resident buildings to parking lots and garage facilities is available to staff members on a twenty-four hour basis. The Security Supervisor may be reached by contacting the Security Control Center (telephone extension 8535) or in an emergency via pager 0911.

VEHICLE ASSISTANCE

Security provides battery jump start services. For other services, employees are free to summon the assistance of AAA Roadside Assistance or any other referred garage service in such case of vehicle breakdown requiring repair, tire change, or emergency lock-out service.

Employees should be aware that unlawfully parked vehicles on hospital grounds may be summoned and/or towed at owner expense by authority of the Westchester County Department of Public Safety. Inquiries relating to the recovery of vehicle impounds specifically attributed to police activity, and should be directed to contact Westchester County Police.

WESTCHESTER MEDICAL CENTER IS A SMOKE – FREE FACILITY

Smoking is prohibited within hospital facilities and corporation-owned vehicles. Smoking is also prohibited in close proximity of all hospital entrances. The Department of Security will monitor and continuously enforce compliance with this policy. The name and departmental origin of non-compliant employees will be recorded and forwarded to hospital administration for corrective action. Employees are encouraged to enlist the cooperation of co-workers by issuance of a polite verbal reminder regarding smoking policy compliance.

ALL EMPLOYEES MUST BE FAMILIAR WITH HOSPITAL EMERGENCY CODES

Westchester Medical Center Health utilizes an overhead public announcement system to communicate information to staff members. So as to minimize disruption to the institution, codes may be used to communicate various emergency scenarios. It is important to be familiar with these codes and appropriate safety procedures involved.

- ➢ CODE RED – Fire and/or Smoke

- ➢ CODE CLEAR – Emergency Situation Cleared

- ➢ CODE TRIAGE – Mass Casualty Incident (MCI)

- ➢ CODE AMBER – Missing Infant or Child

- ➢ CODE BLUE – Adult Medical Emergency

- ➢ CODE YELLOW –Bomb Threat

- ➢ CODE WHITE – Pediatrics Medical Emergency

- ➢ CODE ORANGE – Hazardous Materials/Major Spill

- ➢ CODE PURPLE – Patient Elopement

- ➢ CODE BROWN – Major Utility System Failure/Disruption

- ➢ CODE NOELLE – Obstetrical Hemorrhage Emergency

- ➢ CODE SEPSIS – Possible Sepsis Emergency

- ➢ CODE STROKE – Stroke Emergency

- ➢ CODE HICS (**Hospital Incident Command System**) – Emergency Plan Activation

- ➢ CODE SILVER – Threat of Weapon/Hostage Situation (Active Shooter)

Active shooter incidents are becoming more frequent and usually involve anger, revenge, ideology, or untreated mental illness. It is unpredictable, evolve quickly and will continue until stopped by law enforcement, suicide or invention. The basic actions that can be taken when confronted with an active shooter: (Evacuate, hide out or as last resort, take action)

- **CODE GREY** – Security Emergency (Behavioral)

The occurrence of a CODE GREY requires participation of only those staff members directly involved in the patient's immediate care. This would include Nursing, Security, and Behavioral Health Center Crisis Team members. Nonessential staff in proximity of an agitated patient is requested to temporarily leave the area until resolution.

- **CODE AMBER** – Infant/Child Abduction

The occurrence of a CODE AMBER designates the possible occurrence of an infant abduction from the Newborn Nursery or a child from the Peds floor in the Children's Hospital. The Department of Telecommunications shall provide an overhead public announcement stating "CODE AMBER" three times. It is important for all staff members to be observant of any person(s) in custody of an infant and to report this information to the Department of Security immediately.

- **CODE YELLOW** – Bomb/Bomb Threat

STAFF MEMBERS CONFRONTED WITH POTENTIALLY VIOLENT INDIVIDUALS IN PERSON, OVER THE PHONE OR THROUGH THE MAIL SHOULD IMMEDIATELY REPORT THE INCIDENT TO THE SECURITY DEPARTMENT. THIS INCLUDES THE OCCURRENCE OF BOMB THREATS

Hospital staff members should immediately report to the Department of Security any form of communication interpreted as a threat. If a bomb threat warning is received over the telephone, Security should be notified as quickly as possible. When the Westchester Medical Center receives a bomb threat, our objectives are:

1. Provide for the safety of our patients and employees.

2. Prevent panic.

3. Minimize disruption of the institution.

4. Coordinate with appropriate public safety departments, i.e..: Westchester County Department of Public Safety and the Bomb Squad.

Sometimes suspicious items are discovered without a previous warning. If you should discover such a suspicious item:

- **DO NOT TOUCH, MOVE OR DISTURB SUCH ITEM**

➤ Call the Security Supervisor (telephone extension 8535) or in case of emergency, pager 0911, and keep all persons away until Security arrives. Suspicious objects should be isolated and avoided until checked.

➤ If found in a room with a door, close the door so that the potential blast may be confined to that room only.

If a warning is received, it may be in the form of a telephone call or through the mail. If you receive a suspicious package in the mail, notify Security immediately. If you receive a threat over the telephone, it should be taken seriously. The following guidelines should then be followed:

1. Attempt to keep the caller in conversation and signal to other staff to alert Security personnel.

2. Attempt, by conversing with the caller, to have the person disclose the location of the object by building, floor or room and the expected time of the event.

3. Listen for background noises or clues, which may indicate the location of the caller.

4. Observe the sex of the caller, whether young or old, odd expressions or slang used, type of accent if any, fast or slow talker or any other distinguishing feature of the call.

5. When the call has ended immediately write down the details of the call and contact Security if they have not already been notified.

If such a threat is received and search is instituted, the search will be focused upon finding and reporting any unfamiliar or suspicious objects, packages, or devices. Searching of the Westchester Medical Center premises will be instituted by direction of the Westchester County Department of Public Safety. Westchester Medical Center staff may be expected to assist in this effort as directed by hospital administration and police representatives. All areas will be checked and searched by personnel normally occupying or having control over the area, i.e.: nurses search patient rooms, office workers search their respective offices.

BOMB THREAT CHECKLIST

1. When is the bomb going to explode?

2. Where is the bomb right now?

3. What does the bomb look like?

4. What kind of bomb is it?

5. What will cause the bomb to explode?

6. Did you place the bomb?

7. Why?

8. What is the address?

9. What is your name?

EXACT WORDING OF BOMB THREAT

_____
_____
_____
_____

Sex of caller: _____   Race: _____

Age: _____   Length of call: _____

Call back/caller ID# displayed: _____

Time call received: _____

CALLER'S VOICE

☐ Calm   Nasal
☐ Soft   Angry
☐ Stutter   Loud
☐ Excited   Lisp
☐ Laughter   Slow

CALLER'S VOICE (Continued)

☐ Rasp   Crying
☐ Normal   Distinct
☐ Rapid   Deep
☐ Slurred   Whispered
☐ Ragged   Clearing throat
☐ Deep Breathing   Voice
☐ Disguised   Accent
☐ Familiar (*if voice is familiar, who did it sound like?*)

_____
_____

BACKGROUND SOUNDS

☐ Street noises   Factory machinery
☐ Voices   Crockery
☐ Animal noises   Clear
☐ PA System   Static
☐ Music   House noises
☐ Long-distance   Local
☐ Motor   Office machinery
☐ Booth   Other (*Please specify*)

_____

BOMB THREAT LANGUAGE

☐ Well-spoken (educated)
☐ Foul
☐ Taped
☐ Nasal
☐ Message read by threat
☐ Loud

REMARKS:
_____
_____
Your name: _____
Your Position: _____
Your telephone number: _____
Date checklist completed: _____

WORKPLACE VIOLENCE

Westchester Medical Center is committed to promoting its mission, vision, goals and objectives to various clienteles. As such, it is committed to providing a workplace environment that promotes the highest caliber of safety and security to its entire staff. Westchester Medical Center has a zero tolerance stance towards workplace violence.

All staff is to promptly report any acts or threats of violence to their immediate supervisor and to the Department of Security at telephone extension **8535**, or in an emergency, by pager **0911**.

➢ **DR STRONG** – Workplace Violence Distress Code

Distress Code "DR. STRONG" is used in an emergency situation and Security should be immediately contacted:

- Remain calm

- Call telephone number 8535 (Security Control Center)

- State "I need to page Dr. Strong" and give your name and exact location

Make report of the incident to your immediate supervisor afterwards

It is the responsibility of every employee to be familiar with safety and evacuation procedures as contained in the Westchester Medical Center Health Safety Manual. If you have any questions, ask your supervisor or call the Department of Security.

Protective and Restraining Orders – Each employee who receives a PO or RO which lists WMC premises as a protected area is required to provide the Security Department with a copy of such order. If possible, also include a picture of the person the order is against.

SECURITY ESCORTS

At times, especially at night, and an employee doesn't feel comfortable walking to your vehicle, call Security for an escort. To request an escort call Security at X 8535 about 15 – 20 minutes prior to your departure. An officer will be dispatched to a pre-designated meet location to escort you as soon as possible.

Service Excellence

- It is everyone's responsibility to create and provide a GREAT patient and family experience at WMC!!!
- Compassion and concern have the highest correlation with overall satisfaction and loyalty

AIDET Communication Model

A	**Acknowledge:** knock on door/curtain, eye contact, smile, greet patient/others
I	**Introduce:** Identify yourself by name, role, and purpose for being there
D	**Duration:** Keep patient informed on how long you'll be with them, wait times, when you'll be back
E	**Explanation:** Explain what you are doing, why you are doing it, what to expect. Ask if they have any questions
T	**Thank you:** Thank patients, families, co-workers

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
- Standardized national patient survey, allowing apples to apples comparisons for hospitals
- Questions have proven to be important to patients regarding quality of care
- Rating scale of "Never" to "Always" for how hospitals provide service to patients
- Why is HCAHPS important to hospitals?
    - Provide consumers (patients) with information that might be helpful in choosing a hospital
    - Pay for performance

Hospital Wide Policies and Procedures

Sexual Harassment

EEOC Guidelines
- EEOC defines sexual harassment as: "Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature"
  - Criterion I – submission to such conduct is made either implicitly or explicitly a term or condition of employment (Quid pro quo)
  - Criterion II – submission to or rejection of such conduct by an individual is used as the basis for employment decision affecting such individual (Quid pro quo)
  - Criterion III – Such conduct has the purpose or effect of unreasonably interfering with the individual's work performance or creating an intimidating, hostile or offensive working environment

Role of WMC employees
- Increase personal awareness of appropriate behavior
- Take responsibility to manage your own behavior
- Ask for help if unsure of another employee's behavior – or if unsure how your behavior affects someone
- Feel free to tell someone that their behavior is unwelcome or offensive
- Don't ignore harassment; it rarely goes away on its own
- If you observe a situation or are involved in a situation, inform your manager or Human Resources immediately

Harassment Summary
- Goal is to create a harassment free environment
- Harassment prevention is everyone's job
- Important to reinforce and openly discuss harassment prevention often
- If any person indicates that any personal gesture or remark is unwelcome, stop it
- Harassment is disruptive to WMC, destructive to individuals, and costly/ embarrassing to any business
- To establish respect, harassment cannot be tolerated

WMC Policy for Occupational Health Medical Records – All WMC employees, volunteers, contracted services staff members and students have a right to obtain a copy of his/her occupational health record. Email ohc@WMCHealth.org to request this information.

TO REPORT A PATIENT OCCURRENCE / EVENT (NOT TO BE USED FOR EMPLOYEE INJURIES):

Step 1: Open up the WMC iCare homepage by double clicking on the Internet Explorer icon on the desktop and scroll down to the For Care Providers section to Midas Occurrence Reporting.

Step 2: Click on the appropriate form

Step 3: The following screen will then appear once a report form is selected:

Step 4: The following screen will then appear in order to find the patient

Step 5: Highlight the patient's name and then click OK.

MIDAS QUICK TIPS TO REMEMBER

For today's date – Type "T" in date field and hit Tab key

For yesterday's day – Type "-1" in date field and hit Tab key, For 2 days ago – Type "-2" in date field and hit Tab key, etc.

For current time – Type "N" and hit Tab key

For Yes or No answer – Type "Y" or N" and hit Tab key

Patient Account Number is the same as Patient Number. This can be found on the address label

Bolded field are mandatory or required field

Click the Submit button to report the Midas form

If you step away from the computer, Midas will time out after 20 minutes and the information will NOT be saved. However, every time the dropdown box button is clicked the form will reset to 20 minutes.

DO NOT USE MIDAS TO REPORT EMPLOYEE OR NON-PATIENT RELATED INJURIES OR ACCIDENTS

FOR EMPLOYEE ACCIDENTS PLEASE REFER TO THE INTEGRATED DISABILITY POLICY ON iCARE "INJURY ON DUTY WORKERS' COMPENSATION"
FOR NON-PATIENT (VISITORS, CONTRACTORS, ETC.) EVENTS PLEASE CONTACT SECURITY AT EXT. 8535