



2016 Annual

Agency

Packet

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MISSION...OUR REASON FOR BEING

MISSION

- Mission touches every piece of the organization; it is the task of all who are in our healing ministry to assume responsibility for it.
- Its 'goal is to provide the same excellence in care to all persons from deep spiritual and professional motivation and to be profoundly responsive to those most in need and challenging to serve.

CATHOLIC HEALTH SPONSORS

- Ascension Health Ministries (Ascension Health)
- Catholic Health Ministries (Trinity Health)
- Catholic Diocese of Buffalo comprised of the eight counties of Western New York.

CATHOLIC HEALTH MISSION STATEMENT (*Why we exist*)

We are called to reveal the healing love of Jesus to those in need.

OUR 2020 VISION (*What we are striving to do*)

Inspired by faith and committed to excellence, we will lead the transformation of health care in our communities.

CATHOLIC HEALTH VALUES (*What we believe in*)

- Reverence
- Compassion
- Justice
- Excellence

All associates and staff are interviewed, oriented, educated, evaluated, and mentored within the framework of our values.

BEHAVIORS

We know who we are and we act accordingly.

REVERENCE

We honor the value of each individual we encounter at Catholic Health.

- Be an exceptional example of our Mission
- Show courtesy to everyone through warm, welcoming words and gestures
- Care for and strengthen our healing ministry and all the resources entrusted to us
- Look for the face of God in everyone you meet

COMPASSION

We commit to walking with others through both joy and suffering.

- Be a transforming, healing presence in the communities we serve
- Extend a welcoming hand to all patients, residents, families and associates
- Show kindness when you help others
- Offer empathy, tenderness and respect to those in need

JUSTICE

We dedicate ourselves to treat all people with respect, dignity and fairness.

- Advocate for persons who are poor and vulnerable

- Be accepting and understanding of people who need our help
- Be honest and ethical in all dealings
- Honor the uniqueness of each individual and maintain an inclusive environment
- Use resources wisely and increase environmental awareness by making lifestyle changes to reduce our “footprint” on the environment

EXCELLENCE

We commit to exceed the expectations of our patients, residents, their families, and all the people we meet at Catholic Health.

- Envision a future filled with hope
- Foster a high quality workplace
- Seek opportunities for professional and personal growth
- Be faithful to our Mission and Values
- Provide the highest quality of care and service

It is your responsibility to *Enhance the Patient Experience* by meeting our eight *Pursuing Excellence Expectations*.

1. Interact respectfully and compassionately
2. Demonstrate a positive attitude
3. Demonstrate accountability
4. Follow the rules
5. Communicate clearly and directly and perform effective hand-offs communication
6. Have a questioning attitude
7. Work together with your team
8. Pay attention to detail

You are Catholic Health

Yours is the voice people hear when you answer the telephone.

Yours are the eyes they look into when they're frightened and lonely.

Yours are the voices people hear when they ride the elevators, when they try to sleep, and when they try to forget their problems.

You are what they hear on their way to their appointments that could affect their destiny and what they hear after they leave those appointments.

Yours are the comments people hear when you think they can't.

Yours is the intelligence, commitment and caring that people hope they'll find here.

When you are considerate, so is Catholic Health.

When you are helpful, so is Catholic Health.

When you are compassionate and respectful, so is Catholic Health.

Visitors, patients, residents and co-workers will never know the real you unless you let them see it.

All they will know is what they see and hear and experience.

We are all judged by your performance.

All of us are the care you give, the attention you pay, the courtesies you extend.

QUESTIONS OR COMMENTS

Catholic Health Mission Leadership

Kenmore Mercy Hospital	Joseph Mazzawi	(716) 447-6360
Mercy Hospital Buffalo	John Kalinowski	(716) 828-2190
Mount St. Mary's Hospital, Lewiston	Bernadette Franjoine	(716) 298-2198
Sisters of Charity Hospital /St. Joseph Campus	Paula Moscato	(716) 862-1905
Home & Community Based Care/LIFE	Br. Felipe Martinez, fsp	(716) 706-2301
Bart Rodrigues, SVP, Chief Mission Officer		(716) 862-2436
Sister Nancy Hoff RSM, Ministry Formation		(716) 923-9668
William Vaughan, Director of Chaplaincy Services		(716) 939-0298
Yvonne Askew, Coordinator, Faith Community Nursing		(716) 220-5098
Deb Prautzsch, Administrative Assistant		(716) 862-2435

CULTURAL COMPETENCE

Cultural competence is a set of attitudes, behaviors and skills that enable staff to work effectively in cross-cultural situations. It reflects the ability to gain and use knowledge of health related beliefs, attitudes, practices and communication.

It should be understood that there is no one way to treat any racial and ethnic group. As health care providers, we must provide evidence based care that is appropriately tailored to meet the needs of our patients, their families and the community.

Cultural competence begins with an honest desire not to allow biases to keep us from providing care and treating each patient with respect.

Cultural Diversity covers many obvious and less-obvious manifestations to include:

- Religion
- Ethnicity (Race)
- National Origin
- Gender
- Age
- Education
- Mobility (including handicaps)

Culture is defined as the sum total of the way of living to include values, beliefs, standards, language, thinking patterns, behavioral norms and communication styles. Culture guides decisions and actions.

Culture related to health belief systems:

- Define and categorize health and illness
- Officer explanatory models for illness
- Based upon theories of the relationships between cause and the nature of illness and treatments
- Defines the specific "scope" of practice for healers

Acquiring cultural competence starts with awareness of differences. Diverse groups are handled with specific skills and which are refined through cross-cultural encounters. In caring for culturally diverse populations:

- Listen to the patient’s perception of the problem
- Explain your understanding of the problem
- Discuss differences and similarities
- Recommend a treatment plan and negotiate the plan
- Culturally diverse populations have varying belief preferences, nutritional preferences, communication preferences and varying beliefs on patient care and dealing with death. To assist you with the care of cultural diverse populations, the Catholic Health Culture Tool can be accessed by going to the S: drive and reading the document in: S:\Public\StaffDevelopment\Mandatory\CultureTool.pdf

INTEGRATED HEALTHCARE DELIVERY SYSTEM - OUR JOURNEY

With the passage of the Affordable Care Act of 2010 healthcare providers across the country have been faced with interpreting and planning for changes required in healthcare delivery and in reimbursement. These changes are intended to expand access, improve quality, and control the rising costs of healthcare.

Catholic Health is an integrated healthcare delivery system where the right care is provided, at the right time, in the right place, at the right time, and at the right cost. This is accomplished through many activities to include the implementation of labor and operational efficiencies, improvements in quality and safety through the use of medical and information technology, and enhancement of the patient experience by providing exceptional care and service.

The goal is to deliver patient centered care – where care is coordinated across the continuum as opposed to the provision of episodic care. Catholic Health is working closely with our Catholic Medical Partner physicians to integrate patient centered care throughout the continuum which will result in the provision of better care transition and coordination, supporting health maintenance and preventing unnecessary hospital readmissions. As this journey continues you will hear a number of terms used in association with Integrated Healthcare. The following definitions are provided so that you may become familiar with the language of health care reform:

- **Accountable Care Organizations** – a network of physicians and hospitals that share responsibility for caring for a select group of patients for a set fee
- **Care Coordination & Care Transition** – care is integrated and coordinated across all elements of the healthcare system and the community, using IT and other means to ensure patients get the care they need, when and where they need it
- **Patient Centered Medical Home** – an approach to providing comprehensive primary care that facilitates partnerships between patients, their physician, and the patients family
- **The Triple Aim** – the simultaneous pursuit of improving the patient experience, improving the health of populations, and reducing the cost of care
- **Disease State Management** – focus on treating the whole patient and the entire disease, not just specific episodes, with an emphasis on prevention and health maintenance

CORPORATE COMPLIANCE

Catholic Health certifies annually that an effective compliance program is in place at each of our organizations participating in the New York State Medicaid program. We all play a vital role in assuring this certification.

All Catholic Health associates work together to protect the financial interests of the federal and state governments (taxpayer dollars), health insurance payers (premiums paid) and ensuring implementation of sound business practices with those who interact with the organization.

Health care costs in the United States are continually rising. Catholic Health's focus in becoming a high-performing health system embraces the following dimensions:

1. Improving the patient experience of care (including quality and satisfaction);
2. Improving the health of populations; and
3. Reducing the per capita cost of health care.

Medicare and Medicaid combined constitute the largest single purchaser of healthcare in the U.S. and the outlays also continue to rise annually. Today's policymakers are searching for ways to decrease the current levels of growth without reducing access to needed health care services or creating undue burdens for providers. Payment from government funded health plans will be affected by quality markers, Value Based Purchasing (VBP) and the Hospital Readmissions Reduction Programs

Medicare and Medicaid programs are vulnerable to fraud, waste and abuse by virtue of their sheer size, as well as their complex reimbursement rules, and decentralized operations. The focus of government investigations of healthcare organizations has resulted in monetary settlements that total into billions of dollars each year. The following reasons have been cited as the cause of improper payments:

- Inadequate documentation,
- Medically unnecessary services,
- Coding errors, and
- Payment calculation errors, including overpayments and underpayments.

Why should I care about compliance?

The implementation of an effective corporate compliance program is a commitment by Catholic Health to foresee potential problems. All directors, officers, managers, associates, medical staff, house staff, contractors, volunteer, students and others (hereafter referred to as constituents) from each Catholic Health System (CH) organization or affiliate have corporate responsibilities and duties.

It takes every individual doing his/her job well to make the Catholic Health System run efficiently. It is important that you know pertinent state, federal regulations and CH policies and apply them to your job.

Our compliance efforts will not work without your full support. One mistake or even a perception of wrongdoing could mean that we risk tarnishing our reputation of integrity and could trigger a government investigation that could result in severe financial and other penalties, loss of tax exemption, and a decline in business. The cost of these penalties affects the ability of Catholic Health to bring needed healthcare services to our community. In certain circumstances, penalties for wrongdoings can be directly applied to the individual.

Enhancing the patient care experience involves upholding patient rights, having a questioning attitude, paying attention to details, following the rules, and accountability for your actions. These expectations create a Culture of Service which enhances the patient care experience and supports the Compliance Program.

I. CORPORATE COMPLIANCE PROGRAM

The CH compliance program aims to prevent, detect and resolve instances of conduct that do not conform to federal and state law, and private payer health care requirements as well as sound business policies. As health care providers we have obligations to understand the ethical, professional and legal requirements of our roles. An effective compliance program puts an organization in a position to function with integrity and do the right thing which ultimately provides better healthcare. Compliance is the responsibility of all associates. Associates have a duty to uphold compliance measures and to report items of concern. An associate's Corporate Compliance responsibilities may include: development, implementation and enforcement of compliance related policies/procedures; education of constituents; investigation of reported concerns and ongoing auditing and monitoring of compliance related matters. Leonardo Sette-Camara, Esq. is the Deputy Counsel, Corporate

Compliance & Privacy Officer with oversight responsibility for the compliance status and activities in all CH organizations.

II. POLICIES/PROCEDURES AND STANDARD OF CONDUCT

The first step in combating fraud, abuse and waste is to prevent it from happening in the first place. The CH Corporate Compliance Program policies are available electronically to CH constituents on Compliance 360 under Legal Services. If you would like to review these documents and do not have access, contact your supervisor/manager for assistance or call the Compliance Office directly.

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

- We recognize our responsibility to treat the people we serve with the same standards of care, regardless of payer source and in accordance with applicable rules, regulations and laws.
- We are intolerant of fraud, waste and abuse throughout the Catholic Health System and strive to always deliver medically necessary services in the most efficient and prudent manner.
- We also hold those we conduct business with to the same standards. An effective compliance program supports quality healthcare.

Part of the Standard of Conduct entails the Code of Conduct.

III. CH CODE OF CONDUCT

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

Expectations of all work force members in Catholic Health are to:

1. Promote Ethical Business Conduct

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

2. Appropriately Use Resources

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

3. Preserve Confidentiality

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

4. Avoid Conflicts of Interest

Disclose financial interests, vendor promotions, secondary employment and/or any other potential conflicts of interest.

- As requested, complete timely submission of the Conflict of Interest Disclosure Statement.

5. Exhibit Catholic Health Behavioral Conduct

- Act with integrity by exhibiting CH value based behaviors in work related activities.
- If applicable, follow ethical standards of respective professional organization.

- Uphold the Non-Retaliation Policy for those who report concerns in good faith.

6. Uphold Legal and Regulatory Compliance

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

7. Act Responsibly & Be Accountable

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

CH Human Resources policies also reflect these standards of conduct and expectations.

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

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

Additional information on the Code of Ethics can be found online in the Associate Guidebook.

IV. EDUCATION AND TRAINING

For all CH associates, volunteers and students, compliance program education takes place at time of hire, annually and on-the-job for specific identified compliance risk areas. Web-based compliance education and CH University classes are also available.

Promotion of and adherence to Corporate Compliance policies and other requirements is incorporated into each job description and is a factor in the performance evaluations of all associates including supervisors and managers. All managers and supervisors will be held accountable for and subject to disciplinary action for failure to uphold their compliance responsibilities.

CH compliance program policies are communicated to CH Physicians, Residents, Vendors and Contractors at the time of engagement and on a regular basis.

Through participation in the various educational opportunities, it is expected that associates will be familiar with accepted rules, regulations and policies and be able to recognize and question any deviation from these expectations.

V. GOVERNMENT AGENCIES AND POLICIES

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

The False Claims Act

One such law governing fraud, waste and abuse is the federal False Claims Act (FCA). The FCA makes it a crime for any person or organization to knowingly make a false record, file or submit a false claim with the government for payment.

Under certain circumstances, an inaccurate Medicare, Medicaid, or VA claim could become a false claim. Examples of possible False Claims include someone knowingly billing Medicare for services that were:

- not provided, or
- were not ordered by a physician, or
- were provided at sub-standard quality. Violations of the Federal False Claims Act will result in severe penalties.

New York State has instituted a FCA that mirrors the federal False Claims Act. These penalties are higher than the federal penalties.

Additional regulations in 2009 expanded the FCA by adding liability for improper retention of government overpayment, stating *overpayments are to be returned within 60 days of discovery*. Therefore, CH expects that our colleagues who are involved with submitting claims for provided services will only use true, complete and accurate information.

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

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

VI. GOVERNMENT INVESTIGATIONS

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

VII. CONFLICT OF INTEREST

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

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

- Performing consultative services for a customer, vendor or supplier of the Catholic Health System.

Anything that you believe based on these definitions to be a potential conflict of interest, must be disclosed as the initial step to assuring an actual conflict of interest does not occur. Consult your supervisor or the Corporate Compliance Officer, Leonardo Sette-Camara, for clarification.

CH constituents in key positions where there is increased potential to encounter conflict of interest situations are required, on a regular basis, to sign a Conflict of Interest Disclosure Statement. Disclosures are reviewed by the Compliance Officer, kept confidential and are on file in the compliance office.

VIII. REPORTING

The second step in combating fraud, abuse and waste can be achieved through ongoing reporting, auditing, process improvement, and continued monitoring of identified compliance risk areas.

One of the most important ways to ensure that everyone in Catholic Health lives out the Standards of Conduct is to report questionable behaviors. All individuals associated with the CH have an obligation to report, in good faith, concerns about actual or potential wrong-doing related to governmental rules, laws and regulations, organizational policies/procedures and the CH Code of Conduct. Associates are not permitted to overlook such situations. CH has adopted an open door policy allowing associates to report a discrepancy/concern with assurance that it will be addressed at the appropriate level. We are firmly committed to a policy that encourages timely disclosure of such concerns.

It is understood that you may not wish to report concerns if you feel you will be subjected to retaliation or harassment for doing so. Catholic Health System, federal and state policies prohibit any retaliation or retribution against persons who report in good faith suspected violations of laws and policies. Anyone who engages in such retribution is subject to discipline, up to and including dismissal on the first offense.

CH will investigate any allegation of retaliation against a colleague for speaking up, and will protect and/or restore rights to anyone who raised a genuine concern. It is the responsibility of any associate who believes he or she has been subjected to any such retribution or retaliation, or has knowledge or information of such actions, to bring this to the attention of the Compliance office either by calling the Compliance Officer directly (821-4469) or the Compliance Hotline (1-888-200-5380).

1. Issue Requiring Reporting

Violations may occur intentionally or unintentionally. These behaviors must be reported because of the potential consequences for our organization:

- Conflicts of interest including inappropriate gifts, entertainment, gratuities
- Discrimination and harassment
- Dishonest communication including inaccurate/incomplete documentation
- Environmental / safety issues
- Fraud, abuse or false claims
- Improper lobbying/politics
- Retaliation for reporting a compliance concern in good faith
- Stealing / misuse of assets
- Violations of patient, associate, proprietary confidentiality

If you have questions or concerns about a specific behavior or situation related to compliance, seek guidance. Questions and concerns should be directed through the...

2. Three Step Process

1. Report the activity to your immediate supervisor or appropriate department manager,
2. If your concern is not resolved, report the concern to a higher level manager.
3. If the manager does not bring closure to the matter, report the issue to the Corporate Compliance Officer or phone Compliance Line.

Associate grievance issues regarding disciplinary actions, benefits, compensation, and other personnel matters should be brought to the attention of a Human Resources representative.

Compliance concerns can be reported to the Corporate Compliance Officer, Leonardo Sette-Camara, directly (821-4469) or through the Compliance Hotline 1- 888-200-5380: 24 hours a day, 7 days a week.

Calls to Compliance Hotline are not taped or traced, and callers do not have to provide their name or any other identifying information. If the caller chooses to remain anonymous, an investigation can be limited by the information provided. Should a caller choose to reveal his/her name, it will be held in confidence to the fullest extent practical or allowed by law.

CH is obligated to also extend the same confidentiality to any individual who may be named in the call; therefore, the reporter may not be informed of specific actions taken to investigate or address the reporter's concerns regarding a fellow associate. However, the reporter will receive a response. It is the investigator's responsibility to maintain anonymity and confidentiality of reported matters and the reporting individual.

IX. AUDITING AND MONITORING

An effective compliance program consists of ongoing auditing and monitoring. The compliance office works in conjunction with the organization's management and department personnel to ensure continuing compliance improvement. Department managers and supervisors are responsible to adequately monitor departments for detection of violations and/or non-compliance with applicable policies and legal requirements which, with reasonable diligence, would have led to the discovery of any problem or violation and to take corrective action upon discovery of a violation. It is the responsibility of all constituents to implement solutions and continually evaluate the situation.

X. DOCUMENTATION AND BILLING

It is important that all those associated with CH maintain high personal and professional standards in regard to all documentation and reimbursement areas. It is CH policy to bill all payers in compliance with all federal, state and third party payer laws, rules and regulations. It is fraudulent to either document services that were not performed or to provide services without appropriately documenting those services. Reimbursement can only be sought for services or items that have been provided, appropriately documented and determined to be medically necessary.

All individuals associated with CH must be committed to the integrity, accuracy and confidentiality of information for the benefit of those we serve. In the normal course of our business, medical records and claims are created and maintained to comply with legal, regulatory and accreditation requirements. They must be legible, accurate, complete, secured, and maintained for the required length of time.

XI. COMMITMENT

Everyone plays a significant role in the success or failure of our compliance efforts. Through your participation in the CH Corporate Compliance Program, your actions set in place the standards of conduct, unify our

compliance initiative within CH and assist in providing quality care and services to those we serve throughout our community.

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

XII. COMMUNICATION ASSISTANCE PROGRAM

Communication is fundamental in attaining high quality health care for CH patients. To facilitate communication addressing health care needs, all CH facilities will identify patients of limited English proficiency or who are hard of hearing and offer interpretation and translation services. This means that any limited English speaking or hard of hearing patient who presents at our facilities for care will have access to interpretive services 24 hours a day, 7 days a week. Language assistance will be offered at registration or at the beginning of the provision of services. Patients are informed that the service is provided free-of-charge.

Hospital patients who are visually impaired should be offered enlarged print at pre-admission and for discharge planning.

Information on accessing patient communication services is provided in the Communication Assistance Policy available in Compliance 360. A one-page summary sheet on Language Assistance and guidance to enlarge print is also available as a quick resource. The Nursing Supervisor or patient representative is available if further assistance or information is needed.

XIII. HIPAA PRIVACY & SECURITY REGULATIONS

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

1. The Law Applies to Covered Entities and Business Associates

Covered Entities are:

- **Health Care Providers**
 - Physicians
 - Hospitals
 - Long term care facilities
 - Home Care facilities
 - Ambulatory surgery centers
 - Managed care organizations
 - Government health care programs

- **Health Plans**
 - Insurers
 - HMOs
 - Self-insured employers

- **Health Care Clearinghouses**

Business Associates are individuals or companies (billing services, collection agencies, contract coders, IT vendors) that have been given access to the Covered Entity's PHI in order to perform a service on behalf of the Covered Entity. They are required to report breaches to the Covered Entity and are held accountable for breaches.

2. What is Protected?

Individually Identifiable Health Information (Protected Health Information - PHI)

“Health Information” is any past, present and future information (oral or recorded) in any form or medium that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school, university, or health care clearinghouse and includes payment information.

3. PHI Identifiers:

Name	E-mail and web site addresses
Social Security Numbers	Telephone and fax numbers
Account numbers	Health plan beneficiary numbers
Certificate/license numbers	Full face photographic images
Vehicle identifiers and serial numbers	Medical Device numbers
Geographic subdivisions smaller than a state	
Biometric identifiers (finger prints and voiceprints)	

All elements of dates directly relating to the individual’s: birth date, admission date, discharge date, date of death, and all ages over 89.

Any other unique identifying number, characteristic or code

4. Consent for Treatment, Payment and Health Care Operations:

Consent (Consent and Financial Agreement) is obtained from the patient upon presenting for treatment and allows disclosure of PHI for treatment, payment & healthcare operations.

5. Authorization Requirement:

Authorization is needed for all uses and disclosures other than for treatment, payment or health care operations. An authorization must be completely and accurately filled out.

6. Privacy Notice:

A Covered Entity must provide a Notice of Privacy Practices to each individual from whom it will receive Protected Health Information.

The Notice of Privacy Practices titled CH Privacy Notice:

- Describes how medical information may be used and disclosed.
- Notifies the individual of his or her rights.

7. Minimum Necessary Use & Disclosure:

Access, acquisition, use or disclosure of PHI is only on a need to know basis and based on treatment, payment, healthcare operations or pertaining to other purpose as it relates to job function. This information is to be held confidential and not shared with or disclosed to others who are NOT providing care of the patient and/or are NOT covered as a need to know entity.

8. What Information Can Providers Share?

- CH providers can discuss PHI (other than sharing medical records or films) with a patient’s family member, friend, or caregiver without authorization, so long as the patient, who is able to, doesn’t object. If the patient is alert and oriented, the patient should be given the opportunity to object prior to sharing information. (If the information is being shared in the patient’s presence, it may be inferred that patient is not objecting).
- If the patient is not present or incapacitated, a health care provider may share patient information with a patient’s family and friends as long as it is determined, based on professional judgment, that is in the best interest of the patient and believed the patient would not object.
- Health care providers can share patients’ information to provide continuity of care.

- Providers can share necessary health information with licensing and credentialing agencies.

9. Personal Representatives

CH must provide a patient's "personal representative" with all of the rights and privileges that are possessed by the patient with respect to PHI that is relevant to the individual's representation.

Examples of Personal Representatives in NY:

- A Health Care Agent, as named in a Health Care Proxy. If in effect, the agent can review medical records, films, etc. if that will assist to make health care decisions for the patient.
- A guardian of an adult patient, as authorized by a judge, such as an Article 81 Guardian.
- An executor, administrator or person who has legal authority to act on behalf of a deceased individual or their estate.
- A parent, guardian, or person who has legal authority to make health care decisions on behalf of a minor-except for prenatal care, mental health treatment, substance abuse treatment, and treatment of sexually transmitted diseases.

10. Physical Safeguards for Maintaining Privacy of Information

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

11. Sending Emails with PHI Internally and Externally

All emails sent internally within CH are secure. Emails sent externally, outside the system, need to be encrypted. You can locate the instructions for sending external encrypted emails by typing "encryption" in the search box of Compliance 360.

12. Uses & Disclosures of Medical Information Without a Patient Authorization for Fundraising

CH may use PHI (name, address and date of service) for purposes of fundraising activities. The patient has the right to opt out of receiving fundraising solicitations by sending a written request to the Privacy Officer.

13. Unauthorized Accessing and Disclosure of Patient Information

An associate may access PHI that has been assigned and needed to carry out their duties. Curiosity can be a normal human trait. However, accessing health information on family members, friends, co-workers, persons of public interest or any others that is not work related is a VIOLATION of HIPAA.

Associates are NOT allowed to directly access their own medical records through a Catholic Health Computer. Non-work related access to CH medical records requires a written HIM request. Associates are able and encouraged to access their own medical information through the Patient Portal.

All patients utilizing CH services, including co-workers are entitled to privacy of their health information. Disclosing PHI through careless safeguards or to those outside of the need to know for treatment, payment or health care operations is also a VIOLATION of HIPAA.

XIV. SOCIAL MEDIA POSTINGS

Catholic Health recognizes social media as an avenue for self-expression, however, CH Associates must remember that they are personally responsible for the content they contribute and should use social media responsibly. Catholic Health's human resources policies – including its equal employment opportunity and sexual harassment/non harassment policies – and its policies on patient confidentiality/HIPAA, apply to associates' on-line conduct.

Social Media includes, but is not limited to social networking sites such as Facebook, LinkedIn, Flickr and Twitter, personal websites, news forums and chat rooms.

The following rules must be followed by all individuals covered by this policy.

1. Follow Catholic Health values, Code of Conduct and policies in all social media usage.
2. Carefully consider what you post.
3. Representation of Catholic Health on any social media site is subject to approval.
4. Affiliation with Catholic Health must be disclosed.
5. Identify your opinions as your own and not those of Catholic Health.
6. Do not disclose private, confidential or proprietary information.
7. Abide by federal and state laws.
8. Be respectful.
9. Be professional.
10. Do not engage in solicitation.
11. Associates may not use any Catholic Health social media site to gain access to contact lists or names to be used for any purpose that would violate federal or state laws or any Catholic Health policy.
12. Do not post photographs taken on Catholic Health property.
13. Do not post malignant materials.
14. Think twice before "connecting."
15. Use of Catholic Health e-mail address.

Conduct that violates other policies would also be prohibited through social media. Catholic Health may monitor any social media activity of individuals covered by this policy if there is reason to believe that a policy or legal violation has occurred as well as in connection with Human Resource investigations. Catholic Health reserves the right to edit or remove posts that violate this policy.

XV. VIOLATIONS OF PRIVACY POLICIES AND PROCEDURES MAY RESULT IN:

- Corrective action against the associate with possible termination of employment
- Monetary fines for CH and the individual;
- Civil and criminal penalties (jail time) for the individual violator.

Associate duties:

1. Safeguard protected health information
2. Keep communication of PHI limited to the minimum amount necessary
3. Only access PHI necessary to perform your job function

4. Only disclose PHI necessary for treatment, payment or healthcare operation to those who need to know.
5. CH associates have an obligation to report any potential or actual HIPAA incident immediately to the Privacy Officer for investigation and implementation of appropriate corrective measures.
6. Reasonable steps must be taken to mitigate any harmful effect of the violation.
- 7.

Examples of incidents that require immediate reporting:

- Lost laptop
- Lost PDA (Personal Digital Assistant)
- PHI left unattended
- Cell phone pictures of patients or patient information
- Faxes containing PHI sent to the wrong number/person
- Unauthorized access of patient PHI
- Unauthorized disclosure of patient PHI
- Theft or loss of passwords, computer equipment or any other devices/information that compromise the safety of protected health information.

CH considers violations of HIPAA a serious breach of patient confidentiality and is in direct opposition of our commitment for respect and dignity of our patients. The CH computer system is able to track when associates view records of patients. Associates computer use can be monitored and CH is required by law to conduct security audits.

XVI. COMPLAINTS:

Patient complaints regarding CH compliance with patient privacy are directed to the Privacy Officer, Leonardo Sette-Camara. All complaints will be thoroughly investigated.

HIPAA privacy and security policies are located in Compliance 360. Additional HIPAA educational information is available to all CH associates in NetLearning and at CH University classes.

The CH Privacy Officer is Leonardo Sette-Camara

For Privacy breaches or questions, please call Leonardo Sette-Camara at 821-4469, the HIPAA Line 862-1790 or the Corporate Compliance Line at 1-888-200-5380

The CH Security Officer is Pete Capelli

For Security breaches, loss of computer laptops, flash drives, discs etc. or for security questions, please call Sally O'Brien, 862-1938, HIPAA Hotline 862-1790, CH HelpDesk 828-3600 or the Corporate Compliance Line at 1-888-200-5380

All calls are confidential.

RISK MANAGEMENT

What is Risk Management?

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

OCCURRENCES

What is an Occurrence Report?

Occurrences are events that are unplanned, unexpected and unrelated to the natural course of a patient's disease process or routine care and treatment.

What is the purpose of an Occurrence Report?

- Enhance quality of patient care
- Assist in providing a safe environment
- Quick notice of potential liability

Sources of Occurrences:

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

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

DO NOT:

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

PATIENT COMPLAINTS

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

What happens when a Complaint is filed?

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

RISK MANAGEMENT PROCESS

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

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

SYSTEM RISK MANAGEMENT OFFICE RESPONSIBILITIES

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

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

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

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

IDENTITY THEFT RED FLAG RULES

- Identity theft is fraud committed or attempted by using identifying information of another person without that person's authority.
- Identifying information is a name or number that may be used to identify a specific person, for example: name, address, telephone number, social security number, date of birth, driver's license, or insurance number.
- The Federal Trade Commission (FTC) issued regulations known as the "Red Flag Rules" in 2007 which stemmed from The Fair and Accurate Credit Transactions Act (FACTA) of 2003 which is intended to protect consumers from identity theft.
- "Red Flag Rules" apply to health care facilities that maintain "covered accounts" or extend credit to consumers. These facilities must have written policies and procedures to identify, detect, prevent and mitigate identity theft.
- Catholic Health has an "Identity Theft Prevention and Mitigation" policy that can be found on the Compliance 360 policy management system. This can be accessed via the internet under Favorites/CH Enterprise Link/policy search.
- Contact Risk Management when an occurrence of Identity Theft is suspected or reported.

EMTALA REGULATIONS

EMTALA is the Emergency Medical Treatment and Active Labor Act, a.k.a. COBRA. EMTALA provides a guideline for safely and appropriately transferring patients in accordance with Federal regulations. The law provides for a medical screening exam (MSE) to all individuals seeking emergency services on hospital property. Hospital property includes the driveway, parking lot, lobby, waiting rooms and areas within 250 yards of the facility. If an emergency medical condition is found, it will be stabilized within the hospital's ability to do so, prior to the patient's transfer or discharge. If a patient does not have an emergency medical condition, EMTALA does not apply.

*****Important Reminder:** Never suggest that a patient go elsewhere for treatment.

HUMAN RESOURCES

Discrimination and Harassment

PURPOSE:

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

APPLIES TO:

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

I. POLICY STATEMENT

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

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

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

A. EQUAL EMPLOYMENT OPPORTUNITY

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

B. HARASSMENT

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

Examples of harassment include:

- Jokes, derogatory expressions or comments involving race, color, religion, gender, national origin, marital status, mental or physical disability, veteran status, sexual preference, alternate lifestyle, or physical appearance.
- The display of degrading graphics, cartoons, or objects involving race, color, religion, gender, national origin, marital status, mental or physical disability, veteran status, sexual preference, alternate lifestyle or physical appearance.
- Physical contact which could be construed as aggressive or intimidating, such as grabbing an associate by the arm, poking, etc.
- A pattern of intimidating body language (words or actions) which the alleged victim has identified as such to the alleged harasser.

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

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

3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment may include a range of subtle and not so subtle behaviors and may involve individuals of the same or different genders. These behaviors may include but are not limited to:

- Unwanted sexual advances or requests for sexual favors;
- Sexual jokes and innuendo;
- Verbal abuse of a sexual nature;
- Commentary about one's body;
- Sexual prowess or sexual deficiencies;
- Leering, whistling or touching;
- Insulting or obscene comments or gestures;
- Display in the workplace of sexually suggestive objects or pictures;
- Any other physical, verbal or visual conduct of a sexual nature.

II. INDIVIDUALS & CONDUCT COVERED

The policies apply to all associates, whether related to conduct engaged by fellow associates or someone not directly connected to CH (e.g. affiliated health care providers, patient, patient visitor, volunteer, vendor or consultant).

III. DISCRIMINATION/HARASSMENT COMPLAINT PROCESS

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

A. RESPONSIBILITIES:

1. **All Catholic Health** associates must share the responsibility of understanding and preventing discrimination and harassment. Individuals who believe they have been discriminated against or harassed or have witnessed such behavior have the primary obligation to inform Management.
2. **Executives, Managers and Supervisors** have a special responsibility as agents of the System to act promptly to eliminate discrimination and harassment.

B. COMPLAINT PROCEDURE

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

The complainant is expected to provide information that the organization requests, including a detailed account of the complaint including witnesses (if any dates and other information considered relevant by the organization). A formal investigation of the complaint will be initiated by the Human Resources Department as soon as possible. All associates whether complainant, witness, or accused are required to be truthful, accurate and cooperative during the investigation.

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

C. RETALIATION

No hardship, loss of benefit, and penalty may be imposed on an associate as punishment for:

1. Filing or responding to a bona fide complaint of discrimination or harassment;

2. Appearing as a witness in the investigation of a complaint; or
3. Serving as an investigator.

This policy is available in the Human Resources Policy Manual - No. HR-016-PC, which is located on Compliance 360

BULLYING

Nearly half of all American workers (49%) have been affected by workplace bullying, either being a target themselves or having witnessed abusive behavior against a co-worker. Some co-worker behaviors include sabotaging work, having resources or information withheld, being excluded from conversations or activities at work, being accused of errors by co-workers, and being yelled or screamed at by co-workers. You may feel that potential interaction with co-workers makes you anxious before coming to work or you might avoid an individual because of past interpersonal interactions. The offense under our Conduct Principle and Corrective Action Policy HR-011 deal with creating conflict, unprofessional behavior toward co-workers, verbal abuse, interfering with the work of a co-worker, and spreading malicious rumors which are connected to bullying.

First recognize the behaviors as bullying and take action by:

- Prepare to address the individual and make it known the behavior will not be tolerated and will be dealt with each time it occurs.
- Plan what you will say and say it with an even tone to your voice.
- Be prepared to tell the co-worker to stop and specifically name what you want the co-worker to stop doing.
- If addressing the individual does not work, report the behaviors to your manager as soon as possible.
- Be very aware of the policies in your facility to address workplace conflict and interaction.

ATTENDANCE

Associates are expected and required to be in regular attendance and be prepared to commence work activities at designated work locations, on days of work and assigned hours. Associates are also expected to remain at work for the entire period excluding rest and meal periods. Late arrival, early departure and other personal absences are disruptive and should be avoided whenever possible. The reason for each absence, tardy, or early departure does not excuse the occurrence. This is a no-fault policy since the supervisor/manager treats all occurrences the same without determining the significance of each occurrence.

This policy is available in the Human Resources Policy Manual - No. HR-003-PC, which is located on Compliance 360, or in your respective collective bargaining agreement, if applicable.

BREASTFEEDING AT CATHOLIC HEALTH: WHAT MANAGERS AND ASSOCIATES NEED TO KNOW

Support of Breastfeeding is a Priority Public Health Case

- Breastfeeding is the *standard* for infant feeding and protects infants and children from many significant infectious and chronic diseases. The direct benefits to baby/future adult include:
 - Lower obesity rates, less ear and respiratory infections as well as reduction in asthma, gastro intestinal infections and dermatitis. Also lower Type 1 and Type 2 diabetes and leukemia.

- **\$13 billion of direct pediatric health-care costs and more than 900 lives would be saved annually** if 90% of women were able to breastfeed exclusively for six months as recommended.²
- Women who breastfeed have a reduced risk of breast and ovarian cancer, type 2 diabetes, postpartum depression, and cardiovascular disease.³⁻⁵

Work Remains a Barrier to Breastfeeding⁶⁻¹⁰

- Full-time employment decreases breastfeeding duration by an average of more than eight weeks.
- Mothers are most likely to wean their infants within the first month after returning to work.
- Only 10% of full-time working women exclusively breastfeed for six months.
- Catholic Health is a leader in supporting breastfeeding moms in the workplace.

If a mother chooses to breastfeed, she needs to pump breastmilk during the workday in order to maintain her milk supply. Missing even one needed pumping session can lead to decreased milk production and other undesirable consequences.

Women Need Worksite Lactation Support¹¹

- Breaks for lactation are similar to other work breaks for attending to physical needs:
 - Time to eat/drink, restroom breaks, accommodation for health needs (e.g., diabetes)
 - When mother and child are separated for more than a few hours, the woman must express milk.
 - Missing even one needed pumping session can have undesirable consequences:
 - **Discomfort – Leaking – Inflammation**
 - **Infection – Decreased Milk Production**
 - **Breastfeeding Cessation**

How to Support Breastfeeding Employees

- In general, women need 30 minutes (15 to 20 minutes for milk expression, plus time to get to and from a private space and to wash hands and equipment) approximately every 2 to 3 hours to express breastmilk or to breastfeed.
- Needs may vary from woman to woman and over the course of the breastfeeding period.
- It is the law to give women time to express breastmilk (see CHS Policy HR-096-BE).

Business Case¹¹

- Lactation programs are cost-effective, showing a \$3 return for every \$1 invested.
- By supporting lactation at work, employers can reduce turnover, lower recruitment and training costs, cut rates of absenteeism, boost morale and productivity, and reduce health-care costs.
- Lactation accommodation is not one-size-fits-all. Flexible programs can be designed to meet the needs of both the employer and employee. Be flexible and proactive!
- Breastfeeding support in workplace helps families meet their personal goals to breastfeed and raise their children without the added guilt of working part and full time. If work makes it easier to breastfeed, associates report higher levels of job satisfaction, increased loyalty, and increased focus on job duties.
- In the long run, breastfeeding prevents chronic diseases which ultimately contributes to a healthier future workforce through reduction of obesity, cancers, etc.

Legal Basis

Under the Fair Labor Standards Act employers are required to provide ‘reasonable break time for an associate to express breast milk for her nursing child for one year after the child is born and for each time the employee has a need to express breast milk’. Employers are required to provide “a place other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, that may be used by an associate to express breast milk”. This could be an office or exam room or private space that is designated as needed by a manager.

Resources

What resources are available for managers?

- Catholic Health Policy on Lactation (Compliance 360; HR-096-BE)
- Identify location within your department for your associate who may want to breastfeed her child and express (pump) breast milk. Be proactive and supportive.
- Direct associates with specific breastfeeding/personal advice regarding lactation can call 862-1939.

What resources are available for employees?

- Baby Café at Sisters
- Mercy and Sisters Hospital Lactation Department
- Educational materials, professional support.
- See the Catholic Health System website for more information and guidance

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HEALTH, SAFETY, SECURITY AND ENVIRONMENT

This information is provided to give you an overview of some of the key areas of the Catholic Health - Health, Safety, and Environment Management Program.

Health Safety & Environment Safety Managers

For questions or concerns, you may contact any one of our Safety Managers:

Jeffery Bowles	Ph: 828.3396	Cell: 716.517.7601	Email: jbowles@chsbuffalo.org
Daniel Schrantz	Ph: 447.6093	Cell: 716.341.7438	Email: dschrantz@chsbuffalo.org

I. GOALS

The goal of the CH Health, Safety, and Environment Management Program is to provide an environment free of risk to the safety and health of associates, patients and visitors. It includes the prevention of injury, the prevention of low impact injury or illness, the protection of the community from contamination (environmental damage), and the protection of associates, patients and visitors from harm due to criminal events.

II. PREVENTION

Prevention is the key to successful programs

- Anticipate and recognize potential hazards
- Evaluate the likelihood that the hazard may cause an injury or illness
- Control the risk associated with the hazard

Prevention is everyone's responsibility!

III. RESPONSIBILITIES

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*LET'S ENHANCE OUR HIGH REGARD FOR THE WORTH OF
EACH OTHER BY ENSURING OUR WORK AREA IS SAFE.*

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1. ASSOCIATES

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

- Following all policies and procedures.
- Using the specific equipment the job calls for and using it properly.
- Wearing the required Personal Protective Equipment (PPE).
- Ask for assistance if you need help - especially for lifting or carrying.
- Communicate with fellow associates when performing tasks together.
- Think things through; pause a second to plan the job to eliminate potential hazards.
- Identify hazards before you start the job.
- Respect all precautions – do not take chances.
- Obey warnings / warning signs – they are posted for a reason.
- Ask your Supervisor when in doubt about a task.
- Know in advance what could go wrong, and what to do about it.
- Know how and where to get help.
- Special training or equipment may be needed.
- Keep your mind on what you are doing . . . concentrate.
- Report any unsafe act or condition immediately to your supervisor, Safety Manager, and/or the Director of Health, Safety, and Environment.
- Report any unsafe act or condition immediately on the Safety Tip-Line at 447-6585.
- Use good body mechanics in all activities.
- Be aware of and use overhead silver mirrors/domes. When used, they can prevent collisions from on-coming traffic.
- Do not be tempted to wedge doors open.
- Know your responsibilities during an Emergency or Emergency Code.

- Do not block corridors, egress paths, exits, smoke / fire doors, fire alarm pull stations, fire extinguishers, eyewash stations, medical gas cutout valves, or electrical panels.

2. SUPERVISORS

- Responsible for ensuring that procedures, equipment and protective equipment relevant to their department's activities are available and implemented.
- Ensure all incidents are investigated and that the Incident Report Form (HR 27) is sent to IDM within twenty-four (24) hours of the incident.
- Complete department rounds to ensure the environment of care is safe for patients, visitors, and associates.

3. SAFETY COMMITTEES

- The Committee members represent associates and management of departments from multiple disciplines
- Responsible for ensuring the programs address the hazards and concerns of the departments and that the control measures developed to address specific hazards are effective, practical and in compliance with the Comprehensive Safety Program.

4. SAFETY/SECURITY PERSONNEL

- Responsible for planning and coordinating the design, implementation, evaluation, and improvement of the Programs.

5. HOSPITAL ADMINISTRATION

- Assure the appropriate level of responsibility and accountability is assigned at all levels of the organization

IV. SAFETY MANAGEMENT PROGRAMS

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GENERAL SAFETY MANAGEMENT

The goal of General Safety Management is to provide a physical environment free of hazards and manage the use of control measures to reduce the risk of injuries.

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A. Associate Injury/Incident Program

What do you do when you have an Incident?

- Make sure you are all right.
- Report all incidents immediately to your Supervisor. **And complete an incident report as soon as possible or the latest by end of shift.**
- If injured, obtain medical attention from the nearest CH Emergency Department **or own provider.**
- **If lost or restricted time from work and/or medical treatment, notify the IDM dept.**

As soon as possible, or the latest by the end of the shift, the associate should complete an Incident Report (HRF 27); the Supervisor should complete the Incident Investigation (back page of report) with the associate, and forward to the IDM dept.

First, it ensures that you are treated for any immediate concerns. Second, it establishes the time and date of the incident so that if you have any long-term effects, your rights to compensation are established. Third, the information gathered at the time of reporting helps us analyze the causes of incidents **for safety initiatives and improvement.**

B. Personal Protective Equipment (PPE)

This program ensures that proper PPE is utilized whenever it is likely to reduce the risk of exposure to a hazard. Examples include: gloves, face shields, gowns, and respirators. Proper selection, availability, use, storage, maintenance, limitations and training are all addressed.

C. Electrical Safety Program

1. Be aware of hazards:
 - Leakage current
 - Electrical fires
 - Electrical shock
2. Immediately report defective equipment, tag it, take it out of service, and/or secure it.
3. All electrical equipment must be inspected prior to use.
4. Inspect the power cord and plug before each use. The ground prong should be intact and unbent. The power cord insulation should be unbroken and uniform throughout its length. Special attention should be given to the insulation at the point where the cord and plug join as well as the place where the cord enters the device.
5. Do not use equipment on which liquids have been spilled.
6. Do not use equipment which has been immersed in liquids.
7. Never stack things on or behind electrical equipment that might interfere with proper ventilation of the device. Unplug the power cord, and then report any burning or unusual odors that come from the device. If the device does not sound, feel or act right, then report it immediately to your supervisor and facilities department.
8. Unplug electrical equipment by pulling on the plug not the cord.
9. Three wire to two wire adaptors should never be used.
10. Extension cords should only be used on a temporary basis and should be tested and approved by the maintenance department.
11. The use of cellular telephones is prohibited in patient care areas.

D. Lock-out / Tag-out (LOTO)

Designed to protect associates working on hazardous energy sources, e.g. electric greater than 30V. Never remove a lock-out or tag-out device.

E. Tobacco Free Environment

Smoking, including E-cigarettes and other tobacco products (i.e. chewing tobacco) on CH campuses is strictly prohibited in accordance with The Joint Commission and NYS Department of Health guidelines.

F. Ergonomics

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

1. Ergonomic risk factors may include:

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

2. Body Mechanics:

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

3. Proper Lifting Techniques:

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

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V. SECURITY MANAGEMENT

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The goal of Security Management is to protect staff, patients, and visitors from harm due to criminal events.

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A. Security Program

1. Four Goals of Hospital Security:

- Personal Protection of patients, visitors, associates and staff members.
- Property Protection of CH materials or associate, patient, visitor, and staff belongings.
- Facility Protections from vandalism, improper access, and improper use of grounds.
- Parking and Traffic Control; clear emergency lanes and parking security.

2. The Associate's Responsibilities:

- Understand and follow hospital rules and regulations.
- Be alert for irregularities or suspicious activities.
- Wear your identification badge on upper half of chest.
- Associates are responsible for enforcing hospital visitor rules.
- Safeguard your valuables.
- Park in designated associate parking areas and lock your vehicle.

3. Workplace Violence Prevention:

Prevention Measures:

- Provide comfortable waiting area
- Keep customers informed regarding delays, changes
- Address customers in a friendly manner, in person/on telephone
- Empathize with a problem
- Use pleasant/sympathetic tone of voice
- LISTEN
- Be courteous to patient

Signs To Be Alert To:

- Suspicious acting person
- Person acting inappropriately
- Surroundings
- Body Language
- Verbal threats/actions

Actions to Take

- Alert others
- Follow “CODE SILVER” Procedures

Direct Threat Response:

- Try to remain calm
- Try to move toward an escape route
- Keep eye contact
- Speak clearly
- Follow instructions
- Don't be a hero
- If able, stall for time

VI. HAZARDOUS MATERIALS AND WASTE MANAGEMENT

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The goal of Hazardous Materials Management is to control exposures or discharges to hazardous materials and waste with identified physical, health or environmental effects.

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A. Hazard Communication / Associate “Right to Know”

CH facilities are supported by a written Hazard Communication Program. This program provides guidance on information gathering and communication with associates. It also addresses mandatory requirements for labeling hazardous materials, management of Safety Data Sheets (SDSs), and training. The written program is available on the CH shared drive or from the Health, Safety, and Environment Department.

1. Labeling

The program requires all hazardous materials containers to have a label on the outside of the container that includes:

- The Manufacturer's Name

- Emergency Contact Information
 - The Associated Physical and Health Hazards
 - Date Opened / Expiration Date
- For example: Acetone, Flammable.

2. OSHA Requirements

- OSHA has adopted new hazardous chemical labeling requirements bringing it into alignment with the United Nations' Globally Harmonized System of Classification and Labeling of Chemicals (GHS).
- These changes will help ensure improved quality and consistency in the classification and labeling of all chemicals and will also enhance worker comprehension.
- As a result, workers will have better information available on the safe handling and use of hazardous chemicals, thereby allowing them to avoid injuries and illnesses related to exposures to hazardous chemicals
- The label will provide information to the workers on the specific hazardous chemical.
- Safety Data Sheets (SDSs) – previously known as Material Safety Data Sheets (MSDSs), must accompany hazardous chemicals.
- All hazardous chemicals shipped after June 1, 2015, must be labeled with specified elements including pictograms, signal words and hazard and precautionary statements.

a. Labels

- There are six Main Elements that need to be included on each label. They are as follows:
 - a. Product/Chemical Identifier
 - b. Supplier Identifier
 - c. Hazard Pictogram(s) – standardized under GHS
 - d. Signal Word – standardized under GHS
 - e. Hazard Statement(s) – standardized under GHS
 - f. Precautionary Information – Standardized under HCS



Hazard Communication Standard Labels










OSHA has updated the requirements for labeling of hazardous chemicals under its Hazard Communication Standard (HCS). As of June 1, 2015, all labels will be required to have pictograms, a signal word, hazard and precautionary statements, the product identifier, and supplier identification. A sample revised HCS label, identifying the required label elements, is shown on the right. Supplemental information can also be provided on the label as needed.

For more information:
 Occupational Safety and Health Administration (800) 321-OSHA (6742) www.osha.gov

SAMPLE LABEL	
CODE _____ Product Name _____ } Product Identifier	Hazard Pictograms Signal Word Danger
Company Name _____ Street Address _____ City _____ State _____ Postal Code _____ Country _____ Emergency Phone Number _____ } Supplier Identification	
Precautionary Statements Keep container tightly closed. Store in a cool, well-ventilated place that is locked. Keep away from heat/sparks/open flame. No smoking. Only use non-sparking tools. Use explosion-proof electrical equipment. Take precautionary measures against static discharge. Ground and bond container and receiving equipment. Do not breathe vapors. Wear protective gloves. Do not eat, drink or smoke when using this product. Wash hands thoroughly after handling. Dispose of in accordance with local, regional, national, international regulations as specified. In Case of Fire: use dry chemical (BC) or Carbon Dioxide (CO ₂) fire extinguisher to extinguish. First Aid If exposed call Poison Center. If on skin or hair: Take off immediately any contaminated clothing. Rinse skin with water.	
Hazard Statements Highly flammable liquid and vapor. May cause liver and kidney damage.	
Supplemental Information Directions for Use _____ _____ _____ Fill weight: _____ Lot Number: _____ Gross weight: _____ Fill Date: _____ Expiration Date: _____	

b. Pictogram

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

<p>Health Hazard</p>  <ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity 	<p>Flame</p>  <ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides 	<p>Exclamation Mark</p>  <ul style="list-style-type: none"> • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non-Mandatory)
<p>Gas Cylinder</p>  <ul style="list-style-type: none"> • Gases Under Pressure 	<p>Corrosion</p>  <ul style="list-style-type: none"> • Skin Corrosion/ Burns • Eye Damage • Corrosive to Metals 	<p>Exploding Bomb</p>  <ul style="list-style-type: none"> • Explosives • Self-Reactives • Organic Peroxides
<p>Flame Over Circle</p>  <ul style="list-style-type: none"> • Oxidizers 	<p>Environment (Non-Mandatory)</p>  <ul style="list-style-type: none"> • Aquatic Toxicity 	<p>Skull and Crossbones</p>  <ul style="list-style-type: none"> • Acute Toxicity (fatal or toxic)

c. Signal Word

- “Signal word” means a word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label.
- The signal words used in this section are “danger” and “warning”. “Danger” is used for the more severe hazards, while “warning” is used for the less severe.

d. Hazard Statement

- “Hazard statement” means a statement assigned to a hazard class and category that describes the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard.
 - Example: Fatal if swallowed (Acute Oral Toxicity)

e. Precautionary Statement

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

f. Safety Data Sheets (SDS)

- Safety Data Sheets (SDSs), previously known as Material Safety Data Sheets (MSDSs) must accompany hazardous chemicals and are the more complete resource for details regarding hazardous chemicals.

- The information contained in the SDS is largely the same as the MSDS, except now the SDSs are required to be presented in a consistent user-friendly, 16-section format.

3. Associates, What Can You Do?

- Ensure you are trained properly on any chemicals that you may use.
- Review the SDS on all chemicals used.
- Ensure you are trained on and know where Personal Protective Equipment (PPE) is that is required.
- Review SDS annually for the chemicals you use.
- Talk to your Supervisor/Manager if you are unsure of procedures.
- Ensure that the containers with chemicals are properly labeled.

4. Safety Data Sheets (SDSs)

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

- Locate a computer with internet access.
- Double click on the “Internet Explorer” Icon (Blue E).
- If prompted to do so, Do Not Log On.**
- At the top of the page, type “MSDS” in the address line and hit ENTER.
- Once the CH MSDS Online web page appears you can begin your search
- When you have identified the most recent file for the product you are looking for double click the icon in the “View MSDS” column to read or print (need printer available) the manufacturers SDS.
- If you are unable to find the SDS you need, there are several options:
 - 1) Contact your Supervisor
 - 2) Contact the House Supervisor
 - 3) Contact the Manufacturer (If phone # is available.)
 - 4) Contact the Director of Health, Safety, & Environment

**Note: An individual does not need internet access authorization to use MSDS Online.

5. Training

It is imperative that before you begin to use a chemical, you receive training on its specific hazards and proper conditions of use. For example: the need for special ventilation, Personnel Protective Equipment (PPE), or should emergency equipment such as an eyewash be nearby.

Almost any product can become hazardous given the right circumstances. Therefore, it is important to understand the properties of the products used in your work area. The best sources of information are:

- The Label
- Your Supervisor
- The Safety Data Sheet (SDS)
- Department of Health, Safety, and Environment

6. Disposal

Hazardous materials (chemicals) need to be disposed of in accordance with accepted CH practices to comply with applicable laws and regulations. At no time shall hazardous chemicals be disposed of down

the drain. If you or your department does not know how to properly dispose of a hazardous material, contact the Health, Safety and Environment Department. Consent for special disposal procedures must be reviewed and approved by the Department of Health, Safety, and Engineering.

7. Spills

If you have or encounter a hazardous material spill, attempt to contain the spill and then:

- Get away from the area
- Keep others away
- Follow the facility's procedure for a "CODE ORANGE"
- Get the SDS for the chemical spilled
- Notify the Health, Safety & Environment Department Immediately

B. Asbestos Program

Designed to prevent associate exposure to asbestos in facilities with asbestos containing materials (ACM). Protection is ensured through a thorough ACM inventory, access control, and education.

C. Chemical Hygiene Program

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

D. Ionizing Radiation Safety Program

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

E. Formaldehyde Exposure Control Program

A written safety program that defines special protective measures for operations, which use Formaldehyde describing processes for exposure monitoring, emergency procedures, work practices and associate training. Usually encountered in the labs.

F. Community Sharps Collection Program

Community generated medical sharps including needles and lancets are collected for safe disposal at all CH Emergency Departments. Participants are not asked to register or pay any fees, and they can use the service anytime day or night. We ask that sharps be presented in a sturdy, leak proof, plastic container, such as a bleach bottle.

VII. EMERGENCY MANAGEMENT

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The goal of Emergency Management is to ensure an effective, timely response to disasters or emergencies affecting the environment of care.

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A. Emergency Response Program

It is extremely difficult to anticipate all of the complications that an emergency will bring. Simply stated, disastrous events are unpredictable.

For the hospital, this means we must always be ready for an unknown number of victims with unknown types of injuries. When the victims arrive, an incredible number of things must be done ——— FAST!

The Comprehensive Emergency Management Plan (“CEMP”) is designed to provide clear guidelines for a time when many unusual demands will be made on the hospital. It is also the plan by which we maintain normal levels of care for those patients already here, who are not victims of the emergency. Every associate shares the responsibility to keep the hospital functioning smoothly during a crisis.

Hospitals have flexibility in creating either a single CEMP that accurately reflects all sites of the hospital, or multiple Emergency Management Plans. Some remote sites (LTC Clinics, Home Care, etc.) may be significantly different from the main site (i.e., in terms of hazards, location, and population served). In such situations a separate Emergency Management Plan is appropriate.

The immediate responsibility, to receive and treat victims, falls more heavily on a particular group of associates who have the specialized knowledge needed. They depend on the rest of us to carry out a large number of support activities and to provide willing, cooperative assistance, wherever, whenever needed.

Each facility has plans in place to respond to a wide range of situations. Some facilities have adopted specialized codes that are not listed below. It is your responsibility to be aware of all the emergency codes for your facility. A standardized “Code” system for all facilities has been adopted as follows:

CODE RED	Fire
CODE WHITE	Evacuation
CODE YELLOW	Mass Casualty
CODE ORANGE	Hazardous Materials/Bioterrorism
CODE PURPLE	Bomb Threat
CODE SILVER	Security
CODE BLUE	Medical Gas Failure
CODE GREEN	Natural Disaster
CODE BROWN	Utilities Failure
CODE PINK	Imminent delivery
CODE “A”	Infant / Child Abduction
CODE “E”	Elopement
CODE 10	Cardiac / Pulmonary Arrest

Copies of the General Emergency Response Action Table are posted throughout every work area at Department Meeting Points. Refer to this for guidance prior to an emergency. This contains detailed steps to be taken.

VIII. LIFE (FIRE) SAFETY MANAGEMENT

The goal of Life (Fire) Safety Management is to provide a fire-safe environment that protects patients, visitors, associates, staff members, and property from fire and the products of combustion.

A. Life (Fire) Safety Program

1. Chemistry of Fire

When fuel, oxygen, and heat are combined in the right proportions fire results. There are very few processes that can compete with fire's tenacity and ability to expand geometrically. Prevention is critical.

2. Fire Safety System

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

- **Early Detection:** As soon as a fire begins emitting heat and smoke, our detection systems are designed to automatically alert us.
- **Mobility:** Our ability to transfer affected persons out of an area of danger is preserved through the maintenance of clear aisle ways, exit stairwells, and hallways.
- **Support:** Through the use of our communication and the Department Meeting Point Systems, extra hands can be summoned immediately.
- **Compartmentalization:** Through the use of fire resistive construction (rooms, smoke compartments, floors, buildings and exits) we can effectively slow the growth of a fire simply by closing doors, buying valuable time.
- **Mitigation:** Oxygen and medical gas line shutoffs are located in every area and can be used to stop the flow of accelerants immediately.
- **Horizontal Evacuation:** Should a unit need to be evacuated the process can be expedited quickly through the use of multiple fire zones on each level of our buildings.

2. **RACE** (Code Red Response)

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

- R**escue: Remove people from the immediate area of danger and close the door.
- A**nnounce: Call out Code Red & Location when you discover a fire.
Pull the closest fire alarm.
Call the switchboard (or fire department) using the facility emergency number 55555 (911) and state Code Red & Location.
- C**onfine: Contain the fire and smoke by closing all doors and windows.
- E**vacuate: The unit or surrounding area as directed. Once the decision to evacuate is made the medical gases are to be shut off when not required.

3. Fire Extinguishers

Ordinarily, associates are not expected to use fire extinguishers. Our primary response to fire and smoke is isolation using the compartmentalization provided by our building structures, and horizontal

evacuation. Should a condition arise where fire extinguisher use is deemed appropriate and you are not putting yourself in danger, follow the **PASS** technique.

Pull the pin securing the handle
Aim at the base of the fire
Squeeze the handle
Sweep side to side

It is important to remember to keep the extinguisher upright, and to extinguish the fire completely as you go to prevent re-ignition.

B. ILSM Program (Interim Life Safety Measures)

From time to time, our fire prevention systems, detection systems, suppression system, or means of egress (exit) may be compromised. During those times we implement special procedures known as Interim Life Safety Measures (ILSM) to protect associates and patients.

IX. MEDICAL EQUIPMENT MANAGEMENT

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The goal of Medical Equipment Management is to promote the safe and effective use of medical equipment.

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A. Medical Equipment Safety Program

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

1. Immediately remove the equipment from use. This is a patient safety requirement.
2. Ensure the patient is safe, replace equipment if needed.
3. Quarantine the medical equipment and all associated supplies (tubes, leads, etc.)
4. Place a "Defective Equipment" tag on the device (CH# FC 01262).
5. List descriptive information on the tag (What is the problem, what happened, etc.).
6. Complete an Occurrence Report if a failure or malfunction occurred during patient care.
7. **Call to have the equipment picked up by Biomedical Engineering.**

X. UTILITIES MANAGEMENT

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The goal of Utility Services Management is to ensure a safe, controlled, and comfortable environment, minimize utility failures, and ensure operational reliability of utility systems.

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A. Utility Systems Safety Program

All major utility systems such as electric, water, heat, medical gas, elevators, ventilation, etc. are maintained by the Facility and Engineering Departments at each site. Communication utility systems (telephone & computer) are maintained by the Telecommunications and Information Systems Departments. Utility systems are periodically tested for functionality and/or placed on a preventive maintenance program to keep them in good

working order. Utility system back-ups and contingency plans have been established because there is always the potential for a utility system failure. If you experience a utility failure emergency in your area call the switchboard using the facility emergency number and let the operator know you are experiencing a CODE BROWN. Provide the operator with your location and the type of utility system failure that you are experiencing. Contingency plans for hospital associated facilities may differ as needed.

XI. ASSOCIATE HEALTH

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

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

Do not come to work if you have the following:

- Fever of 100 or greater
- Conjunctivitis (pink eye): ok to return to work after 24 hrs on antibiotics
- Strep Throat: you need to be on antibiotics for at least 24 hrs.
- Upper respiratory infection (this does not mean a runny nose or being “stuffed up” or allergy symptoms) generally, you would have a fever. If you have a cough, practice Respiratory Etiquette.
- Diarrhea
- Active Tuberculosis (TB) (this is not a positive PPD) - If you have been diagnosed with Active TB you need to be cleared by an appropriate physician before returning to work.
- Chicken pox, measles or mumps.
- A draining lesion. Please consult Associate Health.
- Shingles and herpes simplex. Please consult Associate Health.
- Other potentially communicable illness or condition

Always check with your manager or Associate Health for conditions which may impact your ability to work.

A. Annual Assessment & PPD

You also need an annual health assessment and PPD test. The PPD is the test to determine exposure to Tuberculosis. All associates are required to have one every year at the time of your annual reassessment. The only exception to this is if you already have a history of a positive PPD and then Associate Health will review the signs & symptoms with you at your annual reassessment. Pregnancy is NOT a contraindication for PPD testing.

Note: Failure to have your Annual Assessment & PPD may result in suspension.

B. Influenza Vaccine

Remember the **flu vaccine!** The flu vaccine is offered every year to associates. The flu vaccination program usually begins in October/November and is recommended yearly.

Note: You must complete a declination if you decline the flu vaccine or receive the flu vaccine elsewhere.

C. Hepatitis B Vaccine

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

XII. OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) BLOODBORNE PATHOGEN ACT

THIS REFRESHER TRAINING IS NOT A SUBSTITUTE FOR INTIAL BLOODBORNE PATHOGENS TRAINING PROVIDED IN NEW ASSOCIATE GENERAL ORIENTATION

In 1991 OSHA developed the Occupational Exposure to Blood borne Pathogen Act to protect health care professionals against the health hazards related to the more serious blood borne diseases, namely Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B (HBV) and Hepatitis C (HCV). A copy of the OSHA standard 29 CFR 1910.1030 is available from Associate Health or on the internet at www.osha.gov. If you have any questions regarding the information in this training contact your supervisor to have your questions answered before continuing.

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

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

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

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

A. Hepatitis B

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

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

Remember the vaccine is....

- Synthetic (not a live vaccine)
- A series of three (3) shots at specific time intervals
- Always given in the deltoid (arm)
- You need all three doses to develop immunity!!!

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

B. Hepatitis C

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

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

C. HIV

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

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

D. Measures to Minimize exposure Risk

Regard all contact with blood, body fluid, mucous membrane and non-intact skin as infectious. This is **Standard Precautions. It applies to every patient, every time.**

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

Types of Personnel Protective Equipment:

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

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

Sharps are to be handled carefully. Do not bend or manipulate any sharps unnecessarily.

Do Not Recap!! Needles should be disposed of immediately after use in an appropriate sharps container. Be careful to pick up sharps that have dropped with a forceps, hemostat or mechanical device. If a sharp object is falling allow it to fall. Do not try to grab it.

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

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

Remember these measures to prevent unnecessary percutaneous exposure:

1. Proper equipment set up and disposal of angiocaths.
2. Proper use of needle stick- prevention devices.
3. Constant visualization and communication of sharps on the surgical field.

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

E. Blood Spills

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

Biohazard Labels indicates infectious material. Be aware.

Red bags or red containers means regulated medical waste (RMW).

These **DO** go in the red bag:

Contaminated:

- Visibly Bloody Gloves
- Visibly Bloody Plastic Tubing
- Visibly Contaminated PPE
- Saturated Gauze
- Saturated Bandages
- Blood Saturated Items
- Blood & Body Fluids
- Closed Sharps Disposable Containers

These **DON'T** go in the red bag:

- Medication
- Compressed Gas Cylinders
- Loose Sharps
- Hazardous and Chemical Waste
- Radioactive Waste
- Garbage
- Fixatives and Preservatives

F. Measures to take if an Accidental Blood/Body Fluid Exposure Occurs If an exposure occurs (e.g. contaminated sharp, blood or body fluid splashed to non-intact skin or mucous membranes) the following measures should be implemented:

1. Wash area with soap and water. If mucous membrane exposure flush with water only.
2. Report to supervisor and obtain packet (red folder)
3. Call the Associate Health nurse during regular business hours
4. Complete the Risk Assessment and Associate Incident. The Associate Health nurse can assist you.
5. Report to the Emergency Department with the packet.
6. Remind the Healthcare provider that this is a time sensitive issue. You want to take care of this as soon as possible after the injury – that means within 15-20 minutes you should be reporting to the Emergency Department. **Do not wait!**
7. Follow up with Associate Health as soon as possible.

QUALITY AND PATIENT SAFETY

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

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

Every Associate and Member of the Medical Staff is Expected to Practice “Pursuing Excellence Expectations for Patient Experience and Patient Safety”

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

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

I. PAY ATTENTION TO DETAIL

A. **STAR** – **S**top, **T**hink, **A**ct, **R**eview – when you are busy.

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

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

THINK: Think about what is the right thing to do

ACT: Perform the task

REVIEW: Review your actions to make sure everything was completed

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

B. STANDARDIZED COMMUNICATION: **SBAR**

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

SBAR stands for the following:

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

C. KEYS TO EFFECTIVE COMMUNICATION:

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



NOTE: In both Soarian and Med Host there is a SBAR hand-off form that should be utilized.

D. TEMPORARY HAND-OFFS

1. Examples of *TEMPORARY* hand-offs:

- Transfers between inpatient units and diagnostic imaging
- Transfers between inpatient units and cardiology for stress testing
- Transfers between inpatient units and dialysis units

2. Information to be communicated during *TEMPORARY HAND-OFFS*:

S- Situation	Patient Name Date of Birth Current Unit
B - Background	Diagnosis Allergies Code Status Fall Precautions Isolation status Assistive device use IV infusing, if any O2 therapy Telemetry Language assistance needs Skin status
A – Assessment	Recent changes in condition Pain level and location Medications (list – needs to be sent if medications will be given in the receiving department)
R - Recommendation	Potential changes to watch for

E. PERMANENT HAND – OFFS:

1. Examples of *PERMANENT HAND-OFF*:

- Transfers between inpatient units and operating room / GI unit
- Transfers between Operating Room and PACU
- Transfers between PACU and inpatient units
- Transfers from inpatient unit to inpatient unit
- Transfers from the Emergency Room to inpatient unit

2. Information to be communicated during *PERMANENT HAND-OFFS*:

S- Situation	Patient Name Date of Birth Current Unit
B - Background	Diagnosis Allergies Code Status Mental Status Fall Precautions Isolation status Assistive device use IV infusing, if any O2 therapy Telemetry Language assistance needs Skin status
A – Assessment	Recent Vital Signs Recent changes in condition Critical values (labs, x-rays, cardiology) Pain level and location Medications (list – needs to be sent / reviewed if going to another in-patient unit)
R - Recommendation	Recent Vital Signs Potential changes to watch for Vital signs that are due Medications that are due Labs/tests that are pending

F.

HAVE A

QUESTIONING ATTITUDE:

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

1. Advocacy and Assertion

Advocate for the patient

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

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

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

2. Two-Challenge Rule

When an initial assertion is ignored:

- It is your responsibility to assertively voice concern at least *two times* to ensure it has been heard.
- The team member challenged must acknowledge,
- If the outcome is still not acceptable:
 - Take a stronger course of action
 - Utilize supervisor or chain of command

Empowers all team members to “*Stop the Line*” if they sense or discover an essential safety breach.



Meet goals without compromising relationships.

"True collaboration is a process, not an event"

G. SPEAK UP FOR PATIENT SAFETY

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

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

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

2. Work Together With Your Team:

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

3. Follow the Rules:

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

4. Interact Respectfully and Compassionately:

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

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

5. Demonstrate a Positive Attitude:

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

6. Demonstrate Accountability for Your Actions:

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

II. WHAT IS QUALITY IMPROVEMENT?

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

WHAT IS CATHOLIC HEALTH FOCUSING ON?

- Preventing Falls
- Preventing Pressure Ulcers
- Reducing Medication Errors related to insulin, anticoagulants and narcotics
- Preventing Associate Injuries
- Reducing Hospital Infections (Central Line Infections, Urinary Tract Infections from Catheters, MRSA, Surgical Site and Ventilator Associated Pneumonia)
- Disease Specific Measures (Heart Failure, Pneumonia, Acute MI, Stroke)
- Reducing Readmissions
- Improving the Patient Experience

HOW DO WE MAKE IMPROVEMENTS?

Plan Do Check Act

- Establish Multi-disciplinary Teams at site and /or system level (Associates are often asked to participate) (Plan)
- Set Target / Goals that are reported up to the Board (Plan)
- Collect and Analyze Data (Check)
- Utilize National Best Practices (Do)
- Standardize Practices / Policies (Do)
- Provide Education (Do)
- Monitor the changes and obtain feedback from end users. Modify the processes based on monitoring, data and feedback (Act)

A. REDUCING PATIENT FALLS

- All patients are assessed for falls risk on admission
- A falls risk assessment is completed daily on all patients
- The Morse Falls Risk Assessment is Utilized

Individualized Fall Care Plan

History of Falls (immediate - past 3 months): No – Standard Interventions

YES

- Yellow Socks
- Yellow Blanket
- PT Eval (if not already ordered & has OOB order)
- Fall Prevention Education

Diagnosis requiring narcotics, anti-hypertensive, diuretics, anticoagulation, Antipsychotic: No- Standard Interventions

YES

- Fall Prevention Education
- Instruction to call before getting out of bed

Ambulatory Aide:

(Furniture / Cane / Walker / Nurse Assist) No- Standard Interventions

YES

- Fall Prevention Education
- PT Eval (if not already ordered & has OOB order)
- Appropriate ambulatory aide is within reach of patient

IV or IV Access (for infusions) No- Standard Interventions

YES

- Fall Prevention Education

Gait / Balance Normal/ Immobile -Standard Interventions

Weak

- Fall Prevention Education
- Do not leave alone when ambulate / in bathroom / on commode
- Yellow Socks
- Yellow Blanket

Impaired

- PT Eval (if not already ordered & has OOB order)
- Fall Prevention Education
- Do not leave alone when ambulate / in bathroom / on commode
- Yellow Socks
- Yellow Blanket

Ability to follow instructions:

Understands instructions / not impulsive / uses call light - Standard Interventions

Does not Understands instructions / impulsive / Does not use call light / Unable to communicate

Yellow Socks

Yellow Blanket

Do not leave alone when ambulate / in bathroom / on commode

Bed Alarm / Chair Alarm

Fall Risk Reduction Strategies:

- Patients who are at a high risk for falls are identified by yellow socks and a yellow blanket.
- Utilize Bed and Chair Alarms as appropriate. These alarms are often indicated for patients who are unaware of their own limitations (will get out of bed without asking for help when told to ask for help).
- If a bed alarm is in use and the alarm needs to be turned off for any reason – “**FLIP THE FLAP**” – keep the flap of the alarm panel up until the alarm is turned back on.
- **Do not** leave high risk patients alone in the bathroom or on the commode. If you need to walk the patient to the bathroom, they should not be left alone.
- Make sure call lights and other personal items are within reach of the patient.

Use of Sitters for High Risk Patients:

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

If a Patient Falls:

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

B. RESTRAINT USE

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

What is a Restraint?

- Any manual method that immobilizes or reduces the ability of the patient to move his or her arms, legs, body or head freely

Catholic Health approach to restraints is:

- One that protects the patient’s health and safety

- Preserves the patient's rights and well-being

Restraint use reduction:

- Alternatives must be attempted
- Least restrictive method must be utilized
- Physician must order and must reorder daily
- Patient must be monitored on a routine basis
- Documentation must support and include patient's response and rationale for continued use
- CMS requires reporting / tracking of all deaths while a pt. is in restraints or within 24hrs after removal of a restraint. The QPS department is responsible to report/track. Patient care services is responsible to notify the QPS department.
- Mitts are not considered a restraint. A provider order is not required. The patient is free to move their hand. If a restraint is used in combination this would be a restraint.
- If restraints are discontinued based on patient assessment, a NEW order is required to place the patient back in restraints. If restraints are removed as a trial a NEW order is also required to place the patient back in restraints.



Negative Effects of Restraint Use:

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

Restraints can be DANGEROUS!! Use as a last resort!

If you need to apply restraints and have not been trained or have any concerns on how to apply a restraint always ask prior to using

What about Siderails?

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

C. PATIENT IDENTIFICATION:

Patient identity should be verified:

- Prior to starting any procedure including blood draws.
- Prior to medication administration.
- Prior to performing an assessment.
- Prior to transport off a unit/department.
- Upon arriving to unit/department.
- When obtaining a consent.
- Whenever an arm band is placed on a patient.
- When documenting in the medical record including but not limited to placing orders, documenting notes or placing documents into the record.
- Prior to administration of a blood product.
- Feeding of breast milk.

- Delivery of patient meals.
- Any clinical interaction with a patient.

Process for Patient Identification:

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

NOTE: In the Newborn Nursery/NICU - Name and Medical Record are utilized as the 2 patient identifiers.

“Time Out” Immediately before starting procedure

The “time-out” includes the following:

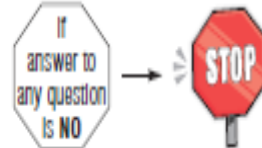
- Correct patient confirmed by team
- Agreement by team on procedure to be performed
- Correct side / site marked - agreement on site/site by team
- Correct patient position
- Equipment/implants appropriately prepared _ _
- Prophylactic Antibiotics started within 60 minutes prior to incision (exception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

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

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

Note: If a central line is inserted complete the additional check list on the back of the form. This is the Central Line Insertion Bundle. This should be completed even if the central line is inserted in the OR.

Central Line Insertion Check List			
	YES	NO	NA
Procedure in progress sign posted - When procedure performed at the bedside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Hygiene prior to insertion	<input type="checkbox"/>	<input type="checkbox"/>	
Assess appropriate location for catheter (do not use femoral vein unless other sites are not available)	<input type="checkbox"/>	<input type="checkbox"/>	
Prep site with Chlorhexidine-based antiseptic (Chloraprep)	<input type="checkbox"/>	<input type="checkbox"/>	
Sterile procedure, maximum barriers used by all staff (sterile gown, sterile gloves, mask, cap, and full sterile drape)	<input type="checkbox"/>	<input type="checkbox"/>	
Insertion Site: _____			
Type of Catheter: _____			



D. CRITICAL VALUES

What is a critical value?

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

What are examples of a critical value?

- Radiology Results
 - Pneumothorax
 - Intra- Cranial Bleeds
 - Retained Foreign Body
- Cardiology Results
 - Acute MI on EKG
 - Echo that notes Aortic Dissection
- Lab Results
 - Positive Blood Culture
 - White Blood Cell Count > 50
 - Potassium > 6

Who needs to be notified?

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

What should be documented?

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

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

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

What if you feel the value is not addressed?

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

E. ANTICOAGULATION SAFETY

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

- Provide your patient education – all patients receiving anticoagulation should receive education regarding the medication they are receiving. This education should be documented in the medical record. Patient education tools regarding these medications are available on the nursing units. Within Soarian there is the ability to print the Warfarin administration record.
- Insure your patient is properly monitored – patient's receiving anticoagulation need to be carefully monitored. The medical staff, pharmacy, nursing and the lab need to work together to insure this is accomplished according to policy. When critical values are obtained they need to be called to the physician and the medication may need to be adjusted.
- Medications need to be administered carefully – IV heparin always needs to be administered via an IV pump; it should not be free flowing. Utilize the Guardrails on the IV pumps. Medication doses should be carefully checked, careful attention should be paid to detail to insure errors are not made with look-alike sound alike medications. The Heparin protocol should be utilized for IV Heparin orders.
- Patients receiving anticoagulants tend to bleed for longer periods of time so this may require additional time of holding a site following a blood draw. If a patient on an anticoagulant experiences a fall they are at greater risk for a serious injury. Additional monitoring is often required.
- Patients taking Coumadin need to watch their intake of vitamin K – green leafy vegetables are a high source of vitamin K.

F. MEDICATION RECONCILIATION:

Medication Reconciliation is Required on Admission

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

During the Hospital Stay:

- If medications are administered via MAK verify orders by comparing the new order in MAK to the physician order
- If the patient is on a non- MAK unit complete the MAR discrepancy process
- Reconcile meds at time of transfer
 - From unit to unit by insuring all new orders have been taken off
 - Post procedure by obtaining reorders for medications

At Discharge:

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

G. Not to Use Abbreviations

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

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

H. RAPID RESPONSE TEAM (RRT)

The goal of the RRT is to:

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

When to call the RRT:

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

To call the RRT Dial 55555

I. PRESSURE ULCER PREVENTION

How to Prevent Pressure Ulcers:

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

- Keep the patient dry
 - Moist skin opens easier
 - Follow policy CSC0141 Incontinence Care with and without Incontinence Associated Dermatitis Guidelines
- Manage the patient’s nutrition status
 - Assist with meals and drinks
 - Document amount patient eats and drinks
 - Let the Nurse know if patient doesn’t eat or has trouble eating
- Provide patient and family education

Assess the patient daily for risk of pressure ulcers using the Braden Scale

Braden Skin Assessment		
Date: _____ Time _____		
Signature _____		
Sensory Perception:	1 – Completely Limited 3- Slightly Limited	2- Very Limited 4- No Impairment
Moisture:	1 – Constantly Moist 3- Occasionally Moist	2- Moist 4- Rarely Moist
Activity:	1 – Bedfast 3- Walks Occasionally	2- Chairfast 4- Walks Frequently
Mobility:	1 – Completely Immobile 3- Slightly Limited	2- Very Limited 4- No limitations
Nutrition:	1 – Very Poor 3- Adequate	2- Probably Inadequate 4- Excellent
Friction & Shear:	1 – Problem 3- No Apparent Problem	2- Potential Problem

Documentation:

- Clear documentation of skin status on admission is essential.
- Document any pressure ulcer that may be present on admission.
- Complete a full assessment of the patient’s skin on admission.
- Weekly measure the pressure ulcer and document.
- Use the pressure ulcer documentation in Soarian document assessment of the ulcer.

J. ALARM SAFETY

- Follow established policy guidelines for alarm settings on alarm-equipped medical devices.
- Follow established policy guidelines for tailoring alarm settings and limits for individual patients.
- Respond to patient alarms timely and evaluate patient for change in condition.
- Assure the volume on alarms is audible to staff at all times.

K. SCREENING FOR ABUSE, NEGLECT, or MALTREATMENT

- The purpose is to provide consistent and appropriate screening, identification, and management of patients who are victims of child abuse, adult/elder abuse or domestic violence.
- It is the policy of the Catholic Health System to provide patients with an environment which is free from neglect and abuse.
- All patients seen in the emergency room, admitted to the hospital in an observation or inpatient status are screened for potential abuse, neglect, maltreatment as part of a nursing assessment.
- Screening assessments and observations include but are not limited to: a skin assessment, behavior assessment including fear, anxiety and withdrawal, and also appearance and hygiene.

- Screening questions include but are not limited to: Do you feel safe at home?; Is anyone hitting, hurting or causing you fear?
- When a patient in an outpatient or ancillary departments is identified as having been a potential and /or actual victim of abuse, neglect, or maltreatment, the department manager and/ or nursing supervisor will assist with further evaluation and management of the patient.
- When a patient in the emergency room or admitted to the hospital in an observation, or Inpatient status is identified as having been a potential and / or actual victim of abuse the patient will be evaluated and managed by the physician and members of the interdisciplinary care team as appropriate.

II. SIGNIFICANT EVENTS & ROOT CAUSE ANALYSIS

What are Significant Events and Root Cause Analysis:

- Significant Events Are a set of defined events that have caused or have the potential to cause harm to a patient.
- Root Cause Analysis:
 - A **team** of administration, medical staff and associates that analyze a Significant Event to determine the **Causes** and find **Solutions** to prevent a future occurrence of a similar event.

The events include:

SURGICAL OR INVASIVE PROCEDURE EVENTS <ul style="list-style-type: none"> ▪ Surgery or other invasive procedure performed on the wrong site ▪ Surgery or other invasive procedure performed on the wrong patient ▪ Wrong surgical or other invasive procedure performed on a patient ▪ Unintended retention of a foreign object in a patient after surgery or other invasive procedure ▪ Intra-operative or immediately postoperative/post procedure death in an ASA Class 1 patient 	ENVIRONMENTAL EVENTS <ul style="list-style-type: none"> ▪ Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting
PRODUCT OR DEVICE EVENTS <ul style="list-style-type: none"> ▪ Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting ▪ Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended ▪ Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting 	<ul style="list-style-type: none"> ▪ Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or is contaminated by toxic substances ▪ Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting ▪ Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting
PATIENT PROTECTION EVENTS <ul style="list-style-type: none"> ▪ Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person ▪ Patient death or serious injury associated with patient elopement (disappearance) ▪ Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting 	RADIOLOGIC EVENTS <ul style="list-style-type: none"> ▪ Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area
CARE MANAGEMENT EVENTS <ul style="list-style-type: none"> ▪ Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration) 	POTENTIAL CRIMINAL EVENTS <ul style="list-style-type: none"> ▪ Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider ▪ Abduction of a patient/resident of any age ▪ Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting ▪ Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting
<ul style="list-style-type: none"> ▪ Patient death or serious injury associated with unsafe administration of blood products ▪ Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting ▪ Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy ▪ Patient death or serious injury associated with a fall while being cared for in a healthcare setting ▪ Any Stage 3, Stage 4, and <u>unstageable</u> pressure ulcers acquired after admission/presentation to a healthcare setting ▪ Artificial insemination with the wrong donor sperm or wrong egg ▪ Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen ▪ Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results 	Manifestations of Poor Glycemic Control <ul style="list-style-type: none"> • Diabetic Ketoacidosis • Nonketotic Hyperosmolar Coma • Hypoglycemic Coma • Secondary Diabetes with Ketoacidosis • Secondary Diabetes with Hyperosmolarity Catheter-Associated Urinary Tract Infection (CAUTI)
	Surgical Site Infection Following <ul style="list-style-type: none"> • Coronary Artery Bypass Graft (CABG) – <u>Mediastinitis</u> • Bariatric Surgery <ul style="list-style-type: none"> ▪ Laparoscopic Gastric Bypass ▪ <u>Gastroenterostomy</u> ▪ Laparoscopic Gastric Restrictive Surgery • Orthopedic Procedures <ul style="list-style-type: none"> ▪ Spine ▪ Neck ▪ Shoulder ▪ Elbow
	Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) <ul style="list-style-type: none"> • Total Knee Replacement • Hip Replacement
	Ventilator Associated Pneumonia

III. ADDITIONAL PATIENT SAFETY INITIATIVES:

Reduce Hospital Acquired Infection

- Wash hands before and after patient contact
- Follow standard precautions
- ASK – Is this central line needed?
- Does this patient need to have a urinary catheter?
- Follow the prevention bundles

Encouraging Patients to include Family / Support Persons in their care

- A patient is allowed to have a family member/ support person stay with them around the clock.
- Involving the patient in their care is important to enhancing patient safety.

Purposeful Rounding

- Rounding on patients at regular intervals to insure that their needs are met. This includes all belongings are close by, the patient toileting needs have been met, the patient has been repositioned and pain has been addressed.
- Purposeful rounding has been found to reduce falls and pressure ulcers and improve the patient experience.

IV. Great Catch Reporting

Remember reporting a “Great Catch” is as important as reporting an actual event. Reporting a “Great Catch” may assist in preventing actual events.

Catholic Health Great Catch Reporting

We want to hear about your Great Catch or one made by your co-worker.

The following person had a Great Catch: **Great Catch**

(Name of associate/co-worker is optional and may remain anonymous)

Event Date: _____ Event Time: _____

Unit/Location: _____

Circumstances or event that has the capacity to cause harm

An occurrence that did not reach the patient

*** If this event has reached the patient, please complete an occurrence report per Risk Management policy LS-CHS-RSK-002 or contact your Quality and Patient Safety Specialists. ***

Description of the situation and Great Catch: _____

How was it prevented? _____

Recommended further action: _____

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

VII. PATIENT EXPERIENCE:

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

Sample Questions

- Overall Satisfaction
 - How would you rate this hospital overall on a scale of 0-10?
 - Willingness to Recommend
- Would you recommend this Hospital to your friends and family?
- Physical Comfort
 - Do you think that the hospital staff did everything they could to help control your pain?
 - Did you have help, if needed, getting to the bathroom?

B. Patient Experience Scoring:

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

- Specific questions help us understand the perceptions of our patients.
- Measures are compared to hospitals nationally
- The in-patient data is reported to the Public on the CMS (Center for Medicare) web site.
- **CH Goal: To have the best scores nationally**



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

C. Involving the Patient and Family:

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

INFECTION CONTROL

I. Infection Control Program 2016

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

Preventing infection is the responsibility of everyone working at Catholic Health.

Infections can put everyone at risk. We know that infections can be prevented if **everyone is committed to doing his/her part to prevent infections from developing and spreading.**

II. Hand Hygiene

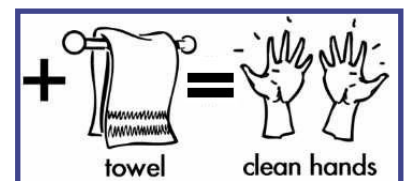
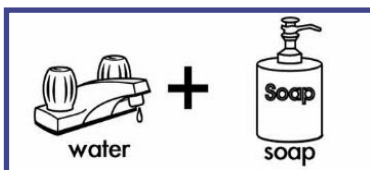
One of the best ways to prevent the spread of infection is Hand Hygiene (IC Policy #110)

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

A. Good Hand Hygiene Techniques:

Traditional Hand Washing

- Use running water and soap. Remember to keep the water temperature comfortable.
- 15-20 seconds is needed for effective Hand washing. Sing “Happy Birthday”!!
- Apply friction to all surfaces.
- Rinse and dry; turn off faucets with a paper towel.
- THAT'S IT!!!



Waterless Hand Sanitizer

Is available and is just as effective as soap and water in most circumstances. Waterless Hand sanitizer dispensers are conveniently located throughout the building. Waterless Hand sanitizer should **NOT** be used when your hands are visibly soiled because you need the mechanics of handwashing.

Artificial fingernails of any sort are not to be worn if you work in any clinical setting.

III. General principles of the Infection Control program: (IC Policy #102)

Hand hygiene before and after every patient contact, and after handling any contaminated items.

A. Food/Beverage

In accordance with Blood Borne Pathogens Standard, food and beverage are prohibited for consumption or storage in areas where blood or body fluid exposure can be reasonably anticipated. Food and beverage are prohibited in clinical areas.

Food and beverage may be consumed in:

- Designated break rooms
- Conference rooms
- Non-clinical areas
- Non-patient care areas

B. Other measures

- Hair is to be neat and clean. Long hair must be so styled and/or restrained so as not to interfere with work performance, safety and infection control. Hair may not obscure vision or come in contact with patient or other surfaces.
- Regulated Medical Waste must be disposed of in red bags
- Keep your work area clean
- Remove empty pop cans and bottles
- Equipment shared by patients is cleaned between each patients use
- Be sure your refrigerators are clean. Do not store staff and patient food together
- Food and beverages should not be placed on carts with patient items – linen carts, medication carts, etc.
- Do not place equipment that is used from patient to patient on a patient's bed. i.e. –IV start tray etc.
- For large blood or body fluid spills, consult environmental services

IV. Surveillance (IC policy#100)

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

Priority focus areas for patient safety include:

- Ventilator associated pneumonia
- Catheter associated Urinary infections
- Vascular access device - IV, Central lines
- Clostridium difficile
- Surgical site infection prevention
- Multidrug resistant organisms – MRSA, VRE

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

The following “bundles” of prevention measures are currently in place for infection prevention. Please adhere to protocols for patient safety.

A. VAP- ventilator associated pneumonia prevention:

- Hand hygiene
- Head of bed elevated 30 degrees unless contraindicated
- Oral care at prescribed intervals
- Sedation ‘vacation’
- Weaning protocols
- Deep vein thrombosis prevention
- Peptic ulcer prevention

B. CLABSI- central line infection prevention:

- Hand hygiene
- Maximum barriers for insertion
- Aseptic technique
- Appropriate line selection for intended use
- Appropriate site of insertion
- Correct skin prep using chlorhexidine gluconate
- Avoid use of femoral lines
- Scrupulous care and maintenance of the line
- Prompt removal when no longer indicated

C. SSI- Surgical Site infection prevention:

- Hand hygiene
- Hair removal with clippers when indicated
- Appropriate skin antisepsis
- Appropriate antibiotic selection
- Antibiotic timely administered
- Avoid contamination of the wound

D. CAUTI- Catheter associated urinary tract infection prevention:

- Hand hygiene
- Foley insertion using aseptic technique
- Appropriate use of a foley catheter
- Routine peri-care
- Excellent care and maintenance of the foley
- Prompt removal of the foley catheter when no longer indicated

E. Clostridium Difficile

- Hand Hygiene
- Environmental cleaning and disinfection is critical
- Appropriate use of antibiotics
- Isolation precautions until symptoms have been treated and are resolved

V. Standard and isolation precautions (policy #106 and #103)

The purpose of isolation precautions is to prevent the transmission of a communicable disease by direct or indirect contact to patients, personnel, volunteers, visitors and others.

A. Standard Precautions

Designed to reduce the risk of transmission of micro-organisms for both recognized and unrecognized sources of infection. Standard precautions apply to all contact with blood, all body fluids, secretions and excretions (regardless of whether or not they contain visible blood), non-intact skin and mucous membranes.

Standard precautions apply to all patients at all times. Healthcare workers should avoid contamination of clothing and the transfer of microorganisms to other patients, surfaces and environments. Standard precautions are thought to be the most effective way to accomplish this and they protect against health care associated infections.

If the patient is coughing productively and the health care worker is in close contact with secretions, a mask with shield is worn to prevent splashing to the face.

Transmission based precautions require additional specific control measures to prevent the transmission of infectious agents or communicable disease. The precautions are based on the way an illness may be transferred from one person to another.

There are three types of precautions we utilize based on CDC criteria. They are Contact, Droplet, and Airborne described below.

B. Contact Precautions

Designed to reduce the risk of transmission of infectious agents which are spread by *direct* or *indirect* contact. **Direct** contact transmission involves skin-to-skin contact and physical transfer of organisms. **Indirect** contact transmission involves contact with a contaminated object. Contact precautions apply to specified patients known or suspected to be infected or colonized with epidemiologically important pathogens that can be transmitted by direct or indirect contact including Multi Drug Resistant Organisms (MDROs), clostridium difficile and skin rashes.

Please note; there are two different colored signs for contact precautions. The second sign is for clostridium difficile to identify the use of soap and water for hand hygiene.

C. Droplet Precautions

Designed to reduce the risk of transmission of infectious agents spread through close respiratory or mucous membrane contact with respiratory secretions. Droplet precautions apply to any patient known or suspected to be infected with epidemiologically important pathogens that can be transmitted by infectious droplets.

D. Airborne Precautions

Designed to reduce the risk of transmission of infectious agents that remain infectious over long distances when suspended in the air. Airborne Isolation applies to patients with known or suspected infections that can be transmitted by the airborne route.

Respiratory protection:

- **Wear an N95 respirator.** Perform appropriate “fit check” each time mask is worn.
- Susceptible persons should not enter the room if measles (rubella) or varicella (chicken pox) is known or suspected and if immune caregivers are available.
- If susceptible persons must enter the room, wear an N-95 respirator.
- No mask is required for the person(s) handling transport as long as the patient is wearing a mask.

VI. Viral Respiratory Infection & Biological Incidents

Flu (Influenza) refers to illnesses caused by a number of different influenza viruses. Flu can cause a range of symptoms and effects, from mild to lethal. Influenza is transmitted by large droplets that travel through the air when talking, coughing, sneezing.

Flu symptoms may include fever, coughing, sore throat, runny or stuffy nose, headaches, body aches, chills and fatigue.

Most healthy people recover from the flu without problems, but certain people are at high risk for serious complications.

Annual outbreaks of the seasonal flu usually occur during the late fall through early spring. A yearly seasonal flu vaccine is available.

Flu vaccine is recommended for all healthcare workers. Declination is required this year.

Respiratory infection prevention includes the following steps:

- Wash your hands often with soap and water. When hand washing is not possible, use antibacterial hand sanitizers.
- Practice good “respiratory etiquette” by covering your mouth and nose when coughing and sneezing, use and throw out the tissue and wash your hands.
- Cough or sneeze into the “crook” of your arm to prevent contaminating your hands.
- Stay at least three feet from people who are coughing or sneezing.
- Consider obtaining the “seasonal” flu vaccine and other vaccines as available or required.
- Stay at home when you are sick.
- Keep your children home from school or daycare when they are sick.
- If you go to the doctor’s office or emergency department when you are sick, ask for a mask.

In the Healthcare Setting

The goal is early detection, isolation and treatment of persons with suspect or probable flu to prevent additional transmission.

Surveillance and triage are critical to early detection. This is mainly accomplished by assessment of patients being seen in the emergency departments and primary care centers. Additionally, an assessment is conducted to monitor associate illness during an increased volume of illness.

Control measures for flu include isolation (usually droplet precautions - follow most current guidelines issued from the Infection Control Department) ;appropriate use of personal protective equipment; hand hygiene; special separation and possible special ventilation requirements.

Education is needed annually and “just in time” training may also be implemented as the need arises.

The situations involving influenza change rapidly and during this time it is very important that all staff stay updated and well informed.

VII. Biological incident preparedness (policy# 0553 CEMP)

Bioterrorism is the deliberate release of pathogenic microorganisms/bacteria, viruses, fungi or toxins into a community. According to the CDC, the most likely diseases would be:

- Smallpox
- Anthrax
- Botulism
- Plague
- Tularemia
- Viral Hemorrhagic Fever

A. Why Are Biological Incidents Different?

Biological events are different from all other types of incidents.

- The onset of the incident may remain unknown for several days before symptoms appear;
- Even when symptoms appear, they may be distributed throughout the community’s health system and not be recognized immediately by any one provider or practitioner;
- Once identified, the initial symptoms are likely to mirror those of the flu or the common cold so that the health system will have to care for both those infected and the “worried well”

- Having gone undetected for several days or a week, some infectious agents may already be in their “second wave” before the first wave of casualties is identified;
- Health care authorities and hospitals may want to restrict those infected to a limited number of hospitals, but the public may seek care from a wide range of practitioners and institutions.

High Risk areas for exposure to Biological agents are:

- Emergency Department
- Primary care centers
- Physician offices
- Critical Care Units
- During aerosol generating procedures
- General public access
- Mailroom

B. Recognizing a Biological Incident:

Infection Control Plan is part of the Emergency Preparedness Protocols.

The key to rapid intervention and prevention is to maintain a high level of vigilance. The early clinical symptoms of infection for most bioterrorism agents and emerging infectious diseases may be similar to common diseases seen by health care professionals every day. The principles of epidemiology should be used to distinguish cases of a disease currently circulating in the community from those representing an unusual event.

Most of the potential pathogens that could be used as a biologic weapon (e.g., anthrax, plague, and smallpox) would present initially as a non-specific influenza-like illness. Therefore, an unusual pattern of respiratory or influenza-like illness (i.e., occurring out of season or large numbers of previously healthy patients presenting simultaneously) should result in a notification to the Erie County Department of Health. These disease patterns might represent an early start to the influenza season, the introduction of a new pandemic strain, or could be the initial warning of a bioterrorist event. This communication would be facilitated through the Infection Control Department.

Some features of an outbreak caused by a bioterrorist agent or emerging infectious disease may include:

- An unusual clinical presentation or cluster of illness.
- A single case of an uncommon respiratory illness.
- A confirmed or suspected lab result of a biological agent
- An increase in reports of dead animals
- A symptom or cluster of symptoms associated with a particular disease or biological agent

Catholic Health participates in syndrome surveillance with the New York State Department of Health. This syndrome surveillance allows for rapid identification of clusters of similar symptoms of illness. If a cluster or trend of infection or illness is identified, then the Infection Control department would institute enhanced surveillance measures. Catholic Health would work collaboratively with the local and state health departments to address any potential biological incident. Each Biological agent requires specific identification, intervention and treatment. This information is part of the CEMP Biological Annex and would be implemented as soon as possible.

C. Assessment and monitoring for respiratory illness:

With both the Influenza and Biological Incident, several areas will be assessed and carefully monitored under the Comprehensive Emergency Management Plan (CEMP).

- Infection Control Surveillance – Protocols would be specific to address the identified concern

- Respiratory Protection Program
- Equipment and Supply Inventories
- Pharmaceutical - Supplies for antiviral medications and antibiotics among other medications
- Surge Capacity Issues – (Large influx of patients into the facility) Both for the emergency department and the hospital’s total patient capacity
- Staffing/Human Resource Protocols
- Communication Issues – internal to the facilities and to external agencies, including all physicians and staff
- Associate Health – Protocols would be utilized dependent on the current situation

Any Hazard mitigation (e.g. decontamination following a potential exposure) would be conducted as necessary.

Continuous assessment, reassessment and education would be conducted.

The information in this training is intended to be a summary of key factors regarding infection control and the infection control program. It is not all inclusive. Many policies exist within individual departments regarding infection control activities. It is the associate’s responsibility to be familiar with the policies and procedures within the department where they work. Infection control staff should be contacted for questions, concerns, or for appropriate information or intervention.

Specific infection control information such as policies, newsletters, updates, please go to the Infection Control Web Site - “Click on the Bug” from main CHS web page.

[Catholic Health - Compliance360 Policy Search](#) - Policies & Procedures for Catholic Health

Thank you for providing safe care and preventing the spread of infection!

Please contact Infection Prevention and Control for any additional questions or concerns.

Infection Control may be contacted at the numbers listed below:

Facility	Phone Number
Kenmore Mercy Hospital	447-6369
Mercy Hospital of Buffalo	828-3895
Sisters of Charity Hospital	862-1282
Sisters of Charity Hospital St Joseph’s Campus	891-2705

PATIENTS/RESIDENT BILL OF RIGHTS

As a patient/resident 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 non-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 the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "*Do Not Resuscitate Orders - 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 fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the 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.

PATIENT/RESIDENT RESPONSIBILITIES

As partners in health care, we ask that you review the following:

- 1) **Give Full Information:** Tell the staff responsible for your care everything you can about your condition, including all symptoms, medication you are taking, previous illnesses and hospitalizations.
- 2) **Report Any Changes:** Inform the staff immediately about perceived risks in care provided and changes in symptoms, medications or general condition.
- 3) **Follow Your Instructions:** Take all medication as prescribed. Listen carefully to instructions about diet, exercise, etc. Tell the staff if you are having trouble following the instructions. Ask questions if you need additional information.
- 4) **Keep All Appointments:** Plan carefully and schedule all tests and optional treatments in advance. If you must cancel an appointment, try to give at least 24 hours' notice. Be on time for your appointments.
- 5) **Accepting the Results of Your Actions:** All patients have the right to refuse treatment, but be aware what effect this may have on your health.
- 6) **Fulfill Your Financial Obligations:** Late payments increase overall hospital expenses. Paying your bill on time helps keep medical costs down.
- 7) **Respect Others:** Be considerate of the rights of other patients and hospital personnel. The patient is responsible for being respectful of the property of other persons and the hospital.

RECOGNITION OF ABUSE

Types of Abuse:

- Physical Assault
- Rape
- Sexual Molestation
- Domestic Abuse
- Elder Neglect or Abuse
- Child Neglect or Abuse

Domestic Violence: Physical, Sexual, Emotional Abuse

- Ninety eight percent of victims are women, but males can also be victims.
- A woman is beaten every nine seconds in the US, over 4000 are killed each year.
- Pregnant women who are abused have twice as many miscarriages.
- Sexual assault inflicts emotional as well as physical trauma on its victims.

Signs/Symptoms of Domestic Violence

- Multiple injuries in various stages of healing.
- Unexplained injuries inconsistent with story.
- Distinct patterns (belt, cord, bite marks).
- Depression, anxiety, eating disorder.
- Fear of returning home.

Elder Abuse:

- National Center on Elder Abuse defines six major types of elder abuse (physical, sexual, emotional, neglect, abandonment and financial)

Signs/Symptoms of Elder Abuse:

- Bruises, broken bones, elder reports being hit, change in behavior.
- Unexplained bleeding or infection (genital)
- Bed sores, poor hygiene, unsafe living conditions

Child Abuse/ Neglect

An abused child is a child less than 18yr of age whose parent or guardian allows to be inflicted upon the child, physical injury, risk of injury or commits a sexual offense.

Signs/Symptoms of Child Abuse/Neglect:

- Bruises, pattern marks, grab marks, tattoos, cuts, burns, broken bones.
- Withdrawal, fear of parents or adults, nails biting, attempted suicide, mood swings.

What to Report

New York State Public Health Law (PHL) Section 2803-d requires the reporting of abuse, mistreatment or neglect immediately to the Department upon having “reasonable cause” to believe that abuse, neglect, or mistreatment has occurred.

Anyone may report alleged abuse, mistreatment, or neglect.

New York State Hotlines:

Adult Domestic Violence: 24 hours, 7 days a week

- English 1-800-942-6906
- Spanish 1-800-942-6908

National Committee to Prevent Child Abuse

- 1 800-342-7472

Reporting Child Abuse

- 1-800-342-3720

Erie County Department of Senior Services Adult Protection Unit

- 858-6877

HEALTHCARE ASSISTANCE PROGRAM

General Policy:

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

The policy is divided into three distinct sections that grant different rights to patients based on the following Catholic Health ministries:

Acute Care:

All uninsured patients of Catholic Health receiving treatment at one of the Catholic Health's acute care facilities who are residents of New York State, a contiguous State or the state of Ohio, excluding the following services:

- Non-Medically Necessary Elective Services (e.g. cosmetic surgery),
- Long term level of care services (Sub-Acute or Skilled Nursing),
- Physician services other than Catholic Health primary care physician services, and
- Medical equipment and supplies.

Continuing Care:

All residents of Catholic Health receiving treatment at one of the Catholic Health's Long Term Care facilities (Hospital and Non Hospital Based) that are subject to insurance co-payments or deductibles and Adult Home residents may be eligible for charity care.

Home Healthcare:

All patients that receive services within the Catholic Health Home Care division (Certified Agencies, Licensed Agencies, and Infusion Pharmacy) may be eligible for Charity Care.

Acute Care Section Policy and Procedures:

All patients registered as uninsured (i.e., those without insurance, also often referred to as self-pay) will automatically be enrolled in the Healthcare Assistance Program. An optional application form will be offered at time of registration, but failure to complete the application will not exclude enrollment. As such, uninsured patients presenting for care at a Catholic Healthcare acute care facility need do nothing to apply for healthcare assistance.

The **Healthcare Assistance Program (HAP)** is the part of Catholic Health’s charity care program established for the provision of a Healthcare Assistance Program Allowance for uninsured patients who lack the financial resources necessary to obtain healthcare, granted based on need beyond the normal Uninsured Allowance issued for all uninsured including those patients that do not qualify for the HAP. The program is established and performed in a compassionate and professional manner consistent with all New York State and federal laws and regulations.

Healthcare Assistance Program (HAP) Allowances are the potential set of allowances that are available to uninsured patient for uninsured accounts, based on each such patient guarantor's financial resources and ability to pay for healthcare services. The allowances will be available to all uninsured patients with household incomes estimated to be less than 501% of the applicable Federal Poverty Guideline amount and who have a PARO score of less than 695.

Balances after insurance payment due from the patient or patient guarantor are referred to as **After Insurance Balances**. These balances include, but are not limited to, co-pays, deductibles and co-insurance. For insured patients without the financial ability to pay After Insurance Balances, After Insurance Balance Allowances are available based on a sliding scale. A different set of procedures must be followed in order to be the eligible for this allowance.

Applicants Right to Appeal:

An appeal procedure has been established which will cover disagreement and/or objection on the part of the applicant to healthcare assistance denials and/or healthcare assistance approvals which may be for less than the total healthcare assistance or less than expected. This “Appeal of Healthcare Assistance Denial Process” includes the following notice:

If you disagree with, or object to the Catholic Health decision regarding your application for healthcare assistance, then you may request that the decision be reviewed. A review may be requested in person or via the telephone with the Catholic Health Financial Clearance Manager. For telephone requests, please contact the **Catholic Health Customer Service Office at 716-601-3600**.

There is no time limit on the right to appeal.

ORGAN DONATION

In 1998 the Federal government implemented a law that all hospitals must have an agreement with an organ procurement organization (OPO). The law requires hospitals to maintain written protocols and policies pertaining to the reporting of ALL DEATHS, ALL IMMINENT DEATHS, and ALL patients meeting “clinical triggers” to the OPO. The purpose of the law is to ensure that all families are informed of their options, if they have any, for organ, tissue, and eye donation.

The process of dying is looked at in two ways. The first is cardiac death – irreversible cessation of circulatory and respiratory functions – heart stops beating – no vital signs. All cardiac deaths need to be reported to the OPO within one hour of death. These patients may be able to donate tissue or eyes. The second is brain death – the irreversible cessation of all functions of the entire brain, including the brain stem. This is the legal definition of death. These patients may be able to donate organs as well as tissue and eyes. Clinical triggers of imminent death which would require notification to the OPO include: unresponsive or a Glasgow Coma Scale of 5 or less, loss of one neurologic response, brain death testing has been started or consulted, any discussion of withdrawal of life support, or anytime a family inquires about donation.

UNDERSTANDING, AWARENESS AND SENSITIVITY FOR BARIATRIC PATIENT

Obesity is a complex disease where there is an excess of total body fat and weight is 20% or more above normal body weight. More than 35% of U.S. men and women were obese in 2009-2010 and 17% of U.S. children were obese in 2009-2012 (www.cdc.gov).

The terminology for care of the obese patient population is called bariatric care. Obesity not only causes poor health for those people suffering from it, it also causes negative self-image, discrimination, depression and difficulty performing self-hygiene. Studies have shown that society has a low respect for people with obesity. People with obesity may experience social isolation, and have poor quality relationships.

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

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

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

As healthcare workers, whether clinical or non-clinical, our role is to provide care for the physical and social needs of the community. Good communication skills accompanied with compassion, empathy, support and a smile make a positive difference to people with obesity.

CHEMICAL DEPENDENCY/ADDICTION IN WNY

Erie County wide opiate overdoses in 2015 have doubled over the previous year. Nationally there were 17,000 opiate deaths a year in 2010, double what they were in 2001. Overall use of opiates is up 542% from 1992 to 2003 and continues to rise at an alarming rate. Prescribed and un-prescribed opiate use has become equal in use to heroin use. Opiate use overall is rising and deaths from overdose and complications have increased significantly. Opiate use commonly starts with drugs available in a medical cabinet or prescribed for a routine procedure in excess quantities. Many of the individuals experimenting do not fit the "typical stigma" of what is commonly believed to be a profile of someone with addiction. Chemical dependence occurs in suburban neighborhoods, in otherwise "normal" family situations as well as in areas and families at high risk. No longer do we see patients coming from what have been identified as stereotypical environments, newly identified users transcend all geographic and financial boundaries and are homeless, students, working, lower, middle and upper middle classed families.

Why Opioids?

Opioid drugs work by binding to **opioid** receptors in the brain, spinal cord, and other areas of the body. They reduce the sending of pain messages to the brain and reduce feelings of pain. **Opioids** are used to treat moderate to severe pain that may not respond well to other pain medications. Addiction to the opioid occurs as a result of increased extracellular dopamine. The initial use is volitional, after physical chemical dependence develops internal self-control is markedly disrupted. Neurologic adaptations associated with changes in dopamine lead to increased cravings (wanting) in contrast to "liking" the drug. Abuse of opioids is a progressive

disease associated with the physical, chemical and psychological dependence the individual feels for that drug. This leads to increasing non-medical use of prescription medications.

Prescription opioid analgesics now surpass marijuana as most commonly used drug for new initiates. Surprisingly for most individuals their initial source is often family and friends. The number of patients seeking treatment for addiction/chemical dependence is increasing dramatically.

How common is addiction?

Over the last decade use of opiates in pregnancy has increased from 1.2/1000 live births to 5.6/100. The withdrawal from the chemical dependence of babies that are born to mothers on prescription pain killers is called Neonatal Abstinence Syndrome (NAS). The incidence of babies experiencing NAS has more than doubled from 1.2 to 3.4/100 during the same time frame. The demographics of addiction can cluster in families/friends and generally more males are affected than females. The rise in abuse of prescription medications with legal and illegal opiate use is leading to issues in identification and treatment. The population this is most apparent presently is in pregnancy. CH provides supportive care for these moms during pregnancy, delivery and we are working on support systems after pregnancy as well.

Are prescription opiates Helpful?

Yes! When appropriately prescribed, administered and used by the patients they are prescribed for.... There is universal agreement about the use of opiates in acute and malignant pain. Evidence supports use in many chronic pain conditions. But the question remains: when does it cross from normal use to addiction.... How do we screen and what does it mean for the pregnant patient...?

How is Addiction/Dependency Diagnosed?

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

- When the opiate/drug is taken longer and in larger amounts than intended
- When there is a persistent desire or unsuccessful efforts to cut down or control use
- When a great deal of time is spent in activities necessary to obtain the opiate/drug or use and/or recover from the effect of the substance uses a great deal of time/day
- Craving for the opiate not associated with pain
- When there is failure to fulfill major role obligations at home, work or school
- When the individual has continued use despite persistent social problems caused by the use
- When important social, occupational or recreational activities are given up because of use
- Use of the opiate/drug in situations that are physically hazardous
- Continued use of the opiate/drug despite knowledge of harm
- Tolerance to a dose
- Withdrawal symptoms from decreasing or stopping the opiate/drug

Screening for Chemical Dependency and Drug Use

The goal of screening is to identify regular and problematic use of opiates or illegal substances and to address it to improve patient outcomes. With the high rate of mortality and morbidity associated with chemical dependence more screening is needed. There is a protocol that CH birthing hospitals follow based on the American College of Obstetricians entitled Substance use in Pregnancy, Bulletin No, 195. Evidence suggest screening for regular opiate/drug use habits improves accurate identification of substance using patients and improves the mother and babies outcomes.

There are straightforward screening tools including the 4P's Plus

- **Parents** (did either of your parents have a problem with drugs or alcohol)

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

CH has adopted a similar screening tool used with all maternity patients.

Chemical Dependency in Patients: Particularly Pregnant Women and their Babies

Catholic Health delivers more than 6000 babies each year between Mercy, Mount St. Mary's and Sisters. The moms who deliver in our system are a cross section of the overall community in WNY. Like what is being encountered in all aspects of our community, there are situations where moms may have a chemical dependency prescribed or un-prescribed and we care for them all in the same manner based on our core values. Compassion without judgment. It is important to recognize that addiction happens for a variety of reasons, is rarely purposeful and there are special considerations in pregnancy. Catholic Health is responding to this situational concern and your awareness of issues involving all individuals with chemical dependence will help to continue to tackle this challenging community issue.

Chemical Dependency in Pregnancy

To address the problem of chemical dependence/addiction requires more than just advising the women to stop. Pregnancy itself is a high motivating factor to try and become "clean" and if pregnancy advice/counseling was a cure to addiction, everyone would get pregnant. CH is acknowledging the complexity of this issue in all populations by continuing with a formalized chemical dependency committee, associate education with a symposium about the current concerns and enlisting the help of all health care providers and caregivers to identify the problem and assist with treatment. Drug use is complicated secondary to profound physical dependence associated with opiate/drug use and high relapse rate. Opiate withdrawal is not dangerous to the individual but in pregnant women can be potentially fatal for the fetus. Acute withdrawal should be avoided. It is preferable for the individual to be enrolled in a program to help the patient manage her dependence. The programs may include opiate substitutions in conjunction with availability to other services to facilitate successful life style changes. Having an individual enrolled and active in a program does assist the family with safety in the home and with dealing with Child Protective Services.

Neonatal Abstinence Syndrome should be anticipated and discussed with mothers and any patients who are in child bearing years identified as regular users of opiates/drugs. It is a very emotional issue often for the caregiver as well as the patient and for moms who make the decision to seek help early, they should be strongly encouraged too. Care to the baby after delivery generally involves a fairly standardized approach to care with the Neonatology services for monitoring. The baby will require extended hospital stay minimally for 5 days. During this time physical and neurological symptoms of withdrawal to the chemical substance are observed with pharmacologic and non-pharmacologic interventions utilized to help the baby transition off the chemical. One example of a non-pharmacologic intervention which is routinely used is the Cuddler program. Volunteers commit to assist by holding babies to calm and soothe them as best they can

Breastfeeding is considered individually for a variety of reasons and is encouraged if the mom is:

- Engaged in Chemical Dependency treatment/prenatal care
- Abstinent 90 days prior to delivery
- Negative on a urine toxicology at delivery to un-prescribed medications

Breast feeding is not encouraged if mom is:

- Not engaged in treatment
- Not engaged in prenatal care
- Positive for un-prescribed or illicit substance screen at delivery
- Chronic alcohol use
- Poorly compliant with care with a higher possibility of relapse

Why bring this to all CH Associates?

All of our WNY Community is at risk – that means all patients prescribed opiates or identified as illicit substance users must be assisted to get help and counseled. We (in healthcare) need to reframe our impression and response to chemically dependent individuals vs. ‘addicts’. CH is in the process of developing a competency review for ALL associates to have knowledge and sensitivity to individuals with chemical dependency and this is the first step - awareness.

PERINATAL BEREAVEMENT

Did you know that CH delivers more than 6,000 babies each year? That is 16 babies a day, every day, all year long! We have private rooms, private bathrooms and NICUs to care for babies born early. But sometimes babies don't make it to full term. Some are miscarried, others are still born and yet some are born with anomalies that are not compatible with life. Of all pregnancies that happen, 15% end up miscarried and given the number of live births we do have, one can imagine the number of pregnancies that end earlier than expected.

At Catholic Health, we have a pregnancy loss / perinatal bereavement program that helps families prepare for a pending loss and gives them some tools to deal with miscarriages, stillbirth and perinatal deaths. Materials include: a bereavement book explaining the process of giving birth and the journey of grief to follow, memory boxes to keep mementos that are made at the hospital, photographs if the baby was able to be photographed, plaster foot castings of the baby's feet, burial clothing for the baby, a sympathy card and a card on the one year anniversary of the patient's loss. We also provide information to help assist families with the cost of burial if their baby is over 20 weeks gestation as it is NYS law to bury or cremate their baby.

Most importantly CH has several compassionate masses each year for bereaved parents and we have a special grave site at Mt. Olivet and Holy Cross where any baby born before 20 weeks are brought and respectfully laid to rest. CH does not dispose of fetal remains as medical waste and we work with moms, physician offices and our Emergency Departments to have mothers bring their fetal tissue to us so that we can include it in our special burial site.

STROKE

According to the CDC, stroke kills almost 130,000 Americans every year. Stroke is the 5th leading cause of death in the United States. Catholic Health has accreditation from Joint Commission as a Primary Stroke Center at Kenmore Mercy Hospital and as an Advanced Comprehensive Stroke Center at Buffalo Mercy Hospital and also all acute hospitals are NYS DOH designated stroke centers. We are committed to providing education to all associates, volunteers and vendors on how to recognize and react to the symptoms of stroke. If you recognize any of these symptoms and you are at home, please call 911 and get immediate emergency medical attention. Remember, “Time is Brain.”

When a Stroke Hits, Minutes Matter and you Need to Act Fast

That's why the best stroke center is the one closest to you. Catholic Health has more designated stroke centers than any other system in the region, including those in Catholic Health's stroke care network - Kenmore Mercy Hospital, Mercy Hospital, Sisters Hospital and Mount St. Mary's Hospital in Lewiston.

KNOW THE WARNING SIGNS OF A STROKE

- F** FACE: Ask the person to smile.
Does one side of the face droop?
- A** ARMS: Ask the person to raise both arms.
Does one arm drift downward?
- S** SPEECH: Ask the person to repeat a simple phrase.
Is their speech slurred or strange?
- T** TIME: If you observe any of these signs, call 9-1-1 immediately.
MINUTES MATTER!



For a full listing of Catholic Health Stroke Month health screenings and educational events, visit chsbuffalo.org/events or call (716) 447-6205.

