2017
Annual Education Module
Including
Part 2: Medicare Parts C & D General
Compliance Training

Clinical Version
To be completed by staff who provide care for patients in clinical areas

Albany Medical Center
The Center for Learning and Development
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Section 2

Medicare Parts C and D General Compliance Training
The purpose of the Albany Medical Center Annual Education Module - Clinical Version is to assist CLINICAL employees, faculty, agency staff, students and volunteers to meet annual training requirements and know the right thing to do. Clinical staff are those with direct patient contact or who interact with patients in the clinical environment, e.g. MD, NP, PA, PT, OT, RN, Lactation Consultant, Case Manager, PCA, PCT, PSA, RT, ASA and HUC.

Albany Medical Center and regulatory agencies require that this education be completed each calendar year. This education is required to be completed on or before the time of annual competency assessment or at a time specified by your department. Check with your direct supervisor for the date by which this education requirement must be completed.

2017 Clinical Requirements Include:
Update your Emergency Notification Information.
Complete the Annual Education Module and Submit Post Test.

These requirements are met by completing one of the following:

1. On-line Annual Education Module - Clinical Version
   a. From the Albany Medical Center main Intranet page, select workforce tab, then select Annual Mandatory Education, under Employment Requirements.
   b. Review and update your Emergency Notification information as needed.
   c. Read Module, then complete Post Test.
   d. Print verification of completion page, keep a copy for your records, and submit a copy to your supervisor.

2. Hard Copy/Print Module - Clinical Version
   a. Read Module, then complete Post Test. Use triplicate answer sheet. Print legibly and provide your name as it appears on your paycheck or credit will not be given.
   b. Have your supervisor correct the test. A minimum score of 80% is required. If you are not successful, your supervisor must review the topic with you before you retake the test. Submit the Triplicate Answer Sheet as directed on the bottom of the sheet.
   c. Meet with your manager to ensure the information in Emergency Notification System is correct or update it.
Module Objectives

After completing this module, you will be able to describe:

1. The application of the Albany Medical Center Mission, Vision, and Values to daily work.
2. Your role as a direct care provider in the Albany Medical Center safety program.
3. Personal responsibility in maintaining a safe environment.
4. Response to hazardous events (e.g. fires, hazardous material spills, blood borne pathogen exposures etc.).
5. How to report safety incidents and potential regulatory concerns.
6. Methods to maintain a positive work environment.
7. Resources for additional information.

Our Mission

As an academic health sciences center, Albany Medical Center has a mission of providing excellence in medical education, biomedical research and patient care.

Albany Medical Center has a responsibility to:

- Educate medical students, physicians, biomedical students, and other health care professionals from demographically diverse backgrounds in order to meet the future primary and specialty health care needs of the region and nation;

- Foster biomedical research that leads to scientific advances and the improvement of the health of the public; and

- Provide a broad range of patient services to the people of eastern New York and western New England, including illness-prevention programs, comprehensive care, and the highly complex care associated with academic medical centers.

The mission will be achieved through commitment to the values of Quality, Excellence, Service, Collaboration, Compassion, Integrity, and Fiscal Responsibility.
We at Albany Medical Center will continue to develop as a nationally recognized academic health science center. In collaboration with the community, we will provide excellence in education, research and patient care programs.

Our vision for the future includes a commitment to working with other providers to make comprehensive and advanced clinical services available to the public while emphasizing quality and service. We will be a leader in developing an innovative health care delivery system and educational consortium that responds to the needs of the community.

Albany Medical Center will sustain a working and learning environment that fosters teamwork and commitment to share values and goals. Through sound fiscal management, the Medical Center will be able to enhance its teaching and research programs to be on the forefront of medical knowledge and innovative patient care.

Our Values

Albany Medical Center Cares
Our values are reflected in Albany Medical Center Cares.

Quality and Excellence
- Assure continuous quality improvement in all aspects of our mission.
- Commit to excellence in all we do.

Service
- Provide excellent service to patients, students, staff, and all others who use, work in, or visit our facility.
- Recognize and value the contributions and potential of the entire Medical Center community.
- Seek and be sensitive to the advice of our constituents.

People
- Collaborate and work as a team in a way that enhances the health and relationships of our region.

Growth
- Provide highest standards of patient care.

Community
- Provide excellent services to all members of the Medical Center community.

Finance
- Manage all resources in a fiscally responsible and prudent manner.
- Meet our charitable responsibilities.
Albany Medical Center is committed to the continuous improvement of quality in all aspects of medical education, research and patient care. Excellence must be present in all activities to achieve the highest level of quality. We expect a personal commitment to excellence from the entire Medical Center community.

After completing the Quality section, you will be able to:

1. Describe the impact of the quality improvement program on job responsibilities.
2. Select resources for information about Albany Medical Center’s quality program.
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The Importance of Quality Improvement

Albany Medical Center staff members are committed to delivering the right care to the right patient at the right time -- every time. This commitment is not only the right thing to do, but also the smart thing to do. Increasingly, our institutional success is linked to our performance on a number of key quality measures being monitored by federal and state agencies, as well as third party payers and the public. For all of the above reasons, we regularly share information on the AMC Intranet as a means of reporting and assessing our performance in meeting important quality goals, particularly those set yearly by the institution's Quality and Patient Safety Council.

Quality Management

At Albany Medical Center our definition of Quality Management reflects our commitment to excellence and combines patient outcome and patient satisfaction. Quality care is measured by the degree to which process measures, outcomes measures, patient safety measures and patient-experience measures are consistent with the results achieved by top performing healthcare providers. Measurement in relation to benchmarks is achieved in various ways using internal and external sources, risk adjustment, as well as state and national agencies. Our success as an organization is linked to how well we do this, as our reimbursement for the care we provide will be based on it. Each year the federal government, state and various payer agencies find new ways to define and measure quality of care and compare to other care providers. Care organizations that understand and work on measures will ultimately benefit both in providing better care and receiving continued level of payment from the pool of funds, remaining consistently ahead of the curve. Example plans include the federal government’s Value Based Purchasing (VBP) Program and New York State’s Delivery System Reform Incentive Payment (DSRIP) program.

In addition to remaining vigilant and engaged with measures that outside agencies and institutions would like all hospitals to focus on, Albany Medical Center holds itself accountable to a higher level of excellence voluntarily through multiple nationally-recognized programs including “Get with the Guidelines” for AMI, heart failure and stroke patients as well as participating in The Joint Commission’s Disease-Specific Advanced Certification programs for Stroke and Heart Failure.

Albany Medical Center participates in multiple registries to help improve care at the institutional, regional, state and national levels. Some of these include: The American College of Cardiology ACTION Registry - “Get With the Guidelines”, Cath PCI Registry, American College of Cardiology and American Stroke Association “Get With the Guidelines” Stroke Registry, American College of Surgeons (ACS), National Trauma Data Bank (NTDB), and National Surgical Quality Improvement Program (NSQIP).

We encourage participation in Quality Improvement Teams or other various committees looking for improvement opportunities.

Patient Safety

We take pride in the quality of care provided to our patients. Our patients deserve the best possible care in a safe environment. Processes of care are continually scrutinized for improvement opportunities. Albany Medical Center staff members are encouraged to report patient occurrences (near miss or actual) through the UHC Safety Intelligence (formerly Patient Safety Net) portal on the AMC Intranet. Known or near miss events may also be reviewed through the Mortality and Morbidity reporting process at the service level. Op-
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opportunities and trends are examined via proactive analysis and brought forward to various committees and quality improvement teams for action.

The Joint Commission, state and federal organizations have identified a number of patient safety initiatives that when implemented, would greatly reduce the number of lives lost nationally to unnecessary medical harm or medical errors. At Albany Medical Center, we strive to implement the recommended changes from these organizations, monitor for compliance, and maintain the improvements to continually reduce the chance for patient harm and increase the quality of care provided.

Customer Experience Surveys

We value feedback from our customers both if positive or negative. Albany Medical Center has partnered with NRC Picker to survey customers who have received care and service in various areas. Federal and state agencies have become increasingly interested in results and comparing to all other hospitals in the state or nationally. Towards that end, Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys have been released for various populations including: Emergency, Ambulatory Surgery, Outpatient Testing, Inpatient, Group Practice and Pediatric populations. Based on the feedback received from these surveys sent to patients, we seek to improve existing services, recognize those services which perform well and build new services to meet identified needs.
Albany Medical Center Policy: Patients’ Bill of Rights

Albany Medical Center Values are supported by the Patients’ Bill of Rights.

A. The right to appropriate, respectful and considerate care including emergency services:
   1. Patients will be cared for in an environment which insures dignity and safety.
   2. Patients will receive treatment without discrimination as to race, ethnicity, religion, culture, language, physical or mental disability, socio-economic status, sexual orientation, sex, gender identity or expression, age, or source of payment.
   3. Patients will be given patients’ rights information upon admission to the hospital, and be provided assistance for better understanding, if requested.
   4. Patients will be protected from mental, physical, sexual and verbal abuse, neglect, and exploitation in the facility.
   5. Patients have the right to have their caregivers identified by name, position and function. They also have the right to refuse examination or observation by any personnel and they may leave the facility against medical advice.
   6. Patients may refuse treatment, care, and services in accordance with the law and regulations.
   7. Patients who are terminally ill have the right to comfort care including symptom management, pain management, and acknowledgement of the psychosocial, spiritual and cultural concerns of the patient and family regarding death, dying and expression of grief.
   8. Patients who are in pain have the right to have that pain identified and treated.
   9. When ethical issues or conflicts arise during the course of a patient’s stay, patients will have access to a conflict resolution process and trained ethics consultants.
   10. Patients have the right to the use of physical restraints limited to those authorized in writing by a physician after a personal examination of the patient, for a specified and limited period of time, and to protect the patient from injury to self or others. Physicians and nurses will closely monitor patient comfort and safety, and frequent reassessment of need will take place.
   11. Patients will be given relevant information about the need for transfer to another facility, or alternatives to that transfer, before that transfer will take place.
   12. Patients have the right to be informed of continuing health requirements following discharge in the form of a written discharge notice.
   13. Patients have the right to participate in decisions about treatment and discharge from the hospital. Patients will be provided written information on appealing a discharge.
   14. Patients have the right to examine and receive an explanation of their bill regardless of source of payment.
   15. Patients may register complaints about the care and services provided, and have the hospital investigate such complaints. If the outcome is not satisfactory, the patient may complain to the New York State Department of Health (NYSDOH) at 1-800-804-5447 or The Joint Commission (TJC) at 1-800-994-6610.

B. The right to effective communication:
   1. Patients who have difficulty communicating secondary to hearing or speech impairments will be provided technical assistance.
   2. Patients who understand limited English will be provided with trained medical interpreters and/or through the three-way telephone translation service.
   3. Patients whose welfare, safety, or health requires restriction on visitors, telephone calls or other forms of communication will have the right to participate in discussions determining these restrictions and their implementation. These restrictions will be documented in the plan of care and evaluated for their effectiveness in an ongoing manner during the hospitalization. If a more comprehensive plan is needed, a group which will include the patient or designee, will convene to develop such a work plan.
Albany Medical Center Patients’ Bill of Rights continued...

C. The right to participate in decision making about their care:
   1. All patients will be asked if they have advance directives at the time of their admission and be given the opportunity to appoint a health care agent at that time. Any documentation of advance directives shall be placed in the front of the medical record.
   2. All patients who are admitted with a Do Not Resuscitate order, will have that order reassessed within 24 hours. This order will only be rescinded with the consent of the patient or the patient’s legally authorized representative.
   3. Patients have the right to refuse or withdraw any treatment permitted by law after receiving the information necessary to make an informed consent.
   4. Patients have the right to informed consent. This means that the reason for the procedure or treatment is explained along with all reasonably foreseeable risks and benefits, side effects, complications or expectations related to recuperation, and reasonable alternatives for care or treatment.
   5. All patients have the right to information about their care, including goals of any intervention or treatment.
   6. Patients have the right to know the results from any testing, or outcomes of care, treatments and services including unanticipated outcomes and occurrences.
   7. Conflict that occurs as a result of disagreement between the patient and health care staff may be resolved through the use of several resources: Management, Pastoral Care, or the Ethics Consultation Service.
   8. All patients have the right to request donation of organs or tissues in the event of death.
   9. Patients may refuse to participate in research and human experimentation or withdraw from any research without repercussions.

D. The right to privacy, confidentiality and security:
   1. Patients have the right to access their medical information, request amendment of their medical record, and receive an accounting of disclosure of their medical information.
   2. Access to the patient's medical record shall be limited to those individuals directly involved in their treatment, the monitoring of quality of such treatment, appropriate facility operations, or payment. Instructors and students from approved educational programs may review records as part of their education.
   3. Any filming or recording for purposes other than identification, diagnosis or treatment, may occur only with the written consent of the patient.
   4. Patients have the right to request limits on the release of personal health information and to have that request honored.
   5. Patients have the right to request that a family member or friend be present with the patient for emotional support during their hospital stay. Limits may be set by staff if patient care or safety is compromised.
Physical Safety

Objectives
After completing Physical Safety section, you will be able to:

1. Describe the use of Emergency Condition and Response Sheets.
2. Select employee action in an emergency situation.
3. State priority action when fire occurs.
4. Give example of infection control standards and flu prevention techniques.

Tools in an Emergency

Emergency Conditions and Basic Staff Response Sheets
1. All departments should have Emergency Conditions and Basic Staff Response Sheets posted in a visible and easily accessible location.
2. The Emergency Conditions and Basic Staff Response Sheet is a quick-reference tool that contains proper response information for many emergency situations (i.e. Code Red, Utilities System Failure, etc.). Departments can obtain Emergency Conditions and Basic Staff Response Sheets from Telecommunications in C353 or by calling the Emergency Management Department at ext. 2-1071.
3. Know the location of and review your department’s specific emergency preparedness plan. If you don’t know where it is, ask your supervisor.

In case of a medical emergency for any patient, visitor or worker:
1. Dial the Albany Medical Center operator at 911 in the hospital. For offsite hospital areas dial (9) 911 to reach an outside operator and describe the emergency.
3. State location and room number.
4. State if pediatric or adult victim.
5. Do not hang up first. Operator may have questions.

Code Blue: (for all patients, workers and visitors)
- Unconscious
- Not breathing
- Difficulty with breathing
- No pulse
- Serious bleeding
- Seizure
- Sweaty or changing color

Code Gray: (for visitors and workers)
- Minor medical events
- Conscious
- Breathing
- Alert
- Not sweaty or changing color

Note: The Stat Nurse and a Security Guard will respond to a Code Gray and assist with transportation to the Emergency Department to obtain testing and treatment as indicated under the direction of a physician.

IF IN DOUBT, REQUEST A CODE BLUE
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Code Orange

It is the policy at Albany Medical Center to take reasonable and appropriate action to protect patients, visitors, staff, volunteers, and agency staff in the event of a situation requiring a lockdown, a controlled entry or exit. The purpose of Code Orange is to define the process, organization and roles in a lockdown situation.

Situations which could result in a Code Orange include:
1. A health threat outside the facility, e.g., chemical, biological.
2. An activation of the US Postal Service Anthrax Detection System.
3. A security threat in the area surrounding Albany Medical Center buildings.

If a Code Orange occurs:
1. Code Orange will be paged three times on the overhead paging system.
2. Security Services will secure all entrances and exits.
   a. Entry will be limited to the Emergency Department Ambulatory Entrance, the Physician’s Pavilion entrance, the Albany Medical Center Parking garage bridge, and the Main Pillars lobby.
   b. Exits will be limited to specific exits which could vary depending on the nature of the threat.
3. Security officers will provide security and direction to those wishing to enter or exit the Hospital.

What is expected of staff in a Code Orange?
1. Remain in your unit/department and await further instructions.
2. Check messenger email, the AMC Intranet, or call ext. 2-8888 for more information.
3. Do NOT call Security Services, the Operators, or Incident Command for information.

Code Silver

Code Silver - Active shooting or assault with a weapon (typically a gun or knife)

Immediate Staff Response:
• Dial 911 and notify the operator from an AMC telephone. (For facilities NOT located within Albany Medical Center campus, dial 911 to contact local law enforcement.)
• Move to a nearby room and close the door. If a room cannot be located, hide under a desk or other furniture.
• Quickly glance outside the room and direct visitors and staff in the hall to proceed into your room immediately.
• Lock your door and close your blinds.
• Have the occupants of your room look for a “safe corner” against a wall out of sight, so as not to be seen from the door.
• Turn off lights and computer monitors, silence cell phones, remain quiet.
• If an armed assailant enters your immediate area, you should:
  − Try to remain calm.
  − Try not to do anything that will provoke the armed assailant.
  − If the assailant leaves the area, barricade the room or go to a safer location.
  − If safe to do so, escape the area immediately using the nearest exit or stairwell and instruct others in the area to do the same. DO NOT stop to collect belongings. Do not return to the building until the Code Silver All Clear message is broadcast.
  − If there is no possibility of escaping or hiding, and only as a last resort when your life is in imminent danger, you may make a personal choice to attempt to negotiate with or overpower the assailant.
**Code Stroke: For inpatients**

**STROKE is an Emergency!!!**

Think STROKE for any inpatient experiencing the following:
- Sudden onset weakness or numbness of the face, arms, or legs, especially on one side of the body.
- Sudden confusion, or change in speech—slurred speech, trouble understanding speech, or trouble getting words out.
- Sudden onset change in vision—loss of vision, blurry vision.
- Sudden trouble walking, dizziness, loss of balance, or coordination.
- Sudden onset severe or unusual headache.

For any inpatient, pick up any hospital phone, dial 911, and call a CODE STROKE.

For any visitor, employee, student, etc, call 911 for a Code Gray. This person needs to be brought to the Emergency Department immediately!!

**Code Pink**

**Code Pink** - Infant or child patient missing/abduction.

1. If there is an infant or child missing or abducted, a Code Pink announcement is made over the loud speaker, with the location, the age of the child and description of the child.
2. During a Code Pink anyone trying to exit the institution must do so only from the M Building Lobby (Pillars Entrance) or other exit as directed by AMC Security.
3. If you suspect that a child has been taken do the following at the same time:
   a. Dial 911 from AMC phone. State **CODE PINK** and the location, approximate age, and the gender of the infant or child.
   b. Have another team member call security at ext. 2-3777 and notify your supervisor.
4. Remain alert for suspicious individuals or activities until Code Pink is cleared.

**Code Green**

A missing or eloped patient is an admitted patient who is absent from a patient care area or unit without staff knowledge or permission and who has ANY of the following risk factors:
- Lacks decision making capacity
- Has a court appointed legal guardian
- Is a known danger to themselves or others

If a patient **who meets any of the above criteria** is missing from their assigned room and cannot be accounted for, staff should first confirm that the patient does not have an off-floor short term pass (see
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AMCH Policy: Patient Request to Leave Nursing Unit or Hospital and has not been transported from the unit for a procedure or diagnostic testing. If it is determined that the patient is off the unit without permission or knowledge of staff, unit staff will conduct a search of the unit and adjacent areas such as stairwells, elevator banks, waiting areas and restrooms.

Calling a Code Green:

The unit Nurse Manager or designee is responsible for initiating the Code Green. The Nurse Manager or designee will call extension 911 and request an overhead Code Green page which includes: the nursing unit, patient age, race, sex, and last known location. During off hours, the Administrative Nursing Supervisor will be paged.

When a Code Green is paged overhead, the following should respond:

**Evenings/Nights:**
- Nursing Supervisor
- Stat Nurse/CSS
- Patient Care Associate (PCA)
- Security

**Days:**
- Nurse Manager or designee
- Security
- Patient Care Associate (PCA)
- Security

Security will notify all officers of the patient who has eloped, including a physical description, and conduct a full search of routinely surveyed AMCH property (see Attachment B: Security Role in Code Green).

The RN or designee will notify the patient's physician.

The unit Nurse Manager (days) or Administrative Nursing Supervisor (off-hours) will contact the patient's authorized representative or next-of-kin, if known.

Security Management will notify local law enforcement of patient's eloped status.

In the event of a report to local law enforcement, the Administrator On-Call will be notified.

Upon notification of a Code Green, all AMC employees should monitor exits and corridors in their area for individuals who meet the description provided. If an individual matching the paged description is noted, the employee should contact Security immediately.

If the patient is not located within four hours of calling a Code Green, unit nursing staff will contact:

1. The Access Center with patient’s name and date of birth and advise to discharge the patient "Against Medical Advice" and request a comment be added that the patient "was deemed missing/eloped", and
2. The operator and request an overhead page stating that the Code Green is "all clear".

Patients who have eloped but are returned after the four-hour period must be discharged and readmitted.

The nursing staff will contact the Access Center with patient’s name and date of birth. The nurse will request the current admission to be discharged with discharge disposition of "Against Medical Advice" and comment of patient "eloped". The nurse will request that a new encounter be created and provide the correct date and time of the new admission.

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**Notification of a Code D Disaster Notification**

**Code D announces an Albany Medical Center Disaster**

1. Only the Administrator-On-Call or designee has the authority to start a Code D.
2. After a Code D has been started, a “Code D” announcement over Albany Med’s internal overhead paging system will be repeated three times, along with the level of the disaster.
3. When the announcement is made, employees must activate their unit/department plan.
Response to a Code D Announcement

If At Work:

1. Follow your unit/department’s specific plan. If off the unit or out of your department, you should report to your unit or department as soon as possible and contact your supervisor for information and assignment. Do not report to the Personnel Pool (Choices Café) unless specifically instructed to do so.

2. Wear your ID Badge at all times.

3. Ensure that family and visitors associated with the disaster are escorted to the Family Room in a location determined by Incident Command.

4. If the telephone system fails and you have an emergency, use the red emergency phones which will connect you to Telecommunications.

If at Home:

Step 1: Stay near a phone; you will be called to come in if you are needed. For more information call the Hotline at ext. 2-8888.

Step 2: If called in during a Code D, you will be required to show your ID before entering. Always take your badge home with you.

Step 3: Report to the specific location as instructed over the phone. If no location was given, report to Choices Café staging area.

Step 4: Department/Unit telephone trees must remain current. Always give your manager any change in your contact information: telephone, email or address. Update your Emergency Notification Information every year.

Code D Hotline
Call the Employee Hotline at ext. 2-8888, to hear recorded status reports during a Code D.

For additional information during a Code D, check with the following:

1. Your Supervisor/Manager.
3. Emergency Condition and Basic Staff Response Sheets.
4. Albany Medical Center Intranet site (red banner at the top of the page).
5. Albany Medical Center Messenger email.

Code D Cancellation
An announcement and notification will be made when the Code D is all clear and operations can return to normal.
Confidentiality During a Disaster

1. Always maintain confidentiality during a disaster.
2. Only authorized personnel are allowed to speak to the press in a Code D.
3. If you are approached by the press during a Code D, please call Security and wait with the reporter until Security arrives. DO NOT send members of the press to Security.

For Code D every department or unit will send one representative as directed to the Personnel Staging Area in Choices Café to provide a correct accounting of their on-duty staff. Available staff will be categorized as Clinical Staff, Non-Clinical Staff or Physician/NP/PA. Data provided to the labor pool registry will include the department or unit name, location, staff name and telephone number, and any other appropriate contact information (e.g. pager, fax, etc.).

Staff members and physicians who do not have a home department should report directly to the Personnel Staging Area to register.

In the event of a prolonged Code D (e.g., greater than 6 hours), a department or unit representative will be requested by Incident Command to return to the Personnel Staging Area and provide an updated account of on-duty staff. Representatives will be notified via email, pager or other appropriate communication method. This process will be repeated as needed based on the length of the incident and as directed by Incident Command.

All staff reporting to Albany Medical Center from home will report to their assigned location. If none is provided, report to the Personnel Staging Area in Choices Café for assignment unless instructed otherwise.

Staff assignments will be provided by the Incident Command Center and coordinated through the Personnel Pool.
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Mass Notification System (AMC Alert)

Albany Medical Center has a mass notification system, called AMC Alert to notify staff of an emergency incident. The effectiveness of AMC Alert relies on correct contact information for each employee. If your contact information changes, please contact Human Resources or your manager.

Each employee will also review their information for accuracy annually as part of Mandatory Education. You may give multiple listings and could be notified via pager, cell, home phone or e-mail. Do not use an Albany Medical Center extension, as the internal lines must be kept as clear as possible in the event of an emergency. The system is tested periodically. If you receive test notification, please respond as directed.

Employee Emergency Action Guide

Responding to work following a disaster during non-working hours:
You are expected to report to work if you are requested to do so and if you are able. Stay near a phone as you will be called to come in if you are needed. However, you should not leave home until your critical personal and family emergency responsibilities have been met. Call the Hotline at ext. 2-8888 for pre-recorded information.

What you should expect:
It will not be business as usual. You may not be doing those things you normally do on your job. You will be assigned specific tasks, doing whatever is necessary to care for and protect our patients.

You may have different job responsibilities. You may be assigned to work with different staff during an emergency.

You should expect to remain on duty until you are released. This responsibility makes it especially important for you to prepare your family. It will give you and them peace of mind to know that they are well provided for.

Prepare your home and educate your family:
   a. Prepare a home emergency supply kit for home and car.
   b. Develop a family and home emergency preparedness plan.
   c. Setup an out-of-state contact e.g. family, friend of the family or relative.
   d. Know how to turn off your utilities.
   e. Prearrange child care with relatives or friends.
   f. Prearrange pet care with relatives, friends, or an animal care facility.

What to bring with you to work:
   a. Employee ID Badge.
   b. Eyeglasses, prescriptions, medications.
   c. Personal hygiene items.
Emergency Planning and Preparedness

Albany Medical Center assesses and prepares for all possible events that could interfere with the ability to provide patient care and service as usual.

The Emergency Operations Plan (EOP) describes how Albany Medical Center will set-up and maintain a program to ensure effective response to an emergency. The EOP is located on the Albany Medical Center Intranet on the Emergency Management page.

As part of the EOP, Albany Medical Center uses the Hospital Incident Command System (HICS) during a disaster.

HICS is an emergency management system with a flexible response structure that:
1. Defines responsibilities.
2. Provides clear reporting channels.
3. Improves documentation and communication.

Employee Role in Emergency Planning at Work
1. In addition to the Albany Medical Center Emergency Operations Plan, each department has plans for responding to a disaster.
2. Every employee must know their department-specific emergency preparedness response and their role in an emergency before an event occurs.
3. Learn where your department-specific plan is kept.
4. Review your role in an emergency with your manager.

Emergency Power Within Albany Medical Center

1. Certain locations at Albany Medical Center are supported by emergency generators during a power failure.
2. In a power outage the generators could take about 10 seconds to start. The availability of power will vary throughout clinical areas.
3. Units may experience temporary loss of medical equipment function services (e.g. patient monitors) during the 10 second delay when the generator is starting.
4. The majority of areas in the College and business units are not connected to emergency power.
5. Areas running on emergency power may have limited lighting. There should be enough power to maintain the hospital’s ability to provide patient care.
6. During a power outage, care providers should use RED electrical outlets located throughout the hospital. These outlets are connected to an emergency generator. All electrical outlets in ICUs are red electrical outlets.
7. Only critical equipment should be plugged into the RED outlets.
# Emergency Condition and Basic Staff Response Sheets

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Initial Response</th>
<th>Secondary Response</th>
</tr>
</thead>
</table>
| **Code Blue** | Life Threatening Medical Emergency  
Cardiac/Respiratory Arrest; Unresponsiveness | 1. Dial 911 – request a Code Blue at your location  
2. Check responsiveness  
3. Check for pulse, then airway & breathing  
4. Initiate CPR, if indicated  
5. Control bleeding, if indicated | Stay with victim until Code team arrives  
Basic Life Support as indicated  
Request bystander to retrieve nearest defibrillator or emergency cart |
| **Code D** | Disaster or Activation of AMC Emergency Operations Plan | 1. Return to Unit/Department as soon as possible; check-in with supervisor  
2. Activate phone tree, as directed, per activation level  
3. Await further instruction from supervisor, Messenger E-mail, AMC Info line (ext. 2-8888), or AMC Intranet  
4. If responding from home, bring your ID badge and report to location as instructed (or Labor Pool if unassigned) | Complete and fax Nursing Personnel and Bed Availability Log, as appropriate, to ext. 2-4360  
Assure that completed Demobilization Data Collection Form is faxed to ext. 2-1069 at conclusion of Code D |
| **Code E** | Evacuation Affected area(s) will be notified by AMC Fire Marshall, fire chief or designate to evacuate unless there is an imminent threat to life safety | 1. Evacuate patients per unit-specific plan  
2. Take patient records and medications if safety permits | Evacuation of any clinical area may result in a Code D activation  
Report evacuation status to Nursing Supervisor or Command Center and identify any unaccounted for patients or staff |
| **Code Gray** | Non-life threatening medical event (visitor, outpatient, staff member) | 1. Dial 911, request a Code Gray at your location  
2. Stay with victim; reassure; make comfortable  
If in doubt, request a Code Blue | Assist Security with completion of report  
Assist in transferring patient to ED, if required |
| **Code Orange** | Any event requiring lockdown of hospital or other AMC building | 1. Remain in your work area  
2. Do not exit building except for emergencies and only via Main Lobby, Physician’s Pavilion (Building), or other designated exit (per Security or overhead announcement)  
3. Await further instruction from supervisor, Messenger E-mail, AMC Info line (ext. 2-8888), or AMC Intranet | Department supervisors are responsible to communicate with on call staff and employees, including those at off-site locations, of Code Orange activation and deactivation |
| **Code Pink** | Missing or Abducted Child (<18 years of age) | 1. Dial 911 and request Code Pink at your location  
2. Simultaneously call Security, ext. 2-3777  
3. Designate staff to monitor nearest exit and corridors  
4. Screen for an individual with an infant/child, or a package that could conceal an infant/child. Call Security at ext. 2-3777 to report suspicious individuals  
5. Instruct all patients and visitors to exit via Main Lobby | Immediately report any suspicious activities to Security, ext. 2-3777  
All pediatric and infant discharges will be placed on hold until Code Pink has been cleared |
| **Code Red** | Fire, smoke or persistent/strong burning odor | RACE  
1. RESCUE - Patients and others from immediate danger  
2. ALARM - By pulling the nearest pull box and call 911  
3. CONTAIN - The fire by closing all doors and windows and keeping hallway doors closed  
4. EXTINGUISH: If the fire is small, confined to a small area | If you have been trained, fight it using the proper fire extinguisher  
PASS:  
Pull the pin  
 Aim the hose  
SQUZZE the handle  
Sweep the base of the fire |
| **Code Silver** | Person using or displaying a weapon, on AMC property | 1. Immediately seek shelter in a safe area; assist others if possible; barricade or lock door  
2. Dial 911 to report Code Silver with location and other pertinent information (description, type of weapon)  
3. Remain in safe location until “All Clear” is announced | Upon law enforcement arrival: Remain calm, answer all questions, follow instructions from officers |
| **Code W** | Severe Weather Emergency | 1. Determine unit/department needs (e.g. staffing, equipment, supplies, etc)  
2. Use AMC information resources including AMC Info line (ext. 2-8888), AMC Intranet, check often for Messenger E-mails | Evaluate/unit/department needs at least every 8 hours and report to supervisor |
| **Code White** | Pregnancy related emergency, such as unexpected birth in progress or bleeding | 1. Dial 911, request Code White at your location  
2. Lay patient on side | Stay with patient until Code White team arrives and assist team as needed |
| **Code Yellow** | Hazardous materials (including radioactive, spill or release) | 1. Isolate spill  
2. Dial 911 and report a hazardous material spill at your location  
3. If a person is splashed with hazardous material, initiate gross decontamination in nearest safe location (i.e. remove clothing, use emergency shower)  
4. Seek medical attention if needed at AMC ED (report to Decontamination area) | Notify Supervisor  
Obtain Material Safety Data Sheet/Safety Data Sheet (MSDS / SDS)  
If safe to do so, stand-by to advise Hazardous Materials Response Team |
| **Code 10** | Combative or violent patient | 1. Dial 911 and request Code 10 at your location  
2. Await arrival of response team | Ensure safety of yourself and others in area  
Report all pertinent information to your supervisor and responders |
| **ED Capacity Protocol** | Patient census and/or acuity impacting patient care in the Emergency Department | 1. Facilitate discharges and patient movement  
2. Expedite turnover of available rooms  
3. Evaluate available staffing resources for possible reassignment | Identify overflow space as needed |
### Emergency Condition and Basic Staff Response Sheets

<table>
<thead>
<tr>
<th>Other Emergencies</th>
<th>Description</th>
<th>Initial Response</th>
<th>Secondary Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Biological Incident</strong></td>
<td>Patient(s) presenting with symptoms of a highly infectious agent (Andras, Smallpox, Vibrio Hemolytic Fever, etc.) or a surge of infectious patients</td>
<td>1. Ensure patient is placed on appropriate precautions 2. Ensure unit has adequate personal protective equipment (PPE) 3. Notify Epidemiology, ext. 2-3678 4. Refer to AMC Infection Prevention and Control Intranet site for specific agent/disease information</td>
<td>If Code D is activated, follow unit/department plan Follow-up as directed; contingent on agent/disease</td>
</tr>
<tr>
<td><strong>Bomb Threat</strong></td>
<td>Notification of bomb on AMC property</td>
<td>1. Obtain as much information as possible: Where is the bomb? When will it go off? What does it look like? Why was it placed? Refer to and complete “Bomb Threat Information Card” (available from Security), Cards should be placed near all telephones 2. Notify Security, ext. 2-3777</td>
<td>Await direction from supervisor or Security</td>
</tr>
<tr>
<td><strong>Rapid Response</strong></td>
<td>Inpatient – requires an advanced, timely assessment based on medical criteria and concern about patient’s condition</td>
<td>1. Dial &quot;0&quot; and request a rapid response at your location 2. Stay with patient; perform ongoing assessments of condition If in doubt, request a Code Blue</td>
<td>Stay with patient Assist Rapid Response Team as needed</td>
</tr>
<tr>
<td><strong>Unusual or Unidentified Odor</strong></td>
<td>To report an unusual or unidentified odor ppt believed to be an imminent health or safety hazard</td>
<td>1. Call Center, ext. 2-4444 2. Isolate the area, if possible</td>
<td>Assist Environmental Health and Safety upon their arrival</td>
</tr>
</tbody>
</table>

### Failure of: Who to Contact: Response

<table>
<thead>
<tr>
<th>Failure of:</th>
<th>Who to Contact:</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Electrical Power</strong></td>
<td>Call Center, ext. 2-4444</td>
<td>Ensure life support systems are connected to emergency power (red outlets); Ventilate patients manually as necessary; Complete medical procedures in progress ASAP. Use flashlights! Open emergency power boxes located on clinical units to obtain batteries, lamps, flashlights and extension cords; Contact Facilities Maintenance for additional supplies as needed</td>
</tr>
<tr>
<td><strong>Hospital Paging system (Pagers)</strong></td>
<td>Telecommunications, ext. 2-3758</td>
<td>Request operators use overhead public address system</td>
</tr>
<tr>
<td><strong>Medical Gasses (Oxygen, Compressed Air, etc.)</strong></td>
<td>Call Center, ext. 2-4444 Respiratory Care, ext. 4-1601</td>
<td>Manually ventilate patients and transfer patients if necessary; use portable oxygen Call Respiratory Care, ext. 4-1801 for additional portable cylinders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Failure of:</th>
<th>Who to Contact:</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Vacuum (Suction)</strong></td>
<td>Call Center, ext. 2-4444 Respiratory Care, ext. 4-1601</td>
<td>If portable suction machines are required; call Receiving and Distribution at ext. 2-3248 and request “Suction Machine, Portable Gomco” (catalog # 13200)</td>
</tr>
<tr>
<td><strong>Negative Pressure System</strong></td>
<td>Call Center, ext. 2-4444 Unit / Department Manager Off-hours, Nursing Supervisor</td>
<td>• Mask patients who require airborne precautions (surgical mask) • Staff continue to wear N-95 respirator to care for patient • Door to room remains closed • Minimize people / trips in room • Visitors to negative pressure rooms not permitted • Post sign on door found on Infection Prevention and Control Intranet page • See algorithm posted on Infection Prevention and Control Intranet page • Relocate patient to another negative pressure room only as directed by supervisor</td>
</tr>
<tr>
<td><strong>Nurse Call System</strong></td>
<td>Call Center, ext. 2-4444</td>
<td>Use bedside patient phone if available, move patients, use bells, designate employees to check patients</td>
</tr>
<tr>
<td><strong>Patient Care Equipment</strong></td>
<td>Clinical Engineering, ext. 2-3228 Off-hours, ext. 2-3111 to page Clinical Engineering</td>
<td>Remove from service and tag defective equipment Obtain replacement equipment</td>
</tr>
<tr>
<td><strong>Telephones</strong></td>
<td>Telecommunications, ext. 2-3758</td>
<td>Use overhead paging, pay phones, cellular phones, zone phones, red emergency phones, Internet phones, 2-way radios, hand deliver messages as needed</td>
</tr>
<tr>
<td><strong>Utilities (Non-Electrical)</strong></td>
<td>Call Center, ext. 2-4444</td>
<td>Provide description and location of utility failure</td>
</tr>
</tbody>
</table>

For additional information during an incident, call ext. 2-8888, check for Messenger E-mails, and AMC Intranet home page.
Communication

Patient Identification
To improve the accuracy of patient identification, use at least two patient identifiers when providing care, treatment and services.

Wrong-patient errors can occur in virtually all stages of diagnosis and treatment. We must use at least two patient identifiers to identify patients. We must use two identifiers when administering medications, blood, or blood components; collecting blood samples and other specimens for clinical testing; and providing treatments or procedures. The patient’s room number or physical location is not used as an identifier. Label containers used for blood and other specimens in the presence of the patient.

1. Ask for name and date of birth.
2. Compare with ID band or medical record number.
3. Involve the patient’s family if nonresponsive.
4. Label specimens and containers in the presence of the patient.

Critical Values

- The lab calls the unit with a critical lab value or test result.
- The employee who answers the phone records the following information on the Critical Value Sticker:
  - Date and time the call was received
  - Patient name and MR number.
  - Lab or test result
  - Date and time of the test
- The employee reads back the information given, verifying the patient’s name, MR number and the critical value.
- The lab records the name of the individual who received the test result.
- The employee gives the Critical Value Sticker to the nurse in charge of the patient as soon as possible and records the RN’s name on the Critical Value Sticker.
- The RN then communicate the result to the provider within 60 minutes and documents the intervention.
The goal of Standardized Hand-Off is to provide correct information about a patient’s care, treatment and service, current condition and any recent or likely changes.

1. A standardized process improves the value of communication among caregivers.
2. Effective communication, which is timely, correct, complete, clear, and understood by the recipient, reduces error and results in improved patient safety.
3. Ineffective communication is the most frequent cited category of contributing factors for root cause analysis and sentinel events.
4. Joint Commission Standard requires a process addressing the need for continuing care, treatment and services after discharge or transfer. For example:
   a. Medical Service to Medical Service
   b. Anesthesia to PACU nurse report
   c. Nurse to diagnostic/therapeutic services, Nurse to-Nurse report

The Albany Medical Center Standardized Hand-Off communication must:
1. Be interactive.
2. Include an opportunity to ask and respond to questions between the giver and receiver of patient information.
3. Include up-to-date information regarding the patient’s care, treatment, services, condition, and any recent or likely changes.
4. Minimize breaks to decrease the possibility that information would fail to be given or would be forgotten.
5. Include a process for verification of received information, including repeat-back or read-back as appropriate.
6. Include an opportunity to review important patient historical data that may include previous care, treatment and services.
7. Include the patient and/or family.

SBAR (Situation, Background, Assessment, Recommendation) should be applied to verbal and written communication among health care providers. The Standardized Handoff Tool is available under Patient Care Standards / Resources on the intranet. This tool provides cues for needed patient information at Hand-Off.

It is expected that ALL Albany Medical Center staff:
1. Incorporate the Standardized Hand-Off into daily practice.
2. Be able to speak to identified Standardized Hand-Off.

TRIP SLIP
The Trip Slip is a SBAR written tool to be used when a patient temporarily transfers off the unit with a non-clinician. Situations in which this form may be used include, but are not limited to: when a patient goes to attend rehabilitation (PT, OT, etc.), radiology, or other laboratory, procedure, or clinic appointments. This tool is NOT intended to replace any existing forms of communication (i.e. verbal, written, or face to face) that is already used by individual departments. The trip slip describes patient status such as precautions needed, code status, presence of restraints, and communication concerns.

See the Standardized Hand-Off Tools that include: Standardized Hand-Off Tool, Initial Assessment Guidelines and Workflow Guidelines under Patient Care Standards on the Intranet.
The Chain of Command (Policy 1.856.04) assists in the communication of critical clinical information to the responsible licensed independent practitioners (MD, NP, PA, CNM), nursing and other licensed health care practitioners as appropriate.

Critical clinical information is defined as clinical data showing a major change in the patient’s condition or risk of adverse outcome including but not limited to: vital signs, level of consciousness, laboratory or radiologic findings.

The algorithm below describes the Chain of Command Procedure for Hospital and the Practice Clinical problems. The staff member, who identifies a patient care problem, escalates who is called with critical clinical information within set time frames up the chain of command from junior medical staff, unit/department based experts and/or management, to senior medical staff, attending physicians and the medical director or chair as needed.

<table>
<thead>
<tr>
<th>HOSPITAL CHAIN OF COMMAND</th>
<th>PRACTICE CHAIN OF COMMAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify Patient Care Problem staff cannot resolve</td>
<td>Identify Patient Care Problem staff cannot resolve</td>
</tr>
<tr>
<td>(THE WAIT SHOULD NOT BE MORE THAN 15 MINUTES)</td>
<td>(THE WAIT SHOULD NOT BE MORE THAN 15 MINUTES)</td>
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<tr>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>Call to one of the appropriate:</td>
<td>Call to one of the appropriate:</td>
</tr>
<tr>
<td>NM, ANM, Charge Nurse, Supervisor</td>
<td>RN, PROVIDER</td>
</tr>
<tr>
<td>Clinical Support, STAT Nurse</td>
<td>↓</td>
</tr>
<tr>
<td>Sr. House Staff</td>
<td>Problem Not Resolved</td>
</tr>
<tr>
<td>↓</td>
<td>(THE WAIT SHOULD NOT BE MORE THAN 10 MINUTES)</td>
</tr>
<tr>
<td>Problem Not Resolved</td>
<td>↓</td>
</tr>
<tr>
<td>(THE WAIT SHOULD NOT BE MORE THAN 10 MINUTES)</td>
<td>Division Head</td>
</tr>
<tr>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>Attending Physician, Associate Nursing Director</td>
<td>Problem Not Resolved</td>
</tr>
<tr>
<td>Patient Care Director</td>
<td>(THE WAIT SHOULD NOT BE MORE THAN 5 MINUTES)</td>
</tr>
<tr>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>Problem Not Resolved</td>
<td>Chairman</td>
</tr>
<tr>
<td>(THE WAIT SHOULD NOT BE MORE THAN 5 MINUTES)</td>
<td>↓</td>
</tr>
<tr>
<td>↓</td>
<td>Problem Not Resolved</td>
</tr>
<tr>
<td>Division Head, Service Chief</td>
<td>(THE WAIT SHOULD NOT BE MORE THAN 5 MINUTES)</td>
</tr>
<tr>
<td>(THE WAIT SHOULD NOT BE MORE THAN 5 MINUTES)</td>
<td>↓</td>
</tr>
<tr>
<td>↓</td>
<td>Chairman</td>
</tr>
<tr>
<td>Medical Director</td>
<td>Operating Committee, Faculty Practice</td>
</tr>
</tbody>
</table>

All Albany Med staff are expected to continue up the chain of command until the critical clinical information has been communicated to the responsible independent credentialed practitioner and action has been taken to ensure safe patient care.
Key Points

- Double check that the Medication Reconciliation processes have been completed in Soarian® Clinicals when a patient is admitted into or discharged from the hospital.
- Double check that the Transfer Level of Care (TLOC) process has been completed in Soarian® Clinicals when an inpatient is moving between levels of care or changing service within the hospital.
- Double check that the appropriate Medication Reconciliation processes have been completed when a patient is in an outpatient service area – this is usually done on paper.
- Take action to resolve questions if a patient says that they are not receiving the same medications that were taken prior to admission.
- Involve Case Management before discharge if the patient or family is unable to administer medications.

What is medication reconciliation?

A comprehensive home medication list is obtained when a patient is admitted. The preferred method for this process is via Soarian® Clinicals. The medication list is recorded in Soarian® on the Charting tab under Home Medications. It is important to list all medication the patient takes at home in this section. The prescriber then reconciles each home medication by either adding these medications to planned orders or putting any home medications not ordered on hold. The computerized list of Home Medications is again compared and reconciled when a patient is discharged, so the patient and family are sure of the current correct list of meds. The Admission Medication Reconciliation Order (paper form) is to be used for collection of this information during downtime and entered into Soarian® Clinicals as soon as possible.

Transfer Level of Care (TLOC) is a Soarian® process utilized to systematically review a patient’s medication and non-medication orders. This process should ideally be completed by the receiving provider when patients are moving between levels of care or changing service within the hospital. This is done to document review of medications and reassign the ordering provider. For current guidance on AMC approved TLOC processes, providers should visit the Clinical Systems Resource Center on the intranet.

Discharge Medication Reconciliation involves the prescriber and the nurse as follows:

1. The prescriber will access the Discharge Reconciliation section in Soarian® and from the Current and Home Medication list selects those medications that the patient should continue after discharge. Any home medications which were stopped or held during hospitalization should be reviewed as well and either ordered or discontinued.
2. The nurse will ensure that the prescriber has completed the discharge med rec, print the discharge medication list, indicate when the next dose is due and sign the bottom. A copy should be given to the patient.
3. Provide information regarding medication actions, common adverse effects, and how to monitor medication effects. A patient medication information sheet or instruction sheet for discharge is available on the AMC Intranet (Lexicomp®) that may be provided to the patient.
   - For patients being discharged from an outpatient or extended stay AMC area and the only change is a prescription of short term medications to be used after discharge, the information provided may include only those short term medications.
4. Include drug-food and drug-drug interaction information in medication education when appropriate.
5. Assure the patient is competent to self-administer medications, or that the family member or individual involved in medication administration is competent to administer medications. If issues with manage-
Albany Medical Center

ment of medications after discharge are identified, refer to case manager.
6. Inform patient or family of importance of managing medication related information. Remind him or her to:
   • Keep the list of medications which was provided after discharge from the hospital or clinic.
   • Update this list of medications when changes, discontinuations and additions are made.
   • Ensure that the medication list includes any allergies he/she has and any over-the-counter medications, vitamins, nutritional supplements, herbal medicines and alternative medications he or she takes.
• Carry the list of medications at all times in case of emergency
• Provide the list of medications to his or her primary care provider as well as other care providers.

Rapid Response Team

The Rapid Response Team provides a mechanism for anyone to request additional assistance when they have a concern about a patient’s condition. Family-Initiated Rapid Response allows anyone to call a Rapid Response for both adult and pediatric patients. Families receive a flyer in the admission packet describing the Rapid Response Team. There are posters on the units that explain the Rapid Response Team.

One criteria for calling a Rapid Response is if someone is concerned or worried about the patient. Call Rapid Response by dialing “0” for hospital operator and ask for Rapid Response to be called to the patient room. Expect the operator to ask who is calling and to verify location and age of patient. A Respiratory Therapist and a STAT RN come to evaluate the patient and help to resolve the concern.

Rapid Response
A Safety Initiative for Patients & Their Families

At Albany Med, we work as a team to make sure our patients receive the best possible care. You’re an important part of our team.

If a noticeable change occurs in a patient’s condition, please alert the nurse immediately. If you feel the patient needs additional attention, call our Rapid Response team. Our critical care team will arrive to assist your nurse.

No one knows your loved one like you do. If you are worried, don’t wait.
DIAL ZERO FROM ANY HOSPITAL PHONE AND ASK FOR THE RAPID RESPONSE TEAM

Albany Medical Center
Albany Medical Center has a Left Ventricular Assist Device (LVAD) Program for patients with severe heart failure. The HeartMate II LVAD is a pump that is placed into the patient’s heart to help move blood out to other parts of their body. It may be permanent or temporary until he/she can get a heart transplant, and it allows for the patient to walk and go home with it. LVAD patients may be seen in the hospital as either inpatients or outpatients. They are dependent on a continuous supply of power either plugged into the wall via a power module or from batteries they carry, as pictured below, so it is important not to keep LVAD Patients waiting.

Safety considerations are:

- Do not unplug their equipment while they are attached to it.
- Do not give them chest compressions.
- Do not get the equipment wet.
- Do not disconnect power cables.

Only staff or family members that have specialized training may handle LVAD patient equipment.

Resources for Assistance:
- CPS/D2N nursing unit: Trained nurses always available. Call 262-4580 and ask for the charge nurse.
- VAD Coordinator: Call 262-2317 and ask to speak with the VAD coordinator.
Many medical devices have alarm systems. These include bedside monitors such as ECG (electrocardiogram) machines, pulse oximetry devices, blood pressure monitors, bedside telemetry, infusion pumps, and ventilators. These alarm-equipped devices are essential to providing safe care to patients in many health care settings.

Clinicians depend on these devices for information they need to deliver appropriate care and to guide treatment decisions. However, these devices present a multitude of challenges and opportunities for health care organizations when their alarms create similar sounds, their default settings are not changed, and there is a failure to respond to their alarm signals.

The number of alarm signals per patient per day can reach several hundred depending on the unit within the hospital. The majority of alarm signals do not require clinical intervention such as when default settings are not adjusted for the individual patient or for the patient population, ECG electrodes have dried out, or sensors are not positioned properly.

As a result, clinicians become desensitized or immune to the sounds and are overwhelmed by information – in short, they suffer from alarm fatigue. In response to this constant barrage of noise, staff may turn down the volume of the alarm, turn it off, or adjust the alarm settings outside the limits that are safe and appropriate for the patient – all of which can have serious, often fatal, consequences.

If YOU hear a patient’s IV pump alarming, NOTIFY nursing personnel. If the pump is alarming, the patient may NOT be getting the intended IV or medication.

Some key strategies used to reduce alarm fatigue at Albany Medical Center include:

**Educational resources for staff:**
Module: Mechanical Ventilator Alarm and Alarm Management
Clinical Education Update: Alarm Fatigue
Purpose: To inform health care workers at Albany Medical Center about new recommendations regarding alarm fatigue and The Joint Commission’s standards and expectations.

**Interdisciplinary Alarm Safety Committee:**
Albany Medical Center has a multidisciplinary Alarm Fatigue Committee that reviews trends and patterns in alarm related events.

**Clinical Engineering:**
Guidelines for high alarm settings on alarm-equipped medical devices in high-risk areas tailored for patient population and clinical situation.
Fall Prevention

ALL patients, even young healthy patients, are at risk of falling when they are in a new environment. Some patients receive many medications that may make them dizzy or weak. Patients may be confused by new routines, staff and equipment. Patient falls can lead to injury, increased length of stay and death. Detailed Fall-Prevention Strategies are found in Patient Care Standards on the Albany Med Intranet. Some examples include:

Morse Fall Risk Assessment Scale
Cummings Pediatric Fall Assessment Scale
Fall Prevention Protocol
Children’s Hospital Pediatric Fall Prevention Scale

Some key strategies used to reduce the occurrence of falls:

1. Include fall-reduction strategies into your daily practice such as, but not limited to, bed in low position and locked, use of a landing strip, and/or use of bed, chair, toilet alarms as indicated.
2. Keep call bell and belongings within reach.
3. Always perform bedside patient report and hourly rounds to observe and offer help (nursing staff). During rounds, ask the patient “Do you need to use the restroom, I can help you now?” for example.
4. Observe the patient for signs that may show a risk for falling.
   a. Confusion, disorientation, change in mental status.
   b. Need for the use of assistive ambulatory device such as walker or cane.
   c. Red socks-indicating a high fall risk score on AMC’s screening tool.
   d. Medical equipment e.g., IV pole, chest tube, indwelling urinary catheter, or oxygen.
5. Clear clutter and obstacles. Keep lights on as needed to light up walk ways.
6. Stay with the high fall risk patient who is using the bathroom.
7. Communicate bed alarm status and fall risk during all handoff, for example to staff on next shift or to person transporting patient to an off-unit location.
8. Encourage family members to stay with or assist patients when appropriate.

Educate the patient and family regarding the risk for falls and strategies to prevent them. Involve the family in the fall prevention plan!

It is up to us to identify the risk for patient falls, to communicate the risk for patient falls and to use strategies to reduce the risk of patient falls.
The Use of Restraints in Patient Care

Albany Medical Center’s Restraint Standards ensure observance to the Patient Bill of Rights and provides written guidelines for the use of restraints if they become necessary to keep the patient or others safe. All caregivers protect individual patient rights and apply measures to promote the emotional well-being and physical safety of all patients, staff and visitors.

The use of restraints in patient care is prescribed by Hospital Policy (see Hospital Policy on the Intranet) and in the Restraint for Violent, Self-Destructive Management Protocol and the Restraint for Non-Violent/Non Self-Destructive Management Protocol. (See Patient Care Standards on the Intranet). There are corresponding prescriber order sheets and flow sheets for both protocols. In addition there are RN and Prescriber documents to complete for episodes in which the Violent Restraints Protocol is implemented.

A physical restraint is any manual method, physical or mechanical device that restricts a person’s freedom of movement, physical activity or normal access to his or her body and which the patient cannot easily remove. A physical hold for administration of parenteral psychotropic medication is also considered a restraint. A chemical restraint is a drug or medication when used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition. Chemical restraints are not used at Albany Medical Center.

Restraint may be used only when other means to protect the patient have failed. Restraints are used for the following reasons:

- Violent/Self-Destructive (Emergent- Imminent danger must be present).
- To protect the patient from harming self or others.
- Non-Violent/Non Self-Destructive
- The patient is confused and unable to comply with the medical treatment and is actively pulling at artificial airway, lines or tubes, or the patient is unable or not allowed to ambulate, but actively attempts to get out of bed or the chair.

Key Points in Restraint Use/Violent

1. **IMMENENT DANGER** must be present. If the patient calms before or during the restraint episode, restraints should not be applied. Verbal aggressiveness is not considered imminent danger.
2. Less restrictive alternatives to restraint must have been tried and have failed before restraints are applied.
3. One episode of restraint is counted from the time the patient is put into a restraint until improvement in the patient’s original indication for restraint or the time limited order has expired. Violent (Emergent) Restraints for adults or greater than 18 years old, a new order is required every 4 hours; for patients 9-17 years old, a new order is required every 2 hours; and for children 9 years or younger, a new order is required every one hour. Each episode of restraint requires a face to face evaluation by the independent licensed practitioner. An evaluation must occur within one hour of restraint application episode. If this does not occur, the patient must be released from the restraints, or documentation of why the licensed practitioner was not able to evaluate in that time frame must occur. Restraints shall not be continued in anticipation of any future violent behavior. If the patient has met release criteria and is maintaining reasonable behavior, they are to be released from the restraints.
4. 4 or 5 points restrained constitutes a violent restraint. The number of points restrained (not the material used to restrain a patient) determines the type of restraint:
5. Timely release from restraints is the goal. If release criteria have been met, the patient must be released even if there is time remaining on the order. If the patient is released from behavioral restraints for any reason other than care, a new order and documentation sheet is required.
Albany Medical Center

6. The documentation of the events leading to the application of the restraint and ongoing assessment and evaluation of the patient are outlined in the Restraint Protocols.

Key Points in Restraint Use/Non-Violent
1. The patient must exhibit actual behavior before restraints may be applied. “At risk” for removing tubes or lines is not an acceptable reason to use restraints. Restraints shall not be continued in anticipation of any future unsafe behavior.
2. One episode of restraint is counted from the time the patient is put into a restraint until improvement in the patient’s original indication for restraint or the time limited order has expired. Use must be re-evaluated and re-ordered every 24 hours.
3. 2 or 3 points restrained constitutes a non-violent restraint. The number of points restrained (not the material used to restrain a patient) determines the type of restraint.
See point 5 and point 6 above.

Pain

Albany Medical Center is committed to the patient’s right to optimal pain management. The registered nurse is responsible for the coordination and evaluation of the overall effectiveness of the pain management plan. Personal, cultural, spiritual and or ethnic beliefs related to pain will be considered in the plan of care as appropriate.

Pain must be assessed, reassessed and managed in order to provide patient centered care. Health care providers at Albany Medical Center collaborate with patients and families in pain assessment and management strategies and to establish pain related goals that allow maximum patient function.

Albany Medical Center incorporates both pharmacological and nonpharmacological strategies to manage pain. Through an interdisciplinary approach, members of the patient care team work together in the pain management plan. Examples include:

- The Physical Therapist communicates the patient needs pain mediation before scheduled physical therapy.
- A nurse assesses pain, then reassesses for the effectiveness of intervention and collaborates with the provider for a more effective pain management plan if needed.
- The transporter tells the RN the patient seemed uncomfortable when transferring to stretcher.
- All care providers communicate patient pain status and pain management plan at transfer of care. (hand off)

What are the structures that support our pain management activities?

- The Joint Commission mandate to strengthen pain assessment, reassessment, management and patient education.
- Patient Bill of Rights: “Patients who are in pain have the right to have that pain identified and treated.”
- Quality Process Initiative to improve the documentation of the effectiveness of pain intervention, patient satisfaction and outcome evaluation.
- Chain of Command structure to ensure prompt response to patient clinical problems.
- HCAHPS analyses used to make the changes needed to improve patients’ perceptions of pain management.
- Patient Care Standards (Intranet) and Professional Practice Standards.

As employees of Albany Medical Center, we must work together to strive for excellence and include patients and families in their pain management plan with mutual goals of pain relief or pain reduction. All care providers are responsible to identify when a patient is in pain and intervene to help.
There is a severe decline in physical and mental function during the six to twelve months that lead up to death for 80-90% of people. Palliative Medicine follows patients at the beginning of a life threatening illness along with the primary medical team as an additional layer of support for symptom management and keeping the patients goals, thoughts and concerns as what guides treatment. Sometimes Palliative Medicine can follow patients for years. The focus of patient care during this time is to maintain the best quality of life for the patient and to address patients’ physical, psychosocial, spiritual and emotional needs. The goals of palliative medicine include the patient and family. The aim is to prevent or relieve suffering regardless of the stage of disease or aggressiveness of the treatment or therapy.

Communication
Patient satisfaction and emotional well being are directly linked to good communication with the team. The team must learn to listen, calm fears, and prepare the patient for what lies ahead by explaining the likely course of the disease process. Personal preferences should be considered for individual patients regarding a range of topics related to their care. What is important for them? Cultural and spiritual values may say how choices are made. Do not assume that the patient will start conversations about expectations, goals and death. Contact the palliative care team for assistance.

Physical Care—Common Symptoms
Medical and nursing interventions are designed to manage symptoms and to assist the patient and family in dealing with death and the dying process. Palliative medicine is also provided when ongoing, aggressive, sometimes very difficult therapies are used.

- **Pain management and comfort measures need to be provided for patients following the Palliative Medicine Plan of Care.** There are common difficulties in pain management. Many patients fear addiction, unpleasant side effects and worry about being regarded as a “bad patient” for asking for relief.
- **Shortness of breath:** Treatments may include provider prescribed oxygen, drugs and non-pharmaceutical measures like the use of fans. They may reduce anxiety and help conserve the patient’s energy.
- **Constipation, anorexia, nausea, vomiting and diarrhea:** Prevention is best. Some of these symptoms are the result of the underlying disease, while others are the side effects of medications. A regular bowel regime and pharmaceuticals can help. Nutrition consults and palliative medicine work closely to try to get the patient more comfortable.
- **Fatigue and weakness:** Ensure enough pain relief, conservation of energy, use of assistive devices such as walkers, and encourage a normal sleep cycle with “permission” for naps.

Psychological, social and spiritual challenges
Anger, denial, bargaining, depression and acceptance all represent different responses to impending loss. Feelings of weakness, sadness, guilt, isolation and anxiety all contribute to existential suffering. Pastoral care team members can be particularly helpful in supporting these patients. For many patients, there is an increased need for spiritual resolution at the end of life. Spirituality and prayer can help patients work through the search for meaning in their lives.

Conclusion
Patients come from a variety of “families”. The team needs to assess who provides support, with whom information can be shared, and who should be involved in decision making. Advance directives should be decided when appropriate, particularly designation of a health care agent or proxy.

All caregivers should be knowledgeable and attentive to the needs of dying patients. We need to learn how to ask the right questions and to be able to tap the most helpful resources. Care giving covers an entire lifespan including the final months.
Prevention of Suicide

Suicide is one of the five serious Sentinel Events most frequently reported to The Joint Commission. Nearly 25% of the reported cases occurred in non-psychiatric settings. While psychiatric settings are designed to be safe for suicidal individuals and have staff with specialized training, the same is not true for medical/surgical units and emergency departments. Therefore, we need to pay greater attention to the risk of suicide for patients in the ED and on medical/surgical units.

**Risk Factors for Suicide Common across Health Care Settings**

1. Previous suicide attempt (including recent attempt)
2. Family history of suicide
3. Recent painful loss (real or imaginary)
4. Chronic or intense acute pain
5. TBI, delirium, dementia, psychosis with delusions/paranoia
6. Poor prognosis or fatal diagnosis
7. Hopelessness
8. Social isolation / poor social supports
9. Substance abuse, intoxication or withdrawal

**Warning Signs of increased desperation and IMMINENT Risk**

1. Irritability, increased anxiety/panic, agitation, crying spells
2. Decreased emotional reactivity. Diminished ability to engage: No eye contact; not responsive to questions, refuses to talk to staff/family
3. Suicidal thoughts with plan
4. Command auditory hallucinations of a destructive nature Hearing voices that tell them to do harm to themselves
5. Refusing visitors/declining medications/requesting early discharge
6. Giving away personal items

At Albany Med, nurses screen for suicide risk in the Emergency Department, on admission to a unit, and during daily psycho-social assessments. Any suicide attempt, gesture or plan with intent is a **PSYCHIATRIC EMERGENCY**.

**Priority Actions:**

1. Provide constant 1:1 observation of the patient (by an RN, PCA or Activity Companion).
2. Street clothes including shoes, should be removed from the room. Ensure the patient remains in hospital garb.
3. Ensure the safety of the environment. (Exceptions exist for patients under the custody of the Department of Corrections - see protocol):
   - Remove items such as metal beverage cans, glass containers/objects, silverware (request plastic set-up from kitchen but remove plastic knife), plastic bags, sharp objects, all medications, and any medical equipment which may have been left behind during a medical procedure.
   - Search belongings of patient, as well as packages or gifts brought to patient by visitors - remove any potentially unsafe objects.
4. Notify the resident or attending physician, who will obtain a psychiatric consult.

**Constant Observation:**

1. Keep patient visible and within close proximity at all times, including when toileting, bathing, or meeting with health care providers (exception: wait at the door when patient is with resident or attending psychiatrist and return to room when they are leaving).
2. Document on the flow sheet every 15 minutes, indicating patient’s behavior.
Albany Medical Center is committed to providing excellent service to patients, students, staff and all others who use, work in, or visit our facilities. We recognize and value the contributions and potential of our employees, medical staff and volunteers in creating and maintaining a positive, supportive and friendly environment. We will seek and be sensitive to the advice of our constituents.

After completing the service section you will be able to:
- Describe when the rapid response team would be notified.
- Describe the different types of ways we keep our staff, patients, students and all who visit our facilities safe.

## Electrical Safety Basics

Electrical shock occurs when the person becomes part of an electrical path and electricity flows through the body. Anyone touching the victim becomes part of the path and is also shocked.

Be alert for electrical danger. Do not overload paths or use extension cords.

Report all electrical problems to the Call Center at ext. 2-4444.

Follow manufacturer's care and use instructions with all electrical equipment.

### In Case of Electrical Shock:

1. Do not touch the victim during shock.
2. Turn off the power or pull the plug to the machine, tool or appliance.
3. Call 911.
4. Provide emergency care if properly trained (i.e., CPR).
Albany Medical Center’s Fire Safety Plan

Code Red

A Code Red is started by activating a pull station, calling 911, and stating Code Red when there is:

1. Visible smoke or fire.
2. Strong or persistent burning smell.
3. A burning odor becoming more intense.

Note: Burning odors can be caused by various sources including but not limited to: exhaust fumes, fluorescent light fixtures, heating system start up or cooking food. These do not constitute a Code Red. In these instances, the odor should be reported to the Call Center at ext. 2-4444 for investigation.

During a Code Red:

1. Corridor fire and smoke doors close in the zone of the alarm.
2. Strobe lights flash in the building where the fire was detected.
3. There is a follow up announcement on the overhead page system of the Code Red along with the fire’s location - building and floor.
4. There is no way to know for sure if a Code Red is a fire, drill, or false alarm so it is imperative that you practice and learn your assignment.
5. No one is exempt from participating in a fire drill.
6. Know where the following are in your work area:
   a. Location of the nearest pull station.
   b. Location of all the exits on that particular floor.
   c. Location of all the fire extinguishers.
   d. Area to which you should move in the event of a department evacuation.
7. Activate the alarm system and call 911 before attempting to put out even the smallest fire.
Fire Facts
1. Fire is:
   - **Fast** – Within 30 seconds a simple flame can be completely out of control, and in 2 minutes a room fire can become life threatening.
   - **Hot** – The heat can be more life threatening than the flames because it will sear your lungs, and fuse clothing to your skin.
   - **Dark** – Fire is not bright. In reality it can be pitch black because of the smoke rolling down from the ceiling.

2. Fire uses up oxygen and produces super heated poisonous gases that kill. Breathing small amounts of gases will make you confused and drowsy, and you can pass out and die within minutes.

3. Smoke and gases follow the path of least resistance. They first fill the upper sections of a room and band downwards as their volume increases.

Albany Medical Center Smoking Policy
Indoor smoking is expressly prohibited by the New York State Clean Indoor Air Act of 2003. Albany Medical Center is in the business of health care delivery, health promotion, and disease prevention. It is within Albany Medical Center’s business interest to prohibit the use of tobacco products (cigarettes (including all types of electronic cigarettes), cigars, chewing tobacco and pipe smoking) on Center grounds and off-sites owned or leased by Albany Medical Center. This Policy and Procedure details the general prohibition against the use of tobacco products in and around Albany Medical Center property.

**As of October 31, 2013**, smoking within fifteen (15) feet of an exit or entrance to a hospital is **prohibited under state law**. Fines of up to $2,000 may be faced for violation of this law.

Consistent with this law and to insure patients, visitors and Albany Medical Center workforce are not subjected to second hand smoke and to display a public image consistent with Albany Medical Center’s mission, the prohibited use of tobacco products is extended beyond Albany Medical Center property for the Albany Medical Center workforce (definition below). The Albany Medical Center workforce is further prohibited from use of tobacco products on public walkways and sidewalks adjacent to public entrances to Albany Medical Center property, as well as driveways and parking areas and parking garages in and around Albany Medical Center property.
People and Fire

Fact: People cause most hospital fires, not objects or equipment!

Employee Role in Fire Prevention:

1. Know and comply with the Albany Medical Center Smoking Policy. Albany Medical Center is a non-smoking facility. For information on how to quit smoking, call Inpatient Tobacco Cessation at ext. 2-3560.
   
   Employees are responsible to:
   a. Direct patients, visitors and coworkers not to smoke on Albany Med premises.

2. Always keep hallways and doorways clear of clutter.

3. Report fire hazards, such as unlit exit lights and tampered smoke detectors, to Facility Maintenance at ext. 2-4444.

4. Do not block O₂ shut off valves with equipment.

5. Follow guidelines for cooking equipment safety:
   a. Place safety stickers on the casing around the window or on the top of the microwave.
   b. Monitor cooking equipment whenever in use.
   c. Heat food only in containers or dishes that are safe for the microwave use. Do not heat paper cups
   d. Never use aluminum foil or metal objects in a microwave oven.

6. Portable comfort heaters are prohibited at all Albany Medical Center locations. Any exceptions must be granted by the Director of Facility Maintenance.

Smoke or Fire = RACE

In the event that you see smoke or fire or hear a Code Red Announcement you are to practice R.A.C.E.:

**Rescue** patients or others from the immediate danger area.

**Alarm** must be activated by pulling the nearest pull station and calling 911, state “Code Red”.

**Contain** the fire by closing all doors and windows. Keep the fire and smoke doors shut.

**Extinguish** the fire if it is small and you have been properly trained to fight it with the proper fire extinguisher.
Three Classes of Fire

Class A
Ordinary combustibles such as wood, cloth, paper and plastics

Class B
Flammable liquids such as gasoline, oil, greases and lacquer

Class C
Energized electrical equipment including wiring, fuse boxes, machinery, computers and appliances

Fire Extinguisher Instructions: To operate a fire extinguisher remember the acronym PASS.

- Pull the pin
- Aim the nozzle
- Squeeze the handle
- Sweep the base of the fire

Fire Extinguisher Safety Tips

1. Know the location and type of extinguishers and appropriate use before attempting to extinguish a fire.

2. Remember that each fire extinguisher is not able to extinguish every class of fire. A Class C fire can be extinguished using an ABC or BC fire extinguisher but not with a Class A fire extinguisher.

3. Class A fire extinguishers contain pressurized air and water. Using a Class A fire extinguisher on a live wire (Class C) could cause an electrocution.
Non-Hospital Buildings
In a major incident such as a disaster or a fire, people in non-hospital buildings such as college and business locations MUST EVACUATE THE SPACE IMMEDIATELY, follow their department evacuation plan, then report to their designated meeting area or area of refuge. Never use the elevators during an evacuation.

Hospital Buildings
The decision to evacuate a patient care area is made by the Fire Marshall or the Fire Department unless imminent danger is present.

1. The hospital buildings are divided into fire and smoke compartments which allow staff to continue to care for patients in compartments not affected by the fire.
   a. Compartments next to the affected area should close all doors and windows, determine the number of people in the area, and wait for further instructions.

2. Fire doors and smoke doors help define the boundaries of each compartment. All employees are responsible to know the location of all smoke and fire doors located in their area.
   a. Fire doors are identified by a “Fire Door” label located in the upper corner of the door.
   b. Smoke doors are identified by a “Smoke Door” label in the upper corner of the door.

Procedures to properly evacuate patients:

1. Evacuate first horizontally by moving patients, visitors, and personnel away from an emergency to an area on the same floor beyond the first set of fire or smoke doors that is able to support the same care level.
2. If necessary, evacuate vertically, (the upward or downward movement of patients, visitors, and employees from an emergency condition). Downward movement is always preferred in a vertical evacuation, if considered safe.
3. Follow your department Evacuation Plan.

Clinical Evacuation Priorities:

For large-scale evacuations of multiple units, Incident Command will coordinate with units and evacuation teams to establish evacuation priorities
Evacusleds are devices used to quickly evacuate patients, particularly bed-bound, non-ambulatory patients. They are installed on many in-patient beds throughout Albany Medical Center. Clinical staff are trained in their use.

Instruction sheets are available on the Albany Medical Center Intranet, on the Emergency (Disaster) Management page. In the event of an evacuation that requires use of the Evacusleds, evacuation teams will be sent to review the use of the Evacusled and coordinate the evacuation process.

Evacuation Drills
There are drills or other chances to meet this requirement at the unit or department level.

Hazard Communications

Albany Medical Center’s Hazard Communications Policy adheres to the Hazard Communication Standard (HCS), an Occupational Safety & Health Administration (OSHA) standard. In 2011, OSHA revised this standard to adopt the Globally Harmonized System (GHS) for organizing and labeling chemicals. AMC has started transitioning in 2013. GHS compliance will be fully implemented in 2016; will affect the labels and information received with each hazardous material. The major changes you will notice are:

- Labels will contain pictographs
- Standardized format: SDS sheet contains the same 16 sections
- Safety Data Sheets (SDS) will contain hazard information. No longer MSDS.

The Hazard Communication Standard covers:
1. Chemicals in all physical forms, whether they are contained or not, such as: liquids, solids, gases, vapors, fumes and mists.
2. Physical hazards associated with chemicals such as flammability.
3. Health hazards associated with chemicals such as irritation or lung damage.

Your Rights
Employees and Students need and have the right to know:
1. The hazards and identities of chemicals they work with, or could be exposed to, while at Albany Medical Center.
2. Every employee has the right to know which chemicals are in their workplace and how to avoid an injury.
3. Personal protective equipment is available to prevent negative effects from occurring. Know and use the appropriate personal protective equipment before handling a chemical.

Your Responsibility
1. Know where to find the Safety Data Sheets (SDS): online or the binder in your area.
2. Know how to read Safety Data Sheets (SDS).
Chemical Labels (Read the Label First)

1. Labels are quick reference guides that contain the following information for the chemical that you use:
   - name and address of the manufacturer, identity of the material (common or trade name), hazard warnings (pictograms), hazard statements and signal words.

2. ALWAYS read the label prior to using a chemical.

3. Do not remove or ruin labels.

4. All containers must be labeled with the contents. If the material is hazardous (i.e. methanol), then appropriate warning statements must be listed. Use of the AMC Hazardous Chemical label is encouraged. Blank labels can be obtained from the Dept. of EH&S.

<table>
<thead>
<tr>
<th>Health Hazard</th>
<th>Flame</th>
<th>Exclamation Mark</th>
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<tbody>
<tr>
<td>✦ Carcinogen (Poison)</td>
<td>✦ Flammables</td>
<td>✦ Irritant (skin and eye)</td>
</tr>
<tr>
<td>✦ Mutagenicity</td>
<td>✦ Pyrophorics</td>
<td>✦ Skin Sensitizer</td>
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<tr>
<td>✦ Reproductive Toxicity</td>
<td>✦ Self-Heating</td>
<td>✦ Acute Toxicity</td>
</tr>
<tr>
<td>✦ Respiratory Sensitizer</td>
<td>✦ Emits Flammable Gas</td>
<td>✦ Narcotic Effects</td>
</tr>
<tr>
<td>✦ Target Organ Toxicity</td>
<td>✦ Self-Reactives</td>
<td>✦ Respiratory Tract</td>
</tr>
<tr>
<td>✦ Aspiration Toxicity</td>
<td>✦ Organic Peroxides</td>
<td>✦ Irritant</td>
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<tr>
<td>✦ Hazardous to Ozone Layer (Non-Mandatory)</td>
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<thead>
<tr>
<th>Gas Cylinder</th>
<th>Corrosion</th>
<th>Exploding Bomb</th>
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<tr>
<td>✦ Gases Under Pressure</td>
<td>✦ Skin Corrosion/Burns</td>
<td>✦ Explosives</td>
</tr>
<tr>
<td>✦ Oxidizers</td>
<td>✦ Eye Damage</td>
<td>✦ Self-Reactives</td>
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<td></td>
<td>✦ Corrosive to Metals</td>
<td>✦ Organic Peroxides</td>
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<tr>
<th>Flame Over Circle</th>
<th>Environment (Non-Mandatory)</th>
<th>Skull and Crossbones</th>
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</thead>
<tbody>
<tr>
<td>✦ Oxidizers</td>
<td>✦ Aquatic Toxicity</td>
<td>✦ Acute Toxicity (fatal or toxic)</td>
</tr>
</tbody>
</table>
Safety Data Sheets (SDS)

1. Provides specific information on hazards, storage, use and disposal of a hazardous material.
2. Must be available for all chemicals that you work with.
3. There is a specific format for an SDS. Every sheet contains the same 16 sections.
4. The most commonly used sections of the SDS are the first four sections:
   - Identification of chemical products which contains the company or manufacturer identification and the Chemical Abstract Service number, a seven-digit number assigned to that chemical (functions like a social security number).
   - Composition Overview/Ingredients.
   - Hazard Identification Information.
   - First Aid Information (e.g., wash off for 15 minutes with water).
5. SDS should always be readily accessible to employees and students on all shifts.
6. SDS can be found via a web link for MSDS Online on the Clinical and Academic webpages or in a binder on each unit, department or lab area. SDS for office supplies can be found on C1 and A1.

Environmental Health and Safety Policies (available on the EH&S webpage).

Department of Environmental Health and Safety can be reached by phone, ext. 2-8700, option 3, or by e-mail at EH&S@mail.amc.edu or Intranet webpage.
In any incident of contact or spill of a hazardous material you must:

1. Isolate spill to your level of ability and training.
2. Call 911, Report injuries and provide location and name of material spilled
3. If contact with chemical has occurred, start decontamination in nearest safe location (i.e. remove clothing, use emergency shower)
4. If needed, seek medical attention at Albany Medical Center Emergency Department or Employee Health

Additional Responses (if able):
1. Notify Supervisor
2. Obtain SDS
3. Stand-by to advise Hazardous Materials Response Team

Maintaining clear separation of clean and dirty equipment and supplies is a key component of preventing infection. Clean areas are clearly designated for the storage of medications and unused supplies and equipment. Items that could be potentially contaminated may not be stored with clean or sterile supplies or in a designated clean storage room. These items may include personal items (i.e. backpacks, pocketbooks, coats) or contaminated patient care supplies. Do not handle or store medications or clean supplies in the same area where used equipment or laboratory samples are handled.

Appropriate Storage of Clean Supplies and Equipment
1. Clean and sterile supplies must be stored in a manner to prevent contamination. Maintain physical separation of at least 3 feet between clean and dirty equipment/supplies.
2. Bins used to store items should be clean upon inspection.
3. Do not preset or leave sterile supplies or instruments on counter tops.
4. Ensure sterile items are not expired.

Storage Near Sinks
1. Supplies are never to be stored underneath sinks.
2. Items should be stored away from sinks, or there should be a splash guard to prevent splash contamination.
3. Avoid placing clean or unused items on counter tops near a sink.

Supplies are Stored on Shelves and Not on Floors
1. Supplies must be stored at least 6 inches from the floor
2. Supplies are removed from shipping cartons or cardboard boxes before storage to prevent contamination with soil or debris
What Everyone Needs to Know about Infection Prevention and Control

1. Define standard safety measures.
2. List the circumstances for which staff should not report to work.
3. Describe methods to reduce the spread of seasonal and H1N1 influenza.
4. Describe measures to prevent the spread of disease during construction.
5. Identify infection control resources.

Standard Precautions

1. Designed to reduce the spread of organisms from patient to patient, patient to employee and employee to patient.
2. Used with every patient every time!
3. Use personal protective equipment for contact with moist body substances (except sweat and tears) and rashes.
4. Perform proper hand hygiene.

**Hand Hygiene** includes use of antiseptic hand cleanser or washing hands with soap and water. If hands are not visibly soiled, perform hand hygiene with hospital-approved antiseptic hand cleanser or by using soap and water.

**Hand Hygiene** must be performed:
1. Before and after contact with patients.
2. **Before putting on and after taking off personal protective equipment (including gloves).**
3. Between tasks on the same patient to prevent cross-contamination.
4. Before clean or sterile procedures.
5. Before and after contact with pet therapy dogs.
6. After handling dirty or contaminated articles.
Albany Medical Center

Because antiseptic hand cleansers are not effective in all situations, soap and water must be used to complete hand hygiene:
1. When hands are visibly soiled or dirty.
2. Before eating or after using the restroom.
3. After caring for a patient with C. difficile.
4. After possible or actual contact to Bacillus anthracis (anthrax).

Respiratory Hygiene/Cough Manners
Persons with respiratory symptoms should:
1. Cover mouth and nose when sneezing or coughing.
2. Use tissues and throw them out.
3. Perform hand hygiene after contact with respiratory secretions.

Personal Protective Equipment (PPE) provides a wall between you and infectious material. PPE is available in all departments that need it.
1. Remember to perform hand hygiene before and after PPE.
2. Wear gloves when touching any body fluids, mucous membranes, non-intact skin or rashes.
3. Wear a mask and eye protection or face shield when doing a procedure or an activity that is likely to make splashes or sprays. Eye glasses are not enough for PPE since there is not a side shield.
4. Wear a fluid resistant gown if healthcare worker’s clothing is likely to get soiled.
5. Remove PPE immediately after finishing a task to avoid the moving of germs to other patients and environment.
Refer to Infection Control and Preventions Policy “Standard Precautions and Personal Protective Equipment”, #8, for instructions on proper removal of PPE.
What Clinical Staff Need to Know About Influenza

What is Influenza (also called the flu)?
Influenza is an acute febrile respiratory illness. It can cause mild to severe illness, and at times can lead to death. The flu is different from a cold. The flu usually comes on suddenly. Every year in the U.S. 5% to 20% of the population gets the flu. Influenza kills an average of 36,000 Americans every year and 250,000 around the world. Approximately 115,000 Americans are hospitalized for the flu each year.

Cold vs. Flu
1. Flu is worse than common cold.
2. Symptoms are more intense in flu (fever, body aches, tiredness, and dry cough).
3. Colds are more likely to have runny or stuffy nose.
4. Colds don’t often result in serious health problems (pneumonia, bacterial infections, or hospitalizations).

Common Flu Symptoms
· Fever or feeling feverish/chills
· Cough
· Sore throat
· Runny or stuffy nose
· Muscle or body aches
· Headaches
· Fatigue (tiredness) or weakness
· Some people may have vomiting and diarrhea, though this is more common in children than adults.

Spread of Seasonal Influenza
1. Droplet spread.
   A. From a person’s cough or sneeze.
   B. Person touches respiratory droplets on any other person or object and then touches their own mouth or nose.
2. Incubation period for seasonal influenza is 1-7 days (average 2 days).
All infected persons are infectious from the day before symptoms begin until 5-7 days after the onset of symptoms.

What can I do to Prevent the Flu From Spreading?
1. Protect patients from getting the flu by getting the flu shot. The single best way to prevent the flu is to get a flu vaccination each year.
2. Flu season months vary from year to year and it's not possible to accurately predict when activity will occur. Some years, late November and December flu activity peaks and other years it has been as late as March or April. Since it takes 2 weeks for protective antibodies to develop after the immunization, staff should get it early between late August and November. Vaccine is still beneficial after this time but if the flu season is early, you may not be protected until 2 weeks post vaccine.
3. Stay home when ill (fever of 100°F with cough and/or sore throat).
4. Cover your mouth when coughing or sneezing both at home and at work and follow proper respiratory etiquette.
5. Clean your hands frequently both at home and at work.
6. Avoid touching your eyes, nose or mouth.
7. Get plenty of rest and drink plenty of liquids.

The best way to prevent flu is to be vaccinated!
· The flu vaccine cannot give you the flu.
· Side effects from the flu shot are mild and short lived, if any.
· The most common side effects are a sore arm and occasional low fever or body aches.
Contact Employee Health Service at ext. 2-3871 for vaccine. Do it today!
Barrier precautions are in place at construction/renovation sites to prevent the spread of dust particles and disease causing fungi. *Aspergillus* is a fungi that exists in nature and is commonly found in soil and vegetative material. Construction activities release *aspergillus* spores into the air in significant numbers. Release of *aspergillus* spores can lead to:

- Allergic reactions in a variety of people
- Serious, invasive disease in our immunocompromised patients

These spores are microscopic and will move with air currents and can disperse over long distances.

Projects involving construction in patient care areas at AMC have an Infection Control Risk Assessment done before the project starts. The *Infection Control Risk Assessment Checklist*, ICRA, should be clearly posted at the site for your reference. The ICRA lists all the barriers required for the construction project.

**HEPA filtration and negative pressure units** are sometimes required. These units can be loud but they help prevent air from moving outside of the construction area into patient care areas, so it is vital that they are kept on during construction activities.

Patients should be kept away from construction sites as much as possible.

Dust barriers (plastic or sheet rock) are used to contain dust. They must enclose the entire construction area. Barriers extend from the floor to the ceiling and have an adequate seal to prevent dust from escaping.

If you identify dusty conditions outside of construction containment, doors to construction area open or containment barrier (plastic, sheet rock) falling down, torn/ripped or holes, please notify your manager or supervisor.

### Infection Control Resources

1. Infection Control Manual online or ask your supervisor.
2. Call Epidemiology, ext. 2-3578.
3. For emergencies, page the Infection Control Person on call.
4. If you would like a copy of the OSHA blood borne pathogen standard, please call Epidemiology.
1. Define Transmission Based Precautions.
2. Identify infectious materials for transmission of blood-borne pathogens.
3. Describe infection prevention practices for central line-associated bloodstream infections (CLABIs), ventilator-associated pneumonia (VAPs), surgical site infections (SSIs) and catheter-associated urinary tract infections (CAUTIs).
4. Identify infectious materials for transmission of blood-borne pathogens.
5. Describe safe injection practices

These precautions are intended to prevent transmission of multidrug resistant (MDR) organisms or specific infectious diseases (i.e. scabies, C. difficile). A sign will be posted on the patient’s door frame and a sticker on the front cover of the chart to indicate the type of precautions to be taken when having contact with the patient, their equipment or the environment. Patients on precautions should have dedicated equipment in the room (for example blood pressure cuff). When this is not possible, items should be thoroughly disinfected with a hospital approved disinfectant (e.g., CaviWipes) after use and before using the item on another patient. Types of transmission based precautions include Contact, Special Contact, Droplet, Pediatric Droplet/Contact, Enhanced Droplet and Airborne. Refer to policy 8a for the appropriate precautions for organisms and infections.

**Multidrug Resistant (MDR) Organisms and C. difficile**

Why are these organisms important? Susceptibility.

MDR organisms: Most organisms are considered sensitive and can be easily treated with antibiotics. Antibiotics can become less effective in treating bacteria. Since treatment options are limited, these MDR organisms are more likely to require longer, more expensive treatment and are related with more severe disease and death. Many MDR organisms can survive for weeks or months in the environment. Since they are more difficult to get rid of and are environmentally stable, they are more likely to cause outbreaks. Types of resistant organisms seen at AMC include:

1. **MRSA** (Methicillin resistant Staphylococcus aureus) - *Staphylococcus aureus* with resistance to methicillin or oxacillin. Vancomycin is typically the antibiotic of choice for treating MRSA infections.
2. **VISA** (Vancomycin Intermediate Staphylococcus aureus) - *Staphylococcus aureus* with resistance to methicillin and reduced susceptibility weakness to vancomycin.
3. **VRSA** (Vancomycin Resistant Staphylococcus aureus) - *Staphylococcus aureus* with resistance to methicillin and vancomycin.
4. **VRE** (Vancomycin resistant Enterococcus) - *Enterococcus* species with resistance to vancomycin.
5. **ESBLs** (Extended spectrum beta-lactamase producers) - Gram negative rods (e.g., *Enterobacter cloacae, Klebsiella pneumoniae*) that produce extended spectrum beta lactamases or enzymes that decrease the activity of broad spectrum cephalosporins.
Albany Medical Center

6. **MDR** Gram Negative Rods - Per the AMC definition they are resistant to all but one class of antibiotics, excluding the aminoglycosides, tigecycline, minocycline, doxycycline, and polymixin B. This category includes MDR Acinetobacter sp.

7. **CREs** (Carbapenem Resistant Enterobacteriaceae) – formerly referred to as KPCs; Gram negative rods that produce carbapenemases (including KPC, NDM, VIM, IMP). Carbapenemases show resistance to the carbapenem antibiotics (e.g. imipenem, meropenem, ertapenem). The primary carbapenemase identified in the US is KPC although other types have been identified worldwide. Commonly seen organisms in this group include *Klebsiella* sp., *Enterobacter* sp. and *Citrobacter* sp. There are varying definitions of carbapenem resistance. The above definition is what has been adopted by Albany Medical Center.

**C. difficile:** Is a highly spreadable infection that can be easily spread through contact by direct and indirect routes. *C. difficile* can last for long periods of time in the environment and some strains are now showing resistance to the antibiotics commonly used to treat the infections. There is also a strain of *C. difficile* that has been linked to the community. It often produces significantly more toxin and is different than the one typically seen in the hospital.

**Equipment and Environment**

In many cases it has been shown that the patient’s equipment and their immediate environment are important factors in the spreading of multidrug resistant organisms and *C. difficile*.

**What can you do to help prevent the spread of MDR and C. difficile organisms?**

Always follow requirements for Contact and Special Contact Precautions including wearing gloves and gown when indicated.

Perform hand hygiene before putting on and after removing gown and gloves. Use soap and water for hand hygiene in an environment with *C. difficile*. The waterless hand sanitizer should not be used after caring for patients with *C. difficile*.

Set aside equipment or clean with a Cavi-wipe before using on another patient. In an environment with *C. difficile* use bleach wipes for disinfection of equipment.

Get and review the multi-drug resistant organism and/or the *C. difficile* fact sheets with the patient and their family. Fact Sheets are located on the intranet on the Infection Control and Prevention website (Tools and Resources, Fact Sheets for patients) and also located under Patient Care Standards, Patient Instruction Sheet.

**What are we doing at Albany Medical Center to reduce MDR organisms?**

Albany Med has implemented various screening programs to identify colonized patients (those who may not show symptoms of having infection, but can infect others) more rapidly and allow for earlier implementation of precautions to prevent further spreading of the organism. Whenever possible, we place patients on precautions in a private room or group them with patients with like organisms.
Safety Precautions

Reduce Your Exposure
1. Wear Personal Protective Equipment (PPE) when indicated.
2. Use safety devices appropriately.
3. Never recap used needles using a two-handed technique.
4. Use care in handling and disposal of sharps.

Sharps Disposal
1. Place used disposable sharps such as needles or broken glass in puncture resistant sharps containers.
2. Sharps containers should never be more than 3/4 full. Do not place sharps in an overfilled container. Call ext. 2-4444 for replacement.
3. Never put your hands into a sharps container.

Employee Exposures

Communicable disease exposures also need to be reported and evaluated. These include: Rubella, Measles, Varicella, Pertussis, invasive meningococcal disease (meningococcal pneumonia, meningococcal meningitis or meningococcemia), diphtheria, mumps, TB and scabies,

For more information please refer to the Infection Control Policy Manual, Policy #57, Work Restrictions, and Reporting for Symptoms and Exposures located on the intranet
# When You Must Stop Working or Need to be Evaluated Before Reporting to Work

<table>
<thead>
<tr>
<th>Symptom(s)</th>
<th>Work Restriction/Evaluation Requirement</th>
<th>Requires Clearance for Return to Work by Employee Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever &gt; 100 ° F alone with no other symptoms.</td>
<td>Cannot work until resolved.</td>
<td>No</td>
</tr>
<tr>
<td>Fever with sore throat or exudate</td>
<td>Cannot work until cause is determined to be non-infectious or if infectious, they are no longer communicable.</td>
<td>No if diagnosed with Group A Strep health care worker may return to work after 24hrs of antibiotic therapy.</td>
</tr>
<tr>
<td>Fever with neck swelling (mumps)</td>
<td>Cannot work until cause is determined to be non-infectious or if infectious, they are no longer communicable.</td>
<td>Yes if diagnosed with mumps</td>
</tr>
<tr>
<td>Cough and/or sputum production (new/unexplained) lasting 7 days or greater</td>
<td>Cannot work until cause is determined to be non-infectious or if infectious, they are no longer communicable.</td>
<td>Yes if diagnosed with Tuberculosis or other high risk respiratory pathogen (HRRP) *</td>
</tr>
<tr>
<td>Rashes of infectious or unknown etiology (new/unexplained)</td>
<td>Cannot work until rash determined to be non-infectious or if infectious, adequately treated.</td>
<td>Yes</td>
</tr>
<tr>
<td>Draining skin lesions or wounds</td>
<td>Draining skin lesions or wounds need to be evaluated by Employee Health Services. Cannot work until cause is determined to be non-infectious or if infectious, they are no longer communicable</td>
<td>Yes. Refer to individual infection control occupational health/communicable disease policies if diagnosed with S. aureus, Group A streptococcus, scabies, varicella or herpes simplex.</td>
</tr>
<tr>
<td>Jaundice</td>
<td>Cannot work until cause is determined to be non-infectious or if infectious, they are no longer communicable.</td>
<td>Yes</td>
</tr>
<tr>
<td>Red eyes with watery or purulent discharge (e.g., pink eye or bacterial conjunctivitis.)</td>
<td>Cannot work until symptoms resolve.</td>
<td>Yes</td>
</tr>
<tr>
<td>Flu like symptoms (e.g., fever, sore throat, cough, muscle aches)</td>
<td>The employee cannot work until 24 hours after they no longer have a fever, without the use of fever reducing medications and clinical improvement of respiratory symptoms. A PCR test can be done to facilitate diagnosis. If employee is PCR negative and afebrile they can come back to work.</td>
<td>No</td>
</tr>
<tr>
<td>Nausea, vomiting, diarrhea (new/unexplained)</td>
<td>Cannot work until resolved.</td>
<td>Yes if diagnosed with bacterial or parasitic pathogen (e.g., salmonella, giardia, shigella) or Hepatitis A.</td>
</tr>
</tbody>
</table>
Prevention of Central Line-Associated Bloodstream Infections (CLABIs)

An estimated 250,000 healthcare-associated bloodstream infections occur each year in the US with an associated cost of $25,000 per episode.

By definition, a central line is a vascular device that ends at or close to the heart or in one of the great vessels of the heart.

CLABIs can be caused by infectious organisms on the hands of health care workers, the patient’s skin, or contamination at time of insertion or hub colonization.

Risk factors for CLABIs can include extended hospitalization, extended time of catheterization, heavy skin colonization at the insertion site or at the catheter hub. Catheter insertion in the femoral vein or jugular vein are associated with an increased risk of infection; subclavian lines should be used whenever possible.

Common symptoms of CLABIs can include tenderness, erythema and/or exudate at the insertion site, fever, chills, hypotension and shock.

CLABI rates in intensive care units are one type of infection that is publicly reported by the NY State Department of Health (DOH). As of January 2010, all areas if the hospital (both ICU and non-ICU care) are required to comply with The Joint Commission National Patient Safety Goals related to preventing central-line associated bloodstream infections.

At Albany Medical Center, we strive to prevent central line associated bloodstream infections. We have implemented a central line insertion bundle. The central line bundle is a group of evidence-based interventions for patients with intravascular central catheters that, when implemented together, result in better outcomes than when implemented individually. The central line bundle includes five key components: hand hygiene, maximal barrier precautions during central line insertion (includes a cap, mask, sterile gown and sterile gloves), chlorhexidine skin antisepsis, optimal catheter site selection (subclavian is the preferred site), and daily review of central line necessity with prompt removal of unnecessary lines. Literature has shown that ICUs across the country who have implemented multifaceted interventions similar to the central line bundle have nearly eliminated CLABIs.

YOU can help make a major impact on reducing the rates of CLABIs. Advocate and protect your patient from developing a CLABI. Perform a “hard stop” if hand hygiene is not performed, maximal barriers are not worn or if proper skin antisepsis is not used. Follow proper techniques during line maintenance. Follow the Vascular Access Device (VAD) Management Protocol (Central Venous Line/CVL).

Key components of the VAD management protocol include:

Maintenance of VAD
1. Scrub the hub for 30 seconds (alcohol is used every time the line is accessed).
2. Tubing end is covered with a cap.
3. All connections are luer lock connectors.

Dressing Change
1. Sterile technique is used with dressing changes, and includes anyone within 3 feet of the patient wearing a mask.
2. Vascular Access Device (VAD) kit and CHG impregnated dressing (Biopatch) are used for dressing changes.
3. Catheter hub is secured under dressing.
4. Transparent dressing is free from soiling and is not loose.
Pneumonia is the second most common nosocomial infection overall (second to Urinary Tract Infections) and the most common infection in intensive care units. Pneumonia is associated with significant attributable morbidity and mortality and a considerable increase in costs of care.

At Albany Medical Center, we strive to prevent ventilator assisted pneumonia. You can help make a significant impact on the reduction of VAPs by:

1. Following standard precautions and perform hand hygiene before and after respiratory procedures (i.e., intubation, extubation, suctioning, and medication administration) and after removing gloves.

2. Following the VAP bundle and the nursing protocol: Ventilator Bundle Protocol for the Adult Patient for vented patients.

3. The VAP bundle includes:
   a. Elevate the head of the bed to between 30 and 45 degrees unless contraindicated (spine precautions, physiologic instability, and procedures);
   b. Assess patient’s eligibility for daily sedative interruption and perform if indicated;
   c. Assess readiness to extubate daily. Collaborate with the physician to wean patient from ventilator when medically indicated. Follow nursing protocol: Ventilator Weaning Extubation Protocol for Adult Patients;
   d. Assess oral cavity every 8 hours;
   e. Administer peptic ulcer disease (PUD) prophylaxis;
   f. Administer deep venous thrombosis (DVT) prophylaxis unless contraindicated;

Process respiratory equipment as per the Infection Control policy (items that come in contact with the patient’s airway require high-level disinfection or sterilization).

Use sterile water for rinsing respiratory equipment and for filling humidifier reservoir.

Respiratory Therapy will disinfect all touch surfaces (e.g., ventilator) daily with the hospital approved disinfectant.

Periodically drain breathing-tube condensate, taking care not to spill it down the patient’s trachea.

Postoperatively, instruct the patient to ambulate, turn, cough, and deep breath (using incentive spirometry).

Use aseptic technique for respiratory procedures (i.e., intubation, suctioning, tracheostomy care).

For more information refer to Infection Control Policy “Recommendations for Prevention of Nosocomial Pneumonia” on the Albany Medical Center intranet.
An estimated 290,000 surgical site infections occur every year in the United States and are estimated to cost between $11,874 and $34,670 per infection.

Surgical site infections (SSIs) are infections that occur at the surgical site within 30 days of the operation or within 1 year of the operation if a foreign body (i.e. a prosthetic joint, mesh, screw) is implanted as part of the surgery.

Signs and symptoms of a surgical site infection can include redness and pain at the incision, spontaneous dehiscence of the incision, drainage of purulent or cloudy fluid from the incision, or fever.

Risk factors for surgical site infections can include obesity, diabetes, prolonged preoperative hospital stay, shaving at the site of the incision, not receiving appropriate antibiotic prophylaxis, characteristics of the OR environment, and inappropriate post-operative incision site care.

Surgical site infections following coronary-artery bypass surgery, colon surgery, and hip replacement surgery are publicly reported by the New York State Department of Health.

At Albany Medical Center we strive to prevent surgical site infections. You can help make a major impact on reducing the rates of SSIs by:

1. Ensuring that all patients receive antibiotics within one hour prior to the incision. Patients receiving Vancomycin as surgical prophylaxis should receive the antibiotic within 2 hours prior to the incision.
2. The operative site should not be shaved prior to surgery. If hair must be removed at the operative site, it must be removed with clippers.
3. Hand hygiene must be done prior to performing any dressing change.
4. When performing dressing changes do not contaminate dressings or instruments that may have direct contact with the wound.
5. Explain appropriate wound care to the patient or caregiver at the time of discharge. This should include:
   a. Hand hygiene before and after caring for the wound.
   b. Principles of asepsis when changing the dressing.
   c. Who the patient should contact with questions or problems once they get home.
   d. Symptoms of infection and when to contact their physician.
Prevention of Catheter Associated Urinary Tract Infections (CAUTI)

Urinary tract infections (UTIs) are the most common nosocomial infections in acute care hospitals. The cost of a UTI has been estimated between $680-$2000 per episode. Although the cost is relatively low when compared with bloodstream infections and pneumonia, they do pose a risk for secondary bacteremia. Due to increased usage of antibiotics for treatment, UTIs can also present a breeding ground for antibiotic resistant organisms.

The urinary tract above the distal urethra is normally free of bacteria. Micturition permits nearly complete cyclic emptying of the bladder, thereby eliminating small numbers of bacteria that may be introduced. An indwelling urinary catheter breaches this normal defense mechanism. The catheter also provides a portal of entry, or a direct route for bacteria to enter the bladder.

Signs/symptoms of a catheter associated urinary tract infection can include fever, suprapubic tenderness, flank pain or tenderness, dysuria, pyuria, urgency, frequency, as well as urinalysis positive for nitrite and/or esterase.

Risk Factors:
- Presence of an indwelling catheter is the greatest risk factor. The risk increases with the time of use.
- Females are at greater risk secondary to increased risk for extraluminal contamination - organisms present in the perineal area go up to the bladder via the catheter.
- Host factors include advancing age, severity of underlying illness, and chronic diseases such as diabetes.

Albany Medical Center began house-wide CAUTI surveillance on July 1, 2010. We strive to prevent catheter associated UTIs. You can help make a significant impact on reducing the rates of catheter related urinary tract infections by adhering to the following:

Place an indwelling catheter only when necessary, not for incontinence. The following are considered indications for catheter placement:
1. Perioperative use for selected surgical procedures.
   a. Patients undergoing urologic surgery or other surgery on continuous structures of the genitourinary tract.
   b. Anticipated prolonged time of surgery (catheters inserted for this reason should be removed in PACU).
   c. Patients anticipated to receive large-volume infusions or diuretics during surgery.
   d. Need for intraoperative monitoring of urinary output.
2. Urine output monitoring for critically ill patients.
4. Assistance in healing of open sacral or perineal wounds (including pressure ulcers) in incontinent patients.
5. Management of patients that require prolonged immobilization.

Remember:
- Perform hand hygiene before and after placing or manipulating the urinary catheter.
- Insert catheter using aseptic technique and sterile equipment. Secure catheter to the leg with a device to prevent kinking and excessive movement.
- Collect urine specimens by aseptically aspirating urine from the sample port.
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- Maintain closed sterile drainage and unobstructed urine flow.
- Keep the bag and tubing off the floor at all times.
- Maintain the collection bag below the level of the bladder to prevent intraluminal contamination.
- Cleanse the urethral meatus with soap and water and rinse every day and PRN (i.e., after a bowel movement in a bedridden patient).
- Avoid using powders or sprays on the perineal area.
- Use a collection container dedicated to the patient for the collection of urine only to prevent cross contamination.
- Use an alcohol swab to cleanse the hub when accessing the system.
- Work with physician for discontinuing the catheter when no longer medically indicated.

**Daily assessment for the need of an indwelling catheter should occur.** Indwelling catheters that are not necessary should be removed.

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### Blood and Other Potentially-Infectious Materials (OPIM)

1. Blood or any other body fluid that has visible blood.
2. Also includes saliva in dental procedures, semen, CSF, pleural, amniotic, pericardial or vaginal fluids, unfixed human organs or tissues.
3. Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV), infected cells, tissues, animals, or their blood or organs, culture media or solutions are also considered potentially infectious material.

#### Blood-borne Pathogens

1. Disease producing microbes that are present in human blood or OPIM, and can infect and cause disease in humans who are exposed.
2. Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV) are the most significant for healthcare workers.

#### HIV

1. HIV is a virus that attacks the immune system. Symptoms of early infection are often “flu-like.”
2. Persons infected with HIV may develop AIDS and become very susceptible to other infections.
3. Risk of transmission is 0.3%, after a sharps injury and 0.09% after a mucous membrane exposure.

#### Hepatitis B and C

1. HBV and HCV affect the liver.
2. Symptoms include loss of appetite, malaise, nausea/vomiting, abdominal pain, and jaundice, as well as elevation of liver enzymes.
3. Hepatitis B pre-exposure vaccine is free to employees who are at risk for a blood-borne pathogen exposure (contact Employee Health Services). The risk of infection after sharps injury can be as high as 30%.
4. For Hepatitis C no pre-exposure vaccine or post-exposure treatment is available.
5. Hepatitis C may be acute or chronic (85% of positive people are chronic) and the risk of transmission after a sharps injury is 1.8%.
Blood-Borne Pathogen Exposure

What is an Exposure?
1. Contact with blood or other potentially infectious material (OPIM) by eyes, mouth, other mucus membrane or non-intact skin.
2. Sharps injury (needle stick).
4. Reuse of syringes/needles.

What to do if you are Exposed:
1. IMMEDIATELY cleanse the area.
2. Inform your supervisor.
3. Fill out an employee Occurrence Report.
4. Report IMMEDIATELY to Employee Health (or to the Emergency Department during off-hours).

Albany Medical Center follow up after an exposure:
1. Tests you for HIV, HBV, & HCV at the time of exposure, and afterward.
2. Tests source patient for HepB, HepC and HIV with consent. If consent is not obtained, anonymous testing of the source patient may be ordered, with the result, but not the source patient’s identity, provided to the exposed person’s practitioner.
3. Provides you with post-exposure treatment if indicated.

Please refer to the Infection Control Policy “Blood-Borne Pathogen Exposure and Post Exposure Management” for specific information regarding post exposure testing and prophylaxis.

Safe Injection Practices

One Needle. One Syringe. One Patient. One Time
A safe injection does not harm the patient, does not expose the healthcare worker to any avoidable risks, and does not result in dangerous waste (e.g., through inappropriate disposal of sharps).

- Utilize aseptic technique and use sterile, single-use, disposable needles and syringes for each injection and discard in an appropriate sharps container after use.
- Medications shall not be administered from a single syringe to multiple patients, even if the needle or cannula is changed. Needles, cannulae and syringes should never be re-used to access medication or solution which may be used for a subsequent patient.
- Medications or infusates should be drawn at the time of use.
- “Pre-drawing” injectable medication is prohibited outside of the Pharmacy.
- Injectable medications should be used within an hour of being drawn.
- Whenever possible use single-dose vials for parenteral medications. Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
- Any vial type should be disposed of if sterility is compromised or questionable.
- Bags or bottles of intravenous solutions are ALWAYS single use.
- Multi-dose vials should be dedicated to a single patient whenever possible.
- Multi-dose vials do not protect against contamination when safe injection practices are not adhered to.
- If a multi-dose vial must be used aseptic technique must be emphasized. The vial stopper must be disinfected with an alcohol wipe prior to access.
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- Spikes in the bottle should not be used.
- If multi-dose vials must be used for more than one patient, they should not be kept or accessed in the immediate patient treatment area.
- If a multi-dose vial enters the immediate patient treatment area, it should be dedicated to that patient only and discarded after use.
- Multi-dose vials should be stored in accordance with the manufacturer’s recommendations and discarded if sterility is compromised or questionable.
- If a multi-dose vial has been opened or accessed (e.g., needle punctured) the vial should be dated and discarded within 28 days unless the manufacturer specifies an earlier expiration date for the opened vial.
  The beyond-use-date should never exceed the manufacturer’s expiration date.

Safety Precautions

Reduce Your Exposure

1. Wear PPE when indicated.
2. Use safety devices appropriately.
3. Never recap used needles using a two-handed technique.
4. Use care in handling and disposal of sharps.
Storage Issues

**Red line storage:** Storage in areas with fire-suppressant sprinklers must NOT block the sprinkler spray area. This no storage area is indicated by a red stripe painted on the walls of these storage areas, 18 inches from the ceiling. Nothing may be stored within 18 inches of the ceiling.

**Compressed Gas Cylinder Handling and Storage:**
Patients are often transported using portable oxygen cylinders. These cylinders are potentially dangerous as they can become a projectile if improperly handled.

**ALWAYS REMEMBER:**

1. All compressed gas cylinders are secured. Only 12 cylinders can be stored on a patient unit in one smoke compartment at any time.
2. All cylinders should be treated as if full.
3. Never drop cylinders or permit them to strike each other violently.
4. Always use the correct connection to a compressed gas cylinder. Do not use adapter.
5. Cylinders not in permanent racks must be securely fastened in a cart or freestanding rack prior to disconnecting or connecting a regulator.
6. Compressed gases such as oxygen and nitrous oxide shall be separated from combustible or incompatible materials.
7. Cylinders must be identified and labeled “Full” or “Empty”.
8. After use and/or transport, clean with an appropriate disinfectant, then return cylinders to cylinder stands.
9. If gas cylinders are no longer needed, immediately call Albany Medical Center’s Customer Service Center at ext. 2-3247.

Flammable liquids are stored in a flammable storage cabinet (must meet NFPA 99), approved by Department of Environmental Health and Safety.

**General Storage Issues:** Clutter can cause injuries and block evacuation routes. Keep aisles and passageways clear of equipment and or beds.
1. The Security Department is staffed 24 hours, 7 days per week and can be reached by calling ext. 2-3777.

2. There are approximately 9,000 employees at Albany Medical Center as well as students, patients and visitors.

3. Always take proper precautions to protect yourself, and be aware, alert and assertive.
   a. Secure your valuables.
   b. Report suspicious people and/or activities to Security at ext. 2-3777.
   c. Request a Security escort when leaving your area during off-hours, especially when dark.
   d. Be aware of potentially dangerous areas.
   e. Be an informed employee.
      · Learn who belongs and does not belong in your area.
      · Be familiar with the locations of exits and windows in your area.

4. Know the location of and learn how to use Emergency Communication Devices.
   · Whistles, available at Security, to alert staff and community of trouble.
   · Emergency Blue Light Telephones located throughout the AMC campus.
   · Emergency Telephones in Parking Garages.
   · Security Emergency Response Alarms (Panic Buttons). Some samples of Security Emergency Response Alarms are pictured below.

Always report the following incidents immediately to Security:

1. All lost, found or stolen items.
2. Any occurrence of workplace violence.
3. Visitor injuries.
4. Any criminal act or security breach.
5. Any suspicious person(s) or activity.
Security Issues

Bomb Threat
1. Always take threats seriously.
2. Follow the instructions on the Bomb Threat Card.
3. Call Security at ext. 2-3777.
4. Departments can obtain bomb threat card from the Security Department.

Workplace Violence Incident
1. Albany Medical Center has Zero Tolerance for violence in the workplace.
2. Call Security ext. 2-3777 (not a Code 10) if confronted with a potentially violent situation.
3. Never attempt to physically restrain or remove a threatening or violent individual yourself.

Suspicious Mail or Packages

1. Do not open any mail that looks suspicious (i.e. oily stains, no return address, misspelled common words, no postage or non-cancelled postage, etc.).
2. If you encounter suspicious mail, leave it and evacuate the room or area and keep others from entering. Immediately call Security at ext. 2-3777.
3. If you do open mail or a package that contains suspicious material:
   a. Do not panic.
   b. Call Security immediately at ext. 2-3777.
   c. Contain the exposure (close doors and windows).
   d. Leave the room or area, but remain close by to keep from spreading any material to others.
   e. Do not allow anyone else in the room.
   f. Do not try to clean up any of the suspicious material.
   g. Do not touch your eyes, nose or any other part of your body.
   h. If possible wash your hands thoroughly with soap and water.

Abandoned Packages
If you find an abandoned package (i.e. purse, backpack, etc.) call Security at ext. 2-3777 immediately. Do not touch it, and keep others away from the item.
1. All employees, volunteers, students, and agency staff must wear their ID Badge at all times while on duty.
2. ID Badges enhance our ability to prevent crime and protect ourselves.
3. If your ID Badge is lost or stolen, report it to Security immediately.
4. Use the Albany Medical Center Identification Badge Replacement form (form 8.046) to request ID Badges.
5. Repeated failure to wear ID Badges may be grounds for corrective action and may put an employee’s job in danger.
6. All contractors are required to wear ID Badges. The badges are white with a colored stripe on the side, and the color of the stripe changes each year.
   a. All contractors must be provided with the Albany Medical Center “Conduct and Safety Guidelines” brochure prior to starting work.
   b. All contractors are responsible to know and follow the content of the “Conduct and Safety Guidelines” brochure.
7. Departments are responsible for obtaining visitor passes from Security for all short-term visitors.
8. Various entrances and locations throughout the hospital have been secured by card readers.
   a. During the hours when the doors are secured, authorized employees can gain access by swiping their ID Badge through the card reader.
   b. Anyone who uses an entrance with a card reader and does not have access should contact Security at ext. 2-3777 or email the Director of Security Services.
   c. Do not prop doors open.
   d. Do not open secured doors for unauthorized individuals.

Safety Note
1. All deliveries not made through Receiving and Distribution must be made to one of the main lobbies.
2. The department receiving the delivery is responsible to meet the vendor in the lobby to ensure that the vendor is supervised.
Appropriate use of Albany Medical Center computing devices
Albany Medical Center workforce members are responsible for their use of Albany Medical Center computing devices. Albany Medical Center computing devices should only be used for Albany Medical Center business.

Albany Medical Center computing devices should not be used for conducting personal business. Do not install personal software or programs downloaded from the internet on Albany Medical Center computing devices; such programs may contain malicious malware, which can shutdown entire networks.

Your password is the key to your personal information
Memorize your password; never write down your password. Although posting a password on your computer monitor may seem convenient, it is an easy way for an unauthorized person to gain access to your logon credentials. You must change your password every 90 days.

Phishing is an attempt to acquire sensitive information such as usernames, passwords, credit card details, and banking information, by masquerading as a trustworthy entity in an electronic communication. Albany Medical Center Information Services personnel will never ask you for your password. Never share your password with anyone under any circumstances.

Use a “strong” password
Select passwords that are not obvious for someone to guess. Passwords should be at least eight characters long and include three out of four of the following character classes: upper and lower case letters; numbers; or symbols (e.g. !, @, #, $, etc.). An example of a strong password is “nXkPt#5!”.

Common password pitfalls to avoid:
Cyber criminals use sophisticated tools that can rapidly decipher passwords. Avoid creating passwords that use:
- Dictionary words in any language.
- Words spelled backwards, common misspellings, and abbreviations.
- Sequences or repeated characters. Examples: 12345678, 222222, abedefg, or adjacent letters on your keyboard such as “qwerty”.
- Personal Information or Personal Identifying Information (PII) is information that can identify a person when found in combination with their name, address, birthday, social security number, drivers or non-drivers identification number, mother’s maiden name, passport number, or login credentials or personal identification numbers.

Secure your computer
All data and communications transmitted by, received from, or stored in Albany Medical Center equipment are the property of Albany Medical Center and must be secured from unauthorized access, use, and distribution at all times.

Always secure your computer by logging off or locking the computer whenever you will be leaving it unattended.

Consequences for misuse of Albany Medical Center computing devices or electronic data
Workforce members are responsible for all activities that take place under their login credentials and their access to, and use of, Albany Medical Center computing resources.
Albany Medical Center

Misuse may result in corrective action up to and including termination of employment, staff credentials or enrollment in academic program.

In addition, the improper use of a patient’s Protected Health Information (PHI) is a federal crime with possible civil and criminal penalties.

Albany Medical Center reserves the right to monitor and audit the use of all its computing devices and login credentials.

Getting Help for Computer Problems
If you have any questions regarding passwords, login credentials or computer use call the Information Services Help Desk at ext. 2-5000.

Safe Patient Handling

Albany Medical Center is committed to providing a culture of safety for patients, their families and staff. Albany Medical Center has established a Safe Patient Handling (SPH) policy for mechanical lifting, transferring and repositioning of patients. It is the duty of employees to take reasonable care of their own health and safety as well as that of their co-workers and patients during patient handling activities. Improper handling of patients can result in musculoskeletal injuries for staff. Many of these injuries are related to manual lifting, transferring and repositioning patients. The basic objectives of the SPH Policy are to create a safe working environment for direct care staff, reduce and prevent work related injuries to caregivers, reduce lost time hours due to injury and/or fatigue in staff, and increase the quality of care, reduce injuries and reduce length of stay for patients.

Proper Reporting of Employee Injuries, Exposures and Illnesses

All employee work-related injuries, exposures and illnesses, regardless of severity, must be reported on an Albany Medical Center Employee Occurrence Report (H0700).

The proper steps to take if you experience an illness, injury or exposure due to work are:

1. Immediately notify your supervisor.
2. Obtain an Employee Occurrence Report from your manager or supervisor and complete the form, giving a correct description of your injury, illness or exposure and how it occurred.
3. If medical treatment is required, go to Employee Health Service during the day or the Emergency Department in the off hours with the completed occurrence report. All serious injuries should go to the Emergency Department immediately regardless of the time that the injury occurred.
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4. All Employee Occurrence Reports must be forwarded to the Risk Management Department using one of the following options: mail report to Mail Code 140; fax to ext. 2-4727 (if faxing, please mail the original); drop off to the Risk Management office on 22 New Scotland; or leave report in Employee Health Services for pick up. Please do not leave occurrence reports in the Emergency Department.

5. An employee should contact the Risk Management Department at ext. 2-3577 with any questions as well as if he/she is taken out of work.

In emergency situations always contact the appropriate department IMMEDIATELY (i.e. 911, Security ext. 2-3777, or Environmental Health and Safety ext. 2-5105, etc). If concerned call 911.

Reporting Abuse/Neglect/Exploitation

1. Mandated Reporters for child abuse call 1-800-342-3720.
2. For suspected domestic or elder abuse call the department of Social Work to explore options for counseling, shelter, and legal assistance in the community.

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Latex Allergy

Goal
Provide a latex safe environment for all patients and employees.

Latex allergy is an allergic reaction to latex that presents as:
1. Mild - red skin
2. Moderate - itchy watery eyes, runny nose or hives
3. Severe - swelling, difficulty of breathing, shock

Where is Latex found?
Natural rubber found in:
1. Rubber Bands
2. Erasers
3. Elastic
4. Bandages and Dressings
5. Gloves, Catheters, and Drains
6. Blood Pressure Cuffs
7. Stethoscope Tubing
8. Balloons
9. Balls and Toys
10. Nipples and Pacifiers
11. Tires
The Greatest Risk for Developing Latex Allergy is found in anyone who has:
1. Known allergic or anaphylactic reaction to latex.
2. History of hay fever or latex-product allergy.
3. History of multiple admissions and/or invasive procedures.
4. Severe food allergies.
5. Anyone exposed to latex on a regular basis.
6. All children are at risk; children with Spina Bifida are at greatest risk.

What do I do if my patient has a known latex allergy (LA)?

1. Follow the Latex Allergy/Sensitivity Protocol to maintain latex-free environment.
2. Remove all latex containing products from the patient’s room.
3. Label the bed, door, and chart with the neon green Latex precaution labels.
4. Place neon green wristband stating “Latex Allergy” on patient.
5. Read all products carefully and choose latex free only.
6. Obtain latex-free equipment by utilizing your unit material coordinator in the hospital otherwise, contact Central Processing and Distribution Department at ext. 2-3248.

What do I do if my patient is at “At Risk” for developing latex allergy?

1. Treat patients in a latex-safe environment that consists of the least amount of latex contact or exposure possible.
2. Do not bring latex into Albany Medical Center.

What if I’m at Risk? Reduce your exposure to latex!

1. Wear latex free gloves.
2. Wash hands immediately after removing gloves.
3. Do not bring latex into your place of work.
4. Contact Employee Health Service at ext. 2-3871 if you have symptoms of latex allergy.

Where Can I Go For More Information?

Employee Health Service ext. 2-3871
Human Resources ext. 2-8414
Risk Management ext. 2-3577
Environmental Health & Safety ext. 2-8700
The Joint Commission issued a sentinel alert urging healthcare facilities to pay special attention to incidents in MRI departments.

The magnetic field in the MRI scan room can pull an oxygen tank or fire extinguisher from a distance of six feet at speeds of up to 60 MPH.

Over 400 MRI related accidents have been reported to the FDA in the past ten years.

More than 70% of reported accidents are related to burns from looped or elongated jewelry, leads, wires, tele packs, and tattoos.

Hospital ID cards, credit cards, analogue watches, cell phones, hearing aids will not work after being in the magnetic field.

10% of injuries reported to the FDA have occurred when metal objects such as pens, cleaning equipment and oxygen canisters have become “missiles” when pulled into the scanner.

Injuries can occur to those having medical implants such as, but not limited to, breast tissue expanders, penile implants, prosthetics, hearing aids and shrapnel.

Deaths have occurred because people have entered the scan room while having pacemakers, neuro stimulators, aneurysm clips, and other electronic and metallic implants.

MRI Technologists have an up to date list of the MRI safety status of implants and equipment in the magnetic field.

Keep patients safe by completing the safety checklist on the MRI request form when ordering an exam.

# 1 Point to remember when entering the MRI scan room is **THE MAGNET IS ALWAYS ON**, during off hours, during codes, even when the electric is off.
Medical Equipment

All medical equipment must be evaluated by Clinical Engineering prior to purchase and tested prior to being used in patient care.

Broken Equipment Procedure:

1. Remove broken equipment from service.
2. Complete the equipment repair tag (# H-91). Describe the problem on the tag (put more information than just “broken”).
3. Attach it to the broken equipment in a visible location.
4. Call Clinical Engineering at ext. 2-3228.

Unit Responsibility with Medical Equipment:

1. Any portable medical device should be plugged in to be charged whenever not in use.
2. Employees should be trained to use and maintain equipment as required by their job.
3. Each department should maintain equipment user manuals (also available on the Intranet under Clinical Engineering).
4. Each manager assesses the training needs for a unit’s staff.
5. Staff should ALWAYS look at the preventive maintenance inspection stickers to see if the medical equipment is safe to use.
6. Report any medical equipment with an expired inspection sticker to Clinical Engineering at ext. 2-3228 and remove from service.

Waste Disposal

All wastes must be disposed of properly. No chemical or hazardous wastes are to be disposed down the drain. Call the Department of Environmental Health and Safety ext., 2-8700 option #3 for further information. Detailed information and policies for waste disposal are also available on the AMC Intranet, EH&S Request Form & Proper Waste Disposal.

General Overview:

Recyclable Materials: “Albany Medical Center RECYCLES”
Recyclable materials include, but are not limited to: office paper, cardboard, plastic, cans and bottles, batteries, metal, and unused chemicals.

- Paper should be put in locked HIPAA Bins (Confidential documents, patient care areas) for shredding or in blue bagged, marked, paper recycling containers located throughout the College and Lecture Halls (Non-confidential materials).
- Cardboard boxes should be broken down prior to disposal (they are later sorted and baled for recycling.)
- Plastic, cans and bottles and unbroken glass bottles and vials should be put in blue bagged recycling bins located throughout the facility. Contact EVS if they are not in your area.
FERPA generally does not allow school to release personally identifiable information in a student’s education record, unless the school gets permission of the student’s parent or the eligible student (a student who is 18 years old or older or who attends an institution of postsecondary education). FERPA does allow schools to release this information, without getting permission, to school officials, including teachers, who have legitimate educational interests in the information, including the educational interests of the child. Schools that do this must include in their annual notification to parents and eligible students the criteria for determining who constitutes a school official and what constitutes a legitimate educational interest. Additionally under FERPA, at the postsecondary level, parents have no inherent rights to inspect their son or daughter's education records. The right to inspect is limited solely to the student.

Incident Process

If a medical device malfunctions during patient care, be sure to follow these steps:

1. Assure the safety of the patient and staff.
2. Save all disposable supplies used with the device.
3. Notify your manager, Risk Management (ext. 2-3577) and the department responsible for repair (i.e. Clinical Engineering, Facility Management).
4. Tag the device using equipment repair tag #H-91 to let others know the equipment is dangerous.
5. Complete an occurrence report using the Safety Intelligence occurrence reporting system, located on the intranet, including equipment type, model, serial or control number, equipment settings and times in the occurrence report.

Family Education Rights and Privacy Act (FERPA)

FERPA generally does not allow school to release personally identifiable information in a student’s education record, unless the school gets permission of the student’s parent or the eligible student (a student who is 18 years old or older or who attends an institution of postsecondary education). FERPA does allow schools to release this information, without getting permission, to school officials, including teachers, who have legitimate educational interests in the information, including the educational interests of the child. Schools that do this must include in their annual notification to parents and eligible students the criteria for determining who constitutes a school official and what constitutes a legitimate educational interest. Additionally under FERPA, at the postsecondary level, parents have no inherent rights to inspect their son or daughter's education records. The right to inspect is limited solely to the student.
Albany Medical Center believes in people working together as a team. Albany Medical Center believes that working as a team can produce solutions that one person could not produce alone. Each person brings unique gifts and talents to the team and is an essential part of the team. Individuals will hold differing opinions and we must respect each person’s opinion.

After completing the People section, you will be able to:
1. Give two examples of internal and external collaboration.
2. Describe how you can make each person in our facility feel like an essential part of our Medical Center.

We at Albany Medical Center are committed to collaboration that will ultimately lead to services which enhance the well-being of residents of the region. Collaboration includes:

**Communication** that is direct, open and candid dialogue that assures decisions are based on complete information. This is essential for accomplishing our mission.

**Patient-centered care** in which the patient and, where possible, the patient’s family are included in the development of the plan of care.

**Sharing** of information, resources and ideas in a responsible manner with appropriate staff members, students, volunteers and others.

**Collaboration** means that we work with other health care institutions and government agencies to promote the public health and well-being of the community and region through outreach programs, education, research and resource allocation. We collaborate with each other by working in interdiscipli-
Albany Medical Center

**Ethical Care Reflects the Patients’ Bill of Rights**

Albany Medical Center follows ethical behavior in its care, treatment, services and business practices.

1. There is honesty in billing and marketing.
2. Patients receive information about charges for which they will be responsible.
3. Safe and effective care is provided regardless of the ability to pay.
4. Patient care is not compromised by a staff member’s request to be excused from participating in aspects of treatment.
5. There is an active ethics consultation service available at all times.
   a. Call the paging operator at ext. 2-3111 to contact Ethics on-call representative.

Albany Medical Center addresses conflicts of interests.

1. Albany Medical Center policy defines conflict of interests.
2. Individuals are required to be familiar with the policy and report any possible conflicts of interests. The policy guides each individual and the Center in avoiding, eliminating or reducing to an acceptable level, possible conflicts of interests.
3. There is a process to review a claim of conflict of interests.

Decisions are based on identified care, treatment and service needs of the patient.
The plan of care reflects treatment regardless of ability to pay.

Albany Medical Center respects the rights of patients.

1. Personal dignity is supported.
2. Ethnic, cultural, psychosocial, spiritual and personal beliefs, preferences and values are respected.
3. Pastoral care is available.
4. Patients receive information about their rights.
   a. *The Patient Bill of Rights* is included in the Welcome Packet and is posted throughout the hospital.

Patients are involved in decisions about care, treatment and services.

1. Patients or their legally authorized representatives are involved in the plan and in resolving problems.
2. Each patient has the right to appoint a spokesperson.
3. Informed consent is obtained. Informed consent includes the treatment or intervention being considered, the benefits and risks, alternative treatments, problems related to recovery, and likelihood of success.
4. Patients or their legally authorized representatives have the right to refuse care, treatment, and services.
5. The patient must consent to recording or filming other than that done for identification, diagnosis or treatment.
   a. Consent is obtained before filming or recording.
   b. The patient can stop filming and recording at any time.

Patients receive enough information about the persons responsible for their care, treatment, and services.

1. All staff wear current name badges.
2. Unit whiteboards provide a listing of current caregivers.
3. Consents have the name of practitioner when a procedure is involved.
Albany Medical Center

The hospital addresses the wishes of patients relating to end-of-life decisions.
1. Policies reflect the law in assisting patients to fill out advance directives.
2. Policies address withholding and withdrawing of life support and patients are given information explaining that they have a right to choose this.
3. Advance directives are clearly documented and available.
   a. Each patient has a red plastic folder in the front of the chart with advanced directive information.
   b. The General Consent form includes this information.
4. Patients are offered the option of organ donation.

Patients, and when appropriate, their families are informed about the outcomes of care, treatment and services that have been provided, including unexpected outcomes.
1. Patients and their legally authorized representatives have the right to be updated and informed about results of care.
2. If an unexpected outcome occurs, the responsible licensed independent practitioner or designee, informs the patient and the patient’s legally authorized representative. This is documented in the Progress Notes section of the medical record.

The hospital respects the patient’s right to and need for effective communication.
1. Interpreters are available (this is addressed in the cultural section of this module).
2. Patients with vision, speech, hearing, language and cognitive needs are identified and provided service needed.
3. Telephone and mail service is provided.

The hospital addresses the resolution of complaints from patients and families.
1. The hospital informs patients about their right to file a complaint.
2. The grievance committee reviews and responds to complaints.
3. Patients will not suffer any repercussions if they complain.

The hospital respects the needs of patients for confidentiality and privacy.
HIPAA policies address confidentiality.

Patients have the right to an environment that insures dignity and contributes to a positive self image.

Patients have a right to be free from mental, physical, sexual and verbal abuse, neglect and exploitation.
1. All charges are investigated by the hospital.
2. Proper referrals are made to Child Protective and Adult Protective Services.

Patients have the right to pain management.

Patients have the right to access protective and advocacy services.
1. Staff is trained to assess the need for violence screening throughout the patient’s hospitalization.
2. Protocols are available with referral information for victims of domestic violence.
3. Social workers are available for help with referrals.

The hospital protects research subjects and respects their rights during research, investigation and clinical trials involving human subjects.
There is an active Institutional Review Board (IRB) at Albany Medical Center which assesses informed consent.

Patients are given information about their responsibilities while receiving care, treatment, and services.
Information is provided on admission in the admission packet.
1. Albany Medical Center Whistleblower Protections

Retaliation and intimidation are prohibited against anyone who makes a report based on a good faith assessment of available facts, regardless of whether noncompliant acts actually occurred. Concerns are reported to the Corporate Compliance and Audit Department staff. All reported concerns and claims of retaliation or intimidation will be investigated and any individual whom Albany Medical Center believes has engaged in acts of retaliation or intimidation will be subject to appropriate corrective action.

2. Corporate Compliance Hotline Number 518-264-TIPP

The Corporate Compliance Hotline, 518-264-TIPP, is a dedicated phone line for any member of the Albany Medical Center workforce to report situations they reasonably believe represent instances of noncompliance, such as those described below. Calls to the TIPP line may be made on an anonymous basis and allegations will be kept confidential to the extent possible. Retaliation and intimidation are prohibited against anyone who makes a good faith report regarding instances of noncompliance.

Concerns that may be reported via this number include:

a. Violations of federal or state laws and regulations.
b. Possible fraudulent or abusive billing practices, including questionable research billing practices.
c. Business ethics issues.
d. Potentially illegal or inappropriate financial transactions.
e. Possible research misconduct.
f. Suspected breaches of privacy and security of individually identifiable health information (HIPAA).
g. Patient safety, quality of care or EMTALA-related patient transfer issues.
h. Specific violations related to Recovery Act funds
i. Disruptive and intimidating behavior that threatens the performance of the health care team and patient safety.

…or behavior that you believe would violate the public’s trust in our principled performance.

3. Reporting Code of Conduct Concerns

If you become aware of any actual or potential violations of the Code of Conduct, you should immediately tell your supervisor, your Human Resources representative, the appropriate department, or call the Corporate Compliance Hotline at 518-264-TIPP.
Diversity and Cultural Sensitivity
There has been a rapid growth in population diversity in the United States. Our customers - patients and families, employees, students and volunteers from all over the world - challenge us. They challenge us to build a workforce which is familiar with working with diverse cultures, sensitive to cultural differences and able to meet the health care needs of our patients and their families. We must do our best to understand and meet the needs of the community served.

Culture
Culture is a system of shared values, beliefs, and rituals that are learned and that may be passed on through generations of families or social groups. Culture can be defined broadly, for example it can include cognitive or physical ability status. Many individuals with complete hearing loss identify with a particular culture.

Diversity
Diversity refers to the range or variety of differences that make us unique. When we are aware of issues related to culture, race, ethnicity, gender, sexual orientation, age, and socioeconomic background, among other factors, we may be more able to communicate in a more culturally competent manner.

Albany Medical Center does not discriminate against any person on the basis of sexual orientation, gender identity or expression, marital status or other non-medically relevant factors. This applies to admission, treatment, discharge, or other participation in any of Albany Medical Center’s programs, services, or activities including but not limited to:

- All patient admissions.
- All care, whether inpatient, outpatient or emergency in nature.
- All patients’ room or floor assignments or transfers, except in those cases where patient safety or health condition is a necessary consideration.
- Employee assignments to patient care.

Cultural Competence
Culturally-effective health care means providing care to patients of diverse cultural backgrounds from their perspective so that their cultural needs are met. It also helps address the issues of health disparities, which are varying clinical outcomes based on factors such as race, ethnicity, socioeconomic status, and low health literacy. Cultural diversity is addressed at Albany Medical Center in the Code of Conduct, and reflects The Joint Commission’s Standards.
Albany Medical Center

Some Steps to Culturally Effective Health Care

1. Address preferred language needs.
   a. Ask all patients what is their preferred language of communication.
   b. The Language Line interpreter phone service may be accessed by contacting Patient Relations at ext 2-3499 during business hours or at all other times Telecommunications ext. 2-3756. An interpreter phone has two receivers and provides services in 135 languages.
   c. The Medical Interpretation Service through Albany Medical College can be reached through the operator.
   d. The health care service provider may translate if the provider speaks the patient’s language fluently.
   e. Avoid the use of family members or non-medical staff as interpreters, as patient privacy may be violated.

2. Communicate verbally and nonverbally in culturally specific ways.
   a. As health care providers we should “check our own pulse” first and become aware of our attitudes, beliefs and biases that may influence our care of patients, interactions with colleagues and other staff particularly as it may relate to culture, ethnic or social diversity.
   b. Even when two people speak the same language, communication may be delayed by different values or beliefs. Nonverbal differences or ethnic dialects can also get in the way of shared understanding.
   c. Use person first language. For example, “a patient that uses a wheelchair” not “a wheelchair user”.
   d. Every clinical encounter is cross-cultural. Remember the culture of medicine is unique and even has its own language. It is important to maintain “culture humility”. This keeps our minds and ears open to better understand the life contexts in which our patients live.
   e. There is no one way to treat any particular culture, race or ethnicity. It is necessary to have a framework that can be applied in a patient and family-centered manner. Listen. Ask. Communicate in the patient’s preferred language.
   f. If communication is not possible verbally, use pictograms or alpha letters to convey requests for basic needs and to answer questions.

3. Provide care from the patient’s cultural perspective as much as possible.
   a. Determine client’s cultural beliefs and practices. Ask questions as they relate to:
      1. Disease cause
      2. Use of folk healers and remedies
      3. Healing and self care rituals
      4. Nutrition
      5. Pain expression
      6. Gender issues
      7. Modesty
      8. Birth rituals (when applicable)
      9. Death rituals (when applicable)
     10. Grief expression
     11. Determine which practices can be:
         a. Preserved and freely practiced without interference from staff
         b. Accommodated by modifying care provided
         c. Re-patterned in order to ensure safety while meeting cultural needs
4. Encourage family and community involvement to provide care that is consistent with cultural beliefs and practices unless harmful to the patient or others.

5. **Document the patient's needs and your interventions in the patient’s health care record.**
   a. Be aware of, and sensitive to, cultural factors and differences.
   b. Take steps to learn about each patient’s beliefs and practices.
   c. **ASK QUESTIONS.**
   d. Recognize that each person is unique. Avoid stereotyping.
   e. Work together as a team to meet clients’ cultural needs.
   f. Learn as much as you can about the cultures you serve.
   g. Recognize your biases and work on overcoming them, but leave them out of your work.

**Resources at Albany Medical Center to Help Meet Patients’ Cultural Needs:**
   a. Language Line Interpreter Phone Service.
   b. The Volunteer Department stocks books and magazines in other languages as well as in Braille or on tape. Call ext. 2-3492.
   c. Pastoral Care (religious concerns) - ext. 2-3176.
   d. Ethics Department (conflict resolution) - ext. 2-6082.
   e. Nutrition Department (cultural consultation) - ext. 2-3205.
   f. Pharmacy (herbal medicine) - ext. 2-3260.
   g. Intranet. For example pain scales are available in 13 languages plus Wong-Baker Faces Pain Scale.
   h. Pictograms and alphabet on intranet for nonverbal communication.

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**Promoting a Culture of Patient Safety: Disruptive or Intimidating Behavior in the Workplace**

Code of Conduct states Albany Medical Center’s commitment to the safety and quality of patient care. This commitment is dependent on teamwork, communication, and a collaborative work environment. Intimidating and disruptive behaviors in the workplace can foster medical errors, contribute to poor patient satisfaction and preventable adverse outcomes, increase the cost of patient care, and cause qualified clinicians, administrators, and managers to seek new positions in more professional environments.

Intimidating and disruptive behaviors are unprofessional and will not be tolerated. Any member of Albany Medical Center’s workforce who violates Albany Medical Center’s policy on Disruptive/Intimidating Behavior in the workplace may be subject to discipline, up to and including termination of employment or relationship.
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Top 10 Key Points

1. Treat all patients and other employees with pride and respect.
2. Use your resources, and seek to learn more about the cultures you serve.
4. Consider the influence of culture as a reason why a patient may not follow care recommendations.
5. Prevent conflicts by explaining, asking about concerns, and addressing the concerns before they become a problem for patient, family, and staff.
6. Adjust to the patient and do not expect the patient to adjust to the employee.
7. Respect religious and spiritual practices when providing care.
8. Use active listening and open ended questions.
9. Communicate your findings and interventions with the team.
10. Document your patient’s needs and your interventions.
Discrimination and Harassment in the Workplace

WHAT IS PROHIBITED?

Discrimination of Patients is Prohibited
Patients will receive treatment without being subject to discrimination because of race, color, religion, sexual orientation, sex, national origin, disability, source of payment or any other protected status recognized by applicable law for which the patient may qualify.

Discrimination in the Workplace is Prohibited
It is the policy of Albany Medical Center that all persons be provided Equal Employment Opportunities without unlawfully discriminating because of an individual’s gender, race, national origin, color, age, disability, veteran status, religion, sexual orientation, marital status, pre-employment conviction status, or any other protected status recognized in applicable law.

Harassment is Prohibited
In matters referring to employment, education and treatment of employees, students, applicants, patients, contractors and visitors, harassment is prohibited under both Albany Med policy and applicable law on the basis of race, color, physical or mental disability, religion, age, national origin, marital status, gender, sexual orientation, military status, pregnancy, genetic predisposition or carrier status.

WHAT IS HARASSMENT?
Harassment is a form of discrimination and includes communicating, sharing or displaying written or visual material, including material, comments or conduct intended as humor, making verbal comments, and/or engaging in any other conduct, including physical conduct, which is demeaning or offensive to an employee, student, applicant, patient, contractor or visitor because of his or her:

1. Gender
2. Race
3. Color
4. Religion
5. National Origin
6. Age
7. Marital Status
8. Sexual Orientation
9. Pregnancy
10. Physical or Mental Disability
11. Citizenship
12. Veteran Status
13. Or any other class protected by applicable federal, state or local laws

The use of Center facilities, property or equipment to distribute, duplicate or display such materials is not allowed by Albany Medical Center policy.

WHAT CONSTITUTES SEXUAL HARASSMENT?
Those conditions which explicitly or implicitly affect a term or condition of employment or education, unreasonably interfere with work or educational performance, or create an environment that is intimidating, hostile or offensive, including unwelcome sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature constitute sexual harassment.

WHO CAN BE HELD LIABLE FOR DISCRIMINATION OR HARASSMENT?
Employers, supervisors and employees may be held both individually and jointly liable for acts of discrimination and harassment under anti-discrimination and harassment laws.
FACTS YOU SHOULD KNOW:

1. Sexual harassment is not limited to male-female interaction but may be male-male or female-female interaction.
2. Conduct outside Albany Medical Center between Albany Medical Center employees, students and contractors may be considered Harassment which creates a Hostile Work Environment in violation of policy and applicable law.
3. Keeping sexually explicit materials in your personal space or sharing only with a friend at work or school is considered prohibited activity and may violate Albany Medical Center policy and applicable law.
4. Actions in violation of Albany Medical Center’s Harassment Policy and the law may result in you being held individually liable for damages suffered by others in a court of law.

RESPONSIBILITY OF EMPLOYEES AND STUDENTS:

The line between acceptable social conduct and harassment is not always clear. For that reason, Albany Medical Center encourages individuals who feel they are being or may have been harassed to CARE:

- Communicate politely, clearly, and firmly to the offending party that the conduct is unwelcome, unwanted, offensive, intimidating or embarrassing, and
- Ask that the conduct stop, and
- Report the offending behavior to your Manager, Chairperson, Vice Dean or the Human Resources Department, and
- Explain how the offensive behavior affects your work or studies.

RESPONSIBILITY OF MANAGERS AND SUPERVISORS:

It is the responsibility of each manager and supervisor receiving a report or observing suspected harassment to utilize the acronym EAT to promote employee safety:

- Ensure a harassment-free workplace.
- Advise employees of Albany Medical Center’s Policy on Harassment and the Complaint and Reporting Procedure and ensure they understand the Policy and Procedure.
- Timely report suspected violations of the Harassment Policy to a Human Resources Representative.
EXAMPLES OF HARASSMENT AND SEXUAL HARASSMENT:

Sexual harassment includes many forms of offensive behavior, including, but not limited to:

1. Making or threatening punishments after a negative response to sexual advances.
2. Favoring any applicant or employee because that person has performed or shown a willingness to perform sexual favors for a supervisor or manager.
3. Unwelcome, profane or offensive sexual jokes, language, epithets, advances or proposals, whether in person, by letter, email or voice-mail messages, graffiti, or notes.
4. Written or verbal abuse of a sexual nature or use of sexually degrading or sexually vulgar words to describe an individual.
5. Sexually suggestive objects or material including pictures, calendars, magazines, computer images, drawings, obscene letters or invitations, posters or cartoons.
6. Graphic, degrading or unwelcome comments of a sexual nature.
7. Asking questions about sexual conduct or relationships;
8. Unwelcome touching, hugging, kissing, grabbing, leering, whistling, patting, pinching, poking, stalking, brushing against the body, impeding or blocking movements, or suggestive, insulting or obscene comments or gestures.
9. Assault or forced sexual acts.
10. Inappropriate visual conduct including leering, obscene gestures, and staring.
11. Suggestive or insulting noises or whistling.
12. Unwelcome or invasive flirting.
13. Any harassing behavior, whether or not sexual in nature that is directed toward a person because of the person's gender or sexual orientation.
14. Continued requests for dates and propositioning an individual.

Prohibited harassment on the basis of gender, race, color, religion, national origin, age, race, marital status, sexual orientation, pregnancy, physical or mental disability, citizenship, veteran status, age, or any other protected basis, includes behavior similar to sexual harassment, such as:

1. Verbal conduct such as threats, epithets, derogatory comments, or slurs.
2. Visual conduct such as derogatory posters, photographs, cartoons, drawings, or gestures.
3. Physical conduct such as assault, unwanted touching, or blocking normal movement.
4. Retaliation for reporting harassment or threatening to report harassment.
Albany Medical Center

COMPLAINT AND REPORTING PROCEDURE:

An employee, student or applicant who believes he or she is being harassed, or witnesses what he or she believes is harassment, has an obligation to report the harassment. All reports are investigated according to Albany Med’s Harassment Complaint Procedures.

If you are an employee or applicant, report the harassment to:

1. Your immediate manager, acting manager, or to the Human Resources Department.
2. The Human Resources Department if the harassment involves a manager.
3. The Human Resources Department if the manager is not taking appropriate action.

If you are an Albany Medical College student, report the harassment to:

1. Your Department Chairperson.
2. The Vice Dean if the complaint involves a Department Chairperson.
3. The Vice Dean if the Chairperson is not taking appropriate action.

Investigation will include:

1. Identifying and stopping the offending behavior, including preventing any revenge for reporting such behavior or acting as a witness.
2. Interviewing all relevant witnesses and documenting findings.
3. Communicating a summary of the relevant findings to the reporting employee, applicant, student and/or the persons subjected to the harassment.
4. Keeping all information related to the report and investigation confidential to the maximum extent possible. Information is shared only with persons who have a need to know.

DISCIPLINE:

Employees, managers and students who violate Albany Medical Center’s Harassment Policy will be subject to discipline, up to and including termination of employment for managers and employees or expulsion of an Albany Medical Center student. Violations include:

Being found by Albany Medical Center to have harassed another manager, employee, student, applicant, patient, contractor or visitor;

Retaliating against another manager, employee, student, applicant, contractor or visitor for reporting or acting as a witness;

Having made a harassment charge that is intentionally dishonest or hateful;

Observing what may be considered harassment or discrimination and failing to report it.

References

Albany Med HR Harassment Policy, Policy No. 5.009
Albany Med HR Affirmative Action/Equal Employment Opportunity Plan, Policy No. 1.001
Albany Med’s Code of Conduct
Albany Medical Center

Child Abuse Identification and Reporting

1. Cases of suspected child abuse and neglect must be reported. Mandated Reporters call 1-800-342-3720.
2. Clear documentation of the assessment and actions taken must be completed in the medical record.
3. The social worker may serve as a resource for staff with these cases.
4. Reporting of suspected child abuse or neglect will be carried out by a designated member of the health care team. The designated member of the health care team may be a nurse, physician or social worker who assumes the responsibility of reporting after collaborating with the team.

Residential Health Care Facility and Nursing Home Residents

1. Any member of the staff who has reasonable cause to believe that a patient admitted from a residential health care facility has been abused, mistreated or neglected at the facility shall promptly notify the social worker.
2. Occurrence reporting will take place when appropriate, documenting assessment and actions taken.
3. Reporting of suspect abuse, neglect or mistreatment of residents of NYS nursing homes or residential health care facilities will be carried out by a designated member of the health care team as described above.

It is the responsibility of every care giver to be aware of the warning signs of abuse, neglect, and exploitation. If there is any question of abuse, neglect or exploitation consult the social worker and notify your immediate supervisor.

Workplace Violence

Albany Med is concerned about the safety of its employees, patients, visitors and customers and has the following requirements to keep the workplace safe for all:

- You cannot bring firearms or other weapons onto Albany Medical Center premises.
- Any act or statement that is threatening or intimidating to a co-worker, patient or a customer of Albany Med is prohibited.
- Jesting, bantering or teasing that is offensive to a patient or customer is prohibited.

Any employee who engages in threatening or violent behavior, or who behaves in a way that could provoke violence, may receive corrective action up to and including termination of employment.

Notify your manager or Security Services of any student, patient, visitor, vendor, customer or client on Albany Medical Center’s premises who is behaving in a threatening, abusive or violent way.

If you are aware that another employee appears troubled or irrational, report your observation to your manager.
Conduct is considered disruptive when:
1. It negatively affects the ability of others to accomplish their jobs.
2. It creates an uncomfortable and tense work environment for individuals within the facility (i.e. employees, physicians, adjunct staff, volunteers, patients, families or visitors).
3. It has the effect of impairing the judgment and/or performance of any member of the health care team that may result in negative impact on the care of patients.

Examples of intimidating and disruptive behaviors include:
1. Overt actions such as verbal outbursts and physical threats.
2. Passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities.
3. Unwillingness or refusal to answer questions, return phone calls or pages.
4. Condescending language or voice intonation.
5. Impatience with questions.

Complaint and reporting procedures:
Any member of the Albany Medical Center workforce who believes he/she has been the subject of or witnessed to disruptive and intimidating behavior has an obligation to report the incident. All reports are investigated according to Albany Medical Center's disruptive/intimidating behavior complaint and reporting procedures. Harassment and reports of discrimination must be investigated according to Albany Medical Center's Harassment policy.

If you are a member of the Credentialed Medical Staff of Albany Medical Center Hospital, report the disruptive/intimidating behavior to:
1. Your Department Chairperson; or
2. Hospital Medical Director's office; or

If you are an Albany Medical College student, report the disruptive/intimidating behavior to:
1. Your Department Chairperson; or
2. The Vice Dean if the complaint involves a Department Chairperson; or
3. The Vice Dean if the Chairperson is not taking appropriate action; or

All other members of the Albany Medical Center workforce, report the disruptive/intimidating behavior to:
1. Your immediate manager, administrative representative, or to the Human Resources Department; or
2. The Human Resources Department if the disruptive/intimidating behavior involves a manager; or
3. The Human Resources Department if the manager is not taking appropriate action; or
Family violence and child and elder abuse are frequently reported. A study published by the Centers for Disease Control and Prevention (CDC) estimates that “intimate partner abuse” results each year in 2 million injuries to women and 600,000 injuries among men. The National Center on Elder Abuse references a study that estimates that between 1 and 2 million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone upon whom they depended for care or protection.

Albany Medical Center is committed to the assessment, identification and treatment of victims of physical assault, rape, sexual molestation, domestic abuse, elder neglect or abuse, child neglect or abuse and exploitation. We protect to the best of our ability patients from real or apparent abuse, neglect or exploitation from staff, students, volunteers, other patients, visitors or family members. Abuse, neglect and exploitation are widespread community health problems as well as serious crimes. Domestic violence, child and elder abuse are frequently seen types of abuse.

Assessment in suspected abuse, neglect or exploitation
1. Obtain patient’s history and physical assessment, past medical and surgical history.
2. Assess patient for:
   a. Injuries to these sites: face, neck, throat, chest, stomach, and genitals.
   b. Sexual assault.
   c. Chronic pain.
   d. Injuries during pregnancy.
   e. Sizeable delay between getting the injury and coming for treatment.
   f. Multiple injuries in various stages of healing.
   g. Extent or type of injury inconsistent with patient's explanation.
   h. Repeated visits for emergency care and/or psychosomatic or emotional complaints.
   i. Injuries may become more severe as frequency of visits increase.
   j. Evidence of drug or alcohol use.
   k. Suicidal thoughts or suicide attempts.
   l. An overly attentive or aggressive partner or parent accompanying the patient.
   m. Signs of neglect: poor hygiene, grooming and/or nutritional status.
   n. Verbal abuse.

General Information on Domestic violence
1. At least 95% of the victims are women, although men are also victims.
2. Continuing and escalating violence results in high risk of serious injury or death.
3. Increased risk of assaults may occur during pregnancy.
4. Beating is a major factor in a range of psychosocial problems including:
   a. Suicide attempts.
   b. Alcohol and other drug use.
   c. Child abuse.

Hospitals are required to issue a written notice to all suspected or confirmed adult violence victims. This notice provides information on getting medical attention, help finding a safe place to stay, and getting an Order of Protection. This notice is an addendum to the Domestic Abuse, Neglect and Exploitation Protocol printable from Patient Care Standards on the Albany Medical Center Intranet.
Albany Medical Center

Impaired Licensed Professionals

Albany Medical Center has a process to identify and manage concerns of addiction for licensed professionals. There is more information included in the Credentialed Practitioner Health and Impairment policy on the intranet.

Controlled substances used to treat common medical conditions, if used incorrectly, can put staff and patients at risk.

What can you do to help?

1. Follow prescribing guidelines and record keeping.
2. Become aware of signs and symptoms of an impaired professional.
3. Some signs are:
   a. Disorientation
   b. Hallucinations
   c. Emotional instability
   d. Paranoia
   e. Tremors
   f. Diversion of medications: tampered packages, missing drugs
   g. Unkempt appearance
   h. Chronic tardiness
   i. Unexplained decline in performance
   j. Volunteering to help by medicating patients or by helping to write prescriptions

What do you do if you recognize or suspect that a professional may be impaired?
Report this to your manager or Nursing Supervisor. Any practitioner may report or self-report.

What happens if someone is reported?

- An Albany Medical Center team of professionals (which may include the RN Manager, the Nursing Director, EAP, and Human Resources, Pharmacy records) investigates and evaluates the situation and makes recommendations.
- These recommendations may include a referral for addiction treatment, and referrals to supportive and oversight organizations like Statewide Peer Assistance for Nurses, and the NYSED Professional Assistance Program.
- For example, the practitioner may need a voluntary leave of absence to undergo treatment. This may help the practitioner return to an acceptable level of function.
- If the nurse’s license has been surrendered, then Albany Medical Center has to wait until it is reinstated with conditions, before the nurse can return to work. The nurse is then additionally drug and alcohol screened randomly, to assure of sobriety and compliance.
- The Albany Medical Center team of professionals may then formally recommend reinstatement of the practitioner’s role or privileges.

What organizations can help with this?

- New York State Education Department (NYSED) has the Professional Assistance Program (PAP). This is a confidential program for impaired non-physicians. They can be reached at (518)474-3817, ext. 480
- State wide Peer Assistance Network (SPAN) for individual nurses. This group functions as a support group for nurses impaired and is funded through the nursing license fee. They can be reached at 1-800-457-7261.
- Committee on Physician’s Health monitors the addiction treatment and recovery of physicians and residents. They can be reached at 99 Washington Ave Ste 410, Albany, NY 12210 Phone: (518) 436-4723
Albany Medical Center is committed to providing excellent service to all members of the Medical Center Community. The Medical Center is committed to give care that recognizes an individual’s basic rights to respect, privacy, dignity, and understanding.

After completing this Community section, you will be able to:
Describe how you show compassion in your daily work.

**Reporting Patient Concerns**

Albany Medical Center provides a non-punitive environment that encourages reporting of concerns about patient safety or quality of care to managers, supervisors, administrators, Medical Director, Quality Management, Risk Management or Patient Relations as well as directly to the New York State Department of Health (NYS DOH) or The Joint Commission (TJC) at http://www.jointcommission.org.

No disciplinary action will be taken because a physician, faculty, or staff member reports safety or quality of care concerns to The Joint Commission or other regulatory agency.
Confidentiality of HIV Information

Albany Medical Center serves patients with different illnesses, including HIV. Besides being protected by HIPAA, HIV-related information is also private under NYS Public Health Law Article 27-F.

What is HIV-related information?
HIV-related information includes the results of an HIV test, done by the lab or at the point of patient care AND

- An HIV-related test or lab test (CD-4 count, viral load, etc), regardless of result.
- Information about the presence of HIV infection, HIV related illness or AIDS.
- Current or past treatment for HIV.
- HIV-specific medications.
- A “contact” of someone with HIV (spouse, sexual or needle-sharing partner).

Consequence of not maintaining the confidentiality of HIV-related information.
Agencies and Individual Employees who violate Article 27-F Law are subject to…

- Civil fines of up to $5,000 for each violation.
- Private lawsuits with damages awarded.
- Criminal penalties for “willful” violations- including fines and up to 1 year in jail.

HIV-related information remains private - even if you leave Albany Medical Center.

Disclosure of HIV-related information.
Voluntary, written authorization, which is documented, is required to release any HIV-related information. Authorization may be taken away at any time (either verbally or in writing).

MOLST

Medical Orders for Life Sustaining Treatment (MOLST) forms: A medical order form that tells others the patient’s medical orders for life-sustaining treatment. All healthcare professionals must follow these medical orders as the patient moves from one location to another, unless a physician examines the patient, reviews the orders, and changes them with the informed consent from the patient, patient’s surrogate, or other responsible party.

A MOLST form may include a Do Not Resuscitate order and a Do Not Intubate order, but a MOLST may indicate the patient wishes to have all medical interventions possible to sustain life.

In addition to specific medical orders regarding DNR and DNI, the form may indicate preferences for other medical interventions associated with life sustaining measures.

Albany Medical Center Hospital Policy and Procedure, Do Not Resuscitate (DNR) Orders http://intranet.amc.edu/display/PolicyandProcedure/Health+Care+Decision+Making
CDT Mission statement
The Center for Donation and Transplant offers hope and healing to donor families in upstate New York and western Vermont, empowering our community to restore the health of those needing an organ or tissue transplant through excellence of service, education and advocacy of organ and tissue donation.

Recognizing Donor Potential

CLINICAL TRIGGERS FOR DONATION
When a ventilated patient meets any of the following criteria:
1. The patient has suffered a severe neurological insult.
2. The patient has a GCS of 5 or less.
3. The patient is absent 3 or more brain stem reflexes.
4. If comfort care or terminal extubation is being discussed with family. These calls should be made on all vented patients regardless of neurological status, BEFORE extubation.
5. Within 60 minutes of any patient’s cardiac death (this is true for even non-vented patients, to preserve potential tissue donation).

* CDT staff are the only ones that can approach a family about organ and tissue donation and rule in and out for donation as clinical criteria change frequently*

Transitional Language
Transitional language is helpful when working with families on comfort care after a traumatic injury. CDT staff can help you in getting them to “the next steps”.
When introducing CDT Staff to families DO USE these phrases/ titles:
1. End of Life Specialists
2. Hospital staff that assist families in end of life or comfort care situations
3. Experts in End of Life Issues

DON’T USE these phrases/titles:
- Organ Donor Staff /People (unless a family initiated the donation discussion)
- HARVEST

Approaching Families
- Per Hospital Policy= CDT staff are the ONLY trained designated staff able to approach families based on hospital policy and national best practices.
- A huddle with the unit and CDT staff should take place before approaching the family.
- Having bedside staff participate in the conversation can help with family trust of the CDT staff.

**Call the 24 Hour Line: 1-800-803-6667 Before ANY terminal extubation on the unit**
Albany Medical Center is committed to the highest standards of patient care. Albany Medical Center will not deny any urgent or emergent care, if available to a patient, based on the patient's ability to pay for care.

After completing the Growth section, you will be able to:
Describe what EMTALA is and how it is used at Albany Medical Center.

Albany Medical Center will not deny available urgent or emergent care to a patient based on the patient’s ability to pay for the care.

The federal Emergency Medical Treatment and Labor Act (EMTALA) requires Albany Medical Center to assure that any person presenting and requesting, or reasonably appearing to require, an examination or treatment for an emergency medical condition will be provided a minimum of an appropriate medical screening examination within the capability of AMC and its medical staff to determine whether or not an emergency medical condition exists.

EMTALA concerns may be reported to managers, supervisors, or Medical Director or to the Corporate Compliance Hotline at 518-264-TIPP.
Albany Medical Center is committed to managing all resources in a fiscally responsible manner. All financial, human and physical resources will be used in the best interest of Albany Medical Center. Employees act within the scope of their legal, financial and personnel authority assigned by Albany Medical Center.

After completing the Finance section, you will be able to:

1. Describe how Albany Medical Center meets its charitable responsibilities
2. Describe how Albany Medical Center manages to meet all its fiscal responsibilities.
Federal legislation requires Albany Medical Center to establish and provide to its workforce written policies containing detailed information about fraud, waste and abuse in federal and state health care programs. It is the policy of Albany Medical Center to comply with all applicable Federal and State laws on this subject, some of which are described below.

**Fraud** – an intentional deception or misrepresentation by a person with the knowledge that the dishonesty could result in some unauthorized benefit to himself, herself or to some other person.

**Waste** – an over-utilization of services or misuse of resources not caused by criminally negligent actions, yet results in the spending of resources in excess of program needs and unnecessary costs.

**Abuse** – practices inconsistent with sound fiscal, business or medical practices that result in unnecessary cost, the refund for medically unnecessary services or that fail to meet professionally-recognized standards for health care.

Examples of fraud, waste and abuse in health care include:

- Deliberately misrepresenting on the bill the services provided and changing the medical documentation to match.
- Billing for services which have been “unbundled” (billing for each component of the service instead of using the all-inclusive billing code).
- Soliciting, offering or receiving a kickback, bribe or rebate related to services.
- Ordering unnecessary lab tests.
- Using another individual’s health insurance card.

Federal False Claims Act (FCA) and other federal laws regulate the appropriate use of federal funds paying for health care. FCA provisions include:

1. Penalties for false or fraudulent claims for payment (e.g., billing for services not performed or not medically necessary).
2. Other violations of the FCA include not returning Medicare and Medicaid overpayments timely and violating the federal Anti-Kickback law which relates to offering any benefit with the intent of inducing the referral of government program business.
3. Civil penalties of $5,000 to $10,000 (as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990) for each false claim and an assessment of damages up to triple the amount of the claim are possible.
4. “Whistleblower” protection for people who expose false claims. In certain instances, whistleblowers may also receive a portion of the financial penalties assessed.
5. Not allowing an employer to retaliate against an employee who exposes false claims.

Federal Administrative Remedies for False Claims include:

1. Enforcement and investigation of claims by a federal agency.
2. Civil penalties of up to $5,000 for each false claim and an assessment of damages up to twice the amount of the claim.
3. No “whistleblower” provisions.

The NY False Claims Act closely tracks the federal False Claims Act. It imposes penalties and fines on individuals and entities that file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. The penalty for filing a false claim is $6,000 to $12,000.
per claim and the recoverable damages are between two and three times the value of the amount falsely received. The Act allows private individuals to file lawsuits in state court, just as if they were state or local government parties. If the suit eventually concludes with payments back to the government, the person who started the case can recover 25-30% of the proceeds if the government did not participate in the suit or 15-25% if the government did participate in the suit. The NYS False Claims Act also provides protection to employees who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their bringing an action under the Act.

Under New York State Laws, it is illegal to knowingly, through a false statement or other scheme, attempt to, or actually obtain payment from public funds for services or supplies under the Medicaid program. This could require repayment to the Medicaid program. New York State also makes health care fraud a crime, ranging from a class B felony to a class A misdemeanor.

For further information, see Albany Med’s Policy on Fraud, Waste and Abuse in Federal Health Care Programs.
What is Corporate Compliance?
1. Fundamentally, compliance efforts are designed to establish a culture that promotes prevention, detection and resolution of conduct that does not conform to federal and state law, and federal, state and private pay or health care program requirements, as well as the organization’s ethical and business policies.
2. To be eligible to receive payments for care, services, or supplies, or to be eligible to submit claims for care, services, or supplies for or on behalf of a patient to a government health care program, Albany Medical Center is required to implement an effective compliance program.

Do We Have a Corporate Compliance Program at Albany Medical Center?
YES – it’s entitled “Trust in Principled Performance - the Compliance Program for Albany Medical Center.”

The goal of Albany Medical Center’s compliance program is to enhance our customers’ trust in our principled performance.

Who is Responsible for Corporate Compliance?
1. ALL EMPLOYEES have the responsibility to achieve the goals of the Corporate Compliance Program.
2. Noel C. Hogan is Albany Medical Center’s Senior Vice President and Chief Compliance Officer. The Chief Compliance Officer is delegated the duty to implement an effective compliance program by leading efforts to promote and enhance a culture that will always achieve organizational goals consistent with the direction of Center leadership while adhering to all applicable ethical, legal and regulatory requirements.

What are My Responsibilities as an Employee?
All employees must serve in the best interests of our patients, our students, and the public by always acting in ways deserving the trust of those constituents by:
1. Undertaking all duties and activities on behalf of the Center with best efforts to comply with the goals of the Compliance Plan, including:
   a. Remaining knowledgeable of the ethical and legal requirements of their role and position, and
   b. Exercising necessary care and diligence.
2. Abiding by all applicable written policies and procedures, standards, laws and regulations – and seeking understanding of those policies and procedures when necessary.
3. Acting only as authorized by the Responsibility and Authority to Act Guidelines, applicable governance actions, approved Center policy and procedure, or as directed by the terms of a duly authorized contract.
4. Actively supporting a culture necessary to promote trust in principled performance by exceeding minimum expectations of ethical behavior and the requirements of responsible conduct.
5. Cooperating fully with the Chief Compliance Officer and other authorized individuals to achieve the goals of the Compliance Program, including responding completely and honestly to all requests for information or insights regarding matters related to the operation of the Compliance Program and achievement of the Program’s goals.
6. Timely reporting all instances of suspected noncompliance to the appropriate supervisory personnel, to the Chief Compliance Officer, or designee.
7. Cooperating with all investigations or inquiries by the Chief Compliance Officer or designee into matters of potential noncompliance.
Conflict of Interest
1. A conflict of interest:
   a. Is any action or relationship involving some value (beyond compensation from Albany Medical Center) accruing to an individual, whether direct or indirect, which could reasonably have the result or give the impression that the individual’s conduct may be affected by the potential for personal benefit.
   b. Includes relationships and conduct that would lead a reasonable independent observer to conclude a conflict of interest may exist.
2. Conflict of Interest Example:
   a. A department manager receives a pair of tickets to the symphony around the holidays from a surgical supply company representative who does business with Albany Medical Center.
   b. The symphony tickets would be considered a gift and gifts from vendors are generally prohibited by Albany Medical Center’s Conflict of Interest policy. The acceptance of the tickets could give the impression that the manager’s business conduct may be affected by the receipt of this gift. The tickets should be returned to the vendor.
3. Every individual is expected to educate him/herself regarding potential conflicts of interest that may affect the performance of his/her duties on behalf of the Center. Under Albany Med’s Conflict of Interest policy, certain events or relationships that may create real or potential conflicts of interest for an Individual or a member of an Individual’s Immediate Family are required to be reported to the Corporate Compliance and Audit Department.

Examples of “Noncompliance” Issues
1. Billing a patient’s insurance for appointments the patient failed to keep.
2. Providing less medication than was ordered but billing for the prescribed amount.
3. Billing for higher cost individual therapy when only group therapy was provided.
4. Changing a patient’s non-covered diagnosis on a bill to one for which the insurance will pay.
5. Using Albany Medical Center work time and supplies to run a personal business.
6. Charging a government grant for purchases related to a different research project for which there are no funds available.
7. Stealing Albany Medical Center patient personal information to apply for a personal credit card.

Possible Consequences of Noncompliance
1. Damage to Albany Medical Center’s reputation and the public’s trust in our principled performance.
2. Monetary fines under federal and state laws. Some health care organizations have paid MILLIONS of dollars in fines as a direct result of federal investigations of billing fraud and abuse.
3. Possible Government-imposed Corporate Integrity Agreement (“CIA”). Similar to being on probation; several hundred individuals and entities currently have CIA’s.
4. “Exclusion” or no longer being able to bill or receive payment from Medicare and Medicaid.
**Options for Reporting a Potential Noncompliance Issue:**

1. Discuss the problem with your immediate supervisor, unless your supervisor is part of the problem.

2. Call the Chief Compliance Officer or a member of the Corporate Compliance and Audit Department at (518) 262-4692.

3. Call the Corporate Compliance Hotline at (518) 264-TIPP (264-8477).

The Compliance Hotline is a dedicated phone line for individuals to report situations they reasonably believe represent instances of noncompliance, such as those described below:

- Violations of Federal or State laws and regulations
- Possible fraudulent or abusive billing practices, including questionable research billing practices
- Business ethics issues
- Potentially illegal or inappropriate financial transactions
- Possible research misconduct
- Suspected breaches of privacy and security of individually identifiable health information (HIPAA)
- Patient safety, quality of care or EMTALA-related patient transfer issues
- Specific violations related to Recovery Act funds
- Disruptive/intimidating behavior that threatens the performance of the health care team and patient safety

...or behavior that you believe would violate the public’s trust in our principled performance.

Calls to the Corporate Compliance Hotline may be made on an anonymous basis.

**What Happens if I Report a Potential Noncompliance Issue?**

1. The Corporate Compliance and Audit Department will investigate your concerns.

2. If you have identified yourself when making a report, your identity will be kept confidential to the furthest extent possible.

3. Albany Medical Center prohibits retaliation and intimidation against anyone who makes a report based on a good faith assessment of available facts, regardless of whether non-compliant acts actually occurred.

**Failure to report suspected instances of noncompliance may result in disciplinary actions for persons who knew or should have known of the noncompliant behavior.**

**Why Do I Need to Know This Information?**

1. **You** are responsible for recognizing and reporting wrongdoing when it is happening anywhere at Albany Medical Center.

2. If Albany Medical Center were to have a compliance program review or investigation by the government, **all employees** would be expected to know about Albany Medical Center’s Compliance Program.

3. We are **all** responsible for ensuring that Albany Medical Center continues to maintain the public’s trust in our principled performance.
Albany Medical Center has partnered with more than 70 community healthcare providers to create a Performing Provider System (PPS) which spans a five county catchment area (Albany, Columbia, Greene, Saratoga and Warren). The Project Management Officer (PMO) for the PPS also known as the Center for Health Systems Transformation, has chosen 11 Delivery System Reform Incentive Payment (DSRIP) projects to implement over the five-year program.

The goals of the program are to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years.

Payouts are based on achieving predefined results in systems transformation, clinical management and population health

⇒ Reduce avoidable ED use and inpatient admissions by 25%.
⇒ Enhance the patient experience and clinical outcomes.
⇒ Improve key population health measures.
⇒ Minimize the system-wide cost of care by transitioning to a Value-Based Payment System.
⇒ Provide a community-based approach to care through the integration of services.

NYS STATEWIDE TOTAL MEDICAID SPENDING (CY 2003-2013)
Albany Medical Center

Our DSRIP PPS participates in 11 projects, each of which is identified by a number. The project number will allow you to tie the project you are participating in back to our Application and Implementation Plan as well as other New York State resources describing the aims and requirements of each project. You can find these resources at [http://albanymedpps.org](http://albanymedpps.org).

As part of your duties at Albany Medical Center you may participate in various governance councils or project teams, as well as activities to support one or more of the Projects. In that capacity you are also bound by the requirements of the DSRIP program requirements, the DSRIP Compliance Program, and applicable laws, rules and regulations.

<table>
<thead>
<tr>
<th>DSRIP Project Number</th>
<th>Project Description</th>
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<tbody>
<tr>
<td>2.a.i.</td>
<td>Create an integrated delivery system focused on evidence based medicine and population health management</td>
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<td></td>
<td>Proactive management of higher risk patients not currently eligible for health homes through access to high quality primary care and support services</td>
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<td>2.a.ii.</td>
<td>Create a medical village/alternative housing using existing nursing home infrastructure</td>
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<td>2.b.i.</td>
<td>ED care triage for at-risk populations</td>
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<td>Patient activation activities to engage, educate and integrate the uninsured and low/non-utilizing Medicaid populations into community based care</td>
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<tr>
<td>3.a.i.</td>
<td>Integration of primary care and behavioral health services</td>
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<td>3.a.ii.</td>
<td>Behavioral health community crisis stabilization services</td>
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<tr>
<td>3.b.i.</td>
<td>Evidence based strategies for disease management in high risk/affected populations (adults only)</td>
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<td>3.d.iii.</td>
<td>Implementation of evidence based medicine guidelines for asthma management</td>
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<td>4.b.i.</td>
<td>Promote tobacco use cessation, especially among low SES populations and those with poor mental health</td>
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<tr>
<td>4.b.ii.</td>
<td>Increase access to high quality chronic disease prevention care and management in both clinical and community settings</td>
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Medicare Parts C & D General Compliance Training

The next section contains Medicare Parts C & D Compliance Training developed by the Centers for Medicare and Medicaid Services (CMS). Albany Med workforce members are required to complete this training because Albany Med is a provider of services to individuals who are covered by Medicare Advantage Plans (Part C) and Medicare’s Prescription Drug Coverage (Part D). Albany Med is not allowed to modify the CMS content in any way.

While some of the CMS material may not appear to be applicable to those who are not directly involved in patient care or patient business operations, or may not be stated in familiar terms, the underlying message is consistent with that of our own “Trust in Principled Performance – the Compliance Program for Albany Medical Center.” In all that we do, Compliance is Everyone’s Responsibility!

The CMS Post-Assessment questions mentioned in the training are included in AMC’s Annual Education Module Post-Test.

Contact the Corporate Compliance & Audit department at 518-262-4692 if you have any questions on the CMS training.