MEDICAL STAFF MANDATORY EDUCATION

Please read all sections. Policy and other links are provided if more information is desired.

SECTION 1: INFECTION CONTROL

Operating Room Surgical Attire Requirements

- Required in all areas beyond the yellow line
  - Semi-restricted (i.e. Hallways, Substeriles and storage areas)
  - Restricted (i.e. operating rooms & sterile processing)

- Masks
  - Masks are not to be saved by hanging them around neck or tucking them into pocket for future use.
  - Please discard between uses.

- All Head and facial hair must be covered
  - A disposable surgical head cover or hood that confines all hair and completely covers the scalp skin, sideburns, and nape of the neck and minimizes microbial dispersal must be worn as designed.
  - Plain cloth head covers must be completely covered by a disposable, hospital provided bouffant or surgical hood head cover and worn as designed.
  - Beard covers must be worn as designed at all times in any semi-restricted and restricted area.

- Attire/scrubs
  - Undergarments that are visible/exceed scrub attire length are not acceptable.
  - Facility provided attire is not to be worn into or out of the institution.

- Jewelry and Eye protection
  - Jewelry must be secure for all personnel and covered or removed when at the operating field.
  - All personnel in the restricted areas must wear eye protection: glasses with solid side shields, goggles, or face shields whenever splashes, spray, spatter, or droplets of blood, body fluids, or other potentially infectious materials may be generated and eye contamination can be reasonably anticipated.

Additional information: CM S-31, Peri-operative / Procedural Attire

General Infection Control

5 moments for Hand Hygiene as defined by World Health Organization and CDC:
- Before patient contact (and between contact with different sites on the same patient)
- Before Aseptic Task (performing any invasive procedure/prior to putting on sterile gloves)
- After Body Fluid Exposure Risk
- After patient contact (after removing gloves)
- After contact with patient surroundings

Handwash: requires 15-20 seconds of friction under running water/Required for all care of patients with C. difficile on Contact Precautions PLUS

Use Alcohol Gel/Foam: When hands are not visibly soiled/ Appropriate for same conditions listed above with exception of C. difficile patients

OSHA Blood Borne Pathogen Standard, considers the blood and body fluids of all patients potentially infectious without regard to their medical diagnosis (sharps safety; engineering controls; safety device use)

Evidence Based Prevention Strategies for:
- Prevention of Central Line Associated Bloodstream Infections (CLABSI) includes insertion and maintenance bundles; Catheter Associated Urinary Tract Infections (CAUTI) includes criteria for insertion; daily need assessment; Surgical Site Infections (SSI) -includes pre-op antibiotic management, patient temperature control - Monthly infection rates reported by Infection Control Office
- Management of patients with multidrug resistant organisms (MRSA,VRE, CRE, C. difficile and others) includes isolation categories, readmit electronic alert codes, high touch surface cleaning, UV light disinfection

Reporting Communicable Disease Exposures: Contact Employee Health Mon.-Fri. 7:30am-4PM, both campuses, all other times contact Administrative Supervisor

Reporting blood & body fluid exposures: Contact Employee Health Mon.-Fri. 7:30am-4PM, both campuses; all other times report to UH Emergency Department for evaluation and care.

Additional Information: IC D-01, Hand Hygiene, OSHA Regulation, WHO pamphlet

Medical Staff Mandatory Education
Please read all sections. Policy and other links are provided if more information is desired

Safe Injection Practices
The CDC and the New York State Health Department have defined Safe Injection Practice as described below in response to: a) national outbreaks of Hepatitis B virus and Hepatitis C Virus and b) investigation of post-myelography bacterial meningitis cases that concluded face masks were not worn by clinicians during the procedure and droplet transmission of oral pharyngeal flora was likely. All licensed personnel must comply with these standards. This applies to: use of needles, cannula that replace needles, and intravenous delivery systems.

- One needle, one syringe, one time. No reuse of needles or syringes for more than one patient/no reuse to draw up additional medication
- Limit use of multi-dose vials and dedicate them to a single patient whenever possible
- Do not administer medications from a single dose vial or IV bag to multiple patients
- Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (i.e.: myelograms, lumbar punctures, spinal or epidural anesthesia).

Additional Information: CDC Injection Safety

Sepsis
Start with presence of known/suspected infection. If a dysregulated state is present and due to the infection: link these two phenomena in your documentation to support the diagnosis and severity of sepsis, or “rule out” if not related. Absent dysregulated state, there is no sepsis only local infection. Use of sepsis order-sets will aid in meeting compliance with regulatory metrics reported on ALL cases of Severe Sepsis and Septic Shock. Individual and departmental feedback on adherence to regulatory guidelines is routinely provided.

Additional Information: CM S-32 Sepsis Recognition and Management
SECTION 2: PATIENT RIGHTS

EMTALA (Emergency Medical Treatment and Active Labor Act as mandated in 1986)

Upstate University Hospital will comply with all applicable standards of care and federal and State Laws and regulations governing the provision of emergency services and transfer of patients between medical facilities. This applies to any individual presenting to an Emergency Department or on hospital property or located within 250 yards of such. Emergency Care is defined as medical screening by a qualified medical provider.

Additional information: CM E-15, Emergency medical Code Team Response, E-13, EMTALA

Human Trafficking

The assessment and screening related to all Upstate University Hospital inpatients and outpatients includes screening related to Human Trafficking in accordance with Public Health Law 2805-Y. The nurse will assess for indications/red flags that the patient may be a victim of Human Trafficking followed by screening questions if indicated. Hospital social work will be notified and follow-up action taken.

Additional Information: V-11 Victims of Violence, Abuse, or Neglect, P-46 Patient Consent for Photography or Other Visual or Audio Recordings by Upstate Staff

Procedure Verification/Consent

Changes to the informed consent policy were made to ensure consistent practice and patient safety between campuses and to comply with New York State DOH regulations. This applies to both adults and children. The process for procedure verification and consent applies to ALL clinical settings and invasive procedures that pose more than minimal risk, including: special procedure units, endoscopy units, catheterization laboratories, interventional radiology suites, intensive care units, labor and delivery areas, emergency departments, bedside procedures, CT scans, and all clinical units.

Additional Information S-19 Procedure Verification for Surgical and Invasive Procedures, C-07 Informed Consent

Advance Directives

Competent adults and emancipated minors have the right to provide instructions about future treatment should they lose the capacity to make health care decisions. Such instructions may be in the form of a Health Care Proxy, Living Will or other written form or verbal instructions regarding health care. Patients (or their Authorized Decision Makers) have varying preferences about the kinds of treatments desired as the end of life approaches. Upstate Hospital is committed to honoring these preferences, within the bounds of medically appropriate treatment and in light of applicable laws. Patients have broad rights to refuse medical treatment, including life-sustaining treatment. If patients are incapacitated, the Authorized Decision Maker has the ethical and legal right to make decisions on the patient’s behalf. The standards for such decisions are, in order of preference:

1) the patient’s prior wishes;
2) inferred from the patient’s values and beliefs (substituted judgment);
3) The patient’s best interests.

Refusal of medical treatment will be documented, as appropriate, by progress notes detailing the plan of care and completion of appropriate forms (including Do Not Resuscitate (DNR) order or Medical Orders for Life Sustaining Treatment (MOLST) forms) as described in Upstate’s policies. DNR/DNI forms (and corresponding EPIC orders) will be used to document inpatient DNR/DNI orders.

All patients approaching the end of life will be offered the optimal relief of pain and other symptoms, and assistance with decisions regarding forgoing life sustaining treatments. The Palliative Care Team responds to requests by patients, families, or clinicians to assist in the provision of pain relief, symptom management, and comfort and assistance with clarifying goals of care. Upstate Hospital affords all patients, including those with developmental disabilities, full and equal rights and equal protection as provided for in applicable laws.

Additional information: CM E-17, End of Life, including DNR and Molst, PROC CM E-17A, eMOLST Procedure

Ethics Consult

New York State requires a formal review mechanism for some medical decisions at the end of life. When disagreements about medical decisions at the end of life persist, providers may call for an ethics consult to seek to resolve the disagreement.

Additional information E-18 Ethics Review Teams

HIV Clinical Care

HIV testing is an important part of general and specialty health care across the age spectrum, and should be approached as a part of routine care. New York State mandates that all persons between the ages of 13 and up receiving hospital, emergency department, or
primary care outpatient services be offered HIV testing at least once in their lifetime, and the offer should be documented in the medical record. More frequent testing should be offered for individuals with new or non-monogamous sexual partners or potential blood exposures. Verbal consent is appropriate for HIV testing, and it is only required to document lack of consent when patients decline to test. Patients should have access to the NYS Dept. of Health “7 points of HIV Education” in an information packet, posting, or through verbal review in the setting in which they are testing. Disclosure of negative test results is acceptable over the phone as long as the person has a private identifier or series of private identifiers that can be used (Name, DOB and MRN is acceptable). Patients who test positive for HIV (with at least 2 tests in the algorithm positive) should be referred immediately to specialty HIV care with a goal of starting HIV medications within 3 days of diagnosis. Disclosure of positive results should ideally occur in person. Pediatric Infectious Disease should see newly diagnosed patients up through age 25; patients 26 and older should be referred to Immune Health Services. Immune Health will see newly diagnosed patients within 3 days of diagnosis, and intakes for new patients should be called to pager # 315-213-0225. Initial New York State mandatory reporting of HIV laboratory test results will be reported through the laboratory automatically. In addition, basic clinical information should be provided to New York State though the Medical Provider HIV/AIDS and Partner/Contact Report Form. This form can be accessed at Employee Health or if a patient is referred to Immune Health or Pediatric Infectious Disease for their care, Immune Health will complete the appropriate forms.

Additional Information: H-03 HIV Related testing and Mandatory Reporting for Inpatients and Outpatients
NYS Department of Health "7 points of HIV Education"

Restraint Standards for Non Psychiatric Units
The patient has the right to be free from restraints of any form that are not medically necessary. Restraints must never be initiated for staff convenience, as a substitute for adequate staffing to monitor patients, or as a coercive, disciplinary or retaliatory action against patients.

Additional information: CM R-13, Restraint Standards for Non-Psychiatric Patient Care Units

Patient Bill of Rights
Upon inpatient registration, including those patients in “Outpatient Observation” status, patients and/or patient representatives are offered a copy of the Upstate University Hospital's Patient Handbook, which includes the Patient and Parent Rights and Responsibilities.” “Patients have the right to have a family member or other designee, as well as their personal physician, notified promptly of their admission to the hospital upon request.

Additional information: B-01 Patient & Parent Rights and Responsibilities, Public Health Law (PHL) 2803 (1) (g), 10NYCRR, 405.7
Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

SECTION 3: EXPECTATIONS FOR BEHAVIOR

Code of Professional Behavior

In order to promote and support the mission and values of SUNY Upstate Medical University, all members of the Upstate community are expected to maintain the highest level of professional behavior, ethics, integrity and honesty, regardless of position or status. Further, it is the policy of the Medical Staff of University Hospital that all members of the medical staff shall fully comply with the Upstate Pledge, conduct themselves in a professional and cooperative manner, and shall not engage in disruptive behavior directed at or in the proximity of patients, patient's families, staff and peers. This is based on the premise that disruptive behavior has a negative impact on the quality of patient care, as safety thrives in an environment that values and promotes cooperation and respect for others.

Additional Information: MSB X-03, Professional Behavior, CAMP A-18, Code of Conduct

Patient Experience and Patient Satisfaction

We measure Patient Experience using Patient Satisfaction, although they are not one and the same. Our Patient Satisfaction data and hot comments tell us a story of how our patients feel while they are at Upstate University Hospital. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) was designed for consumers to assess healthcare organizations so they could make informed decisions about where to go for their care. It is the first national, standardized, publically reported survey of patients' perceptions of hospital care.

This survey asks three questions about the patients' perceptions of their interactions with their doctors. The questions are:
1. During this hospital stay, how often did doctors treat you with courtesy and respect?
2. During this hospital stay, how often did doctors, listen carefully to you?
3. During this hospital stay, how often did doctors explain things in a way you could understand?

The manner in which a physician communicates information to a patient is as important as the information being communicated. When doctors communicate well, patients are more likely to follow their inpatient care plan, medication schedules, and discharge plan. They are also more likely to modify their behavior if they understand what they are being told about their health problems and treatment options. Communication is essential at all phases of the encounter; below is what this looks like in action. Pair this with a healthy dose of empathy and this will lead to engaged physician/patient relationships. Empathy/Listening=Trust, Trust=Compliance, Compliance=Better Outcomes

<table>
<thead>
<tr>
<th>Beginning</th>
<th>Middle</th>
<th>End</th>
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</thead>
<tbody>
<tr>
<td>First impression</td>
<td>History and circumstances</td>
<td>Close the loop</td>
</tr>
<tr>
<td>Tone and demeanor</td>
<td>paraphrased</td>
<td>Appreciate the opportunity to care</td>
</tr>
<tr>
<td>Non-clinical opener</td>
<td>Informed of physical exam findings</td>
<td>Contact names and numbers</td>
</tr>
<tr>
<td>Awareness of the &quot;why&quot; of the visit</td>
<td>Informed of test results</td>
<td></td>
</tr>
<tr>
<td>Frame the visit in time and content</td>
<td>Explained working diagnosis</td>
<td></td>
</tr>
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<td></td>
<td>Explained medications</td>
<td></td>
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<tr>
<td></td>
<td>Shared plan</td>
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</tbody>
</table>

Additional information: Patient Satisfaction Best Practices and/or contact Amy Szczesniak, MS, RN, CPXP at szczesna@upstate.edu

Substance Use, Screening, and Intervention

New York State prohibits on-the-job use of, or impairment from, alcohol and controlled substances. An employee may be required to undergo medical testing if a supervisor has a reasonable suspicion that he or she is unable to perform job duties due to a disability which may be caused by the use of alcohol. Violations of the State policy on alcohol and substance abuse in the workplace may be the subject of disciplinary action pursuant to Section 75 of the Civil Service Law or the Disciplinary Articles of collectively negotiated agreements.

Additional information: CM A-27, Substance Use Disorder Screening, Intervention and Assessment

Sensitive Treatment of Obese Patients

Communication must be unbiased and caring:

a. Strategies to provide care that is unbiased and caring:
   - Recognize that being overweight is a product of many factors
   - Examine and understand your own bias for providing care to a patient who suffers from the disease of morbid obesity
   - When talking with an obese person, make direct eye contact, and employ good listening skills

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

- Ask the patient how you can best assist them
- Do not provide unsolicited advice to lose weight
- Avoid idle conversations that are unprofessional and are often overheard by patients, such as:
  1. “They can lose weight if they want to.”
  2. “How am I supposed to move that patient? It will take all of the staff!”
  3. “They need to provide us with motorized equipment if we have to push this patient around.”
  4. “We will have to make this a private room, no other patient will fit in the room with the fat people equipment.”

Use effective communication. Certain communication strategies can encourage a patient's motivation to engage in healthy lifestyle behaviors without being judgmental or biased. One particularly effective approach is motivational interviewing, which aims to enhance self-efficacy and personal control for behavior change. This approach uses an interactive, empathic listening style to increase motivation and confidence by specifically emphasizing the discrepancy between personal goals and current health behaviors.

The types of questions typically used for this approach are open-ended, nonjudgmental questions, such as:
  1. How ready do you feel to change your eating patterns and/or lifestyle behaviors?
  2. How is your current weight affecting your life right now?
  3. What kinds of things have you done in the past to change your eating?
  4. What strategies have worked for you in the past?
  5. On a scale from 1-10, how ready are you to make changes in your eating patterns?

Additional information: Bariatric Program Coordinator: Casey Hammerle, MSN, RN, CBN | Phone: (315) 492-5934 | Fax: (315) 492-5964 | Email: hammerlc@upstate.edu

Gender Identity Awareness

Governor Cuomo issued state-wide regulations prohibiting harassment and discrimination on the basis of gender identity or transgender status. Transgender and gender non-conforming individuals have unique needs when interacting with the health care system. First and foremost, many transgender people experience stigma and discrimination in their day to day lives, and particularly when seeking health care. The words used to describe themselves and others are very important. Using the incorrect words can often undermine peoples' dignity and reinforce exclusion. When in doubt, asking a person how they self-identify is generally the most respectful approach. Some definitions to know:

- **Sex** is defined as male, female or unknown. Biological, or natal, sex is based on attributes that characterize biologic maleness or femaleness based on anatomy. A patient's current sex as shown on legal documents such as birth certificate, license, or insurance card is used for demographic collection.
- **Gender Identity** is defined as a personal conception of oneself as male or female (or both or neither). People base their "preferred gender pronouns" on this gender expression.
- **Gender expression** is how a person behaves, dresses, and speaks to communicate gender.
- **Transgender** is a gender identity that differs from sex assigned at birth. A “trans man” is a female to male person. A “trans female” is a male to female person.
- **Transsexual** refers to someone who has undergone gender affirmation surgery.
- A “preferred name” when available should be used when addressing and referring to transgender patients.
- A person “transitioning” is in a process of changing social, physical, or legal characteristics for purposes of living in a desired gender sexual orientation.
- **Sex and Gender:** when sex and gender are the same the person is cisgender; when sex and gender are different, the person is transgender.
- **Statistics and facts:**
  - 50% of transgender teens attempt suicide
  - There are between 700,000 to 850,00 (~0.3%) in the United States
  - Regulations passed on February 2016 regarding Transgender discrimination
  - We treat transgender patients in Pediatrics, Adults Medicine, Emergency Medicine and everywhere within Upstate

For the identity of Transgender patients or patients in transition, Patient Access Services will enter their legal name in the appropriate name fields in the EMR, their preferred name in the preferred name field, and their sex at birth. Gender Identity is defined as how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different than the sex assigned at birth.
Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

Additional information: I-02, Patient Identification

Patient Abuse

Domestic Violence is a workplace issue. It is your responsibility to understand the effects of domestic violence, ways to prevent and curtail violence, and methods to report such violence to authorities. Designated liaisons, persons who can assist with support and care at Upstate are: Employee assistance Program Coordinator, Human Resource Leave Coordinator, and University Police/Public Safety Department.

Additional information: D-25, Domestic Violence

Child Abuse

Any employee, student of, or volunteer for the State University of New York who witnesses or has reasonable cause to suspect any sexual abuse of a child occurring on State University property or while off campus during official State University business or University-sponsored events has an affirmative obligation to report such conduct to the Social Worker on call, or if unavailable, the nursing supervisor, immediately. In situations where there are multiple mandated reporters with knowledge of suspected abuse or maltreatment, mandated reporters should verify that a report has been made by the institution, and documented.

Additional Information: C-06 Child Abuse (For purposes of this policy, the applicable definitions of child sexual abuse are those used in the NYS Penal Law in Articles 130 and 263 and Section 260.10 and “child” is defined as an individual under the age of 17.)

Sexual Harassment

Form of discrimination that violates Title VII of the Civil Rights Act of 1964, NYS Human Rights Law, Executive Order 9 and the policy of Upstate Medical University. Individuals who experience or witness sexual harassment or other forms of discrimination should contact the Office of Diversity and Inclusion to discuss options. (315-464-5234). File a written complaint using the internal complaint procedure.

Additional Information: HCP C-

Physical and/or Mental Impairment

Prior to granting of medical privileges, the NYS Department of Health requires a physical examination and recorded medical history of sufficient scope to ensure that the individual is free from a health impairment which may pose potential risk to patients or interfere with the performance of duties. An impaired provider is one who is unable to practice his/her profession with reasonable skill and safety because of physical or mental illness, including deterioration through the aging process, loss of motor skill, or inappropriate or habitual use and/or abuse of drugs or other substances, including alcohol. Reassessment of health status will be conducted at least annually or more frequently if necessary to ensure that staff are free from health impairments which pose potential risk to patients or personnel or which may interfere with performance of duties.

University Hospital strongly encourages referral or self-referral to the NY State Committee on Physician’s Health or other programs or services, for assistance relating to impairment so that staff may achieve and maintain health and safely return to clinical practice with a plan for monitoring. Concerns regarding a credentialed provider who may be suffering from an impairment may also be referred to the University Hospital Medical Director, Medical Staff Services offices, any officer of the Medical Staff, the Chief of Service/Division/Section or Hospital Administration and shall be handled as a referral for corrective action under MS Bylaws Article XV.

Violations of the State policy on alcohol and substance abuse in the workplace may be the subject of disciplinary action pursuant to Section 75 of the Civil Service Law or the Disciplinary Articles of collectively negotiated agreements

Additional Information: OMS-P03

Workplace Violence

Workplace violence ranges from offensive or threatening language to homicide. It’s defined as violent acts, including physical assaults and threats of assaults directed toward persons at work, on duty, or on Upstate premises. (Reference Policy UW V-02, Workplace Violence Prevention Policy Statement.)

Resources Available to Report Workplace Violence:
- Employee/Labor Relations @ 315-464-5872
- Employee Assistance Program @ 315-464-5760
- Office of Diversity and Inclusion @ 315-464-5234
- University Police @ Downtown: 315-464-4000 or Community: 315-492-5511

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

Additional Information: UW V-02, Workplace Violence Prevention Policy Statement

SECTION 4: SAFETY

Accessing Policies and Forms on MCN
Click on the Upstate iPage Policies & Forms icon. Click on MCN Policy Management System. You are automatically a guest user if you’ve logged into the Upstate system using your Novell login and password. You may search using the bar at the top of the screen, or by clicking ‘Browse manuals’. Medical Staff Bylaws are listed as a separate manual. Hospital and other policies are also separate manuals, as are forms. Click on the desired manual to see a listing of policies within the manual. Click on the policy to open it. You can always see where the policy is located by looking at the path – for example: the Medical Staff policies / policy manual is within the Department Specific Policies folder.

Medication Administration
1. Medications may only be administered to University Hospital patients.
2. IV push medication and Chemotherapy may not be delegated to the LPN or CRTT by any other professional.
3. Medications must be prepared, administered, and charted by the same person. If the medication is not prepared by the licensed professional who will be administering the drug, they must take steps to assure that the drug they are administering is accurate per the medical provider’s order.
   Exception: Medications prepared by Pharmacy or Anesthesiology.
4. The Pharmacy Department and Pharmacy and Therapeutics committee have formulated specific policies regarding the administration of anticoagulants, steroids, antibiotics, investigational drugs, and controlled drugs, see Formulary on policy website. Policies concerning controlled substances adhere to those written by the State and Federal Narcotic Laws.

Patients Own Medications: Orders to use patient’s own meds will be clearly specified in the medical provider’s order. The medical provider must indicate the drug, dose, indication if PRN, and schedule in the medical provider’s orders and specify “Patient may take own…”

Additional information: CM M-03, Medication Administration

Right to Know GHS- (Globally harmonized System of classification and labeling of chemicals in a uniform way) **
You have the right to know about hazards to which you may be exposed in the workplace. The GHS is a classification system that standardizes labeling of chemicals and the risks associated with them. This enables an employee to find information about the hazards of chemicals so they can protect themselves from the effects of overexposure. There is an Icon on the IPAGE located under Clinical Launch Pad that lists Medications that are considered hazardous. Hazardous Drugs will also be identified in the Medication Record so that proper precautions can be taken while preparing, administering and disposing of the drug. Hazardous Drug signage will be placed on the door of the patient’s room. Refer to the policy for drug precaution guidelines.

Hazardous Drug ICON on the IPAGE

Additional information: MC H-26, Handling and Precautions for Hazardous Drugs, EHS H-03 Hazard Communication/Right to Know Program, OSHA Hazard Communication Standard, NYS Right-to-Know Law

Emergency Codes – All Locations

<table>
<thead>
<tr>
<th>Code Red - Fire</th>
<th>Code Orange - Hazmat/Decon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Clear - All Clear</td>
<td>Code White - Pediatric Medical Emergency</td>
</tr>
<tr>
<td>Code Yellow - Bomb Threat</td>
<td>Code Silver - Person with weapon</td>
</tr>
<tr>
<td>Code Amber - Missing Child</td>
<td>Code Blue - Adult Medical Emergency</td>
</tr>
<tr>
<td>Code Black - Severe Weather</td>
<td>Code Grey - Missing Adult Patient</td>
</tr>
</tbody>
</table>

Fire Safety - Rescue, Alarm, Confine, Extinguish (RACE)
Identification of Patient Risk

Patient safety is a top priority at Upstate. As part of a local & national effort the process for color coded wristbands has been standardized and is used to identify & communicate patient specific risk factors. This standardization for patient safety will help travelers, students, & per diem staff that may work at other area hospitals in the community.

Any patient that, during the Nursing Assessment, demonstrates one of the following risks will have a colored band placed on the same extremity as the patient identification band.

<table>
<thead>
<tr>
<th>Color of Band</th>
<th>Risk Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow</td>
<td>Fall Risk</td>
</tr>
<tr>
<td>Pink</td>
<td>Limb Alert</td>
</tr>
<tr>
<td>Purple</td>
<td>DNR</td>
</tr>
<tr>
<td>Cross hatched symbol</td>
<td>Radiation</td>
</tr>
<tr>
<td>White band</td>
<td>Reinfusion of RBCs or WBCs</td>
</tr>
<tr>
<td>Wander Guard-No color</td>
<td></td>
</tr>
</tbody>
</table>

Allergy Verification:
- Located in EPIC header
- Red background, white lettering
- No bracelet

Additional information: I-02, Identification of patients
SECTION 5: SECURITY, COMPLIANCE, & PRIVACY

Safety Alert System

Adverse events are to be reported using the UHC safety intelligence system. This is a privileged confidential, electronic tool to report and collect events that involve or pose potential for harm solely for the purpose of quality assurance and patient safety. Access to event reports are not provided to patients, their representatives or third parties.

Additional Information: P-55 Event Reporting Privilege and Confidentiality

Institutional Compliance

- Compliance means “doing the right thing,” both legally and ethically, by following all local, State and Federal laws, regulations, policies, contracts and professional standards that govern our daily business activities.
- The Institutional Compliance program is intended to promote adherence to applicable rules and regulations and prevention of fraud, waste and abuse through education, monitoring, and corrective action that supports the mission, philosophy and values of Upstate Medical University. All persons associated with Upstate Medical University have an obligation to report, without fear of retaliation, known or suspected: Fraud, Abuse, Waste, improper, illegal or unethical activities
- Basically: No Lying, No Cheating, No Stealing

Federal fraud and abuse laws that apply to physicians include the following:

- False Claims Act (FCA) The FCA imposes civil liability on any person who knowingly submits a false or fraudulent claim to the Federal Government. No proof of specific intent to defraud is required to violate the civil FCA.
- Anti-Kickback Statute (AKS) The AKS makes it a crime to knowingly and willfully offer, pay, solicit, or receive any remuneration directly or indirectly to induce or reward referrals of items or services reimbursable by a Federal health care program if a safe-harbor exception is not met. Remuneration includes anything of value, such as cash, free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies.
- Physician Self-Referral Law (Stark Law) The Stark Law prohibits a physician from making a referral for certain designated health services payable by Medicare or Medicaid to an entity in which the physician (or an immediate family member) has an ownership/investment interest or with which he or she has a compensation arrangement, unless an exception applies.

Accurate Coding and Billing: Please avoid the following practices to help ensure accurate coding and billing:

- Billing for services that you did not actually render
- Billing for services that were not medically necessary
- Billing for services performed by residents when teaching physician guidelines are not met. Teaching physicians/attendings must personally see and evaluate the patient or be physically present during the critical and key portion of the service and personally document their participation in the service, indicating agreement or disagreement with resident's documentation.
- Billing for services of such low quality that they are virtually worthless

Physician Documentation: Physicians must maintain accurate and complete medical records and documentation of the services provided. Documentation must also support the claims you submit for payment.

Additional information: Avoiding Medicare Fraud and Abuse

Privacy and Security of Patient Information

- Your access to patient information is granted in order to permit you to render care and treatment to your patients. If you are not a member of the care and treatment team for a specific patient, you should not access the patient's information.
- A healthcare proxy is entitled to patient information for healthcare decision-making only if the patient is incapacitated and can't make his or her own decisions.
- When someone inquires about the patient verify that the patient has given permission to talk with the individual.
- Limit discussing patients in hallways and other open areas, by lowering your voice volume, moving away from other patients and visitors and using minimum patient identifiers.
- When having discussions with patients or families minimize the chance of others overhearing by closing the door, and lowering your voice volume, and ask visitors to step out of the room.
Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

- Use the designated consult rooms in surgical waiting areas to discuss the patient's status with his/her family.
- Do not discuss or reveal patient information on social networking sites even if you are the only one who can identify the patient.
- Respect the privacy rights of employees who come here for care by affording their information the utmost confidentiality it deserves.
- Photographs and other media recordings of patients require patient consent unless they are taken for care and treatment purposes.
- Recordings of patients may be made using an Upstate owned or issued device if an Upstate approved application is installed on the device.
- Be sure to properly identify the patient before sending out patient correspondence or giving the patient a copy of his/her information.
- Passwords are the most common form of authentication at Upstate and are often the only barrier for access to our sensitive and/or confidential information. Passwords must remain confidential to protect the security of our information.
- It is important to not disable the anti-virus and/or anti-spyware software on Upstate computer system. There is potential risk for viruses and other malware programs that can affect the performance of your computer, the effectiveness of our network.
- Log-off your computer when you walk away from it. Even if you only step away from your computer for a few minutes, it's enough time for someone else to use your logon and access information inappropriately.
- Users should not transmit and/or store sensitive and/or confidential information on file sharing or text messaging applications (e.g.: Dropbox, Google, Instant Messaging, consumer grade testing (SMS) software). As a result, you may be giving unauthorized individuals access to Upstate’s patient information.

Follow general guidelines for protecting portable devices, including Smartphone devices and laptops:

- Password-protect your device - Make sure that you have to enter a password to log in to your mobile device;
- Keep your mobile devices with you at all times - When traveling or at home, keep your device with you. Additionally, device left in unattended and locked vehicles is not considered a secure protection mechanism;
- Be aware of your surroundings - If you do use your laptop or mobile device in a public area, pay attention to people around you. Make sure that no one can see you type your passwords or see any sensitive information on your screen;
- Back up your files to avoid losing all of the information. Make backups of any important information and store the backups in a separate location, preferably on Upstate systems. Not only will you still be able to access the information, but you'll be able to identify and report exactly what information is at risk.

- Phishing refers to sending an e-mail which tricks someone into clicking on a web link or opening an attachment. The end goal of phishing is to steal valuable information, such as usernames and passwords, install software on our systems to prevent access to data, or even take sensitive patient or personal information from our systems. Clicking on links in phishing e-mails, or filling in confidential information on malicious websites, can put your data at risk - not only Upstate's but also your personal data. Through phishing emails, attackers can gain access to confidential information, steal money from your bank accounts, and steal your identity. There is very little risk in simply opening e-mails. In almost all cases, opening an e-mail will not result in compromise. The risk is in clicking on links or opening attachments. Attackers can e-mail you infected attachments which install malicious software or “malware” for short. Clicking on a link can take you to a website which steals login or other valuable information. The website could also install malware on your machine without your knowledge.

- Ransomware is malicious software that cyber criminals use to hold your computer or computer files for ransom, demanding payment from you to get your files back. Ransomware makes itself known by presenting users with a message indicating that their critical files have been encrypted and offering to decrypt the files for a fee, usually in bitcoin, US Dollars, or Euros. The attackers threaten to delete the private key needed to decrypt the files unless their ransom is met. Most ransomware is installed by downloading unauthorized software or clicking on web page links in phishing email messages.

- Be wary of downloadable software - There are many sites that provide advertisements for software you can download onto your computer, iOS device, or mobile phone. This software could include malicious code. Avoid downloading files from sites that you do not trust. If you are getting the files from a supposedly secure site, look for a web site certificate

Additional Information: UW C-01, Confidentiality

ID Badge

All Upstate Medical University personnel working or doing business must wear an identification badge at all times when working throughout Upstate Medical University Campuses, including owned or leased areas.
Medical Staff Mandatory Education
Please read all sections. Policy and other links are provided if more information is desired

SECTION 6: MEDICAL STUDENTS

Working with Medical Students
The College of Medicine (COM) is responsible for preparing everyone who works with and teaches medical students for their responsibilities. To assist with this, the Educational Program Objectives have been aligned with the ACGME objectives for residents, in order to better prepare medical students for their future role in residency. In addition, to be sure that the learning environment for medical students is conducive to the ongoing development of appropriate professional behaviors, faculty and staff treat all individuals with respect.

Additional information: COM Graduation Competencies and Educational Program Objectives (EPOs), Learning Environment and Mistreatment, Professionalism