Credentialed Provider Mandatory Education

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

Medical Staff 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. It is the policy of the Medical Staff of University Hospital that all credentialed medical providers (including Medical Staff members and Health Professionals as outlined in MSB A-07) shall fully comply with the Upstate Pledge, conduct themselves in a professional and cooperative manner, and shall not engage in disruptive behavior. 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

Compliance, Fraud, Waste, and Abuse

Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians: This fact sheet assists physicians in understanding how to comply with federal laws by identifying “red flags” that could lead to potential liability in law enforcement and/or administrative actions.

Faculty Practice Plan and University Hospital Compliance Program: Information is provided regarding the compliance hotline, accurate record keeping, truthful reporting, ethical/respectful behavior, confidentiality, and disciplinary measures.

Additional Information: Compliance Education

Infection Control

5 moments for Hand Hygiene 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

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 oropharyngeal 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
Credentialed Provider Mandatory Education

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

- 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

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

Patient Bill of Rights

Upon registration, patients and/or patient representatives are given the Upstate Patient Handbook showing the Patient Bill of Rights and Bill of Responsibilities in which patients are notified of their rights as patients. The handbook also includes the process to raise and resolve complaints and/or grievances. The hospital involves the patient in making decisions about their care, treatment and services including the right to have their own physician promptly notified of their admission to the hospital.

Additional information: Public Health Law (PHL) 2803 (1) (g), 10NYCRR, 405.7

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 treatment 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

Ethics Consult

New York State requires a formal review mechanism for some medical decisions at the end of life. When disagreements arise about medical decisions at the end of life attempts to resolve them should first be made by calling an ethics consult.

Additional information E-18 Ethics Review Teams

HIV Clinical Care

University Hospital provides HIV testing to patients with consent. HIV testing is voluntary except in limited circumstances as authorized by NYS law. HIV testing is offered to all persons between the ages of 13 and 64 receiving hospital, emergency department, or primary care outpatient services. The NYS Department of Health requires mandatory reporting of all initial determinations or diagnoses of HIV infection, HIV- related illness, and AIDS; reporting is done through the labs at Upstate. Consent may be obtained orally per University
Hospital policy (H-03) after the NYS Dept. of Health "7 points of HIV Education" fulfills the pre-test counseling requirements. 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). Disclosure of positive results must be only in person, and only in front of those the patient has indicated may be present. Physicians and other care providers are expected to complete the Medical Provider HIV/AIDS and Partner/Contact Report Form within 14 days of diagnosis, and send it to Infection Control. The form may be obtained from the infection control office on either campus or at Immune Health Services.

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, Restraints**

### 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’s main building 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**

### 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 shall have an affirmative obligation to report such conduct to the Social Worker on call, or if unavailable, the nursing supervisor, immediately. 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.

Additional Information: **C-06 Child Abuse**

### 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-12**

### Substance Abuse

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: **OMS-P03**

### Workplace Violence

NYS Labor Law Section 27- B. Workplace Violence is any physical assault, threatening behavior, or verbal abuse, occurring in the work setting. Report incidents by calling Employee Relations at x45872, or University Police at x4000.

Additional Information: **CAMO C-07 Workplace Violence Prevention Policy Statement**
Credentialed Provider Mandatory Education

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

Medication Administration

- Medications may only be administered to Upstate Hospital patients.
- IV push medication and Chemotherapy may not be delegated to the LPN or CRTT by any other professional.
- Medications must be prepared, administered, and charted by the same person.
- The Pharmacy Department and Pharmacy and Therapeutics committee have formulated specific policies regarding the administration of anticoagulants, steroids, antibiotics, investigational drugs, and controlled drugs, refer to Formulary Handbook and associated policies in the clinical manual. Policies concerning controlled substances adhere to those written by the State and Federal Narcotic Laws.
- Unused portions of medications should not be given to the patient upon discharge.
- Nursing personnel are required to implement the order of practitioners, including the administration of drugs and biologicals, in accordance with such orders and standards of nursing and medical practice (New York State Education Law 405.5(c)).
- Medications should be prepared (removed from patient drawer or Automated Medication Dispensing Systems [AMDs]) immediately before administration to patient. This includes preparation of IV fluids.

Additional information: CM M-03, Medication Administration

Privacy and Security of Patient Information

- Your access to patient information is granted in order to permit you to carry out your role responsibilities. Look at and share only the minimal amount of confidential information necessary to do your job.
- When entering a patient's room, ALWAYS ask the patient if it is OK for his or her visitor to be present for discussion about care.
- 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.
- 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.
- If you are not a member of the care and treatment team for a specific patient, you may not access information without the Attending Physician's consent.
- Photographs and other media recordings of patients require patient consent unless they are taken for care and treatment purposes.
- 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.
- Users should not transmit and/or store sensitive and/or confidential information on file sharing or text messaging applications 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 valuables 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.
  - 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.

Additional Information: UW C-01, 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.
Credentialed Provider Mandatory Education

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

- 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

Additional Information: Compliance Education

Event Reporting
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

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.

Additional information: EHS H-03 Hazard Communication/Right to Know Program, OSHA Hazard Communication Standard, NYS Right-to-Know Law

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<thead>
<tr>
<th>Emergency Codes – All Locations</th>
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<tr>
<td>Code Red - Fire</td>
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<tr>
<td>Code Amber - Missing Child</td>
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<td>Code Black - Severe Weather</td>
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Fire Safety – Rescue, Alarm, Confine, Extinguish (RACE)

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 conductive 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

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.