UPSTATE
UNIVERSITY HOSPITAL

UPSTATE
COMMUNITY HOSPITAL

Medical Staff Mandatory Education

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

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SECTION 1: PATIENT RIGHTS AND CARE

Advance Directives/DNR/MOLST

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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 (HCP), Living Will or other written form or verbal instructions regarding health care.. Upstate Hospital is committed to honoring patient 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.

Effective June 26, 2023: DNR and DNI orders have transitioned **from the White Paper form into Epic** for the ordering provider to complete. Once signed, the orders are considered active for the patient. The implementation of the DNR/DNI orders into Epic is in accordance with the **End of Life, Including DNR and MOLST CM E-17** policy.

Important: The DNR/DNI orders will **need to be co-signed by an Attending Provider within 24 hours of being signed by the Resident.**

DNR/MOLST for persons with an intellectual and/or Developmental Disability (I/DD) – only an attending physician (not an Advanced Practice Provider or resident) can complete a DNR and/or MOLST for a patient with I/DD who lack capacity and do not have an HCP as long as the patient meets the legal requirements based upon the MOLST legal checklist and 1750b process, regardless of the patient's age or residential setting.

The protocol for determining the appropriate decision-maker of a non-developmentally disabled patient if incapacitated and has no health care proxy is located under the FHCDA (Family Health Care Decisions Act) law, Policy C-07 and CM E-17.

Additional information:
FHCDA (Family Health Care Decisions Act) Law
NY Bar Association
CM A-25 Advance Directive Management of
C-07 Informed Consent / Refusal
CM E-17 End of Life, including DNR and MOLST
PROC CM E-17A eMOLST Procedure

Behavioral Health Training

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Mental and substance abuse disorders affect people from all walks of life and all age groups. These illnesses are common and can be life-threatening, but they are treatable, and many people do recover. Behavioral health conditions are leading causes of inpatient and emergency department utilization in the Central New York region. Patients in acute emotional distress, and/or experiencing mental health or substance abuse disorders are to be connected to a mental health/substance abuse professional. (Consult your departments policies / procedures for specifics on how to refer to a mental health professional)

Upstate has over 200 mental health/substance abuse professionals available to respond.

Social Work and Nursing Case Management provide assessment and discharge referrals to appropriate resources:

- Mental Health/Substance Abuse inpatient and outpatient care
- Behavioral Health
- Home and Community Based Services

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- o Education and employment
- o Crisis Management
- o Peer and Family Support
- Health Home Care Management

Additional information:
    Behavioral Health PowerPoint

EMTALA

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

(also known as the "Anti-Dumping Act")

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Fundamental requirements of EMTALA include:

- Provide an appropriate **medical screening exam** within the capability of the hospital. The purpose of the exam is to determine whether an **emergency medical condition** exists.
- If it is determined that an emergency medical condition exists, then either provide **stabilizing treatment or an appropriate transfer***.
  - ***** An **appropriate transfer** means the transferring hospital:
    - **Provides treatment within its capability to minimize risk of harm;**
    - **Contacts the receiving facility which agrees to accept the transfer;**
    - **Sends relevant records available at time of transfer and sends additional records (such as test results not yet available) as soon as practicable after the transfer;**
    - **Provides name of on-call physician who failed/refused to respond to provide stabilizing treatment, (if any); and**
    - Effects the transfer with qualified personnel with proper equipment, including life support measures.
- A person with an **un-stabilized emergency medical condition** may not be transferred UNLESS:
  - o The person or his/her decisionmaker requests transfer in writing after being informed of hospital's EMTALA obligations and the risks of the transfer, OR
    A physician certifies that based on the information available at the time of transfer, that the medical benefits of treatment at the other facility outweigh the risks of the transfer; AND
  - o The transfer is appropriate (as outlined above).
- A **hospital with specialized capabilities**—including specialized equipment or personnel (including mental health, NICU, burn unit, trauma)—must accept transfer of a person requiring such capabilities if the hospital has capacity.

Additional information:
    CM E-15 Emergency Medical Code Team Response
    E-13 EMTALA
    T-11, Inter-facility Transfer and Cross-Campus Transport of Patients
    MSB R-09, Rule and Regulations – On call Coverage and Consultation Responsibilities
    MSB R-10, Rules and Regulations – Medical Screening Exams

Ethics Consult

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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

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HIV Clinical Care

HIV testing requirements:

- HIV testing 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 (at least once a year) should be offered for individuals with new or non-monogamous sexual partners or potential blood exposures.
- Prior to testing, patients, or their surrogates (if patients cannot consent) should be informed verbally that an HIV test will be done. If patient verbally accepts the offer of testing, their acceptance does not need to be documented; if they decline it should be documented.

Disclosure of HIV test results:

- Disclosure of positive results should ideally occur in person. Disclosures over the phone are allowed if in-person disclosure is not realistic, or if it is thought that the risk/benefit ratio of a phone disclosure is favorable. Results (positive and negative) will go automatically into the electronic medical record.
- HIV test results should be delivered in a privately (not in a shared hospital space) and to the patient only, unless they are a young child.
- All people with HIV should be encouraged to disclose their status to their partners, but only attending physicians and communicable disease investigators can make disclosures to partners when the infected patient has repeatedly declined to do so, under specific circumstances. This process can be discussed with Inclusive Health Services if need be.

Rapid linkage to care for patients diagnosed with HIV:

- 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. Disclosures over the phone are allowed if in-person disclosure is not realistic, or if it is thought that the risk/benefit ratio of a phone disclosure is favorable. Results (positive and negative) will go automatically into the electronic medical record.
- Pediatric Infectious Disease should see newly diagnosed patients up through age 25.
- Patients 26 and older should be referred to Inclusive Health Services. Inclusive Health will see newly diagnosed patients within 3 days of diagnosis, and intakes for new patients should be called to pager 315-223-0225.
- All newly diagnosed patients who are inpatient should be seen by the pediatric or adult infectious disease consult services prior to discharge.
- Staff with needlestick exposures to HIV should still call employee health during business hours or report to the ED during non-business hours and start prophylaxis as soon as possible; it can always be stopped if it is later determined to be unnecessary. People who have had a non-occupational exposure to HIV and wonder if they may need PEP can call the NYS PEP hotline at 844-PEP4NOW (844-737-4669).

Additional Information:
   H-03 HIV Related testing and Mandatory Reporting for Inpatients and Outpatients

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

Human Trafficking

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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. **Public Health Law 2805-Y directs hospitals to assess and screen for human trafficking. Medical Providers and nursing will assess patients 12 years old and above for red flag indicators. If concerns exist, the attending will be notified and a social work consult will be requested.**

Additional Information:
CM H-31 Identification and Treatment of Victims of Human trafficking
V-11 Victims of Violence, Abuse, or Neglect
P-46 Patient Consent for Photography or Other Visual or Audio Recordings by Upstate Staff

Organ Procurement

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NEW 2024: All providers will be informed about the policy for organ, tissue, and eye procurement on an annual basis (via annual credentialed provider education), and as needed for any significant revisions or modifications of the policy and procedures governing organ, tissue, and eye donation.

Additional information:
O-04 Organ Donor – Solid Organ, Tissue and Eye
CM D-12 Death Certification by Neurologic Criteria
D-21 Donation After Circulatory Death (DCD) - Controlled

Patient Bill of Rights

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All patients have the right to be treated with grace and dignity. Rights are outlined in the Patient Bill of Rights, given to patients and / or patient representations upon registration. Complaints are reported to Patient Relations.

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

Patient Positioning

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All procedural and operative patients should be positioned in a safe and appropriate manner. Safe and appropriate positioning require teamwork. The perioperative team should actively participate in safely positioning the patient under the direction of and in collaboration with the surgeon and anesthesia provider.

Additional Information:
The Basics of Positioning Patients in Surgery
OPER P-04 Intraoperative Patient Positioning
PROC OPER P-04A Lateral Positioning
PROC OPER P-04B Lithotomy Positioning
PROC OPER P-04C Prone Positioning
PROC OPER P-04D Supine Positioning
PROC OPER P-04E Trendelenburg / Reverse Trendelenburg Positioning
PROC OPER P-04F Sitting or Semi-sitting (Beach Chair/Fowler/Semi-Fowler) Position

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

Procedure Verification/Consent

The process for procedure verification and consent applies to ALL clinical settings when patients are exposed to 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 / Refusal

Restraint Standards for Inpatient Psychiatric and Non-Psychiatric Units

Restraint: Any manual method, physical or mechanical device, material, apparatus or equipment that immobilizes or reduces the ability of a patient to move their arms, legs, body or head freely; or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the freedom of movement and is not a standard treatment or dosage for the patient's medical or psychiatric condition.

Types of Restraints:
1. **Manual Restraint**: Involuntary holding or pinning of an individual to restrict movement of the head, arms or body. Manual restraints include, but are not limited to, physical restraints required to facilitate the safe administration of court ordered or emergency medications administered over a patient's objection, physical take downs, or other physical interventions that are designed to involuntarily hold or pin the individual to restrict movement.
    i. **Medical Immobilization is NOT considered a form of restraint**. Medical immobilization is defined as the use of a device to restrict movement associated with, or during, a medical, dental, surgical, or diagnostic procedure.
    ii. **Adaptive support and Assistive Devices are NOT considered a form of restraint** unless the intent of their use is to restrict the patient's movement and/or deny the patient normal access to their body.

2. **Restraint Alternative/Preventive Measures**: Any intervention or device that eliminates the need to use a restraint. Some examples are lap belts that can be released by the patient, moving the patient closer to the nursing station, or utilizing a family member or sitter to stay with the patient, diversional activities, interventions, calming techniques, and re-orientation.

3. **Chemical Restraint: a medication intended to restrict, manage or limit behavior,** interaction with the world around them, and restrict freedom of movement. This is NOT a standard treatment or dosage for the patient's condition.

"Standard Treatment or Dosage" • A drug/medication that enables the patient to behave more effectively or appropriately, and function in the world around them, than would be possible without the drug/medication

When is a Medication a Restraint? If the overall effect of a drug or medication, or combination of drugs or medications is to: reduce the patient's ability to effectively or appropriately interact with the environment around the patient then the drug or medication is NOT being used as a standard treatment or dosage for the patient's condition, and therefore is a RESTRAINT!

Provider responsibilities when a Patient is in Seclusion or Restraints, or when a chemical restraint is administered:
1. **Assess the patient face-to-face within 1 hour (one hour or less)** following the initiation of the medication/chemical restraint, seclusion, or restraint.
2. Review the appropriateness of the intervention – and alternative interventions attempted – with consideration of medical, physical, and psychological status of the individual with the nursing staff.
3. Ener order promptly after initiation of the procedure.

Who can order restraints: This varies by area, please read the reference policies, and review the PowerPoint for complete information. Duration of restraint use: Please see the reference policies and review the PowerPoint for complete information.**Additional information:**
   Restraints: Provider Education
   PSY R-06, Restraint and Seclusion Standards for Inpatient Psychiatric Unit
   CM R-25 Acute Care Medical – Surgical/Non Violent Restraints for Non Psychiatric Patient Care Units
   CM R-26 Acute Care Behavior/Violent Restraints including Seclusion and Chemical – for Non Psychiatric Patient Care Units
   Restraint Table

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Chemical Restraint Order Set

Substance Use Disorder (SUD)

Patients to be screened for Substance Use Disorders (SUD) and where applicable will be offered access to treatment including Medication Management, referral for treatment, and educational materials. Social Work to be consulted accordingly for SUD assessment and support, referral to treatment. If Medical Management is requested, an Addiction Consult may be placed via EMR and page per AMION as early into patient encounter as possible. Patients with Opioid Use Disorder should be continued on their medications once verified. Refer to CM O-14, Opioid Safety and Management. Patients with Alcohol Use Disorder and at risk for Alcohol Withdrawal Syndrome to be managed per CM A-22; Adult Inpatient Alcohol Withdrawal Management and CM A-22C; Adult Inpatient Alcohol Withdrawal Procedure.

Addiction Consult Team may be called for assistance with SUD management via AMION. Additional resources are available at the Addiction Care Intraweb page Addiction Care | SUNY Upstate Medical University .

Additional information:
    CM A-27: Substance Use Screening, Intervention, and Assessment
    PROC CM A-22C: Adult Alcohol Withdrawal Procedure
    OASAS Handout

Suicide Precautions for Non-Psychiatric Units

A patient who exhibits, or verbalizes suicidal thoughts/ideation will be evaluated by the Psychiatric Consultation Service to determine the need for placing the patient on Suicide Precautions to ensure patient safety**.**

Additional Information:
    Policy CM S-09 Suicide Precautions
    Suicide Precautions PowerPoint

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SECTION 2: INFECTION CONTROL

COVID-19

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Every Medical Staff member should consult the internal COVID-19 webpage (https://upstate.ellucid.com/manuals/binder/477) to keep up with the latest policies and procedures.

General Infection Control

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Hand Hygiene is defined by World Health Organization, the CDC and facility policy. All practitioners shall wash their hand during the following:

- **Upon entering and leaving the patient's environment** (applies to all areas such as patient rooms, treatment areas and procedural areas)
- **Before patient contact** (and between contact with <u>different sites on the same patient)</u>
- **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: requires15-20 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.

We use 'SwipeSense' Electronic Hand Hygiene Monitoring System (EHHMS):

- Individual assigned badges must remain with employee ID at all times/properly secured to ID badge.
- Badges are considered medical equipment. Lost, stolen, or damaged EHHMS badges must be reported to your department and an occurrence is filed by infection prevention. See Policy I-03 Event/Occurrence & Injury Reports
- An alcohol prep pad can be used to clean badge if becomes soiled.
- Swipe Sense Tips:
  - "Address" the soap/sanitizer dispenser head on
  - Watch for the green light at the base of the dispenser-the green light indicates "credit" for the washing
  - Wear your badge at shoulder height for the best result
  - If you wear swipesense in your pocket do not put near any device with an antenna (cell phone)
  - Upstate policy you must wash when crossing "in to" and "out of" every patient room
  - Exit one room immediately enter the next room your "wash out" counts for the "wash in" in the next room
  - Swipe sense provides "credit" for a patient room entry when you remain in the room for longer than 1 minute
  - Credit when hands are washed within 60 seconds of entering or exiting a room
  - Don't hover in the doorway and at least one foot away from the door
  - Hand sanitizer on carts does not count toward swipe sense tracking
  - Know your data, you might be surprised!

- For additional information: **SwipeSense Presentation**

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 Prevention 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.

<u>Reporting Communicable Disease Exposures</u>*:* Contact Employee Health or the Administrative Supervisor.

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<u>Reporting blood & body fluid exposures</u>*:* Contact Employee Health (DT: until 3:30 PM, CC: until 2 PM) or the Emergency Department for evaluation and care.

Tuberculosis: an airborne disease-spread person-to-person by inhaling small particle sized bacteria that can remain in the air

- People at Risk for TB: Elderly, Prison inmates, People with a chronic illness – e.g. diabetes, People whose immune systems are lowered by certain medications/chemotherapy or diseases like HIV/AIDS, Alcoholics, people with poor nutrition, IV drug users, People from countries with a high rate of TB, Homeless
- TB Control Measures: Policies to ensure rapid identification, isolation, diagnosis, and treatment of those likely to have TB; Effective work practices such as wearing respiratory protection properly; Medical clearance and mask fit testing required via Employee Health Office; Education, training, and counseling health care workers (HCW) about TB; Screening HCW for TB infection and disease.
- Tuberculosis Surveillance: All are screened for symptoms of active pulmonary tuberculosis (TB) at pre-employment and when completing an annual health assessment questionnaire (AHAQ). TB testing is required pre-employment for all who have direct or indirect patient contact. Policy ADM T-02 defines the levels of patient contact, screening questions to identify increased risk for TB, and outlines the annual risk assessment performed by the Infection Prevention Department based on CDC guidelines to define the facility's level of TB risk. An individual's need for testing will be based on the defined hospital risk and the individual's level of patient contact.

Additional Information:
   IC D-01, Hand Hygiene
   T-02, Tuberculosis Screening & Exposure Follow Up
   OSHA Regulation
   WHO pamphlet: Infection Prevention and Control

Operating Room Surgical Attire Requirements
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Required in all areas beyond the yellow line.

***Hospital surgical attire is not to be worn to work or taken home. Please refer to the additional information if you perform procedures.

Additional information:
   CM S-31, Peri-Operative / Procedural Attire
   CM S-28, Surgical Hand Antisepsis policy

Safe Injection Practices
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The CDC and the New York State Health Department have defined Safe Injection Practice as described below. 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

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Sepsis

Providers should use the sepsis Order set to meet compliance with regulatory metrics reported on ALL cases of Severe Sepsis and Septic Shock.

Sepsis: Known or suspected infection with two or more SIRS criteria present. If Sepsis present, evaluate for possible organ dysfunction (Lactate > 2, CMP to evaluate CR and Total Bilirubin, or hypotension). Absent dysregulated state (absence of SIRS Criteria or Organ Dysfunction), there is no sepsis only local infection. If a dysregulated state is present and **due to the infection (or suspected to be due to infection)**, link these two phenomena in your documentation to support the diagnosis and severity of sepsis, or "rule out" if not related.

Severe Sepsis: Known or Suspected infection with the presence of organ dysfunction.

Septic Shock: Known or Suspected infection with lactate levels > 4, hypotension continuing after fluid resuscitation, or the need for pressors.

Please review the Sepsis Presentation: https://upstate.voicethread.com/share/18116303/

Additional Information:
  CM S-32 Sepsis Recognition and Management

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SECTION 3: EXPECTATIONS FOR BEHAVIOR

Child Abuse

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Personnel of University Hospital are required to make a report on behalf of children less than 18 years of age who are, or are suspected of being, abused, maltreated, or neglected when such children are encountered in the ordinary course of work in the hospital or affiliated services. All suspected cases of child abuse and maltreatment must be reported to the New York State Central Register (1-800-635-1522) as soon as the concern arises. You are required to make a report on behalf of an individual with special needs to the New York State Vulnerable Persons Central Register (855-373-2122). Failure to report such incidents can result in civil and criminal penalties to the hospital and/or individual health team members. Hospital personnel encountering suspected child abuse and maltreatment should contact Social Work and the CARE Program or if unavailable, the nursing supervisor, immediately.

Additional Information:
C-06 Medical Management of Suspected Abused or neglected Child, Including Physician Taking Protective Custody *(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.")*

Code of Professional Behavior

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To promote and support the mission and values of SUNY Upstate Medical University, all credentialed medical providers are expected to maintain the highest level of professional behavior, ethics, integrity and honesty, regardless of position or status. **All credentialed medical providers shall 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.** 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 Addendum C: Code of Professional Behavior

Domestic Violence

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Domestic violence is behavior that cannot be tolerated. Upstate actively provides information and support to employees who are victims of such abuse.

The following individuals/offices are designated as available to support those in need of assistance concerning domestic violence:
- Employee Assistance Program, (315) 492-5296
- Human Resources Benefits Leave Office, (315) 464-4943
- University Police Department, (315) 464-4000
- Staff social worker

The above resources and many others are available 24/7 through Upstate employee confidential nurse triage line, 4-KARE, at (315) 464-5273 or 4kare@upstate.edu.

Additional information:
CM S-50 Screening of patients for Domestic Violence
UW V-01 Domestic Violence and the Workplace Policy
UW V-02 Workplace Violence Prevention Policy Statement
UW V-03 Workplace Violence Prevention Program
Domestic Violence Training for NYS Hospitals

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

Gender Identity Awareness

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 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.
- **Gender expression** is how a person behaves, dresses, and speaks to communicate gender.
- A **"preferred name"** when available should be used when addressing and referring to transgender patients.

For the identity of Transgender patients or patients in transition, Registration will enter their legal name and legal sex in the appropriate fields in the EMR, enter their preferred name in the preferred name field and update the Gender Identity field.

Additional information:
 I-02, Patient Identification

Patient Experience and Patient Satisfaction

Patient satisfaction is a priority at Upstate.

Patient Satisfaction and the Patient Experience are regularly measured as part of quality assurance. These measurements include questions about patient perception of being treated with courtesy and respect, being listened to carefully, and receiving explanations they can understand. Patients are offered the opportunity to comment about excellent care they have received from individual practitioners. For more information, contact the office of Patient Experience at (315) 464 – 5160.

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, publicly 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 the information** 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

Purpose	**E**ye Level	**A**sk	**C**ourtesy (and RESPECT!)	**E**xplain (to understand)
• Knock on the door when entering. • Introduce yourself with purpose.	• Squat next to the patient. • Use a chair or ask permission to sit on the patient's bed.	• Ask permission before examining the patient. • Ask the patient if they have any questions.	• Treat the patient as if they were your own family. • Listen to them carefully.	• Speak simple language • Summarize patient information in clear, plain

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• Explain your roll and how you fit in with the healthcare system.	• Keep the discussion at eye level as much as possible.		• Involve them in their care plan. • Respect their time by letting them know about test times, duration, and how long discharge might take.	language using the teach back method. • Ask the patient to repeat back in their own words what they heard you say

Additional information:
   HCAHPS: Patient Satisfaction Best Practices

Physical and/or Mental Impairment
Substance Use, Screening, and Intervention
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New York State prohibits on-the-job use of, or impairment from, alcohol and controlled substances. 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.

The Director of Employee Student Health, or his or her designee, **must be notified of medical absences that exceeds 4 weeks**, or absences of any duration resulting from substance abuse or mental health treatment. The Director of Employee Student Health, or his or her designee, shall conduct an assessment of potential impact on clinical duties as provided for in the health reassessment provision above.

Additional Information:
   OMS P-03 Credentialed Provider Health Clearance

Sensitive Treatment of Patients with Obesity
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Communication must be unbiased and caring**.** Recognize that being overweight is a product of many factors.

Strategies to provide care that is unbiased and caring:
1. Recognize that being overweight is a product of many factors.
2. Examine and understand your own bias for providing care to a patient who suffers from the disease of morbid obesity.
3. When talking with an obese person, make direct eye contact, and employ good listening skills.
4. Ask the patient how you can best assist them.
5. Do not provide unsolicited advice to lose weight.
6. Avoid idle conversations that are unprofessional and are often overheard by patients, such as:
   o "They can lose weight if they want to."
   o "How am I supposed to move that patient? It will take all the staff!"
   o "They need to provide us with motorized equipment if we have to push this patient around."
   o "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?*

Medical Staff Mandatory Education

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

5. *On a scale from 1-10, how ready are you to make changes in your eating patterns?*

Additional information:

    Bariatric Program Coordinator: Jacquelyn Turner | Phone: (315) 492-5036 | Fax: (315) 492-5973 | E-mail: turnejac@upstate.edu.

Sexual Harassment

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Sexual harassment is a form of harassment that can occur regardless of gender identity or sexual orientation, and is defined as unwelcome sexual advances, requests for sexual favors, and other unwelcome verbal, non-verbal or physical conduct of a sexual nature, or because of sex, gender, pregnancy, sexual orientation, gender identity, gender expression, or transgender status. Any form of workplace violence or sexual harassment is strictly prohibited. **Upstate personnel who witness or experience any form of discrimination, harassment, or violence should report the incident to your supervisor, the Office of Institutional Equity, or the Human Resources department.**

Additional Information:

    https://www.ny.gov/combating-sexual-harassment-workplace/employers#
    UW E-01 Non-Discrimination and Equal Opportunity Policy
    HCP C-12 Fair Treatment of Personnel
    UW H-01, Harassment Prevention Policy
    OIE Website: https://www.upstate.edu/equity/

Workplace Violence

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NYS Labor Law Section 27-B, known as the 'Public Employer Safety and Health Act,' mandates Upstate Medical University to assess workplace risks, record and report work-related injuries, illnesses, or deaths, and provide mechanisms for employees to report concerns, particularly regarding workplace violence. **The University must implement a Workplace Violence Prevention program**, including policies, training, and support. Workplace violence is defined as any violent acts, including physical assaults and threats, occurring on Upstate premises. If you are involved in a Workplace Violence incident, please file a Safety Alert Event Report related to the event.

Risk factors for such violence can be present anywhere on campus, including parking lots. Employees are advised to watch for signs of impending violence, such as threatening gestures or verbal expressions of anger. SUNY Upstate addresses reported potential workplace violence through behavior agreements, security assessments, and Crisis Prevention and Intervention (CPI) Training.

For additional assistance, employees can contact the Workplace Violence Coordinators during normal business hours at 315-464-4689 or 315-464-2013. Should you require additional follow up, please reach out to Upstate University Hospital's Employee Assistance Program (EAP) at 315-492-5296.

Additional Information:

    UW V-02 Workplace Violence Prevention Policy
    UW V-03 Workplace Violence Prevention Program

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

SECTION 4: SAFETY

Emergency Codes – All Locations
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Code Red - Fire	
Code Clear - All Clear	Code White - Pediatric Medical Emergency
	Code Blue - Adult Medical Emergency
Code Pink – Newborn Medical Emergency	Code C – Pregnant Mother Medical Emergency
Code BERT – Pediatric Behavioral Escalation Team	

- **Missing Child** will now be overhead paged as "Staff alert: Missing pediatric patient, with location and description." (Formerly Code Amber)

- **Missing Adult** high risk only will now be overhead paged as "Staff alert: Missing high risk adult patient, with location and description." (Formerly Code Grey)

- **Sever Weather** will now be overhead paged as "Weather alert, plus location if needed, description, and instructions." (Formerly Code Black)

- **Hazmat/Decontamination** will now be sent via VOCERA directly to all RNmanagers on duty and then overhead paged as "Facility alert: Decontamination event, plus details, and all HCTS report to room 1320." (Formerly Code Orange)

- **Active Shooter** will not be overhead paged as "Security alert plus location, description, action items, shelter in place." This even will also include an ALERTUS notification to all Upstate computer screens. (Formerly Code Silver)

- **Bomb Threat** overhead paging process will be retired. University Police will communicate with impacted personnel, depending on the situation, to avoid unnecessary panic. (Formerly Code Yellow)

Employee/Student Health Office
(Back to Table of Contents)

Employee/Student Health sends reminders via Outlook to Upstate emails only. Check your email for reminders regarding Annual Health Assessments (required on an annual basis) and outreach regarding potential communicable disease exposures (including, but not limited to, such diseases as tuberculosis, influenza, Covid-19, etc.).

Hours of Operations (with the exception of blood / body fluid exposure, which is reportable to Employee/ Student Health during office hours, and otherwise to the Emergency Department): Downtown Campus, M-F 7:00 am – 4:30 pm, Community Campus, M-F 7 am – 3:30 pm

Identification of Patient Risk
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Upstate University Hospital recognizes correct patient identification as a patient safety priority. 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.

Color of Band	Risk Identified
Yellow	Fall Risk
Pink	Limb Alert, No blood draw
Purple	DNR

Additional information:
   I-02, Patient Identification

Last revised 8/2013, 8/2014, 3/2015, 9/2015, 11/2015, 1/2016, 9/2016, 9/2017, 02/2018, 07/2018, 6/2019, 12/2019, 7/2020, 7/2021, 8/2022, 09/2023, 8/2024

Medical Staff Mandatory Education

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

General Fire Safety

Remember RACE (**R**escue, **A**ctivate alarm, **C**ontain fire, **E**vacuate area)

Additional information:
    F-01 Fire Safety Procedures

Medication Administration

Medications may only be administered to University 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. 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.*

Patients Own Medications: Orders to use patient's own meds will be clearly specified in the medical provider's order.

Additional information:
    CM M-03 Medication Administration / Dispensing-General
    PROC PHM I-09A, Intrathecals Procedure
    CM V-17, Vinca Alkaloid Administration
    PROC CM V-17A, Vinca Alkaloid Administration Procedure
    CM C-17, Chemotherapy Immunotherapy & Biotherapy Prescribing and Administration
    PROC CM C-17A, Chemotherapy/Biotherapy Verification and Administration

OR Fire Safety

Fire Triad:

Oxidizer: Oxygen &nitrous oxide. Oxidizer enriched atmosphere exists within a closed or semi-closed breathing system, including patient's airway. Masks, nasal cannulas can promote the pooling of oxygen or mixture of oxygen and nitrous oxide.

Ignition Source: Electrocautery, Lasers, drills, burrs, argon beams, fiberoptic lights to name a few.

Fuel Source: Sponges, drapes, gauze, alcohol containing solutions (prep solutions), chlorhexidine, volatile compounds such as ether or acetone, oxygen masks, nasal cannula, patient's hair, flexible endoscopes, gowns, and clothing worn by surgical team members can be a fuel source.

Procedures with high risk for fires:
- Oropharyngeal Surgery: Tonsillectomy and Adenotonsillectomy
- Facial Surgery: Removal of lesions on head, face, or neck
- Endoscopic Laser Surgery: Removal of laryngeal papilloma
- Cutaneous/ Transcutaneous Surgery
- Tracheostomy and Burr Hole Surgery

Important Tips to prevent fires:
- Anesthesiologists and surgeons should participate as part of the entire OR team to assess the risks associated with each patient.
- Have at least one bottle of saline or water on the anesthesia cart in case of fire, several is better.
- Ensure that the correct ET tube is used for the procedure, e.g.: laser tube vs standard tube.   For laser surgery, ET tubes should be filled with saline rather than air.
- Inspect electrical cords and plugs for integrity and remove from service if broken.
- Check biomedical inspection stickers on equipment for a current inspection date and remove from service if not current.
- Turn off O2 at the end of each procedure.
- Keep oxygen percentage as low as possible.
- If > 30% concentration is required, intubate, or use laryngeal mask.
- Use moist towels around the surgical site when using a laser.

- During throat surgery, use moist sponges as packing in the throat.
- Use water-based ointment and not oil-based ointment in facial hair and other hair near the surgical site.
- "ChloraPrep" and "DurapPrep" are alcohol based; both require a drying time of a minimum of 3 minutes on hairless skin. Always avoid wetting the hair; drying time increases to a minimum drying time of least 1 hour.

Responding to fires:
- Each team member should immediately respond without waiting for others to react.
- Surgical team should remove all drapes from patient. Use sterile water or saline to put out any fires associated with patient.
- Extinguish the ET tube fire and remove the ET tube.
- Stop the flow of airway gases: Oxygen and Nitrous oxide 1st.
- Once the patient is safe and no longer in danger, the room must remain as is. Nothing can be cleaned or removed.
  All evidence must be preserved. Evidence is needed to complete fire investigations by the Fire Marshal for state reporting, Syracuse Fire Department incident reporting, criminal and/or legal investigations as well as internal assessments of equipment and/or failures. Forensics may need to take pictures.

Additional information:
    O-07 Operating Room / Procedure Area / Anesthesia Fire Safety
    Oper U-02 Outpatient Surgery Center Fire Policy
    APFS Operating Room Fire Safety Video
    Fire in the OR PowerPoint

Adult Resuscitation Program Overview
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UUH will provide emergency medical response / treatment to patients and non-patients in UH buildings, and on hospital property.

CODE TEAMS: DOWNTOWN CAMPUS
    Code Blue or Code White Team will respond to medical emergencies for patients/non-patients in: • Hospital Proper, including pediatric outpatient Hemodialysis 5th floor • Cancer Center • Tunnel connecting UH and Crouse Hospital • Gamma Knife • Emergency Department for admitted/boarded patients • Immediately outside of hospital and Cancer Center, including: • Front Traffic Circle • ED Parking Lot of Golisano Children's Hospital Circle • Bridge to Parking Garage East • Sidewalk on South Side of Adams Street from corner of Almond Street to Irving Avenue. *EXCLUSIONS: Emergency Department (ED)1 for non-admitted ED patients*

CODE TEAMS: COMMUNITY CAMPUS
    Code Blue or Code White or Code Pink Team is activated for patients/non-patients in Hospital Proper, including Peds After Hours and Traffic Circle, and for ED admitted/boarded patients.
    Code C Team is activated for patients/non-patients in Hospital Proper, including Family Birth Center, ED/Peds After Hours, Traffic Circle
    Code Pink Team is activated for newborn patients in Family Birth Center.

AREAS UTILIZING 911
    Hospital Campus Buildings below and UH off-campus leased spaces:
     • Building 49 (UPD 100 Light Ct) • Jacobsen Hall • Campus Activities Building (CAB) • Clark Tower • Parking Garages/Parking Lots (excluding ED parking lot) • Computer Warehouse Building (CWB) • Regional Oncology Center • WH, including Setnor Hall, Silverman Hall, New Academic Building (NAB) • Institute for Human Performance (IHP) • Hematology Oncology Associates of Onondaga Hill (CC) • POB (Physician Office Building) – North and South (CC) • Cord Blood Bank Center (CC) •Nappi

Additional information:
    CM E-15, Adult Emergency Medical Response Teams: Code Blue, EMS
    CM P-77, Pediatric Emergency Medical Responses

Medical Staff Mandatory Education

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

Right to Know GHS

(Globally harmonized System of classification and labeling of chemicals in a uniform way)

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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 (Upstate Hazardous Medication List) 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 or outside of the room of a patient who is receiving hazardous drugs and it should remain in place for a minimum of 72 hours after administration. Refer to the policy for drug precaution guidelines.

Hazardous Drug ICON on the IPAGE: HD

Additional information:
   CM 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

Rendering Care to Incarcerated Individuals

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Upstate University Hospital renders care to incarcerated individuals and patients in custody (PIC). The primary responsibility of the staff and employees of the hospital is to assure that all clinical care needs of the patients are met, while security requirements are accommodated. Patient, staff, and officer safety is of paramount importance. Staff must remove the phone from patient rooms prior to the arrival of a PIC on the unit. NEVER agree to pass along information, make telephone calls, or mail items for patients in custody. Also, DO NOT discuss follow up appointments, discharge information or transportation plans in front of patients in custody or with their family members. This is to avoid potentially harmful preplanning on the part of the patient in custody. Be aware of the environment and ensure that supplies and equipment taken into the room are taken out. DO NOT hand any item to PIC without first obtaining permission form the Corrections Officer; this includes seemingly harmless items like gum, paper, etc.

NYSDOCCS Provider education related to caring for incarcerated individuals: https://www.dropbox.com/scl/fi/3k1zq4ofvrplgrmnos4fr/23-028_IncarceratedPatient_v01.mp4?rlkey=iu4gtdq65udfg3dkezhjpkp0n&dl=0

See **Policy P-11** for specifics related to care of this patient population.

SECTION 5: SECURITY, COMPLIANCE, & PRIVACY

Clinical Documentation Improvement (CDI)
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Upstate has a CDI team, made up of nurses with varied clinical backgrounds, to act as a bridge between you, the provider (concurrently) and the Inpatient Coder (retrospectively). Please respond to all CDI queries in EPIC in a timely fashion and never hesitate to contact one of our CDI specialists with any questions at cdi@upstate.edu

Additional Information:
   CDI Website – Tip Sheets

ID Badge
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All Upstate Medical University personnel working or doing business must always wear an identification badge when working throughout Upstate University Hospital, including owned or leased areas. **Replacement ID badges can be obtained for a fee at the payroll department at Upstate Hospital or in Human Resources at Upstate Community Hospital.**

Additional information:
   I-08, Identification Badges

Institutional Compliance
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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.

Physician Documentation:
- Physicians must maintain complete and accurate medical record documentation supporting the diagnosis and procedures submitted for payment.
- Please exercise caution when using "copy paste" features and edit as appropriate to reflect service provided that day.
- Avoid documenting information in your notes available elsewhere in the medical record.
- Documentation guidelines for evaluation and management services have been updated, make sure you are familiar with these changes. Providers may now select their level of E&M service based on either the extent of medical decision making or time, it is only necessary to document a medically appropriate history and exam. Please update and reconsider use of documentation templates or macros that may no longer be necessary.

Medical Staff Mandatory Education

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

- Teaching physician guidelines apply to all services attending physicians provide with residents, please make sure you provide adequate documentation demonstrating your participation in these services.
- When providing telehealth services please make sure the documentation identifies that the service was rendered as telehealth and includes the telehealth methods used

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 that do not meet the requirements and description of the CPT code reported.

Confidential hotline: (315) 464-6444, Compliance@Upstate.edu

For questions, contact Deb Gregoire, Institutional Compliance Office Faculty Practice Plan, at baxterd@upstate.edu or Loretta Harris, UUH &UMU Institutional Compliance, at HarrisLo@upstate.edu

Additional information:
Medicare Fraud & Abuse: Prevent, Detect, Report
Faculty Practice Plan Compliance Policies and Procedures
Institutional Compliance, Privacy and Ethics
2024 Compliance Education

Privacy and Security of Patient Information

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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 inquiries 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. Information pertaining to patients must never be posted on a social networking site even if the patient is the only one who can identify him or herself. Use of personal cell phone cameras or other personal recording devices to record patients is not permitted, unless the recording is for care and treatment and a SUNY Upstate approved application is installed that inserts the recording directly into the electronic medical record. The patient's identity must always be verified before giving the patient paper documents containing his/her protected health information. Case studies containing patient information may not be disclosed externally unless the information has been de-identified or the patient has given authorization.

Follow these general guidelines for protecting portable devices, such as iOS devices, Android, and laptops. and securing electronic patient information:
- **Password-protect your device.**
- **Keep your mobile devices with you at all times.**
- **Back up your files to protect your information** if your computer or mobile device is stolen to avoid losing all the information. Make backups of any important information and store the backups in a separate location, preferably on the Upstate network.
- 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.

Medical Staff Mandatory Education

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

- o Protect your access by NOT SHARING YOUR ACCOUNT AND/OR PASSWORD with others. 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 selected must be strong passwords that are difficult to guess and must remain confidential.
- o Log-off or secure your computer when you walk away from it. Even if you only step away from the computer for a few minutes, it's enough time for someone else to use your logon and access information.
- o Employees must not transmit and/or store confidential health information in consumer grade texting (SMS) software. As a result, you may be disclosing patient information to unauthorized individuals outside of Upstate.
- o Any patient information copied and/or stored on CD/DVDs, USB Flash Drives, Smartphones, or other portable devices must be secured using encryption or password protection to secure device contents in the event of loss or theft.
- o Clinical areas should not engage in email and/or text messaging communication with patients due to risks related to privacy and security. Each clinical area choosing to communicate with patients electronically must use Epic MyChart for all patient correspondence. The one exception to this policy is for texting appointment reminders to patients. Patient consent (opt-in) to receive text messages must be obtained and patients must provide an authorized contact number where text messages will be sent. Text message reminders should only include the following information: Patient's first name, Date of the Appointment, Time of the Appointment, Location of the Appointment (Building only), and a return phone number for the patient to call back for more specific appointment information, or to change or cancel.
- o Employees should only use approved Upstate cloud services to store sensitive and/or confidential information. If you use an unapproved service (e.g. Dropbox, Google storage, Amazon), you may be giving unauthorized individual's access that may breach the security of this information.
- o If electronic information must be taken outside of Upstate, you should be aware that on-site security precautions are no longer present at off-site locations. (e.g. when traveling or at home)
- o Phishing refers to an e-mail sent to trick someone into clicking on a web link or opening a file attachment. The end goal of phishing is to steal valuable information, such as usernames and passwords, install unauthorized software on systems, or even take sensitive patient or personal information from our systems. If you receive any unrecognized or suspicious email, report it immediately to the IMT Help Desk and/or Information Security Officer.
- o Ransomware is malicious software that cyber "hackers" use to lock your computer files for ransom, demanding payment from you to get your files back. There is a variety of ways ransomware can get onto a person's computer. These techniques usually are a result of responding to a phishing email message or software vulnerabilities on unpatched computer systems. If you receive a ransomware message on your computer, report it immediately to the IMT Help Desk.
- o NEVER disable or remove the virus detection software.
- o Report all cyber-security incidents to the Upstate Information Security Office.

Additional Information:
UW C-01, Confidentiality

Safety Alert System

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Adverse events and near misses are to be reported using the Safety Alert Event Reporting (SA) 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, or copies of, event reports are not provided to patients, their representatives or third parties, as they are privileged and confidential quality assurance materials and/or patient safety work product.**

To complete and SA event report, you can access the system utilizing the EPIC system, the IPAGE Clinical Launchpad, or by clicking on the icon on any Upstate desktop.

Additional Information:
P-55 Event Reporting Privilege Confidentiality
I-03 Event/Occurrence & Injury Reports, Patients and Visitors
R-19 Regulatory Reporting

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

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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 Graduation Competencies and 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
COM: Policy on Professionalism
COM: Policy and Procedures on Learning Environment & Mistreatment
COM: Conflict of Interest / Roles Policy
COM: Supervision of Medical Students in Clinical Practice
Equal Opportunity, Non-Discrimination, Sexual Harassment and Title IX
UW H-01, Harassment Prevention
Clerkship Absence and Time Off

Last revised 8/2013, 8/2014, 3/2015, 9/2015, 11/2015, 1/2016, 9/2016, 9/2017, 02/2018, 07/2018, 6/2019, 12/2019, 7/2020, 7/2021, 8/2022, 09/2023, 8/2024