

NYU Winthrop
Hospital

Adelphi's Winthrop
Summer Science Institute

NYU Winthrop
Hospital

Infection Prevention

2017

What is Infection Control and Prevention?

- Hospital Infection Control programs are mandated by State Legislation
- It is a program consisting of policies and procedures that are designed to provide a safe, sanitary and comfortable environment
- To prevent the development and transmission of infectious diseases and infections
- Helps reduce the risk of spreading infections in healthcare setting

Specific Controls

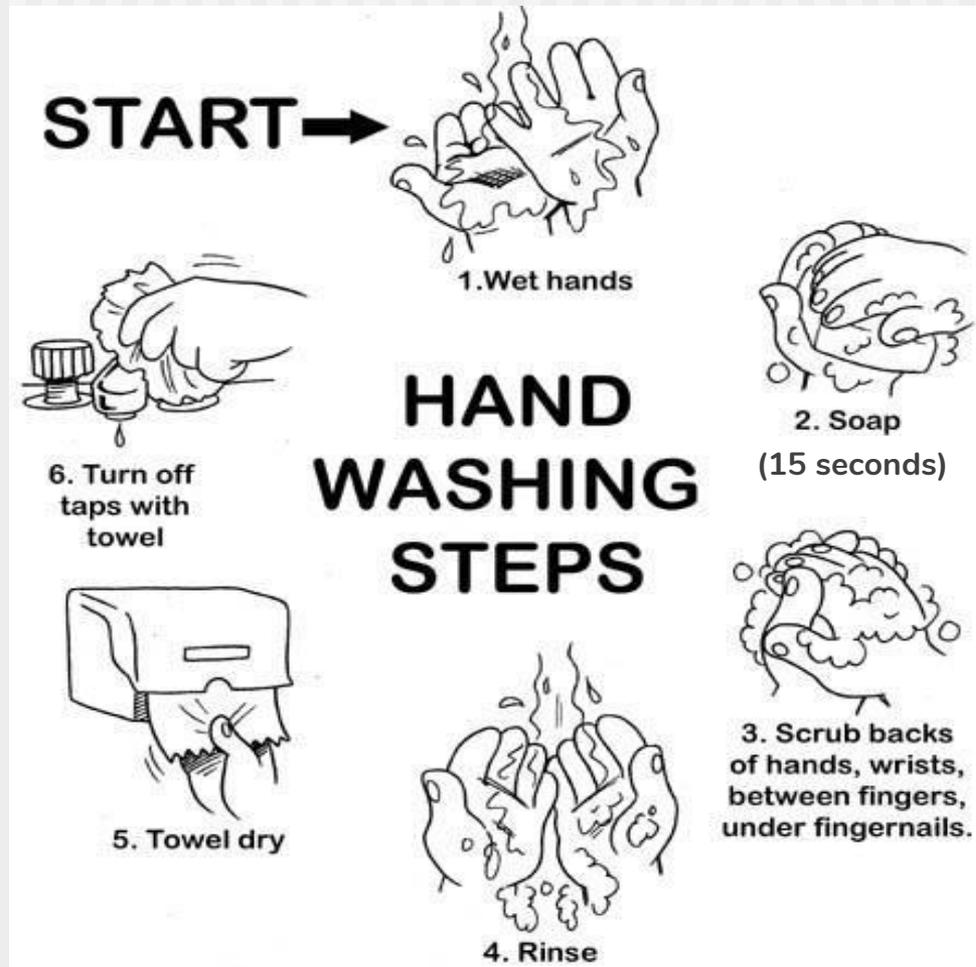
- Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas/patient care where there is a potential for occupational exposure
- Food and drink are not kept where there may be contaminated with or where blood or other potentially infectious materials are or may be present

Standard Precautions

(CDC Guidelines on Isolation Precautions Rev. 2007)

- **Hand hygiene:** before and after each patient contact and glove use
- **Personal Protective Equipment (PPE):** Gloves, Gown, Mask, Eyewear, Mask, eye protection, face shield, Gown
Don and Doff your personal protective equipment correctly!
- **Respiratory Hygiene / Cough Etiquette** (cover mouth with tissue or mask to contain respiratory secretions and sanitize your hands)
- **Patient Care Equipment / instruments / devices:**
 - Identify and keep clean and soiled items separate
 - Follow protocols for appropriate cleaning and disinfecting procedures
- **Care of the Environment:**
 - Dispose of trash properly (only Regulated Medical Waste in red bags/containers)
 - Bag and contain all used linen –handle used linen and fabrics with minimum agitation to avoid contamination of air, surfaces, and people
 - Follow appropriate cleaning and disinfecting procedures for the environment

Hand Washing Technique



Indication for Hand Hygiene

- **Perform Hand Hygiene with either soap and water or an alcohol-based hand rub**
 - Before donning and after doffing (removing) gloves
 - Before contact with every patient
 - Before medication admixture or administration
 - Before insertion of medical devices (urinary and Intravenous devices)
 - Before performing a sterile procedure
 - Before preparing, handling or eating food
 - After contact with blood and body fluids
 - After contact with microbial contamination (wound exam, wound dressing change, sputum aspirate)
 - After handling soiled linen
 - After handling equipment (pumps, ventilators, portable exam equipment)
 - After using restroom
 - After coughing and sneezing

- ***Wash hands with soap and water for all suspected or confirmed cases of C. difficile and when hands are visibly dirty***

Hand Hygiene is the single most important action to prevent Healthcare Associated Infections

Hand Sanitizer Technique



Step 1

Apply enough sanitizer to completely cover both hands.



Step 2

Rub hands together, palm to palm.



Step 3

Rub back of each hand with palm of other hand.



Step 4

Spread sanitizer over and under fingernails.



Step 5

Spread sanitizer between fingers.

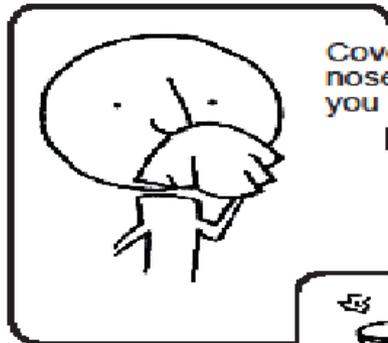


Step 6

Keep rubbing hands together until they are dry. Do not dry with a towel.

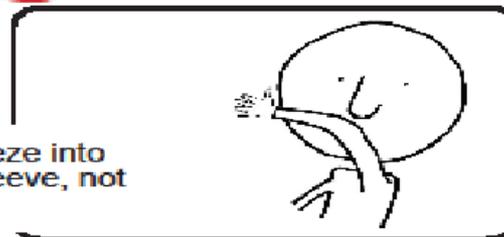
Stop the spread of germs

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

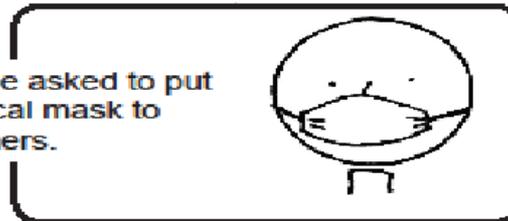
or
cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in the waste basket.

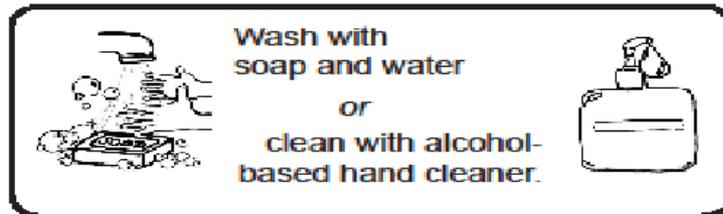


You may be asked to put on a surgical mask to protect others.



Clean your Hands

after coughing or sneezing



Wash with soap and water

or
clean with alcohol-based hand cleaner.

Infection Prevention: Vaccines

Influenza vaccine

- Influenza is among the most common respiratory illnesses in the US infecting millions of people every flu season and hospitalizing more than 200,000 people. As HCW's on the medical front lines you are just as vulnerable as anyone else for getting sick and spreading the flu to your patients, colleagues, and family members. Due to the low vaccination rates among HCW's
- The New York State Department of Health mandate in accordance with Section 2.59 New York State Sanitary Code all healthcare and residential facilities and agencies regulated pursuant to Article 28,36,or 40 of Public Health Law, shall ensure that all personnel, as defined in regulation, not vaccinated against influenza for the current influenza season wear a surgical or procedure mask while in areas where patients or residents may be present as mandated by the Commissioner of Health of NYS.

Contact Precautions for Multi- Drug Resistant Organisms

- MDRO's are defined as microorganisms predominantly bacteria, that are resistant to one or more classes of antimicrobial agents or to first -line therapies (e.g., MRSA, VRE, ESBL, CRE producing organisms.)
- Antimicrobial resistance implications would also include:
 - Unusual or usual agents with unusual patterns of resistance within a facility
 - Difficult to treat because of resistance to multiple classes of antimicrobial agents, (e.g., *Stenotrophomonas maltophilia*, or *Acinetobacter* spp.). CRE are defined as carbapenem-resistant organisms are also difficult to treat (e.g., *Klebsiella* species and *Escherichia coli* that are resistant to the class of Carbapenem).
 - A newly discovered or reemerging pathogen, strategies described for MDRO's may be applied for control of epidemiologically important organisms other than MDRO's.

Transmission-based precautions

- It is a diagnosis driven approach
- Types
 - Airborne precaution – **Red sign**
 - Airborne and Contact – **Yellow sign**
 - Droplet precaution – **Orange sign**
 - Contact and Droplet – **Blue sign**
 - Contact precaution – **Green sign**
 - Contact precautions with Bleach-**Purple sign**- for C.difficile (only patients with C.diff can be cohorted). Place the patient on precautions as soon as there is an order for C.difficile and Cover the hand sanitizer
 - Signs are posted outside rooms
 - Read the signs and follow instructions
 - Consider precautions when determining patient placement
 - Please refer to the Infection Control Manual which is located in HOSPRO on the NYU Winthrop Home page Section IV Isolation precautions

APPENDIX J PPE Usage Posters from CDC⁶

Putting on PPE

Type of PPE used will vary based on the level of precautions required, e.g., Standard and Contact, Droplet or Airborne Isolation Precautions

GOWN

- Fully cover torso from neck to knees, arms to end of wrist, and wrap around the back
- Fasten in back at neck and waist



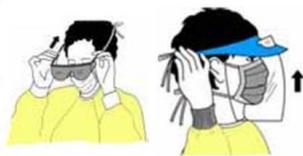
MASK OR RESPIRATOR

- Secure ties or elastic band at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



GOGGLES/FACE SHIELD

- Put over face and eyes and adjust to fit



GLOVES

- Extend to cover wrist of isolation gown



SAFE WORK PRACTICES

- Keep hands away from face
- Limit surfaces touched
- Change when torn or heavily contaminated
- Perform hand hygiene

Removing PPE

Remove PPE at doorway before leaving patient room or in anteroom
Gloves

Outside of gloves are contaminated!
Grasp outside of glove with opposite gloved hand; peel off
Hold removed glove in gloved hand
Slide fingers of ungloved hand under remaining glove at wrist

Goggles / Face Shield

Outside of goggles or face shield are contaminated!
To remove, handle by "clean" head band or ear pieces
Place in designated receptacle for reprocessing or in waste container

Gown

Gown front and sleeves are contaminated!
Unfasten neck, then waist ties
Remove gown using a peeling motion; pull gown from each shoulder toward the same hand
Gown will turn inside out
Hold removed gown away from body, roll into a bundle and discard into waste or linen receptacle

Mask or Respirator

Front of mask/respirator is contaminated – DO NOT TOUCH!
Grasp ONLY bottom then top ties/elastics and remove
Discard in waste container

Hand Hygiene
Perform hand hygiene immediately after removing all PPE!

FOR THE SAFETY OF OUR PATIENTS, FAMILIES AND STAFF

STOP AIRBORNE PRECAUTIONS STOP
(In addition to Standard Precautions)

EVERYONE ENTERING THE ROOM MUST:



Clean hands when entering and leaving room.



N-95

Prior to entering room:

- Wear a fitted N-95 mask.
- Family members/visitors should wear a surgical mask.

Remove after exiting room and dispose in garbage outside of room.



Negative pressure room required.
Keep door closed.



FOR THE SAFETY OF OUR PATIENTS, FAMILIES AND STAFF

STOP AIRBORNE AND CONTACT PRECAUTIONS STOP
(In addition to Standard Precautions)

EVERYONE ENTERING THE ROOM MUST:



Clean hands when entering and leaving room.



N-95

Prior to entering room:

- Wear a fitted N-95 mask, gown and gloves.
- Family members/visitors should wear a surgical mask.



Remove after exiting room and dispose in garbage outside of room.

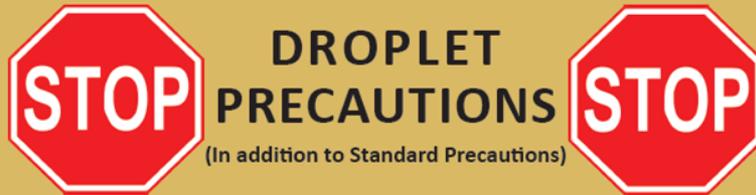


- Negative pressure room required.
- Keep door closed.



- Use patient dedicated or disposable equipment.
- Clean and disinfect shared equipment.

FOR THE SAFETY OF OUR PATIENTS, FAMILIES AND STAFF



EVERYONE ENTERING THE ROOM MUST:



Clean hands when entering and leaving room.



Wear mask prior to entering room and remove prior to leaving room.

FOR THE SAFETY OF OUR PATIENTS, FAMILIES AND STAFF



EVERYONE ENTERING THE ROOM MUST:



Clean hands when entering and leaving room.



Wear mask, gown and gloves prior to entering room and remove prior to leaving room.



Use patient dedicated or disposable equipment.

Clean and disinfect shared equipment .

FOR THE SAFETY OF OUR PATIENTS, FAMILIES AND STAFF



EVERYONE ENTERING THE ROOM MUST:



Clean hands when entering and leaving room.



Wear gown and gloves prior to entering room and remove prior to leaving room.



Use patient dedicated or disposable equipment.
Clean and disinfect shared equipment.

FOR THE SAFETY OF OUR PATIENTS, FAMILIES AND STAFF



EVERYONE ENTERING THE ROOM MUST:



Clean hands with soap and water when entering and leaving room.
(DO NOT USE SANITIZER)



Wear gown and gloves prior to entering room and remove prior to leaving room.



Use patient dedicated or disposable equipment.
Clean and disinfect shared equipment with bleach.

Healthcare Emergency Management Plan

- 2017
 - Frank Mineo, PhD, CEM
- **Environment of Care & Emergency Management**
 - **Orientation Manual- page 20**

Objectives

Upon completion of this material, you will:

- Understand the basics of the Hospital Incident Command System (HICS) and emergency/evacuation planning, and how the plans work at NYU Winthrop.
- Be aware of what you are responsible for in an emergency event or situation
- Know where to go and whom to contact for additional information, including information for personal and family emergency preparedness



What is our Emergency Management Program?

- The NYU Winthrop Comprehensive Emergency Management Plan (CEMP) as required by the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission (TJC); incorporates the federally mandated requirements of emergency planning, communications, and training and testing. Our program includes all of the activities we take to plan, prepare for, respond to and recover from emergencies/disaster events.
- Our overall Emergency Management Program consists of a cycle with four phases:
 1. **Mitigation**, steps taken to lessen the impact of an emergent event
 2. **Preparedness**, steps taken to be ready for an emergency (drills or training)
 3. **Response**, actions we take when an emergency occurs
 4. **Recovery**, actions taken after the emergency is over to help us restore the hospital to normal operation



How Do We Manage Emergencies?

- We manage the hospital's response to emergencies and unusual events using a process called the ***Hospital Incident Command System, or HICS***
- This allows us to use the same system as that which is used by the rest of the community (including the Fire and Police Departments) during a major emergency



Who is In Charge in an Emergency?

- The person in charge of and responsible for the entire hospital response is called the ***Incident Commander (IC)***
- Leadership and control of an emergency takes place in the ***Hospital Emergency Operations Center (EOC)***



How Will We Communicate?

If we lose normal telephone service, we may communicate using alternate means, including:

- ✓ Portable radios
- ✓ Emergency backup telephone system
- ✓ ***Winthrop Alert (Emergency Mass Notification System)***
- ✓ Pagers
- ✓ Overhead announcements
- ✓ Runners and written messages



How Will I Be Notified of an Emergency at the Hospital?

CODE HICS

- In significant emergency events, you will be notified via the **Winthrop Alert** emergency notification system. If located within the main hospital, you may also hear the fire alarm system ringing three (3) bells three (3) times [3-3-3]. Finally, notifications may come in the form of overhead page, telephone or computer (e-mail), or you will be informed by your supervisor.
- When the emergency is over, you will hear the all-clear announcement, which is the fire alarm system ringing one (1) bell four (4) times [1-1-1-1].



Code HICS Activation Levels

- A **Level 1, or Alert** event is when the hospital is notified about something that has not affected us yet
- A **Level 2, or Minor** event is an actual situation having a minor impact on the hospital (only one or two departments affected; most of the hospital continues business as usual)
- A **Level 3, or Moderate** event is an actual situation having a moderate impact on the hospital (about half the hospital is affected, and the remainder continues business as usual)
- A **Level 4, or Major** event is an actual situation having a major impact on the hospital (most or all hospital activities are focused on addressing the problem)



Department/Site Emergency Operations Plan

- Applies the hospital-wide “***Disaster Plan***” to each individual department/site
- Provides immediate instructions for use when Code HICS is announced
- Describes each department’s actions at each HICS activation level
- Summarizes evacuation steps



What Should I Know to be Prepared?

- How to find and use the section of the Department Emergency Operations Plan (**DEOP**) or Site Emergency Operations Plan (**SEOP**) that applies to what you do, which includes:
 - What your role is in an emergency
 - How to use any special equipment that your job requires
 - How to communicate with or handle requests for information from others
 - How to get help through the chain of command, and whom to notify of situations

What if I'm Off-Duty?

- If you are off-duty and you hear about an emergency at the hospital or in the community:
 - Call the **Employee Information Hotline** for recorded information and instructions: **516-663-3911**
 - Make arrangements to come to work if requested
 - If not requested, or unable to make contact, report as scheduled for your next regular shift
 - If you are unable to come to work as scheduled, contact your supervisor for instructions



When Might We Evacuate?

- There are three types of evacuation:

- ***Emergent-(Immediate)***

- ***Urgent-(within 4 hours)***

- ***Planned-(up to 48 hours)***



- *Specific SABA Training taking place now!*

2017 Emergency Codes

Code HICS (Levels 1-4)

- Used to activate disaster plan
- Applies to all staff at affected location
- Announced via overhead page, emergency notification system
- Response by Office of Emergency Management
- Staff Actions-follow instructions of Hospital's Emergency Operations Center, **DEOP/SEOP** and/or Department Supervisor based on specific level activated

Code **ORANGE** ★

- Used to announce a hazardous materials incident or major spill- **staff can call 2222**
- Applies to all staff at affected location
- Announced via emergency notification system (as required)
- Response by Office of Emergency Management, Hospitality, Security, Engineering
- Staff Actions-follow instructions of Office of Emergency Management, Hospitality, Security, Engineering, and Department Supervisor

2017 Emergency Codes

Code **RED** ★

- Used to announce a confirmed fire/smoke condition- **staff can call 2222**
- Applies to all staff at affected location
- Announced via overhead page, emergency notification system
- Response by Fire Safety Response Team, Fire Department
- Staff Actions-follow instructions of Fire Safety Response Team, and/or Fire Department

Code **YELLOW** ★

- Used to announce a bomb/bomb threat- **staff can call 2222**
- Applies to all staff at affected location
- Announced via emergency notification system as required
- Response by Office of Emergency Management, Security, Engineering
- Staff Actions-follow instructions of Office of Emergency Management, Security, Engineering, Law Enforcement

2017 Emergency Codes

Code **BROWN**

- Used to announce a significant Utility System Failure/Disruption that significantly and negatively impacts patient care or safety
- Applies to all staff at affected location
- Announced via emergency notification system as required
- Response by Office of Emergency Management, Engineering, Security
- Staff Actions-follow instructions of Office of Emergency Management, Security, Engineering

Code **MCI**

- Used to activate Mass Casualty Incident (MCI) Plan
- Applies to all staff at affected location
- Announced via emergency notification system as required
- Response by Office of Emergency Management, Emergency Department
- Staff Actions-follow instructions of Hospital Emergency Operations Center and/or Department Supervisor

2017 Emergency Codes

Code CLEAR

- Used to notify all staff that emergency code situation has been cleared/resolved
- Applies to all staff at affected location
- Announced via overhead page, emergency notification system as required

What Emergency Preparedness Training Will We Receive?

- Emergency Preparedness training is provided to all employees when hired
- Emergency Management training is included as part of your mandatory training cycle each year
- Each year, at least two emergency drills, called “exercises,” are held



What Will NYU Winthrop Do to Help Me?

We have planned various ways to assist staff in an emergency, including:

- ✓ Providing sleeping accommodations if travel is impractical
- ✓ Assisting with family communication if you cannot stay in touch
- ✓ Providing critical incident stress counseling services as needed



The *best plans* are always those *YOU* make for yourself and your family *BEFORE* an emergency happens

How Do I Get Ready?

- Review available materials to help you prepare your home and family for emergencies
- Web sites such as <http://ready.gov/>, <http://www.redcross.org/home/> and <http://www.nyc.gov/readyny> provide lots of information that is useful
- Arrange for your family, dependents, pets, and home to be cared for in case you are called to duty (or are unable to go home) during an emergency
- *Remember*, our hospital can only help our patients if *you*, our staff, are here!



Security

2017

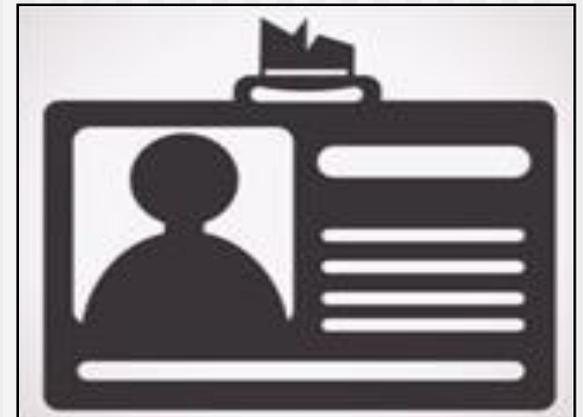
John Grosse/Mark Warren

Security

Orientation Manual- page 26

Security Operates 24/7

- All staff including LIP's and volunteers **must wear their hospital photo ID badges at all times** (*the use of name plates or name badges is not an acceptable substitute*).
- ID badges must be worn above the waist with photo facing forward when at work
- Do not lend your ID badge to others
- Keep doors locked as required
- Contact Security at 516-663-2520
- **Security Emergencies x5151**
- ID Cards may be obtained at the Security office during normal business hours or Main Lobby Desk off hours



Security operates 24/7

- Leave security doors locked and closed
- Take your ID, lab coat or uniforms with you when you leave the hospital campus.
- Secure your area if left unattended. Make sure windows, doors, closet and cabinets are locked when leaving.
- Protect your personal property by securing wallets and pocketbooks. If you have a locker, make sure the lock is closed.
- Report to security any person or situation that makes you feel uncomfortable

Security

- Security will escort anyone, anytime to their vehicle, jump-start car batteries, etc. If you require access to a locked area, you must present your ID.
- Report all security incidents such as:
 - Lost items
 - Thefts
 - Suspicious persons
 - Unusual occurrences
- **SMOKING POLICY:**
Smoking is prohibited everywhere on the Hospital campus



Parking Enforcement

- All employee vehicles utilizing hospital parking **MUST** be registered with the license plate number through the Security Department



- All staff **MUST** park in the lot that has been assigned to them by the Security Department
- All staff **MUST** present their ID badge at the gate to the parking lot you are assigned to (swipe or show to attendant)



- All vehicles **MUST** have the appropriate parking sticker/Placard adhered to the rear view mirror. Failure to do so will result in a loss of parking privileges until such time that the vehicle is compliant.

Parking Enforcement

- Staff with handicap parking privileges **MUST** register their placard with the Security Department. Timely renewal of the placards is the employee's responsibility. Placards **MUST** be displayed while utilizing a handicap space. Violators will be subject to loss of parking privileges and tow at the owner's expense.



- Vehicles **MUST** be parked in marked stalls **ONLY**. Any staff that parks on turns, in cross-hatched areas or blocks stairwell doors will be subject to loss of parking privileges, disciplinary action and tow at the owner's expense.
- Staff observed by Security taking tickets to enter the Visitor Garage, speeding and/or aggressive driving on hospital property or tampering with any parking gate will be subject to loss of parking privileges and disciplinary action.

Parking Enforcement

- The Security Department is available 24/7 to escort staff to their vehicle. To request an escort, call the Security Desk in the main lobby at 516-663-2520.



NYU Winthrop's Employee Parking Garage is located at 284 Old Country Road, Mineola, NY 11501

Off-Site Parking is available via Shuttle Service 6:00 AM-8:30 PM Monday-Friday (Sears: 111 Franklin Avenue, Garden City, NY 11530)

Shuttle Hotline 516-240-RIDE

Workplace Violence

- NYU Winthrop Hospital is concerned and committed to our employees' safety and health
- We have zero tolerance for violence in the workplace
- Workplace violence is defined as any violent behavior or threat of violence
 - Examples include hitting, punching, poking, throwing objects, verbal altercations where a threat is made to a person or person's family or property.

Code Silver

****Do not isolate yourself with the person****

- **Indicators of potentially violent behavior:**
 - Increased use of alcohol and/or illegal drugs. Depression/Withdrawal.
 - Unexplained increase in absenteeism. Increased severe mood swings
 - Noticeably unstable, emotional responses. Talk of incidents of violence.
 - Increase in unsolicited comments about violence, firearms, and other dangerous weapons and violent crimes.

IF YOU SEE SOMETHING SAY SOMETHING

- Respond to escalating behavior
- Acknowledge the complaint and provide reassurance
- **Do not match the threats.** Use low vocal tones.
- Speak slowly and in a clear and reassuring voice.
- Try to **re-direct the persons focus** away from the issue causing aggression.
- Alert the physician and your manager or supervisor of the situation
- **Contact security** – provide the location and a description

IF YOU SEE SOMETHING SAY SOMETHING

- If anyone presents at the Hospital with a weapon, always contact Security.
 - Dial 516-663-2222 on campus
 - Dial 911 off campus
- If you are involved in an Active Shooter situation, try to **remain calm** and:
 - **Contact Security** as soon as possible and provide Security with specifics
 - Warn others to **take steps for personal safety & safety of patients & visitors**
 - If you are responsible for patients, afford them protection as best you can
 - **Go to a room that can be locked or barricaded.** *Turn off lights, radios or devices that emit sound. Silence cell phones. Keep yourself out of sight and take adequate cover/protection.*
 - **Counter** as a last resort – distract shooters ability to shoot accurately. Move towards the exit while making noise and **throw objects in the shooters direction.**

Code Amber

- To provide an appropriate response if an infant/child is abducted from the Hospital and ensure that hospital personnel and outside agencies are notified appropriately in order to locate and reunite both child and family as quickly as possible.

WHAT TO DO IF AN INFANT/ CHILD IS REPORTED MISSING

Nursing

- In the event that an abduction is observed/suspected or an infant/child is unaccounted for, the following procedure will be followed:
 - Staff member suspecting an Infant/Pediatric abduction immediately notifies Nurse Manager/Designee; census check, Security Notification and immediate search of the unit is initiated.
 - The entire unit will be closed and no unauthorized personnel will be allowed to enter or exit. All staff, patients and visitors will be required to remain on unit, until Code Amber is over.

Code Amber

- Unit Staff should proceed to exit doors/stairwells, close them and monitor. Staff members should maintain assigned posts until the “all clear” notice has been issued.
- Only authorized hospital employees with proper identification badges or law enforcement personnel with identification shall enter or exit the area until an ALL CLEAR CODE AMBER message is announced.
- If an abduction was observed, Observer will provide Security with a description of the person seen taking the infant/child and the direction in which they were last seen.

Code Amber

- Staff will initiate CODE AMBER by dialing 516-663-2222 to request an overhead page for a Code Amber response to the designated location, identifying floor, specific area and age/sex of child.
- Telephone Operators when notified by the Nursing/Security Department, will make the following announcement:

“Attention, Attention, There is a Code AMBER on (Give the Location), Boy/Girl, Age. This is/is not a drill.”

“Attention, Attention, The Code AMBER on (Give the location) has ended”.

Code Amber

- Staff should scan visitors/patients to ensure that abductor has not remained on unit.
- A joint search between Security and assigned staff should include the patient unit, public restrooms, waiting rooms and corridors in the area, with attention given to suspicious items (i.e. clothing, bags, blankets, etc.). All interior stairwells should be searched.
- Staff members should maintain assigned posts until the "all clear" notice has been issued.

Other Areas of the Hospital

- Upon hearing “Code Amber” all Departments/Units, will follow their Code Amber protocols. Designated Departments, under the direction of Security may be utilized to observe the public areas, including corridors, stairwells, exits, bathrooms, etc.
- If a suspicious individual is seen, staff will immediately notify Security of the description of the individual and the direction they are headed. If possible, the employee should follow the person. If the person gets into a car the license number should be taken.

Code Amber

- *Any suspicious persons*
- *Any suspicious bundles or bags that could conceal abducted infant*
- *Any escorted children being held (hands or carried) who appear upset/disturbed or angry.*
- *All entrances/exits will be monitored utilizing CCTV or Staff*
- *An Emergency Communications Post may be established in the Chief Operating Officer's Conference Room*

Alarms & Devices

- RED ALARMS
 - Cut band
 - Band off
 - No signal
 - Exit alarm
(indicates band near door)
- Yellow Tag Infants
- White Tag Pediatric Patients



2017 Emergency Codes

Code GREY★

- Used to announce a Security Incident- **staff can call 2222**
- Applies to all staff at affected location
- Announced via overhead page, emergency notification system
- Response by Security and Affected Department
- Staff Actions-follow instructions of Security Officer and Department Supervisor

Code M

- Used to notify when behavior of patient is determined to be potentially dangerous to self or others- **staff can call 2222**
- Applies to Code M team
- Announced via overhead page, emergency notification system
- Response by Code M
- Staff Actions-none required, unless a member of Code M

2017 Emergency Codes

Code GREY★

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- Applies to all staff at affected location
- Announced via overhead page, emergency notification system
- Response by Security and Affected Department
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- Used to notify when behavior of patient is determined to be potentially dangerous to self or others- **staff can call 2222**
- Applies to Code M team
- Announced via overhead page, emergency notification system
- Response by Code M
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2017 Emergency Codes

Code **RED** ★

- Used to announce a confirmed fire/smoke condition- **staff can call 2222**
- Applies to all staff at affected location
- Announced via overhead page, emergency notification system
- Response by Fire Safety Response Team, Fire Department
- Staff Actions-follow instructions of Fire Safety Response Team, and/or Fire Department

Code **Yellow** ★

- Used to announce a bomb/bomb threat- **staff can call 2222**
- Applies to all staff at affected location
- Announced via emergency notification system as required
- Response by Office of Emergency Management, Security, Engineering
- Staff Actions-follow instructions of Office of Emergency Management, Security, Engineering, Law Enforcement

2017 Emergency Codes

Code **BROWN-** ****NEW****

- Used to announce a significant Utility System Failure/Disruption that significantly and negatively impacts patient care or safety
- Applies to all staff at affected location
- Announced via emergency notification system as required
- Response by Office of Emergency Management, Engineering, Security
- Staff Actions-follow instructions of Office of Emergency Management, Security, Engineering

Code **PURPLE-** ****NEW****

- Used to notify missing in-patient (elopement)
- Applies to all staff at affected location
- Announced via overhead page, emergency notification system
- Response by Security and members of Affected Department
- Staff Actions-as directed by Department manager, Security

Security Contact Information

MAIN NUMBERS:

Security Desk Main Lobby 516-663-2520

- ALL EMERGENCY CODES REQUIRING OVERHEAD ANNOUNCEMENT (OUTLINED ON BADGE BUDDY) CALL HOSPITAL PAGE OPERATOR 2222
- FOR IMMEDIATE EMERGENCY SECURITY NOTIFICATION x5151
 - ***(EXAMPLE: SUSPICIOUS PERSON/PACKAGE ON UNIT/ESCALATING SITUATION REQUIRING SECURITY PRESENCE OTHER THAN A CODE GREY/M)***

DIRECTOR OF SECURITY:

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HIPAA & Corporate Compliance

2017

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Corporate Compliance

Orientation Manual- page 30



Overview

- ▶ **HIPAA-The Health Insurance Portability and Accountability Act of 1996:**
 - ▶ The rule protects from unauthorized disclosure of any Protected Health Information –PHI



Overview

- **American Recovery and Reinvestment Act of 2009 (ARRA)**
 - Contains additional requirements relating to privacy and security and includes **HITECH**, which focuses on promoting electronic communication in healthcare, such as Electronic Medical Records

HIPAA Privacy Basics

General Privacy Rule

- You may not USE or DISCLOSE PHI except as permitted by the privacy regulations



Protected Health Information (PHI)

- Any information relating to a person's health or ability to pay that is created by the Hospital and may identify the individual
- Examples of where PHI may be found:
 - Sign-in sheet, procedure code, Patient ID band, conversation about a patient amongst co-workers





Privacy Notice

- Prior to providing services, the Hospital must make a good faith effort to obtain a written acknowledgment from the patient that the privacy notice was received
- If the Hospital is unable to obtain:
 - Document that the attempt was made and reason for not obtaining signature and keep on file for 6 years



Patient Rights

- Under HIPAA, patients have the following rights:
 - To request that the Hospital limit its use and disclosure of their PHI;
 - To receive communications by alternative means (e.g., e-mail or fax), or sent to alternative locations (where reasonable);
 - To access their PHI;
 - To request amendments to their PHI; and
 - To receive an accounting of certain disclosures of PHI

Note: This is not an all inclusive list of Rights

Permitted Disclosures for the Hospital's Use

The Hospital may use and disclose PHI without obtaining a HIPAA-compliant authorization form for the Hospital's:

- **T**reatment
- **P**ayment
- Health Care **O**perations purposes



Treatment

- **The provision, coordination and/or management of health care and related services including consultations and referrals**

- **Examples:**

- Consultations between healthcare providers
- Referral of patients
- Providing information to other facilities upon transfer
- Sending patient's blood to reference lab

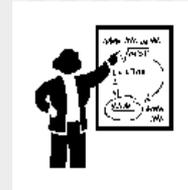


Payment

- **The activities undertaken by a provider to obtain reimbursement for services provided**
- **Example:**
 - The Admitting Office is permitted to contact an insurance company to determine insurance coverage



Health Care Operations



- **The Hospital's routine activities such as quality assurance, case management, credentialing, accreditation, education of staff, business planning and customer service**
- **Examples:**
 - Presenting case studies at a performance improvement meeting
 - Training of staff, residents and interns

Authorizations

- If the Hospital wants to use PHI for purposes other than treatment, payment or health care operations it must obtain a HIPAA-compliant authorization form
- Examples
 - Attorneys
 - Schools
 - Disability Benefits
- Must be signed by the patient or his/her legal representative
- Must be detailed and specific to the use or disclosure





Minimum Necessary

- You must limit the patient information that you use or disclose to the minimum necessary to accomplish your job responsibilities

Example:

- *PHI disclosed in response to a subpoena:*
 - *Only the information specifically requested should be sent and not the entire medical record*

Family, Friends and Advocates

- **Must give individual opportunity to agree or object:**
 - May disclose PHI relevant to person's involvement in care or payment to family, friends or others identified by individual

- **When individual is not present or incapacitated:**
 - Above uses and disclosures are permissible using professional judgment to determine best interest of patient

- **Exceptions:**
 - HIV-related information
 - Alcohol and/or substance abuse
 - Mental Health Treatment

Confidentiality Law:

(Public Health Law Articles 21& 27-F)

- **General Rule:** A provider may not disclose any HIV-related information about any protected individual.

- **Exceptions:**
 - HIV Release Form;
 - Medical Treatment;
 - Insurers Processing Payment;
 - HIV/AIDS Case Reporting;
 - Occupational Exposure;
 - Parents & Legal Guardians (very limited); and
 - Judge-Issued Court Order.

HIPAA Hot Spots

Protect Your Work Area

- Always use HIPAA compliant security bins
- Do not leave unattended PHI on your computer screen or work station
 - Sign off when you are finished using the computer
- Avoid having PHI in public view
- Do not share passwords
- Always use a fax cover sheet



Standards for Accessing PHI

- You ***MAY NOT*** access the medical information of family members, friends, or other individuals, including yourself, for personal or other non-work related purposes, even if the individual gives you permission.
- Employee activity is logged and audited for appropriateness.



Sanctions for Violations

- Range from HIPAA Training to Termination based on 4 levels of Violation Categories and accounting for past conduct/repeat violations:
 - (1) Accidental or inadvertent (counseling)
 - Ex. Disclosure of PHI to wrong person
 - (2) Failure to comply with Hospital Policy (written warning)
 - Ex. E-mailing PHI outside of Winthrop e-mail addresses
 - (3) Deliberate/purposeful violation without harmful intent (final written warning or suspension)
 - Ex. Inappropriately accessing medical records
 - (4) Deliberate/purposeful violation with harmful intent, acting recklessly (termination)
 - Ex. Criminal acts, identity theft

Definition of a Breach

- An impermissible acquisition, access, use or disclosure of protected health information which compromises the security or privacy of the PHI.





Breach Notifications

With HITECH:

- The Hospital must notify individuals whose **“unsecured” PHI** has been accessed or disclosed as a result of a “breach”
 - **Requirements:**
 - In writing via first class mail within 60 days of discovery
 - If breach involves >500 individuals; notice must also go to HHS and to “prominent media outlets”
 - Annually to HHS for all breaches



Enforcement-Penalties

Violation Category	Each Violation	Maximum Per Violation
Willful neglect- Not Corrected	\$50,000	\$1,500,000
Willful Neglect- Corrected	\$10,000-\$50,000	\$1,500,000
Reasonable Cause	\$1,000-\$50,000	\$1,500,000
Did Not Know	\$100 - \$50,000	\$1,500,000

Business Associate

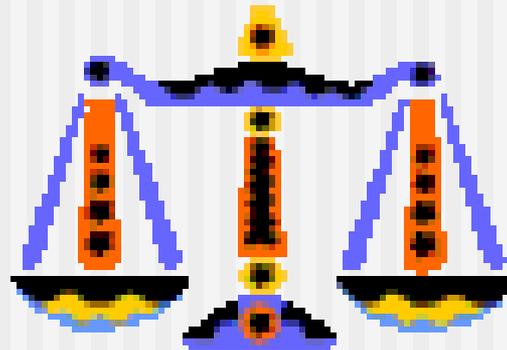
- Business Associate (“BA”) is an entity that performs functions, activities, or services on behalf of the Hospital that involve the use of PHI
- A Business Associate Agreement (“BAA”) must be signed prior to sharing any PHI with a BA

Recent HIPAA Settlements

- **CVS pharmacy pays \$2.25 million to settle HIPAA privacy case**
 - Improperly disposed of labels from Rx bottles and old Rx in unsecured bins.
 - Ordered to implement a detailed corrective action plan, policies and procedures and employee training.
- **BCBS Tennessee settles HIPAA HITECH breach for \$1.5 million**
 - 57 unencrypted computer hard drives were stolen from a leased facility that contained PHI of over 1 million individuals.
 - Found to not have adequate facility access controls; which is a HIPAA Security Rule.
- **UCLA Health System settled for \$865,500 for HIPAA Privacy violation**
 - Unauthorized employees repeatedly and without permission looked at PHI pertaining to medical records of two celebrities.

What Is Corporate Compliance?

- Informs all NYU Winthrop employees what is expected of them **ethically** and **legally**.
- Provides a **reporting structure** in case an employee believes there is an ethical or legal issue that needs addressing.



HHS - Office of Inspector General (OIG)



- HHS is the branch of the Federal Government responsible for Healthcare
 - The OIG is a division of HHS
- The OIG's duties are carried out through a nationwide network of audits, investigations, and inspections
- In 1998 OIG issued Compliance Program Guidance for **Hospitals**



David A. Paterson
Governor



NEW YORK STATE



Office of the Medicaid Inspector General



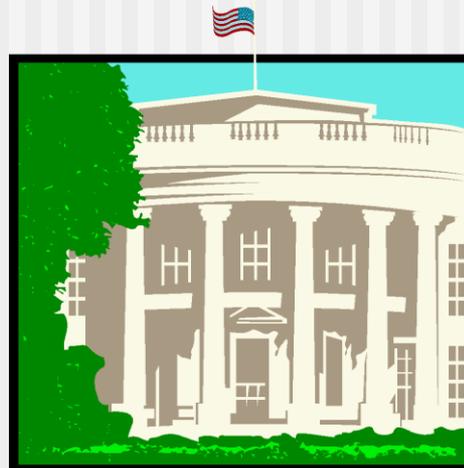
James G. Sheehan
Medicaid Inspector General

NYU Winthrop
Hospital

- The Office of Medicaid Inspector General (OMIG) is an independent entity within the New York State Department of Health created to improve and preserve the integrity of the Medicaid program.
- Requires that Medicaid providers develop and implement compliance programs aimed at detecting fraud, waste, and abuse in the Medicaid Program.

Health Care Reform Bill

- Providers and suppliers **required** to establish compliance programs as a condition of enrollment in Medicare and Medicaid.

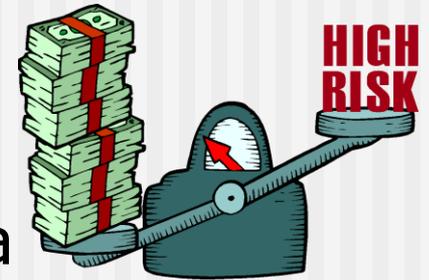


Compliance Program Elements

- Compliance Officer – Terry Lillis
- Written standards of conduct and policies & procedures, Code of Conduct
 - The Code of Conduct is available to all employees by one of the following avenues:
 - NYU Winthrop's Intranet
 - Orientation Program Booklet

Compliance Program Elements

- Employee Education
- Monitoring & Auditing of Risk Area
- Process to report/investigate complaints or concerns
 - In person
 - Anonymous Hotline 516-663-9533
 - Compliance Report Form
 - NYU Winthrop Intranet



Compliance Program Elements

Where to find Corporate Compliance on the NYU Winthrop Intranet homepage

The screenshot shows the NYU Winthrop Hospital Intranet homepage. At the top is a blue header with the hospital's name. Below it is a dark navigation bar with links for Home, Winthrop Directories, E-mail, Soarian, Pharmacy, Information Technology, Nursing, Saba, and Engineering Request. On the left side, there is a vertical menu with categories: Employee Information, Clinical Information, and Departments. Under the Departments category, a list of links is shown, with 'Corporate Compliance' circled in red. A red arrow points from the top of the page down to the 'Corporate Compliance' link. The main content area features a large red banner for 'Password Policy Updates' with a message about changing network passwords. Below the banner is a section titled 'Winthrop Intranet' with 'Top Stories' and 'Quick Links'.

**NYU Winthrop
Hospital**

Home Winthrop Directories E-mail Soarian Pharmacy Information Technology Nursing Saba Engineering Request

Employee Information

Clinical Information

Departments

- Animal Facility
- Biomed
- Corporate Compliance**
- Development
- Employee Health
- Engineering
- Food Nutrition Services
- HIM (Medical Records)
- Homecare
- Human Resources
- Hospitality
- Internal Medicine (Residents)
- Information Technology
- Laundry Services
- Library
- LIHN
- Supply Chain Management
- Medical Affiliates

Password Policy Updates

You may be asked to change your network password soon! Click here for more information on why this is, and what you need to know.

Winthrop Intranet

Top Stories:

- Off-Site Parking Registration - Click here to get started.
- Hospital Survey on Patient Safety - Click here to take the survey
- Winthrop Event Calendar - New interactive calendar for events happening at Winthrop.
- Success Pays™ Certification Program - View more information on this new ANCC Program.
- Tuition Reduction (Walden U) - 15% Tuition Reduction available at Walden University.
- Soarian Website - Click here to view education material.
- Soarian Updates - Click here to view updates to Soarian

Quick Links:

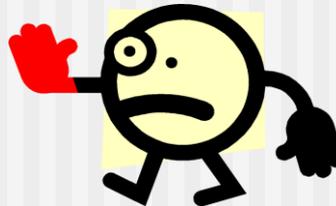
Important Healthcare Laws

- False Claims Act
- Anti-Kickback Statute
- Emergency Medical Treatment and Labor Act (EMTALA)



False Claims Act

- The Act punishes the submission of *False or Fraudulent Claims* to the federal and state government of federally and state financed programs.



- Includes **Medicare** and **Medicaid** programs

False Claims Act

- The Act establishes liability for any person who **knowingly** presents or causes to be presented a false or fraudulent claim to the U.S. government for payment



False Claims Act

- Examples:
 - Billing for services, procedures, and/or supplies that were not provided
 - Misrepresentation of what was provided; when it was provided; the condition or diagnosis; the charges involved; and/or the identity of the provider recipient
 - Providing unnecessary services or ordering unnecessary tests

Penalties Under the Act:

- Civil monetary penalties ranging from \$10,781-\$21,563 for each false claim submitted
- Treble damages
- Exclusion from participation in federal health care programs





Penalties Computed

An example of how mistakes can lead to paying large amounts of money in fines and penalties:

- Suppose 100 claims were improperly submitted to Medicare resulting in a \$1 overpayment per claim.
- The total overpayment is \$100.
- The government decides to impose treble damages (3 x \$100)
- The government also decides to impose the maximum \$21,563 fine for each claim (100 X \$21,563)
- The total penalty on overpayment of \$100 will result in payback of \$2,156,600!

Your Rights Under the Act

- If an employee feels his/her concerns were not appropriately addressed by NYU Winthrop, he/she has the right to raise the concern with the Federal Government under the False Claims Act



False Claim Act Settlement

- CVS Caremark settlement of \$36.7 million for overbilling Medicaid
 - Illegally substituted a more expensive capsule form of Ranitidine (Zantac) tablets despite what the physician specifically prescribed
 - Capsule price was 4 times the amount of the tablet price

Anti-Kickback Statute

- Criminal statute which provides penalties for individuals or entities that **knowingly** and willfully offer, pay, solicit or receive remuneration in order to induce business.
- Remuneration includes but is not limited to:
 - Kickbacks
 - Bribes And Rebates
 - Made directly or indirectly
 - Overtly or covertly
 - In cash or in kind



Examples of Anti-Kickback Violations

- **Cash for patients:** giving cash in exchange for the referral of patients covered by a Federal Health Care program.
- **Waivers of co-pays and deductibles:** The routine waiver of Medicare Part B co-payments and deductibles violates the Anti-Kickback Statute.
- **Medical Director agreements:** Compensation paid for referrals covered by a Federal health care program.



Anti-Kickback Settlement

- September 1, 2010 – Forest Laboratory a pharmaceutical company paid **\$313 Million settlement**. Civil Complaint alleges that Forest used illegal kickbacks to induce physicians and others to prescribe certain drugs.
- Kickbacks allegedly included cash payments disguised as grants or consulting fees, expensive meals, and lavish entertainment

Emergency Medical Treatment and Labor Act (EMTALA)

- Federal law prevents hospitals from rejecting patients, refusing to treat them, or transferring them to other hospitals because of their inability to pay.
- Anyone presenting to the **ED** or **hospital property** requesting treatment for an *emergency medical condition (EMC)* is entitled to a *medical screening examination (MSE)* by a qualified practitioner (MD, PA, NP).
- Triage is not considered a MSE

Result of the medical screening exam (MSE)

- If an emergency medical condition exists, treatment must be provided until the emergency medical condition is **resolved** or **stabilized**.
- If the hospital does not have the capability to treat the emergency medical condition, an **"appropriate" transfer** of the patient to another hospital must be done in accordance with the EMTALA provisions:
 - Medical risks of transfer are outweighed by the benefits reflected on a signed consent to transfer form
 - Process is certified in writing by a physician
 - Receiving hospital agrees to accept the transfer and has the facilities to provide the necessary treatment
 - Patient is accompanied by copy of medical records
 - Use of qualified personnel and equipment during transfer

NYU Winthrop Hospital's Conflict of Interest Policy:

- “All Covered Personnel” should deal with vendors, suppliers, consultants and other third parties seeking to do or currently engaged in business with NYU Winthrop **without any appearance of favor or preference based on personal considerations.**
 - *Ex: Case Manager whose husband owns a DME Company*

Non-Retaliation Policy

- No employee shall be disciplined for raising in good faith a concern or problem to be addressed by management
- Any act of retaliation against an employee who in good faith reports a violation of law, regulations, standards, or hospital policy is not permitted

Acceptance of Gifts (Gratuities, Loans or other Favors)

- Gifts of nominal value (\$100.00 or less) that are tokens of appreciation are permitted.
- Gifts of any value are prohibited under circumstances that could be inferred to induce the employee to act in an official capacity for their own benefit, and not solely for the benefit of the Hospital.
- Cash may not be accepted under any circumstances; however, individuals wishing to make a donation to the hospital should be referred to the Development Office at 516-663-3398.
 - i.e. general donations, or those interested in honoring an employee under the Grateful Patients and Families Program.

Compliance Reporting Structure

- HIPAA Privacy:
 - Terry Lillis, Privacy Officer at 516-663-2003
- HIPAA Security:
 - Chris Iorio, Security Officer at 516-663-3136
- Compliance Concerns:
 - Corporate Compliance Main Office at 516-663-8584; or
 - Complete Compliance Form on Intranet
- Anonymous Hotline for All Compliance Concerns:
 - 516-663-9533

