Welcome to the

Online Orientation Program

Congratulations and thank you for choosing a career with us!
It is my pleasure to welcome you as you begin your career with us. You’re in good company. More than 30,000 team members have decided to build their careers at North Shore-LIJ. In a few minutes you will see just how far we’ve come in our journey to be a national healthcare leader.

The North Shore-LIJ Health System has a service area that encompasses more than five million people throughout Long Island, Queens and Staten Island. We are the third largest, non-profit, secular healthcare system in the United States. Our healthcare network consists of several hospitals (including three teaching hospitals), the renowned Feinstei Institute for Medical Research, several long-term care facilities, regional trauma centers, home and hospice care programs and dozens of outpatient centers across the region. In addition, North Shore-LIJ is partnering with Hofstra University to develop a new medical school, scheduled to open in 2011.

Our mission is simple: to improve the health and quality of life for the people and communities we serve. We’re all working towards this mission by putting patients first in everything we do. Our success in achieving that mission hinges on all of you. Every day, our clinical staff—physicians, nurses and other healthcare professionals—have the opportunity to make a real difference in people’s lives. Our equally talented administrative staff provides the critical support behind these efforts.

You will hear the term “patient experience” a great deal when you start working at North Shore-LIJ. “Patient experience” refers to how patients feel about all aspects of the care they receive. It includes every encounter a patient has with our staff, beginning when they make an appointment and throughout the time they are diagnosed, treated, discharged and receive follow-up care. Courtesy, hospital cleanliness, communication, safety, the quality of care and treatment—these are just a few aspects of the patient experience.

All of us—even those who do not have direct contact with patients—have an impact on the patient experience. Therefore, everything you do at work affects how people perceive our organization—whether it be answering the phone, talking to a patient or family member, working with colleagues, or even holding a door open for someone. Please keep that in mind as you complete the online orientation and learn more about the health system.

As the largest employer on Long Island and the ninth-largest in New York City, we have a wealth of resources to offer you for personal and professional growth. I hope you will take advantage of these opportunities to develop your career. Remember, it’s up to you to unlock your potential and achieve your career objectives.

Once again, welcome to North Shore-LIJ. We wish you the best of luck and look forward to your contributions.
Our History

Timeline

From our “beginning” in 1861 as a small, one-room infirmary to our present organization comprised of 15 leading hospitals, dozens of medical and rehabilitation facilities, a world-renowned Research Institute and a service area of over 5 million people, North Shore-LIJ has come a long way.

Please visit: www.northshore.lij.com > About Us > Our History & Timeline to see what started our “beginning.”

Locations

Where to find us

Now that you understand our history, click on the interactive map to see all of our hospitals in the Metro New York area.

As a team member, it is important for you to understand the size and scope of the health system. Chances are, you or someone you know, has visited and experienced one of our many facilities.

Please visit: www.northshore.lij.com > About Us > Hospitals & Facilities to see all of our locations and view a map.
Our Culture

Mission, Vision and Values

As a team member working at North Shore-LIJ, you are part of an exciting organization that always strives for excellence. Our culture is about caring, always putting our patients first and giving back to the communities we serve.

Our Core Values = Your Core Values. See below.
Team member excellence

Our Mission
To improve the health and quality of life for the people and communities we serve by providing world-class service and patient-centered care.

This is your mission as a team member!

Our Vision
To be a national healthcare leader, committed to excellence, compassion and improving the health of the community.

Our Values and Expectations
As a team member, you exemplify the health system’s culture and are held accountable for your actions. Our core values are what make the organization successful. You are expected to always demonstrate our values in action; they should be part of your daily routine. Always putting our patients first, working as a team, promoting quality and pursuing excellence are just some of the expectations we have of you.

You will learn more about our expectations as part of your on the-job training. Watch some of our team members put our “Vision in motion” by visiting: www.nsljcareers.com > Discover Careers
Self Check: Mission, Vision, Values

Select the answer below that applies for each question.

Our team members are expected to always demonstrate our values in action by:

A. Always putting patients first  
B. Communicating and working as a team  
C. Promoting quality and pursuing excellence  
D. All of the above

Even team members who are not giving bedside care, such as billing representatives, housekeepers and food service workers, still impact the patient experience:

True  
___False

Every team member at North Shore-LIJ has the opportunity to make a difference in a patient’s life by:

A. Being caring and sincere  
B. Opening a door or pointing a patient in the right direction  
C. Being aware of your surroundings at all times  
D. All of the above
Building healthier communities

How we give back

Beyond our mission of providing world-class healthcare to our patients, we believe it’s our obligation to give back to the communities we serve.

We are committed to building healthier communities through our health programs and community events, and offering financial assistance to those who cannot afford healthcare.

Let’s take a look at some of the numbers that comprise the organization and the surrounding communities.

Did you know?

The number of uninsured persons continues to grow throughout the U.S., a trend that is reflected in the New York region. Twenty percent of adults on Long Island with household incomes under $40,000 are uninsured. Recognizing this growing need, North Shore-LIJ has become a national and regional innovator in the development of assistance programs for uninsured community residents.

North Shore-LIJ by the numbers

- Service area of **5.2 million** community residents in the metro New York area, including Long Island, Queens and Staten Island
- **38,000** team members including physicians, nurses, clinicians and administrative support.
- **1,700,000** annual outpatient visits
- **22,000** babies born each year
- **473,000** Emergency Department visits

*Over $330 million people in the community benefit – representing 7.5 percent of net patient service revenue.*
Why give back?

Giving back is part of how we make a difference. It’s part of how you will make a difference, too.

Keeping our communities healthy is a constant, ever-changing promise that underscores the health system’s core values. The scope of the community-centered programs North Shore-LIJ provides to one of the most populous regions in the world requires a commitment and understanding of community that is equal parts innovation, organization and dedication. As a team member, you will come to see that giving back to the communities we serve is part of everyone’s job, and, it’s something for which you can feel very proud.

Giving back means moving beyond hospital doors into the neighborhoods of the people we serve. The health system tailors its programs to meet community needs, from prenatal care for expectant mothers, to helping seniors, to providing care for those who are uninsured and cannot afford it.

Financial Assistance Program

In 2008, North Shore-LIJ incurred costs totaling more than $330 million for community benefit programs and services, including millions in charity care. Our Financial Assistance Program provides free or discounted services to families with incomes up to five times the federal poverty level ($106,000 for a family of four)—a clear indication of the commitment to serve each and every member of the community, regardless of ability to pay.

Who is eligible for financial assistance?

The health system has been working to eliminate barriers to proper healthcare for uninsured patients for years. Its Financial Assistance Program is based on:

- Annual Family Income
- Family Size (includes children 18 and under)
- Other Financial Assets (as an indicator of ability to pay)
- Hardship (case-by-case evaluation)

See two examples on the next page.
**Mobile Health Long Island Program**

The health system’s *Mobile Health Long Island Program* (in partnership with United Way of Long Island) reaches into communities to treat many vulnerable residents. Mobile Health provides both medical and dental care to underserved populations, treating mostly underserved children and seniors.

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**Example 1:**
- Family of four earning $32,000 per year
- 150% of the 2006 Federal Poverty Level (FPL)

Payment of $5 per visit for:
- A. Clinic visits and services
- B. Emergency Department services
- C. Other outpatient diagnostic services and tests

Payment of 10% of the Medicaid rate for:
- Inpatient Services
- Ambulatory Procedures and Surgery

If not registered as a clinic patient, payment would be 10% of Medicaid rate for all of the above

**Example 2:**
- Single individual earning $31,000 per year
- 300% of the 2006 Federal Poverty Level (FPL)

Payment of $50 per visit for:
1. Clinic services
2. Emergency Department
3. Other outpatient diagnostic services and tests

Payment of 35% of the Medicaid Rate for:
- A. Inpatient Services
- B. Ambulatory Procedures and Surgery

If not registered as a clinic patient, payment would be 35% of Medicaid rate for all of the above.

Remember, this adds up to millions of dollars in community health benefits.

*The Financial Assistance Program toll-free number is: 800 995-5727*
Mobile Health by the numbers...

3,000 medical visits per year
2,000 dental procedures annually
Providing dental screenings for 100 percent of uninsured pediatric patients
Testing 90 percent of high-risk adolescents for HIV
Immunizing 100 percent of pediatric patients

These are just some of the programs the health system provides to help benefit the community. You may visit: www.northshorelij.com to learn more about other community events and programs.

Self Check
Select the answer below that applies for each question.

The health system is committed to giving back to the community and believes this is an important part of its culture for the following reason(s):

A. It’s part of the health system’s mission and core values to help its communities remain healthy
B. Eliminating barriers so that uninsured and insured patients alike receive quality healthcare is part of the organization’s foundation
C. As the nation’s third largest, non-profit health system, giving back to the community gives the organization and all of its team members another opportunity to make a difference
D. All of the above

An example of someone who is eligible to receive financial assistance through the health system’s program include:

A. A single working mother earning $25,000 per year
B. Married couples earning $85,000 per year
C. An unemployed college graduate living in Boston, MA
D. None of the above
Your Career at North Shore-LIJ

We believe that every single team member, regardless of his or her job title, is an essential part of delivering outstanding patient care. We want your career here to flourish and we’re committed to providing you with the programs, tools and benefits to help you succeed.

Benefits

Your benefits, you’re worth it!
North Shore-LIJ provides a generous package of benefits, resources and flexible choices that nurture both your daily life and long-term needs.

Our benefits program includes Work/Life Benefits, Health & Welfare Benefits, Additional/Voluntary Benefits, and a generous Retirement Program. These benefits make up a huge part of your total compensation. By taking advantage of these programs, you are able to customize benefits that add value to you and your family members.

Work/Life Benefits
All team members may take advantage of our Work/Life benefits. Regardless of what role you take on, or which facility you work in, these benefits and resources are especially for you. Below are just some of the programs you are offered as a team member. Click on each one for more information.

Healthy Lifestyles Wellness Program
Healthy Lifestyles is a system-wide wellness program designed to promote and encourage health and wellness for every team member. Healthy Lifestyles promotes health through its smoking cessation programs, including free counseling and medications to help team members quit smoking, discounted fitness memberships to LA Fitness, Gold’s Gym, Equinox and others; Weight Watchers At Work®, educational seminars on nutrition, and discounts to Vivo-health.com, our online health and wellness store.

Activities and Events
You may participate in a variety of team member events and recreational activities such as softball and volleyball leagues to meet co-workers and build camaraderie among your peers. In addition, every spring the health system hosts a company picnic where you and your family can enjoy food, festivities and fun with your co-workers. You will hear much more about how to get involved in these events when you start work.
Employee Assistance Program
Our Employee Assistance Program (EAP) provides all team members free, confidential counseling services on a wide range of issues such as career conflicts, stress management, depression, substance abuse, marital problems, grief and many other issues. This program is one of many support systems in place to help team members achieve their goals and be successful on-the-job.

Employee Health Services
Employee Health Services (EHS) is the on-site medical provider for team members. EHS offers all team members a free flu shot and free mandatory annual health assessment.

Hospital Courtesy Discount
As a team member, you and your dependents are offered a 20% courtesy discount for services rendered at participating health system hospitals. The discount is applied to hospital-covered charges incurred while receiving medical care at participating facilities only, and is applicable towards the balance of charges after co-payments and after insurance is billed. For details, call patient accounts listed on your hospital bill.

Housing Assistance through LIHP
Team members who are first-time homebuyers may receive financial assistance for a down payment and/or rehabilitation for a house located in Nassau/Suffolk, through a program offered in conjunction with the Long Island Housing Partnership. If you are eligible you may receive more information when you start work.

North Shore-LIJ Federal Credit Union
All team members are eligible for membership in the health system Federal Credit Union starting on the first day of work. Immediate family members may also join the credit union and use its services.

Tuition Reimbursement
Eligible team members may receive up to $5,000 per calendar year in reimbursement towards tuition expenses for an associate, undergraduate or graduate degree. Please note: eligibility is based on several factors, including job status.
Health & Welfare Benefits

Ensuring your health and well-being is important to us. The health system offers an extraordinary Health & Welfare Benefits package to make sure your health, and the health of your dependents, is covered*. These benefits are offered through several carriers so that you may decide which benefits are right for you and your family.

*Important note: Health system-sponsored Health & Welfare benefits, including time-off and holidays, are offered to team members who are not covered under a collective bargaining agreement (CBA) as part of a union contract. If you are represented by a CBA through unions 1199, NYSNA or any other union, please be sure to check with your union for information about your Health & Welfare benefits. In addition, team members working at Staten Island and Huntington Hospital are covered under separate plans. Please check with your Human Resources Department for more information.

The following Health & Welfare benefits are offered to eligible team members.

> **Medical**
  Three coverage options through Aetna, Empire and HIP
  Prescription Drug Plan
  Healthcare Flexible Spending Account
  Dependent Care Flexible Spending Account

> **Dental**
  Two coverage options through Cigna

> **Vision**
  Plan offered through Davis Vision

> **Disability**
  Team members are automatically covered by the NYS Disability Plan
  Additional basic Short-Term Disability Plan provided at no cost

> **Life Insurance**
  Team members are automatically covered at no cost for basic term Life Insurance/AD&D
Time-Off and Holidays

We provide a generous Paid Time-Off (PTO) program that gives eligible team members the flexibility to use time-off for any purpose, including vacation, holidays, illness, emergency or personal business. The amount of PTO you receive is based upon hours worked and increases with length of service. In addition to PTO, team members are entitled to eight legal paid holidays, and may take up to three days off to grieve the loss of an immediate family member or to celebrate one’s own marriage. Jury duty is also covered; proof of service is required.

Additional/Voluntary Benefits

All team members have the opportunity to enroll in a wide range of Additional/Voluntary Benefits. These benefits provide additional coverage you may choose to elect as part of your total benefits package, and many may even be elected for your dependents. Learn more about the additional benefits we offer below.

**Accident Insurance**
Protects team members from costly bills associated with accidents, on or off the job

**Cancer Insurance**
Provides added financial protection to help cover preventative cancer screenings and treatments

**Long-Term Care Insurance**
Helps to pay for costly custodial and/or supervisory care required when individuals can no longer care for themselves

**Fraud SafeGuard Insurance**
Covers personal financial loss incurred due to various forms of fraud, embezzlement or theft

**Pre-Paid Legal Services**
Provides access to legal counsel at affordable rates

**Select Life Insurance**
Provides permanent insurance protection
Retirement Program

Helping all team members save for retirement early is key. The health system offers a two-part Retirement Program to make it happen.

403(b) Retirement Savings Plan
Our 403(b) savings plan lets all team members save pre-tax. You may start saving a percentage of your earnings before taxes are taken out beginning on your first day of work.

Eligible team members may receive generous annual contributions from the health system*. After completing one year of service, you may receive a basic contribution of 3% of your salary. An additional 2% matching contribution will be given if you contribute 6% or more to your account. The 403(b) plan features a variety of investment options, including a full range of mutual funds and Targeted Retirement Funds. You may easily sign-up and manage your account online or by phone.

The Cash Balance Plan
The Cash Balance Plan is similar to a pension and is entirely funded by the health system. Eligible team members* will automatically receive 3% of their salary after completing one year of service. The plan provides a monthly or lump sum benefit at termination or retirement based on earnings and years of service with the health system. Team members become vested in the plan after completing six years of service.

*Important note: All team members may voluntarily contribute to the health system’s 403(b) / 401(k) retirement savings plans, except for team members working at Staten Island and Huntington Hospital. Both have their own plans. Please inquire about these plans through your Human Resources Department.

Only eligible team members who are not covered under a collective bargaining agreement (CBA) as part of a union contract, or who do not work at Staten Island or Huntington Hospital, may receive employer contributions.

Only eligible team members who are not covered under a CBA may qualify for The Cash Balance Plan. If you are represented by a CBA through unions 1199, NYSNA or any other union, please be sure to check with your union for information about your Retirement Program. Team members working at Staten Island or Huntington Hospital are also not eligible.
Educational Development

Opportunities to grow
Ensuring our team members are always learning and growing—not only on-the-job but in other areas of interest—is important to us.

Our Corporate University, the Center for Learning & Innovation (CLI) offers all team members the opportunity to do just that with free educational programs, courses and training classes.

CLI promotes a culture dedicated to excellence, innovation, teamwork and continuous change. Through learning opportunities, team members are assisted in the development of knowledge, attitude, and skills necessary to support North Shore-LIJ’s strategic and business goals, and personally grow at the same time.

You may sign-up to take a variety of courses in leadership, such as coaching for managers and crucial conversations; technical programs, such as computer and presentation skills; communications such as writing for business and customer service skills, and many other fields and areas of interest.

For healthcare/clinical team members
The Patient Safety Institute (PSI) was established to provide state of the art learning for our healthcare and clinical team members. The U.S. Institute of Medicine estimated that 100,000 people die every year from medical errors and hospital-acquired infections. North Shore-LIJ believes that this number is unacceptable and created a goal of zero tolerance for medical errors and infections with the idea that clinical training plays a key role.

The PSI features a human simulation lab that includes PC-based interactive, virtual reality technology, digitally-enhanced mannequins. Full-scale patient simulators help a wide variety of healthcare practitioners and students to diagnose and manage clinical problems without risk to real patients.

Training scenarios at PSI can replicate situations in multiple medical environments including a critical care unit, emergency department or operating room. Acute medical situations are planned, rehearsed, reviewed and studied, leading to a direct improvement in a healthcare professional’s performance in life-saving situations.

PSI is able to create new and realistic methods of learning. Using a computer, trained instructors in control rooms with one-way mirrors can manipulate the patient simulators to mimic virtually any medical scenario — a stroke, heart attack, smallpox, or trauma. All simulations are video recorded and reviewed during post-scenario debriefings. The mannequins look and feel real and are anatomically correct. Clinicians can take vital signs; insert intravenous lines and practice inserting breathing tubes, as well as perform many
medical procedures.

The simulation lab offers an environment that is adaptable to all clinical levels and allied health professions. Although some courses are designed for specific clinical specialists (e.g. Nurses, Physicians, Technicians, etc.), other courses are designed to incorporate the team approach found in actual clinical settings. PSI also provides mass disaster training for hospitals and first responders. Training includes courses on managing casualties from chemical, biological and radiological exposure, as well as natural disasters.

**For managers and emerging leaders**

Continuing our leaders’ education is vital in helping the organization achieve its goals and maintain the highest level of efficiency. With CLI’s **Core Management Program**, North Shore-LIJ provides team members the opportunity to obtain the skills necessary to excel in today’s increasingly competitive marketplace.

The program, comprised of 10 educational sessions, is designed to enhance leaders’ professional growth and development at all levels of the organization—from clinical and non-clinical areas, to administrative support and everything in between. Courses are delivered using an interactive team-based approach to enhance education and networking, and are facilitated by content experts and senior leaders from within the health system who have had the opportunity to make an impact and sustain change.

The program concludes with a team-based Capstone project which is presented to corporate and facility senior leadership. All courses have pre-work to prepare individuals for the in-classroom experience.

**For emergency medical professionals**

CLI’s **Emergency Medical Institute (EMI)** began as The Center for Emergency Training and Development back in 1990. The Center was developed by a group of dedicated and concerned individuals who discovered the need to educate students with no Fire or EMS Agency affiliation.

In 1992, The Center initiated the first ever Paramedic Training Program in The County of Nassau. Each year, EMI continues to train over 350 Certified First Responders, Emergency Medical Technicians and Paramedics. Today, EMI is compromised of a group of over 60 experienced and highly credentialed Emergency Medical Professionals.

EMI offers its students the very finest in pre-hospital emergency care education. Our 7,500 square-foot facility is conveniently located in Lake Success near many of our hospitals.
Like its other learning facilities, EMI offers:

- A state-of-the-art, comfortable learning environment
- Student email stations, and comfort facilities
- Modern, well maintained emergency medical equipment
- An additional 8,000 sq. foot high fidelity human simulation center
- A dedicated, knowledgeable, and committed instructional and support staff
- Books and equipment available on premise

You will have the opportunity to take advantage of all CLI has to offer as soon as you get settled into your new position at the health system. Visit CLI online: www.northshorelij.com/cli

Performance Management

Individual Development Plan

Our Performance Management process is geared to foster open dialogue between team members and their supervisors, and helps set career goals and expectations for the future. Your Individual Development Plan (IDP) is a tool to help you manage your performance and personal and professional development. It supports the partnership between each team member and their supervisor to assist in having all team members perform their best while adhering to the organization’s mission, vision and values and contributing to our strategic business goals.

The Performance Management process and IDP creates an environment where individuals:

- Know what is expected of them in their jobs
- Are able to grow and learn through acquiring skills
- Understand how their contributions support the organization’s mission, vision and goals
- Feel comfortable receiving feedback and discussing concerns
- Have an understanding of their career options

You will hear more about Performance Management after you successfully complete your three-to-six month assessment period. It is during this time that you will meet with your supervisor and discuss your goals and expectations. In the meantime, good luck in your new role!
Training Part I - Guidelines for Work

Safety and Emergency Management

It’s everyone’s business!

Safety is everyone’s business! No matter what your position is, you too share the responsibility for maintaining a safe and healthy work environment to protect yourself, your team members, and our patients and visitors.

Keep these things in mind on-the-job:

- Walk – do not run
- Obey the “No smoking on campus” policy
- Report all injuries, however slight, to your supervisor and get immediate first aid
- Immediately report any unsafe conditions (e.g. damaged equipment) to the appropriate department

**NOTE:** Your department has its own program pertaining to safety. Be sure to refer to this manual for any questions related to safety once you get to your facility

Emergency management

As a team member, you must be familiar with your facility’s emergency management procedures, including code phrase activation announcements. You will learn more about these procedures when you get to your facility.

Each department has a specific function outlined in its Emergency Preparedness Plan
- Your department will execute a phone call chain (refer to your department manual)
- Your supervisor will assign responsibilities for individual team members
- Always carry and display your hospital identification badge
- Team members not needed in their own department may be required to assist other departments, as needed

Do not use the telephone unless it is essential. If the telephone system fails, the red phones will be activated.
**NOTE:** The red phones are to be used only during the failure of the regular phones and are not for any other emergency.

**Hospital Incident Command System (HICS)**

The health system uses the Hospital Incident Command Systems (HICS) response method during an emergency. *Click on each LEVEL below to reveal more information.*

- **LEVEL I:** The alert level is activated when there is a potential for impact on hospital operations such as an event that may produce casualties, or an impending weather event.

- **LEVEL II:** Activated for an incident with minor impact on hospital operations (e.g., a community hospital may activate at this level if 5-10 patients are expected in the Emergency Department, or a major trauma occurs).

- **LEVEL III:** Activated for an incident with moderate impact on hospital operations (e.g., a community hospital may activate at this level if 10-20 patients are expected in the Emergency Department; multiple traumas occur; or a physical plant or utility disrupts, affecting a major area or general operations).

- **LEVEL IV:** Activated for an incident with significant impact on hospital operations with potential for long-term duration (e.g., a community hospital may activate at this level if 20 or more patients are expected in the Emergency Department or a Level III incident occurs, lasting more than 24 hours).

**Disaster**

Every hospital has a *Disaster Committee* that meets regularly and is chaired by the attending physicians in the Emergency Department.

Each hospital conducts internal and external disaster drills simulating influx of patients, internal emergencies, decontamination operations and events requiring coordination with Municipal Emergency Response Agencies. This ensures the hospitals are prepared for an emergency.
Self Check

Select the answer below that applies for each question.

All team members must observe and practice safety in their work environment by:

A. Wearing proper identification per hospital protocol
B. Reporting all injuries, however small, to a supervisor and getting immediate first aid, if necessary
C. Reporting damaged equipment immediately to the appropriate department
D. All of the above

Each facility has emergency management procedures to cope with any type of disaster. Each hospital conducts drills simulating the following:

A. Sudden admission of multiple injured patients
B. Internal emergencies such as loss of electricity or a fire
C. Decontamination operations due to major chemical spills
D. All the above

Hospital Incident Command System (HICS) Level III is activated when the following occurs:

A. There are 10-20 patients expected in the Emergency Department
B. Multiple traumas are expected
C. A major storm is approaching
D. A & B

In the event of a disaster where the Hospital Incident Command System (HICS) is activated, your role may include:

A. Reporting to your supervisor for specific assignment during the incident
B. Carrying and displaying your hospital identification badge for security purposes
C. Activating all red phones since all regular phones will fail during the event
D. A & B

(continued)
Regardless of your position, you share the responsibility for maintaining safe conditions and reporting unsafe conditions involving:

A. Team members only  
B. Team members in your unit or department only  
**C. Team members, patients, visitors**  
D. Patients only

Your basic role in safety and emergency management includes any of the following, except:

A. Participation in disaster drills  
B. Review of your facility’s emergency management program  
C. Familiarizing yourself with your facility’s code phrase activation announcement  
**D. Participation at all disaster committee meetings**

As a team member, you share responsibility for security by doing the following except:

A. Wearing your official ID badge  
B. Reporting any security-related observations, no matter how insignificant they may seem  
C. Staying alert for signs of workplace violence  
**D. Wearing or carrying a weapon to protect yourself and your team members**
Medical Equipment and Electrical Safety

Safety

The Engineering/Biomedical department at your facility, or a contract service company, maintains the medical equipment used for patient care. Before you use patient-based equipment, be sure that it is labeled with the following:
- Date of last inspection
- Next due date for inspection

Remove defective equipment from your work area and notify your supervisor accordingly. Other guidelines to keep in mind:
- Perform visual inspection of electrical equipment before each use
- Visually check that wall outlets are in good condition
- Electrical equipment located in patient areas must be grounded (3-prong plug) or be double insulated and UL-approved
- Electrical equipment located in non-patient areas must be UL-approved
- No electrical equipment can be used unless approved by the facility’s Engineering department and/or Safety Officer

Self check

Select the answer below that applies for each question.

Patient-based equipment requires the following:

A. Label indicating date(s) of past/previous and upcoming inspection
B. Grounding and UL-approval
C. Neither of the above
D. Both A and B

Before using any electrical equipment, team members must do the following:

A. Visually inspect the equipment
B. Ensure wall outlets are in good condition
C. Use extension cords approved by maintenance department
D. All of the above
Fire Safety

General knowledge

Fire Safety is a responsibility we all share. Below are guidelines to keep in mind:

- Know your facility’s Safety Officer and how to contact him or her
- Keep fire exit doors and exit access corridors clear of equipment and clutter
- Know the location of the following in your work area:
  - Fire alarm pull box stations
  - Fire extinguisher(s)
  - Exit routes
- All team members participate in fire drills

RACE & PASS

In the event of fire, always follow RACE:

R: Remove those in immediate danger of fire; call aloud the facility fire code phrase
A: Activate the fire alarm
C: Confine the fire
E: Extinguish fire with proper extinguisher if safe to do so

In the event you have to use a fire extinguisher, follow PASS:

P: Pull the pin
A: Aim low (base of fire), stand 6 to 8 feet from fire
S: Squeeze the handle
S: Sweep from side to side
Fire extinguishers

Review the following types of fire extinguishers:

<table>
<thead>
<tr>
<th>Type of Fire</th>
<th>Extinguisher Type/ Color</th>
<th>Extinguisher Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary Combustible: Paper, wood, linen, etc</td>
<td>Type A (Silver)</td>
<td>Water</td>
</tr>
<tr>
<td>Electrical &amp; Flammable Liquid: Grease, oil, alcohol, etc</td>
<td>Type B/C (Red &amp; funnel on hose)</td>
<td>Carbon Dioxide</td>
</tr>
<tr>
<td>All of the above</td>
<td>Type A/B/C Multi-Purpose (Red &amp; funnel on hose)</td>
<td>Dry Chemical</td>
</tr>
</tbody>
</table>

Self check
Select the answer below that applies for each question.

Different types of fires require the use of the appropriate fire extinguishers. Type A fire extinguisher is used for fire caused by:

A. Paper or wood
B. Grease or oil
C. Alcohol
D. Rubber

All team members must know the location of the following in their work area:

A. Fire alarm pull box stations
B. Fire extinguisher(s)
C. Means of exit
D. All of the above

(continued)
Which step is not required to operate a fire extinguisher?

**A. Shake the extinguisher**  
B. Aim at the base of the fire  
C. Squeeze the handle  
D. Pull the pin

Which is not a fire action procedure?

A. Remove people in immediate danger  
**B. Yell “fire”**  
C. Activate the fire alarm  
D. Confine fire

In the event of a fire, you must follow these steps (in this order):

A. Extinguish the fire and shout for help  
B. Close all doors then activate the alarm  
**C. RACE - remove, activate, confine and extinguish the fire**  
D. RACE - run, announce, cover fire and extinguish

To extinguish a fire involving paper, wood or linen, you must use which type/color of extinguisher?

**A. Type A/ silver**  
B. Type B / red  
C. Type AB silver / red  
D. Type BC / red with silver stripes
**Hazardous Materials, Waste & Chemicals**

**What are they?**

As a team member, you will come across hazardous materials including: biological (infectious material, sharps); chemical (toxic, corrosive, flammable items); or radioactive substances that have negative health and/or environmental implications.

Some things to keep in mind:

- PPE (Personal Protective Equipment) – equipment used when handling hazardous materials. Includes: gloves, mask, goggles, respirator, etc.

- All containers with hazardous materials must have labels indicating contents and associated hazards/warnings

- Hazardous wastes consist of regulated medical wastes including pathological tissue, body parts, infectious material, blood and sharps

- Hazardous chemicals include toxic, corrosive, flammable and reactive agents

**Material Safety Data Sheets (MSDS)**

Material Safety Data Sheets (MSDS): informational materials that include physical and health hazards associated with a specific agent, necessary PPEs, special precautions to use with the agent, safe handling procedures, spill procedures and control measures

Always know the MSDS of an agent before using it; refer to the MSDS in your department manual
Waste Management

Below are typical containers and the types of waste they handle:

<table>
<thead>
<tr>
<th>CONTAINERS</th>
<th>TYPES OF WASTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Bags</td>
<td>Regulated medical waste; items soaked or dripping with blood or body fluids; containers of blood or body fluids; tubing with blood and/or body fluid</td>
</tr>
<tr>
<td>Clear Bags</td>
<td>Items with small amounts of blood or body fluids; precaution waste; items contaminated with urine or fecal matter; food and food related items; paper</td>
</tr>
<tr>
<td>Designated Sharps Containers</td>
<td>Needles, scalpel blades, surgical staples, etc; any item which can puncture skin and may be contaminated</td>
</tr>
</tbody>
</table>

**Self check**

*Select the answer below that applies for each question.*

All team members must be familiar with Material Safety Data Sheet (MSDS). The MSDS provides the following information, except:

A. The health hazards or potential injury associated with a specific chemical agent

**B. Information regarding drug interaction**

C. Necessary Personal Protective Equipment and special precautions to use when exposed to a specific agent

D. How to handle hazardous spills

You need to know the MSDS, if you are using which of the following:

A. Mask
B. Medications

**C. Cleaning solutions**

D. Floor mop

(continued)
Red bags or containers are used for disposing the following hazardous wastes:

A. Body parts  
B. Blood  
C. A & B  
D. None of the above

Any medical waste that is soaked and dripping with blood should be discarded into:

A. Clear plastic bag  
B. Sharps container  
C. Red bag  
D. Any available non-porous bag

Utility Systems

Various systems

As a team member, familiarizing yourself with the hospital’s utility systems is an important part of your guidelines for work. Utility systems include electric service, water, sewer, heating, ventilation and air conditioning (HVAC), communications (telephone) and elevators. In a hospital setting, the Engineering department oversees the management and maintenance of utility systems. In non-hospital settings, the health system’s Department of Real Estate oversees the utility systems in conjunction with building landlords, as applicable. You should be familiar with back-up or emergency utility-related equipment services in your work environment.

Self check
Select the answer below that applies for each question.

Every team member must be familiar with the emergency back-up procedure in their facility for any failure or lack of:

A. Electricity  
B. Water  
C. Communications (telephone)  
D. All of the above
Security

For your information

Security is essential to our work environment. As a team member, you are responsible for security and should not take it lightly. Some guidelines to keep in mind:

- You must always wear the health system issued official identification badge

- You must report any security-related incidents (including workplace violence) involving team members, patients and visitors to a supervisor, security and/or your Human Resources department

- Workplace violence is not tolerated at the health system. Workplace violence includes: physical assaults, threats, harassment, acts of intimidation and verbal abuse. No weapons are permitted on the premises unless a law enforcement official has permission to carry one (e.g. police, sheriff, marshal, FBI, etc.).

Self check
Select the answer below that applies for each question.

Who is responsible for security?

A. All team members
B. Security Director
C. Supervisor
D. Department Director

Workplace violence may include:

A. Physical assaults and verbal abuse
B. Threats, harassment, and acts of intimidation
C. A & B
D. A only
Non-Discrimination and Non-Harassment

For your information

The health system will not tolerate unlawful discrimination or harassment against its workforce by anyone based on sex/gender, color, race, ancestry, religion or creed, national origin, age, genetic predisposition, disability, sexual orientation, veteran status, citizen status or other protected group status.

*Note: In addition, the health system forbids retaliation against anyone for:
- Reporting discrimination or harassment
- Assisting in making a discrimination or harassment complaint
- Cooperating in an investigation of alleged discrimination or harassment

Self check
Select the answer below that applies for each question.

If you observe and report discriminatory practices against a team member, you:

A. May be reprimanded by your supervisor and risk losing your job
B. May be in violation of the facility’s Human Resources P&P
C. May be heard based on the specific discrimination case you present
D. Will not be retaliated against because the health system does not tolerate discriminatory behaviors
Infection Control

The chain of infection

Infection control is an important part of maintaining a safe and secure work environment. Understanding the chain of infection (below) will prepare you, should there be a threat of infection. Since the agent and the host are difficult to control, the focus of infection control is directed toward breaking the chain.

Break the chain of infection

Breaking the chain is a responsibility all team members share! You can help by following the hand hygiene protocol below.

Your Role

- Always wash your hands. Remember, the use of gloves does not preclude the need for hand washing
- Wash hands after touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn
- It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites
- Wash your hands immediately after gloves are removed and between contact with patients
Hand hygiene

Refer to the chart below to learn more about proper hand washing procedures:

<table>
<thead>
<tr>
<th>Hand Hygiene with Soap and Water</th>
<th>Hand Hygiene with Alcohol Based Hand Gel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Procedure:</strong></td>
<td><strong>Procedure:</strong></td>
</tr>
<tr>
<td>1. Turn on water, adjust temperature</td>
<td>A. Apply the sanitizer to the palm of one hand and rub hands together</td>
</tr>
<tr>
<td>2. Wet hands and wrists before applying soap</td>
<td>B. Cover all surfaces of the hands &amp; fingers with sanitizer</td>
</tr>
<tr>
<td>3. Keep hands downward so water will run into sink and not down the arms</td>
<td>C. Rub hands until dry</td>
</tr>
<tr>
<td>4. Apply soap; vigorously scrub hands, fingers and wrists for 15 seconds</td>
<td>D. This gel cannot be used when caring for a patient with Clostridium Difficile (CD); wash your hands, per protocol, with soap and water</td>
</tr>
<tr>
<td>5. Rinse thoroughly under running water while keeping hands in a downward position</td>
<td></td>
</tr>
<tr>
<td>6. Dry hands with paper towel and discard after use</td>
<td></td>
</tr>
<tr>
<td>7. If using sink with hand controls, turn the faucet off using a clean paper towel and discard paper towel after use</td>
<td></td>
</tr>
</tbody>
</table>
Self check

Select the answer below that applies for each question.

To prevent the spread of infection, every team member is responsible for:

A. Observing hand hygiene protocol
B. Using Personal Protective Equipment (PPE) as necessary
C. Reporting any exposure to infectious disease and immediately seeking medical attention
D. All of the above

The Chain of Infection illustrates how infection is transmitted. You can break this chain by:

A. Practicing hand hygiene through proper hand washing or use of alcohol-based hand gel
B. Wearing personal protective equipment (PPE) when available
C. Wearing gloves at all times
D. Attending all infection control educational programs

What you need to remember when using alcohol-based gel:

A. Apply only to dirty part of your hand
B. Apply enough to cover all surfaces of your hands and fingers then rub until dry
C. Rub gel then rinse with water
D. Replaceable with rubbing alcohol if gel is not available
OSHA’s Bloodborne Pathogen Regulations

Purpose

Team members working in a hospital environment are at risk of exposure to bloodborne pathogens including Hepatitis B, Hepatitis C, and HIV/AIDS. First aid team members, housekeeping personnel (in some settings), nurses and other healthcare providers are examples of workers who may be at risk of exposure.

In 1991, the U.S. Department of Labor’s Occupational Safety & Health Administration (OSHA) issued the Bloodborne Pathogens Standard to protect people from this risk.

The purpose of these regulations are:
- To protect you from exposure and contamination from the blood and/or body fluids of an infected person
- To prevent transmission of bloodborne diseases such as HIV, HBV and HCV

Exposure occurs when someone comes in contact with the blood or body fluids of an infected person through: needle-stick or cut from a sharp object; splash on an open cut/sore/wound; or a splash to the mouth or eyes.

Note: Report any exposure to your manager immediately, and seek medical assistance as necessary!

Human Immunodeficiency Virus (HIV)

Infectious diseases that you should be aware of:

HIV is an infectious agent that attacks and destroys the human immune system and leaves a person vulnerable to life-threatening infections.

Transmission: Sexual intercourse; sharing infected needles or accidental pricking by contaminated needle; transfer from infected mother to her baby during pregnancy, childbirth, and breastfeeding.

Symptoms: Many people with HIV may not have symptoms for years.

Vaccine: None
Hepatitis B Virus (HBV) & Hepatitis C Virus (HCV)

HBV and HCV are infectious agents that can cause inflammation of the liver.

Transmission: Breaks in the skin or mucous membrane; needle-sticks; sexual intercourse; splashes of infected blood or body fluids getting into existing cuts or abrasions; or blood transfusions.

Symptoms: May be mild and can take 2-6 months for persons infected to develop symptoms.

Vaccine: HBV: available through the health system’s Employee Health Services (EHS) free of charge
  HCV: None

Standard and transmission-based precautions

Standard Precautions Protocol:
Designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the hospital; Personal protective equipment (PPE) should be worn when performing tasks that may be associated with blood and or body fluid

Transmission-Based Precautions Protocol:
Used for patients known or suspected to be infected with organisms that can be transmitted by airborne or droplet transmission, or by contact with a patient and/or contaminated surfaces.
Self check

Select the answer below that applies for each question.

You must seek medical assistance immediately if you:

A. Get stuck with a needle or cut from a sharp object
B. Get splashed on an open cut/sore/wound, mouth or eyes
C. Have a cold
**D. A & B**

If you are exposed to blood or body fluids through a needle stick, a splash on an open wound, mouth or eyes:

A. Immediately wash the site with water
B. Notify your supervisor and fill out an incident report
C. Report to Employee Health Services (EHS) or your hospital’s Emergency Department
**D. All of the above**

The following are true statements about HIV, except:

A. It may be transmitted through accidental pricking by an HIV-contaminated needle
**B. Individuals with HIV infection always manifest symptoms of pneumonia**
C. Many people infected with HIV may not have symptoms for years
D. There’s no known vaccine at the present time
Cultural Diversity

Proud to be a diversity leader

With nearly 38,000 team members working to provide world-class healthcare, the health system is proud to be a diverse employer who believes in equal opportunity employment. As such, the health system treats all team members the same regardless of race, color, gender, ancestry, age, disability, religion or creed, sexual orientation, marital status, citizenship status, physical handicap, medical condition, military status, veteran’s status, pre-disposing genetic characteristics, special disabled veteran status or any other protected status.

Your Role:
As a team member, you are part of a diverse organization, and are likely to encounter co-worker and patient care situations that require “culturally competent” care. It is your business to be culturally sensitive and to possess knowledge, skills and an accepting attitude towards those who differ from you. Cultural competence in healthcare implies that all team members are aware, understand and attend to the total context of each patient situation.

Non-verbal communication and positive approaches

As a team member, there are several guidelines you must keep in mind when interacting with patients, visitors and co-workers who may have different cultural beliefs or practices form your own. Please refer to the below:

Non-Verbal Communication:
- Facial expression – may give many messages, positive and negative
- Gestures – may be invasive, offensive or unpleasant
- Contact – the individual may or may not want to be touched by others
- Use of space – you may be too close when speaking

Positive Approaches to Diversity in Culture:
- Seek and praise the uniqueness of others
- Be willing to listen with an open mind
- Remain open to ideas and people whose values are different

It all comes down to respect: Cultural and language differences may create misunderstandings which may negatively impact clinical situations and working relationships among individuals.
Limited English Proficiency (LEP)

English may be a second language for some of our patients and visitors. Limited English Proficiency (LEP) applies to individuals who do not speak English as their primary language, and have a limited ability to read, write, speak or understand it. LEP patients and visitors have the same rights as any other individuals and should be treated equally.

Regulatory Requirements for LEP patients:
- LEP patients have the right to free language interpretation services
- Interpreter services must be provided to LEP patients within 10 minutes in an urgent setting (Emergency department) and 20 minutes in a non-urgent setting

Your Role:
*It is your responsibility to assist any patient who approaches you with a request for language interpretation services. When in doubt, contact a telephone operator who can connect you to the language assistance coordinator for your facility.*

Communicating with LEP patients

Other things to keep in mind:

**Foreign Language Speaking Clinicians**: physicians, nurses and other licensed professionals can practice their profession in both English and a foreign language

**Telephonic Interpretation Services**: required for key patient contacts with LEP patients such as informed consent, nursing assessment, history, physical, discharge instructions and patient education

**Language Bank**: contains a list of staff or volunteers who can serve as interpreters for administrative encounters which includes all communication with a patient that does not involve clinical matters

**Dual-Role Interpreters**: team members who provide medical interpretation services in addition to the responsibilities of their position
Self check
Select the answer below that applies for each question.

Positive approaches to culturally diverse situations may include:
A. Seeking and praising the uniqueness of others
B. Willingness to listen with an open mind
C. Remaining open to ideas and people whose values are different
D. All of the above

Examples of non-verbal communication that all team members should be aware of include:
A. Facial expression – may give many messages, positive and negative
B. Gestures – may be invasive, offensive or pleasant
C. Contact – the individual may or may not want to be touched by others
D. All of the above

The health system does not discriminate against anyone based on:
A. Sex/gender
B. Race
C. Religion or creed
D. All of the above

The health system is an equal opportunity employer. This means that we treat all team members equally regardless of any of the following:
A. Race and gender
B. Physical handicap, religion or creed
C. A and B
D. A only

Your role in dealing with patients with Limited English Proficiency (LEP) includes:
A. Providing assistance in obtaining language interpretation services
B. Interpreting for the patient when assistance is not available
C. Informing the patient of the cost for interpretation
D. Referring the patient to any available supervisor
Patients’ Bill of Rights

Rules and regulations

New York State mandates that the Patients' Bill of Rights is distributed to all patients admitted to a hospital. The Patients’ Bill of Rights is available in other languages and may be obtained through the facility’s language assistance coordinator. It is everyone’s responsibility to ensure patients’ rights are observed and respected at all times.

As a patient in a hospital in New York, you have the right, consistent with the law, to:
- Understand and use these rights. If, for any reason, you do not understand or you need help, the hospital MUST provide assistance, including an interpreter
- Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, or source of payment
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints
- Receive emergency care if necessary
- Be informed of the name and position of the doctor who will be in charge of your care
- Know the names, positions, and functions of any hospital staff involved in your care and refuse their treatment, examination, or observation
- Receive complete information about your diagnosis, treatment, and prognosis
- Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation
- Receive a non-smoking room
- Receive all of the information needed to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment
- Receive all of the information needed to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so
- Refuse treatment and be told what effect this may have on your health
- Receive privacy while in the hospital and confidentiality of all information and records regarding your care
- Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge
- Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. -You cannot be denied a copy solely because you cannot afford to pay

(continued)
- Receive an itemized bill and explanation of all charges
- Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you, if requested, in writing. If you are not satisfied with the hospital’s response, you can complain to the New York State Health Department. The hospital must provide you with the Health Department telephone number
- Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors
- Make known your wishes with regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital

**Advance Directives**

Advance Directives are declarations made by a person who is competent to make choices about their treatment. These directives serve to protect the patient’s right to make his or her own choices legally, such as valid decisions concerning future medical care and treatment. Examples include:

**Living Will:** Written instructions that explain one’s health care wishes, especially about end-of-life care

**Healthcare Proxy:** Appointment of a healthcare representative to make healthcare decisions when unable to do so for oneself

**Self check**

*Select the answer below that applies for each question.*

All team members must know the Patients’ Bill of Rights for the following reasons except:

**A. Whatever your job is, you are a part of the “healthcare team”**
B. Knowledge of it prepares you to observe, assist and respect items of the bill that apply to the way you care for the patient
C. It highlights the importance of rendering considerate and respectful care to patients
D. New York state and the government mandate for you to know what it is all about

Advance Directives serve to protect a person’s right to make his or her own choices concerning future medical care. Examples are:

A. Living will
B. Health Care Proxy
C. Appointing someone to make healthcare decisions for oneself
D. All of the above
**Ethical Issues**

**Knowing the issues**

Difficult situations may arise when healthcare decisions must be made. For assistance with ethical problems or questions, notify your supervisor immediately so that issues may be referred to your facility’s Ethics Committee.

Please refer to your facility’s *Administrative Policy and Procedures Manual* which may contain policies to guide ethical decision. These policies include: Healthcare Agents and Proxies; Do Not Resuscitate Orders; Foregoing Life Extending Treatment and other important information.

**Quality Management**

**Types of care**

We have all been in situations that relate to healthcare. Think about the kind of care you would want for yourself or a family member in a hospital. You would want it to be the best, right?

But what does that mean *to you*? As a health system team member, it means that we practice the most up-to-date standards of care and that we are all respectful and work together as a team. Most importantly, we provide safe care.

To ensure that the care we deliver is the best, each hospital has its own Quality Management department which monitors different aspects of care including, hand hygiene, infection rates, medication administration and documentation. The health system regularly shares this information with the public on our Quality Management website: [www.northshorelij.com/quality](http://www.northshorelij.com/quality). This is just one of the ways in which we demonstrate to the public that we are serious about our commitment to quality and patient safety.

As a team member, this is part of your mission!
Plan-Do-Check-Act (PDCA)

If we excel according to our safety and care measures, we share information with each other to improve our practices. Conversely, when our monitoring indicates that the quality of care delivered could be better, we use what is called the Plan-Do-Check-Act (PDCA) method so we can improve.

This means:
PLAN- we look at processes that can be improved
DO- develop steps to improve and implement change
CHECK- monitor the improvement
ACT- educate staff about the changes

Your role!

Every team member is accountable for maintaining the highest standards of quality of care and patient safety.

- Be a good team player – assist others
- Observe the patient – assist as needed and/or ask for help
- Be aware of patients, families and visitors - “You are the hospital”
- Document accurately, clearly and legibly in a medical record
- Always seek assistance and ask questions when you are uncertain or unclear about something

If you have ideas about improvement, inform your supervisor or notify the health system or Quality Management department
Self check
Select the answer below that applies for each question.

As team members, we must uphold service excellence by:

A. Being good team players
B. Assisting and helping others
C. Showing caring attitudes
D. All of the above

The responsibility of maintaining quality patient care and patient safety belongs to:

A. Only the physician
B. All team members
C. Department directors
D. Designated nurse managers
Hospital National Patient Safety Goals

**Reporting safety/quality concerns**

Any team member who has a concern about the quality or safety of care provided in the organization may report these concerns to the Joint Commission or any regulatory agencies. No disciplinary action will be taken as a result.

**NOTE:** The health system is committed to ensuring that no retaliatory disciplinary action against team members is taken if/when incidents of safety or quality of care concerns are reported to the Joint Commission or any regulatory agencies or organizations.

**Purpose**

The purpose of the Joint Commission’s National Patient Safety Goals is to promote specific improvements in patient safety. The goals highlight areas of concern in healthcare and describe evidence and expert-based consensus to solutions to the problems.

All team members should be familiar with these goals and the requirements, as they pertain to his/her position. Refer to the chart showing goals and protocols on the next page.
<table>
<thead>
<tr>
<th>GOALS</th>
<th>PROTOCOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify patients correctly</td>
<td>- Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them. -Make sure that the correct patient gets the correct blood type when they get a blood transfusion.</td>
</tr>
<tr>
<td>Improve communication</td>
<td>- Read back spoken or phone orders to the person who gave the order. -Create a list of abbreviations and symbols that are not to be used. -Quickly get important test results to the right staff person. -Create steps for team members to follow when sending patients to the next caregiver. The steps should help staff tell about the patient’s care. Make sure there is time to ask and answer questions.</td>
</tr>
<tr>
<td>Use medicines safely</td>
<td>-Create a list of medicines with names that look alike or sound alike. Update the list every year. -Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins. -Take extra care with patients who take medicines to thin their blood.</td>
</tr>
<tr>
<td>Prevent infection</td>
<td>- Use the hand cleaning guidelines from the World Health Organization or Centers for Disease Control and Prevention. -Report death or injury to patients from infections that happen in hospitals. -Use proven guidelines to prevent infections that are difficult to treat.</td>
</tr>
<tr>
<td>Check patient medicines</td>
<td>- Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any new medicines with their current medicines. -Give a list of the patient’s medicines to their next caregiver or to their regular doctor before the patient goes home. -Give a list of the patient’s medicines to the patient and their family before they go home. Explain the list. -Some patients may get medicine in small amounts or for a short time. Make sure that it is OK for those patients to take those medicines with their current medicines.</td>
</tr>
<tr>
<td>Prevent patients from falling</td>
<td>- Find out which patients are most likely to fall. For example, is the patient taking any medicines that might make them weak, dizzy or sleepy? Take action to prevent falls for these patients.</td>
</tr>
<tr>
<td>Help patients to be involved in their care</td>
<td>- Tell each patient and their family how to report their complaints about safety.</td>
</tr>
<tr>
<td>Identify patient safety risks</td>
<td>-Find out which patients are most likely to try to kill themselves.</td>
</tr>
</tbody>
</table>
Self Check

Select the answer below that applies for each question.

Which of the following is NOT a Joint Commission National Patient Safety Goal?

A. Patient identification using hospital protocol
B. Effective communication
C. Infection control
D. Attending meetings

If you have concerns about safety and quality of care in your facility, you should:

A. Follow reporting protocol, starting with your manager
B. Be fearful of disciplinary action that may be taken against you
C. Guard yourself against any retaliation towards you
D. Write all your observations immediately and mail to the Joint Commission as your first step
Training Part II – Corporate Compliance

A Message from our Chief Compliance Officer

North Shore-LIJ is committed to service excellence and quality patient care. One aspect of this is our Corporate Compliance program, which is designed to help retain our reputation for integrity, quality of care and service excellence.

Why Corporate Compliance is important

We must retain our reputation if we are to achieve our mission of being a leading healthcare provider. Compliance helps us achieve our goals. As a team member, you are expected to perform your job duties and responsibilities in a law-abiding, honest and trustworthy manner.

Our Champion

Meet “Champ,” our Champion of Compliance. He is here to help you understand compliance issues and to find answers to questions you may have.
Responsibilities

As a team member, your behavior is a reflection of the entire organization. Therefore, you are expected to understand and abide by our Code of Ethical Conduct (Code). This Code provides guidance so you may respond properly when compliance-related issues arise. It is designed to assist you in the performance of your job within appropriate moral, ethical and legal standards. The Code is not intended to cover every situation, but it can help you make the right decisions or ask the right questions.

YOUR ROLE

As a team member, you must adhere to both the spirit and the letter of the standards of conduct set forth in the Code. Your job performance will be evaluated, in part, based on your compliance with the Code and the health system’s compliance-related policies and procedures.

We are committed to an ethical environment founded on several principles of conduct. As a team member, it’s your responsibility to abide by these principles:

- Treat patients, team members and the public with dignity and respect
- Abide by all applicable laws, rules, guidelines, policies and procedures
- Behave honestly and fairly, and be truthful and accurate in all communications
- Use good judgment and high ethical standards in all business dealings
- Safeguard confidential patient and team members’ health and other private information
- Protect trade secrets, competitive and other business information
- Maintain accurate and timely records
- Strive for mutual respect and trust in work relationships
- Ensure a safe and healthy work environment
- Do not seek or accept gifts, favors or entertainment
- Avoid personal conflicts of interest
- Guard against theft and misuse of the health system’s property and other assets
- When in doubt about a situation, ask before acting
The Code of Ethical Conduct is the foundation of our Corporate Compliance Program

It establishes the standards and expectations of workplace behavior, and,
It helps team members ask the right questions and make the right decisions

The best workplace for all team members

The health system is committed to providing a work environment that is non-discriminatory, non-harassing, safe, healthy, and drug and alcohol free.

Non-discriminatory - The health system is an equal opportunity employer and treats all team members equally, regardless of race, creed, color, gender, religion, sexual orientation, national origin, marital status, age, alien or citizenship status, disability, genetic predisposition or carrier status, Vietnam-era veteran’s status and any other status protected under federal, state or local law.

(continued)
**Non-Harassing** - Harassment is unwelcome conduct, whether verbal, physical or otherwise, that is based on a person’s sex/gender, race, color, ancestry, religion, national origin, disability, marital status, sexual orientation or other protected status. The health system will not tolerate harassing conduct that affects employment or benefits, that interferes with an individual’s work performance or patient care, or that creates an intimidating, hostile or offensive work environment.

**Safe & Healthy** - The health system promotes a safe work environment for its team members. Intimidation, verbal threats, non-verbal threats or physical acts of violence against any individual on health system property will not be tolerated. Team members who violate this policy will be subject to disciplinary action, up to and including termination of employment. In addition, appropriate legal action, including arrest, may be taken against any individual who violates this policy. Any team member who is faced with imminent danger should contact Security, Human Resources, an administrator or a supervisor for immediate assistance.

As a team member, you are responsible for knowing and observing all safety rules applicable to your job. Supervisors are directly responsible for investigating and reporting all accidents and incidents. Site-specific safety committees are responsible for evaluating accident and incident reports on a regular basis, and recommending corrective action. These committees also make regular safety tours of their facilities to ensure that safety standards are maintained. Questions about potentially hazardous substances or safety measures related to working with such substances should be referred to the site Safety Officer.

**Drug and Alcohol Free** - The health system is committed to providing a workplace that is drug and alcohol free. In addition to the health system, state and federal laws prohibit the unlawful possession, manufacturing, use and distribution of illegal drugs and controlled substances.

**Your Role!**
If you experience or witness discrimination or harassment, immediately notify Human Resources. All complaints will be investigated. Where appropriate, corrective action, up to and including termination of employment, will be taken.
Compliance red flags

As a team member, it is important to adhere to all principles of conduct.

The following statements are examples of potential “compliance red flags:”

- No one will get hurt
- We can hide it
- Well, maybe just this once....
- No one will ever find out
- Everyone does it
- It sounds too good to be true
- Just change the numbers
- We didn’t have this conversation
- It doesn’t matter how it gets done, as long as it gets done

Statements like these suggest that our rules are not being followed. This presents a danger for the health system and for yourself. We must follow the rules at all times, even when it is difficult or inconvenient to do so. We want our actions to be transparent, so that everyone knows that the health system conducts its business in compliance with the law.

No retaliation

Retaliation can take many forms, including but not limited to:

- Termination of employment
- Reassignment of duties
- Denial of promotion or salary increase
- Denial of overtime assignments

Even subtle actions such as refusing to speak with a team member about job-related matters have been found by the courts to constitute retaliation.

(continued)
The health system prohibits retaliation against any team member who:
- Reports fraud, abuse or violations of the Code of Ethical Conduct, laws, regulations, policies or procedures
- Makes a complaint of discrimination or harassment
- Supports those who make such complaints
- Cooperates with the investigation of any complaint or report

*NOTE: Federal and state anti-discrimination and anti-harassment laws contain similar protections as the health system’s laws. The federal and state False Claims Acts specifically prohibit retaliation against whistleblowers who report issues of fraud and abuse in programs that receive federal and state funds.

Any team member who believes that he/she is being retaliated against for having engaged in a protected activity should immediately report his/her concerns to Human Resources or the Office of Corporate Compliance. All reports will be investigated and where appropriate, corrective action will be taken to rectify the situation.

The Compliance Help Line is available 24 hours a day, 7 days a week.
**Disciplinary policy**

The health system is committed to the consistent enforcement of all of its policies and procedures. Any violation of health system, departmental, or facility rules and regulations will subject a team member to disciplinary action ranging from a verbal reprimand to immediate dismissal for serious violations. The disciplinary policy is fairly and firmly enforced across the health system.

Factors that will be taken into account for the level of disciplinary action taken:
- Severity of the offense;
- Intentional nature of the offense;
- Past violations committed by the team member;
- The context in which the offense occurred;
- The team member’s cooperation; and
- Any other factor deemed relevant to the situation.

Other factors in which discipline may be taken:
- Failing to report suspected problems or violations of law or policies;
- Participating in non-compliant behavior;
- Encouraging, directing, facilitating or permitting non-compliant behavior; and
- Retaliating against any individual who makes a good faith report of suspected or actual fraud, waste and abuse.

**REMEMBER!**

The health system is committed to consistently enforcing policies. Violation of rules, regulations or policies will result in disciplinary action. Discipline also may be imposed for failing to report violations of laws or policies; participating in non-compliance behavior; encouraging or permitting non-compliant behavior; and retaliation. Disciplinary action may range from verbal reprimand to immediate dismissal for serious violations.

*NOTE: Please consult with Human Resources Policy Part V Section 2, “Discipline and Standards of Conduct” located on Health-Port or from your Human Resources department.*
Self check
Select the answer below that applies for each question.

Which of the following are components of an effective compliance program?

A. Written standards and procedures
B. Monitoring and auditing programs
C. A compliance officer
D. All of the above

The Code of Ethical Conduct covers:

A. Patient relations
B. General standards of team member conduct
C. Community relations
D. A and C only
E. A and B only

Our mission and vision depend on our reputation for:
A. Honesty and integrity
B. Quality of care
C. Service excellence
D. All of the above
E. None of the above

Workplace harassment includes harassment on the basis of:
A. Age
B. Race
C. Gender
D. Disability
E. All of the above

(continued)
“Race” is a protected class under federal and state law.

**True**

_ False

The following violates the health system’s safe work environment policies:

A. Intimidation
B. Verbal and non-verbal threats
C. Physical acts of violence
**D. All of the above**

Retaliation against a team member is prohibited when he/she:

A. Reports fraud and abuse
B. Complains of discrimination
C. Supports a team member who has made a complaint of harassment
D. Participates in an investigation of a report of fraud
**E. All of the above**

Which of these could be found as an act of retaliation?

A. Termination of employment
B. Discipline for a proven violation of a health system policy
C. Refusing to speak to a team member about job-related matters
D. Denial of overtime
**E. A, C and D only**

9) If you wish, you may make an anonymous complaint to the Compliance Help Line

**True**

_ False
Under the health system’s disciplinary policy, a team member may be disciplined for:

A. Failing to report suspected problems or violations of law or policies
B. Participating in non-compliant behavior
C. Encouraging, directing, facilitating or permitting non-compliant behavior
D. Retaliating against any individual who makes a good faith report of suspected or actual fraud, waste and abuse

E. All of the above

**Accountability**

**Personal use of health system resources**

As a team member, Internet security is your responsibility. The health system owns the resources that you may be given to do your job. Team members may not use the health system’s e-mail or the Internet for anything that is:
- Harmful to the health system’s reputation or interest
- Disrupts the health system’s business or
- Creates the impression that a team member is acting as an agent or representative of the health system.

*Note: The health system reserves the right to retrieve, print and read any messages and/or images received by or sent from any e-mail account, computer or work station, and to monitor team members’ use of the Internet and e-mail.*

**REMEMBER!**

We must ensure all electronic communications and other health system resources are properly used and are protected from error, fraud, misuse, alteration, theft, copyright violation and sabotage. Team members may not use e-mail or Internet access for any improper reason. Unauthorized use of computers, e-mail, Internet access or other health system resources may lead to disciplinary action, up to and including termination of employment.

*Please refer to the health system Compliance policies which may be accessed from your Human Resources department and on HealthPort. The Conflicts of Interest policy is located on the Corporate Compliance webpage. The other policies are located on the Information Services’ webpage.*
Quality of care

New York’s Office of Medicaid Inspector General (OMIG) investigates and prosecutes fraud and abuse in New York State’s Medicaid program.

One of OMIG’s principal areas of focus is the quality of patient care. Failing to meet recognized standards for health care, or providing services that are beyond the scope of the provider’s professional qualifications or licensure are grounds for sanctions under the Medicaid program. Failing to provide quality care also can result in Federal and state False Claims Act lawsuits.

Coding and billing services

In order for the health system to receive payment for services, it must provide accurate billing to ensure the goods and services provided to our patients are necessary and fully documented. If a bill is submitted to a government healthcare program for payment and is not properly documented and billed, it can be deemed a “false claim.” The health system may be held liable for repayment of such false claim, in addition to fines and other penalties. Team members responsible for false claims may also be held liable for civil and criminal penalties.

Champ says... Team members must never present or cause to be presented a claim for payment or approval that is false, fictitious or fraudulent.
**Remember!**
The health system’s policies and procedures ensure accurate billing to government payers, commercial payers and patients. The Code requires medical records be complete and accurately coded, and bills to be issued only for services actually provided to patients. All team members are prohibited from presenting false claims for payment.

**Medical documentation**

The health system requires every provider to maintain accurate and complete medical documentation. The documentation and the coding of each good and service provided to the patient must match, and all errors must be identified and corrected.

Clear, concise and consistent documentation in the medical record is required to reach the correct diagnosis. The attending physician is responsible for documenting these matters in the medical record, not just for coding purposes but also for the quality of patient care.

*NOTE: Coding is the use of alphanumeric and numeric codes for billing to identify the services and supplies provided*

**What are the advantages of good medical documentation?**

Reimbursement for our services! Third party payers, (e.g. federal and state governments) and commercial payers, view physician documentation as the most important factor in determining how much they will reimburse both the physician and the health system.

**Remember!**

Medical records must provide reliable documentation of the services rendered. All team members who contribute to medical records must provide legible, complete, timely and accurate information. Information considered part of the official medical record cannot be destroyed:
- Documentation and coding must match
- All errors must be identified and corrected

**Teaching physician rules**

Specific rules govern the billing for situations in which physicians are acting as teachers. The teaching physician must be present when:
- Payment is sought during the key portion of any service or procedure
- Evaluation and management services are provided, and the level of service billed is being determined.
**The Emergency Medical Treatment and Active Labor Act**

The Emergency Medical Treatment and Active Labor Act, a federal law known as “EMTALA,” requires hospitals with emergency departments to provide an appropriate screening examination and emergency treatment to every patient who appears, or is found on the premises, regardless of the patient’s ability to pay. The patient must be evaluated and stabilized before any transfer to another institution or discharge. Failure to follow EMTALA can result in serious fines.

**Example:**
If a pregnant woman arrives in active labor, she must be admitted and treated until delivery is complete, unless a transfer under the statute is appropriate. No transfer may occur unless the patient consents to it.

- Please consult Policy #700.01, “Emergency Treatment and Transfer of Patient” located on HealthPort or from your Human Resources department.

**Self check**
*Select the answer below that applies for each question.*

The health system has the right to retrieve, print and read any messages or images sent or received by any e-mail account and/or computer or work station in the health system.

*True*  
__False

Two of the top priorities for the NY Office of Medicaid Inspector General are:

- A. Workplace harassment  
- B. Quality of patient care  
- C. False claims  
- D. **B and C only**

The health system may be held liable for even unintended billing or coding errors.

*True*  
__False  

(continued)
The advantages of good medical documentation are:

A. Ensures consistency between physicians and hospital billing
B. Assists in reaching the correct diagnosis
C. Provides continuity of care for the patient
D. All of the above

“EMTALA” requires that hospitals with emergency departments do which of the following before transferring a patient:

A. Conduct an appropriate screening examination
B. Check the patient’s insurance status
C. Stabilize the patient
D. A and C only
E. None of the above

**Health Insurance Portability and Accountability (HIPAA)**

**Background and penalties**

In order to make it easier for healthcare organizations to share medical information, the law requires that common transactions, such as submitting a claim on the patient’s behalf, be in a standard format for all healthcare organizations and payers. But as patient information becomes easier to transmit, it also becomes easier for information leaks and abuses to happen. This prompted the need to define patient’s rights, and the provider’s responsibility in protecting individual’s confidential medical information.

The Health Insurance Portability and Accountability Act, known as “HIPAA,” is a federal law that addresses the following issues:

- **Portability and Accountability:** Provides continuity of healthcare coverage, limits exclusions for pre-existing conditions, and prohibits discrimination based on health status.
- **Administrative Simplification:** Standardizes formats, codes, and identifiers for certain common electronic transactions such as electronic claims and eligibility checks, and requires privacy & security protections for all forms of personally-identifiable health information.
- **Penalties for Breaking the Administrative Simplification Rules:** Imposes criminal penalties of up to a maximum of 10 years in prison and a $250,000 fine for serious offenses and civil penalties if an organization fails to comply with the rules.
- **Organizational Sanctions:** Organizations must have a sanctions policy to address privacy and security violations. Serious violations usually lead to termination of employment, and may result in notification to professional licensing boards, law enforcement, and the U.S. Department of Health (DOH) and Human Services.
The Privacy Rule

The HIPAA Privacy Rule creates national standards for healthcare providers to protect individuals’ medical records and other personal information. Here’s more on what the privacy rule does:

- Gives patients more control over the uses and disclosures of their health information
- Sets boundaries on the use and release of health records
- Establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information
- Holds violators accountable, with civil and criminal penalties that may be imposed if they violate patients’ privacy rights
- Strikes a balance when public responsibility supports disclosure of some forms of data – for example, to protect public health
- Allows patients to make informed choices when seeking care and reimbursement for care
- Gives patients the right to examine and obtain a copy of their own health records and request amendments to them

HIPAA releases the minimum amount of information needed for the purpose of the disclosure.

Patient’s rights under HIPAA

1. The Right to Receive a Notice of Privacy Practices (“NPP”)

The health system NPP contains descriptions of allowable uses and disclosures regarding an individual’s medical information and how patients can access their information. At the time of registration, we must provide the NPP to individuals seeking treatment and must make a good faith effort to document that distribution. We also are required to post the NPP in all registration areas within the health system. Here is what the notice does:

- Describes the circumstances under which the facility may use and disclose protected health information (PHI), the patient’s right to opt out of the facility directory and the disclosure of PHI to friends and family involved in the patient’s care
- Describes the situations in which PHI may or must be disclosed under law. These include: pursuant to a court order; in connection with involuntary hospitalization procedures; with respect to patients who present a danger to themselves or others, and in connection with certain law enforcement and public health activities
- Provides patients with information concerning how they can file a privacy complaint with the health system’s Office of Corporate Compliance and/or to the federal Office of Civil Rights of the U.S. Department of Health and Human Services

(continued)
2. The Right to Request Restrictions on Use and Disclosure of Protected Health Information
HIPAA requires that patients may request restrictions on the use and disclosure of their PHI for the purpose of treatment, payment and operations, for use in the facility’s in-patient directory, to relatives and friends, and for disaster relief purposes.

3. The Right to Receive Confidential Communications
The health system must accommodate reasonable requests from individuals to receive communications of PHI by alternative means or at alternative locations, and must accommodate all requests where the patient states that the disclosure could endanger him or her.

4. The Right to Access, Inspect and Copy PHI
The health system also must accommodate reasonable requests from patients to access, inspect and copy their own PHI.

5. The Right to Amend Medical Records
Patients can ask to amend any wrong information in their medical records, or add information to their records if it is incomplete. For example, if the patient and the hospital agree that the record has the wrong result for a test, the hospital must change it. Even if the hospital believes that test result is correct, the patient still has the right to have their disagreement noted in his/her medical record. In most cases the medical record should be changed within 60 days, but the facility may take an extra 30 days if the patient is given a reason for the delay.

PHI and New York State laws

Not all PHI is treated the same way. HIPAA and New York State laws govern the use and disclosure of PHI. In addition to HIPAA, special rules apply to the use and disclosure of the following types of PHI:

• Mental health information
• HIV/AIDS information
• Drug and alcohol information, which is also covered by other federal laws
• Genetic information

If you work with these types of information in your job, be sure you know and understand the rules governing their use and disclosure.
What is Protected Health Information?

Protected Health Information (PHI) includes:
• Names
• Geographic designations smaller than a state
• Dates relating to the individual
• Telephone numbers
• Fax numbers
• E-mail address
• Social security numbers
• Medical record numbers
• Health plan beneficiary numbers
• Account numbers
• Certificate/license numbers
• Vehicle identifiers, including license plates
• Device identifiers
• Universal resource locators (URLs)
• Internet protocol (IP) address numbers
• Biometric identifiers – finger & voice prints
• Full face photographic images & comparable images
• Any other unique identifying number, characteristic, or code

PHI is everywhere in our health system. Among other places, you will find PHI in admission forms, registration and billing systems, patient lists, research data and test and procedure results. PHI also is located in many other places. Can you think of others?

When you can use PHI

As a team member, you may only use PHI when it is necessary for you to perform your job duties, and when HIPAA and New York State law allow you to do so. PHI may only be used for treatment, billing and payment for health care and for health care operations.

Respect Privacy

One of the easiest ways to get into trouble is to look at medical records out of curiosity. As you may have heard on the news recently, health care workers around the country have been disciplined, and some have even lost their jobs, because they accessed PHI about their co-workers, relatives, celebrities and other famous people when they were not authorized to do so.
NOTE!
Keep in mind that the health system’s computers and information technology record every instance where electronic PHI is accessed. It is very easy for the health system to find out who looked at PHI.

Patient Authorization
Patients may decide if they want their PHI disclosed for purposes other than those described above. A patient must sign an authorization to permit this type of disclosure. In the authorization, the patient must name the individuals or entities to which disclosures can be made.

Limited Information
Whenever you are disclosing or using PHI, you should check to make sure that the amount of PHI used or disclosed is limited to the minimum amount necessary to achieve the purpose of the use or disclosure. This is known as the “minimum necessary” rule.

NOTE!
You cannot access your own PHI. You must receive the information through the facility’s HIM Department like any other patient. Team member access to PHI is solely for the purpose of performing job duties and responsibilities.

Remember!
• HIPAA gives patients the right to opt-out of the hospital directory so that his/her information will be restricted
• PHI can be safely used when its for:
  -Treatment
  -Billing and payment for healthcare
  -Healthcare operations
• Don’t access, use, or discuss PHI unless necessary to perform your job duties (including your own PHI)
• Always make sure that the amount of PHI used or disclosed is limited to the minimum amount necessary
• Be careful when discussing patient care so that your conversation is not overheard by others
• Do not respond to questions about a patient unless you are certain that you are authorized to disclose PHI about that patient
• You must follow the procedures for obtaining access to PHI to access your own PHI
• Make sure PHI in paper form is shredded or placed in confidential bins when no longer needed, NOT disposed of in waste baskets or dumpsters

Please consult with health system policies “Protected Health Information” and “Minimum Necessary Information.”
Your Role!
Potential HIPAA problems are everywhere in our health system. As a team member, it’s important you know the rules and abide by them. Otherwise, both you and the health system could be penalized.

Social security numbers

Identity theft is a big problem today. Social security numbers are one of the main items identity thieves use to illegally obtain credit and make purchases. HIPAA requires the protection of social security numbers because they are one type of PHI. In addition, New York State law places restrictions on the use of them.

State law further requires that certain steps be taken if security is breached and social security numbers are disclosed or used inappropriately. These steps include notifying all individuals affected and reporting the breach to certain state agencies. In some cases, the health system may have to provide credit monitoring for affected individuals. It is important to safeguard this information at all times.

Remember!

- New York State laws restrict the use of social security numbers
- These laws specify how information containing social security numbers must be handled and what has to be done in the event of a security breach
- If certain breaches occur, we must notify all individuals affected as well as certain state agencies

Privacy and security breaches

Under New York State law, the health system is required to report any security incidents and respond to them appropriately. “Security incidents” are defined by HIPAA as the attempted or successful unauthorized access, disclosure, modification or destruction of information or interference with system operations in an information system.

As a team member, you have a responsibility to report any security incidents promptly. State law has deadlines by which we must report these breaches and take remedial action.
**Remember!**

- HIPAA requires that we safeguard PHI
- We are required to report security incidents and respond to them appropriately
- Security incidents are unauthorized access to system operations in an information system
- State laws provide deadlines for reporting these breaches and other response measures and have specific reporting requirements

Today, PHI is everywhere...on paper and on electronic devices such as computers, PDAs, tapes, discs, thumb drives and cell phones. Therefore, we need to be very careful about how we use and handle these devices. The theft of one laptop may result in the disclosure of information on hundreds, if not thousands, of patients.

**Your role!**

- Every team member is responsible for protecting PHI
- Always be aware of the location of all of your electronic devices and paper files containing PHI Never leave them unattended
- Never share your computer password with anyone
- Lock your computer, your PDA and your cell phone whenever you are not using them.
- Don’t download unauthorized software that may introduce viruses or spyware into our technology systems
- When sending e-mails and faxes that contain PHI, take extra precautions to ensure that you are sending the information only to those people who are authorized to receive it. With e-mails, double check the address before you hit the “send” button. Before sending a fax, check to make sure that you are sending it to the right number, and that the recipient will be there to receive the fax. Don’t leave faxes with PHI lying around your work area
- Make sure that PHI is properly stored, in secure locations or devices, and lock your files and your office when you leave
- PHI should be stored only on network drives, not on your computer’s hard drive

**Consequences of HIPAA violations**

As a team member, you are responsible for knowing and understanding the health system’s policies and procedures concerning HIPAA and PHI. The health system may be subject to civil and criminal penalties for HIPAA violations and for violations of state laws. If a team member intentionally violates HIPAA, he/she may be subject to a criminal penalty, in addition to discipline imposed by the health system.
Please contact your supervisor, your facility Compliance Officer or the Office of Corporate Compliance if:
• You’re not sure whether certain PHI may be used or disclosed
• You see any suspicious behavior concerning PHI, or if you are aware of any HIPAA violations
• You have any questions about HIPAA
• You’d like to receive a copy of these policies

Remember!

• The health system, along with team members who intentionally violate HIPAA, may be subject to civil and criminal penalties
• The health system’s policy enforces discipline for team members who violate HIPAA
• If you aren’t sure if you can use or release information, please ask your supervisor
• If you see any suspicious behavior or any violations of HIPAA, please report it to your facility Compliance Director or the Office of Corporate Compliance
Self check
Select the answer below that applies for each question.

The HIPAA privacy rule protects Protected Health Information (PHI) in the following forms:

A. Written  
B. Verbal  
C. Electronic  
D. All of the above

Patients in health system facilities have the right to review their medical records and request an amendment to their records.

True
__ False

PHI includes the following:

A. Patient’s name  
B. State in which patient resides  
C. Patient’s date of birth  
D. All of the above  
E. A and C only

PHI can be used for which of the following purposes:

A. Treatment  
B. Billing and payment for health care  
C. When the patient authorizes its use  
D. To learn more about a patient  
E. A, B and C only

(continued)
New York State law provides additional protections for PHI relating to mental health, HIV/AIDS, drug and alcohol related information and genetic information.

True
__ False

A team member can access his/her own PHI:

A. Whenever he/she wants to
B. With the permission of his/her supervisor
C. Only pursuant to a written authorization and using the procedures established for all patients
D. All of the above

Other Laws and Regulations

Deficit Reduction Act of 2005

The Deficit Reduction Act of 2005 is a federal law that has special requirements for healthcare providers. As an employer who receives more than $5 million per year in Medicaid payments, the health system is required to provide information to its team members about the federal and state False Claims Acts; the rights of team members to be protected when they act as whistleblowers; and the policies and procedures for detecting and preventing fraud.

In addition to this online orientation, the health system provides this information to you as a part of your annual compliance training. All policies relating to fraud, abuse and retaliation are also available on HealthPort.

We recognize that questions, concerns or disputes sometimes arise. The health system believes that it is in the best interest of both its team members and the system to resolve those questions, concerns or disputes in a forum that provides the fastest and fairest method for resolution. As a team member, you have an obligation to report concerns using the internal methods discussed earlier in this training packet, and to understand the options available should your concerns not be resolved.

Please refer to health system policy #800.09, “Detecting and Preventing Fraud, Waste and Abuse,” for details about these laws.
**Remember!**

- The health system is required to provide information to its team members about the Federal False Claims Act; the New York State False Claims Act; team members’ rights to be protected as whistleblowers; policies and procedures for detecting and preventing fraud,
- Team members have an obligation to report any questions, concerns, or disputes internally to the health system

**The Federal and State False Claims Act**

The Federal False Claims Act allows people who are not affiliated with the government to file actions against federal contractors claiming fraud against the government.

The Federal False Claims Act was passed by Congress on March 2, 1863. During the Civil War, unscrupulous defense contractors sold the Union Army decrepit horses and mules in ill health, faulty rifles and ammunition, and rancid rations and provisions. The Act was an effort by the U.S. government to respond to entrenched fraud where the Justice Department was reluctant to prosecute fraud cases.

Initially a reward was offered in what is called the “qui tam” provision, which permits citizens to sue on behalf of the government and be paid a percentage of the government’s recovery. Today, health care whistleblowers are bringing a significant number of lawsuits under the False Claims Act. The Act protects whistleblowers against retaliation.

Recently, New York state adopted its own version of the False Claims Act. Like the Act, whistleblowers may bring lawsuits on behalf of the state government and share in the financial recovery by the government, if the suit is successful. The State False Claims Act also provides protection against retaliation for whistleblowers.

**Examples of False Claims**

The False Claims Act may be used for any type of false claim presented to the state or federal government. In health care, some of the most common types of false claims include

- Billing for a higher level of services than was actually performed
- Submitting a claim under one patient’s name when services were provided to another person
- Billing for services that were not medically necessary
- Changing the date of service to fall within a patient’s benefit period

*(continued)*
• Altering claims forms or medical records
• Billing for services provided in unlicensed facilities or units
• Billing for services provided by an unlicensed or excluded medical provider or supplier

Note: These are just a few examples of false claims. Remember, the law is very broad in its coverage and any claim that is false can form the basis of a false claims lawsuit.

The Anti-Kickback Statue

The Anti-Kickback Statute is a federal law that prohibits payments by the health system to any referral source for the purpose of getting referrals of patients who are covered by Medicaid, Medicare or any other federal health care program.

The prohibited kickbacks include not just giving money to physicians and other referral sources, but also any kind of gift or benefit or anything of value. At North Shore-LIJ, we do not pay for referrals. We accept patient referrals and admissions based solely on the patient’s medical needs and our ability to render the needed services.

We do not pay or offer to pay anyone – colleagues, physicians or other persons or entities – for referring patients. Just as we do not pay for referrals, we also do not accept payments for referrals we make.

No one affiliated with the health system is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. When the health system makes patient referrals to another health care provider, we do not take into account the volume or value of referrals that the provider has made (or may make).

Our policies govern the receipt of entertainment, gifts or tokens of appreciation involving physicians or other persons who are in a position to refer patients to our health care facilities. No one may receive these items, or give these items to potential referral sources, except as provided for in these policies.

Remember!

We do not pay for referrals.
• We accept patient referrals and admissions based solely on the patient’s medical needs and our ability to render the needed services
• We do not pay or offer to pay anyone – colleagues, physicians or other persons or entities – for referral of patients
• Paying for referrals violates the federal Anti-Kickback Statute
We do not accept payments for referrals we make.

- No one affiliated with the health system is permitted to solicit or receive anything of value in exchange for the referral of patients.
- When making patient referrals to another healthcare provider, we do not take into account the volume or value of referrals that the provider has made (or may make) to the health system.
- Any entertainment, gift or token of appreciation involving physicians or other persons who are in a position to refer patients to our healthcare facilities must be undertaken in accordance with health system policies.
- Team members must consult with and comply with these policies prior to extending any business courtesy or token of appreciation to a potential referral source.

**The Stark Law**

In addition to the Anti-Kickback Statute, there are other federal and state laws that govern the relationship between healthcare facilities, physicians and others who may refer patients to our facilities. For example, the Stark Law prohibits physicians from referring patients to certain health care services in which the physicians have a financial interest, unless one of the exceptions stated in the law applies.

Team members who interact with physicians must know and understand the legal requirements for these arrangements. If a financial relationship with a physician is not properly structured and administered, legal violations and other serious consequences for the health system may result.

**Remember!**

- Physicians are prohibited from referring patients for “designated health services” to entities in which they (or an immediate family member) have a financial relationship unless an exception applies.
Self check

Select the answer below that applies for each question.

The health system’s policy “Detecting and Preventing Fraud, Waste and Abuse” provides information about:

A. The federal and state False Claims Acts  
B. The rights of team members to be protected as whistleblowers  
C. Policies and procedures for detecting and preventing fraud, waste and abuse  
**D. All of the above**  

Any person who has direct and independent knowledge of a false claim can file a lawsuit on behalf of the government.

**True**  
_ False  

Which of the following are examples of false claims?

A. Billing for a higher level of services than were actually performed  
B. Changing the date of service to fall within a patient’s benefit period  
C. Billing for medically necessary services  
D. All of the above  
**E. A and B only**  

The Anti-Kickback Statute prohibits the following in return for referrals of patients covered by federal healthcare programs:

A. Giving cash to referral sources  
B. Giving holiday gifts to referral sources  
C. Giving tickets to sports events to referral sources  
D. Discussing the services your facility provides with referral sources  
**E. A, B and C only**

*(continued)*
The Stark Law prohibits physicians from referring patients for designated health services, such as physical therapy and radiology, to facilities in which the physician or his family members have a financial interest unless an exception applies.

True
__ False

**Gifts, Gratuities and Business Courtesies**

The health system has adopted the highest ethical standards of behavior to ensure that all of our activities and business interactions are conducted in accordance with federal and state laws and regulations that govern the acceptance of business gifts and other gratuities. We require strict adherence to gift guidelines to ensure the protection of our business practices, and to avoid even the appearance of improper relationships with vendors, service providers, referral sources and persons who conduct or seek to do business with us.

As a team member, it is important that you know, understand and abide by these policies.

**Gifts**

Everyone loves gifts. However, as a team member there are strict rules as to what you can and cannot accept from outside sources:

- Team members may never solicit gifts, business courtesies or services from any patient, visitor, vendor or contractor, or from those who wish to do business with the health system. Gifts of cash or cash equivalents such as gift cards are prohibited.
- Gift that are intended to influence or that may be considered by an objective observer to have the potential to influence an individual affiliated with the health system in the conduct of his/her responsibilities are prohibited. Such a gift could violate the Anti-Kick back Statute and other laws.

Other provisions of our gift policy include:
- Only gifts of nominal value (defined as $15.00 or less) may be provided or accepted. However, please note that even these gifts cannot be accepted if they are intended to influence your business behavior in favor of the gift-giver.
- No gifts of any kind may be offered to any government official.
Gratuities: Honoraria and Consulting Arrangements

Payment of travel expenses for an individual affiliated with the health system by a vendor or industry business associate is acceptable when the individual is:

• Making a conference presentation that has scientific or educational merit benefiting patient care of the health system
• Participating in a meeting for the purpose of sponsored research protocol review
• Actively participating on a government panel
• Participating in training as part of an approved “Speakers’ Bureau” engagement
• Involved in a training session on the uses of clinical or research equipment in accordance with FDA requirements

Along with these rules, certain prohibitions apply. Payment of travel expenses is prohibited when:

• Extended to an individual’s spouse or family
• Offered to an individual to attend a sponsored event at which the individual is not presenting
• The primary focus of the event is social with minimal or no business-related activity, such as a golf outing or a spa visit
• The covered expenses include personal expenses other than those directly related to the business function
• Luxury transportation such as first class air travel is offered

**Remember!**

• Reimbursement for travel, lodging and meal expenses is reasonable and directly related to the engagement
• Compensation is fair market value for the services rendered
• Presentations and consulting engagements must be of scientific/academic merit and/or benefit the health system
• Consultation and services agreements must be in writing
• Approval of the acceptance of honoraria or consultation engagements is obtained from the appropriate Administrative Director or Chairman. Chairman must obtain approval from the Chief Medical Officer
• Honoraria and consulting fees are disclosed annually in accordance with the health system’s Conflicts of Interest Policy

As stated earlier, it is a violation of the federal Anti-Kickback Statute to offer, give or receive something of value with the intent to induce the use or referral of a federal health care program-reimbursed product or service.
Example:
The federal government recently settled cases against two physicians in Florida who received football tickets, meals and other gifts for making referrals. The physicians each paid in excess of $50,000 to settle the claims against them.

Under the Anti-Kickback statute, if even only one of the reasons why you gave a gift to a referral source was to get referrals, the statute is violated. It doesn’t matter that there may have been other reasons for giving the gift. It also doesn’t matter whether any referrals resulted from the gift. It is the giving of the gift for the purpose of influencing referrals that violates the statute.

Business Courtesies

Business courtesies are meals and other activities offered to team members by those who do business, or who wish to do business with the health system. The acceptance of these courtesies is governed by our policy.

The purpose of any such courtesy must not be to influence or induce any favorable business action by the health system. As a general rule, the cost associated with a particular function or event must be reasonable and must not exceed $100.00 per person.

The costs, location and activities associated with a social function or business courtesy must be reasonable and appropriate. The event must not include paid expenses for travel costs or overnight lodging for an individual affiliated with the health system or his/her family.

Business courtesies that constitute a personal benefit, such as tickets to sporting or theatrical events, must never be accepted.

Remember!

- The purpose of the entertainment must never be to induce or influence any favorable business action
- The cost associated with a particular function or event must not exceed $100.00 per person
- The costs, location and activities associated with a social function or business courtesy must be reasonable and appropriate
- The event must not include paid expenses for travel costs or overnight lodging
- Business courtesies of personal benefit must never be accepted

Please consult health system Policy #800.04, “Gifts, Gratuities and Business Courtesies” for more details.
Conflicts of interest

We work to ensure that the business activities of the health system are conducted free from the influence of conflicts of interest. All team members should remain free of conflicts of interest in the performance of their duties and responsibilities. Certain designated team members must disclose any actual or potential conflicts when they first arise.

A conflict of commitment exists when outside activities or interests interfere with (or may appear to interfere with) a team member’s primary role, responsibilities and/or loyalty to the health system. One example of this type of conflict is service as a board member, officer or employee of a competing healthcare institution.

Trustees, officers, key executives, employed physicians, physicians in decision-making roles and certain other designated team members (called “Covered Individuals” in the health system’s Conflict of Interest policy) are required to complete the Conflicts of Interest Disclosure Statement upon beginning their affiliation with the health system, and annually thereafter. They also must immediately report any changes to the information provided in their last completed statement.

A covered Individual also must promptly disclose his/her interest in, or connection with, a proposed transaction or other matter being presented to the health system for consideration or approval, if the transaction or matter is the type that would require disclosure on the Annual Disclosure Statement. The individual must not participate in deliberations related to the transaction or matter, or approve or use his/her position to influence the matter.

Team members cannot be involved with the selection of any vendor or contractor with whom they have any such relationship or interest. The health system will take corrective action concerning any activities that involve an inappropriate conflict of interest.

Remember!

- Conflict of interests exist when a team member is in a position to influence the business of the health system in ways that could lead, or appear to lead, to the personal gain or advantage of the team member, his or her family members or business associates
- Policy prohibits the use of confidential or “inside” information about the health system for personal gain or for any purpose other than the discharge of their job responsibilities
- If you believe you have a conflict, you have a responsibility to disclose it to Corporate Compliance

Please consult health system policy #800.03 “Corporate Compliance Conflicts of Interest Policy Statement” for more details.
Self check
Select the answer below that applies for each question.

Gifts from outside the health system are:

A. Not permitted if the gift is intended to influence a team member in the conduct of business
B. Acceptable if they are in the form of gift cards
C. Acceptable if they are of nominal value, i.e., less than $50.00
D. All of the above

Team members may solicit gifts from patients.

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Team members may solicit gifts from patients.

__ True

False

A vendor or other business associate of the health system may:

A. Provide entertainment for a team member so long as the value of it is less than $100
B. Not pay expenses for a health system team member to travel or for overnight lodging
C. Pay for the cost of a dinner provided to the spouse of a team member
D. All of the above
E. A and B only

Team members may receive reimbursement for travel, lodging and meal expenses from a vendor when they are making a presentation or are engaged in work that is of scientific/academic merit.

True

False

A conflict of interest exists when:

A. A team member is in a position to influence business decisions in a way that could benefit the team member or the team member’s family members
B. A team member has to choose between loyalty to the health system and loyalty to another entity with which the team member has a business or financial relationship
C. A team member engages in an outside activity unrelated to the business of the health system
D. A team member uses confidential information for personal gain
E. A, B and D only
Compliance Resources

Code of Conduct and Policies

Here’s one of the most important things you may take away from this program. When in doubt, ASK! The health system wants you to always do the right thing and the Compliance Team is here to help you do that. Remember, there is no such thing as a stupid question. You can always ask Compliance about anything in question.

When you have a question, here are your resources:

• The Code of Ethical Conduct, which sets out the basic principles for team members.
• The health system’s Compliance and Human Resources policies. As stated earlier, the Compliance policies, including the gifts, conflicts of interest and HIPAA-related policies can be found on HealthPort, the health system’s Intranet just for team members. Click on “Departments” and then click on “Corporate Compliance Office.” When you get to the Compliance Office webpage, click on “Policies and Forms” on the left side of the page.
• Human Resources policies are also available on HealthPort. Click on the “Human Resources” tab at the top of the home page. On the Human Resources page, click on the “HR Policies and Procedures Manual.”

Important Telephone Numbers

The health system’s Office of Corporate Compliance may be reached at: (516) 465-8097 during regular business hours.

The Compliance Help Line may be reached 24 hours a day, 7 days a week at: (800) 894-3226. There, you may report any type of problem and remain anonymous if you choose. Operators who speak many languages are standing by. You may request one of these operators if English is not your first language. Remember: You cannot be retaliated against for making a report on the Compliance Help Line. All reports are investigated. In appropriate cases, corrective action will be taken to remedy the problem.
Conclusion

Congratulations!

You have successfully completed your online orientation. Thank you for taking the time to learn about our compliance programs, and your rights and responsibilities as a team member. Remember, everything you learned as part of this orientation is an important part of your job.

You are now cleared to take the step towards the beginning of your new role at the North Shore-LIJ Health System. Refer to your offer letter for details about your schedule.

Best of luck!