2017 Mandatory Program on Compliance, Fraud Waste & Abuse, Infection Prevention and Control, Safety, and Quality

For those who work in a hospital setting with direct patient care contact.
# Table of Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Slides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s and Parent’s Bill of Rights</td>
<td>4 - 7</td>
</tr>
<tr>
<td>Abuse and Neglect /Mistreatment of Patients</td>
<td>9 - 13</td>
</tr>
<tr>
<td>Advance Directives</td>
<td>Slide 8</td>
</tr>
<tr>
<td>Ethical Issues, Diversity and Inclusion</td>
<td>14 - 17</td>
</tr>
<tr>
<td>The Joint Commission National Patient Safety Goals</td>
<td>18 - 19</td>
</tr>
<tr>
<td>Health Literacy</td>
<td>Slide 20</td>
</tr>
<tr>
<td>Limited English Proficiency (LEP)</td>
<td>21 - 24</td>
</tr>
<tr>
<td>Infection Prevention and Control</td>
<td>25 - 52</td>
</tr>
<tr>
<td>Surgical Attire and Scrub</td>
<td>53 - 54</td>
</tr>
<tr>
<td>Infectious Diseases of Concern and Prevention</td>
<td>57 - 68</td>
</tr>
<tr>
<td>Fire Safety</td>
<td>69 - 73</td>
</tr>
<tr>
<td>Disaster Preparedness</td>
<td>74 - 75</td>
</tr>
<tr>
<td>Compliance Training</td>
<td>76 - 136</td>
</tr>
<tr>
<td>Index</td>
<td>137 - 142</td>
</tr>
</tbody>
</table>
Northwell Health’s comprehensive Mandatory Topics, Compliance, Fraud Waste and Abuse, Infection Control Education Program reflects our mission, core values and our commitment to providing the highest quality patient care. This program is designed to ensure all staff are committed to full compliance with all Federal and state health care program requirements as well as with our own policies and procedures.
New York State mandates that the Patient’s Bill of Rights is distributed to all patients admitted to a hospital. Each admitted patient is provided a booklet titled, “Your Rights as a Hospital Patient in New York State”, which contains the Patient’s Bill of Rights along with other key information pertinent to their rights and regulations. The Patient’s Bill of Rights is available in other languages and can be generally obtained through the facility’s language assistance coordinator. It is your responsibility to ensure that the 19 patient rights are observed and respected at all times. Some examples are listed below:

- 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, source of payment or age.
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
- Receive emergency care if you need it.
- Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
- Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
- Participate in all decisions about your treatment and discharge from the hospital.
Key requirements of the New York State mandate for *patients under 18 years of age* who present to the emergency department or hospital are:

- Each patient or patient representative will be asked for the name of his/her primary care provider.
- The hospital may admit pediatric patients only to the extent consistent with their ability to provide qualified staff, space and size appropriate equipment necessary for the unique needs of pediatric patient.
- To the extent possible, given the patient’s health and safety, the hospital shall allow at least one parent/guardian to remain with the patient at all times.
- A child not be discharged until any tests that could reasonably be expected to yield critical value results are reviewed.
- A child not be discharged until a written discharge plan is received, which will also be verbally communicated.
Existing Law
New York Health Care Proxy Law allows patients to appoint someone that they trust to make health care decisions if they lose the ability to make decisions themselves. A health care agent is a support person who has the legal authority to make health care decisions for the patient if the patient is unable to make his/her own decisions. A health care proxy is the instrument that allows a patient to appoint an agent to make the health care decisions in the event that the primary individual is incapable of executing such decisions.

New Standards
Patients have the right to appoint the following designees:

- **Patient Representative** - participates in patient care, receives clinical information and proposed treatment plan, helps make patient’s healthcare decisions and carry out patient rights.

- **Support Person** - makes decisions about visitation and provides emotional support and comfort during their stay.

Patients may choose to have one person to serve in all of these roles or choose different people for each role or may refuse to identify anyone. These roles do not override rules regarding advance directive or health care proxy.
Additional standards to enhance patient rights include:

- **Unrestricted visitation** by family and friends while the patient is in the hospital to the greatest extent possible.

- **Notify provider of choice** about the admission. Patients must be asked if they have a physician who they want notified of their admission to the hospital.

Patients must be notified about their right to designees and each designee’s role in a timely manner, appropriate to the situation.
Advance Directives

Advance Directives are declarations made by a competent person of their choices about treatment. They serve to protect the patient’s right to make his or her own choices/legally valid decisions concerning future medical care and treatment.

Examples are:

- **Medical Orders for Life-Sustaining Treatment (MOLST)** - Includes Do Not Resuscitate (DNR) and other Life-Sustaining Treatments (LST). Written instruction regarding what actions to take if a terminally ill resident suffers a cardiopulmonary arrest (heart and breathing stops).

- **Living Will** - Written instructions that explain one’s health care wishes, especially about end-of-life care.
Abuse and Neglect/Mistreatment of Patients

- Abuse, neglect or mistreatment is **not tolerated under any circumstance**
- Any allegation of abuse must be immediately escalated to your manager
- Any workforce member accused of abuse must be immediately removed from their responsibilities until the completion of a comprehensive investigation
- For more information on Abuse and Neglect/Mistreatment of Patients, review the *Administrative Policy #100.14* located on the Northwell Health Intranet or the module on iLearn
Abuse

Child Abuse:
- Children suffer several types of maltreatment and all require intervention: neglect, physical abuse, emotional abuse, medical neglect, sexual abuse, and other types including abandonment, threats to harm child, and congenital drug addiction.
- Reports should be made immediately at any time of the day and on any day of the week by telephone to the State Central Register of Child Abuse and Maltreatment (SCR):
  - **Mandated Toll Free State Central Register:** 1-800-635-1522

Elder Abuse:
- Elder abuse can manifest itself in a number of ways. Some of its forms may be recognizable while others may be more subtle. Examples include: physical abuse, sexual abuse, emotional/psychological abuse, neglect, abandonment, financial and material exploitation. To report adult abuse, call (within New York State only): 1-844-697-3505 or contact the local county Department of Social Services Adult Protective Services.
Domestic Violence

- Management of victims of domestic violence.

When a domestic violence victim or suspected victim presents at a Northwell Health facility, treatment rendered must be interdisciplinary, as the patient is facing not only medical/nursing problems, but enormous psychological and social/environmental problems, as well, therefore, when a hospital staff member identifies such a patient, Social Work Services plays a vital role in their care.

- A patient is screened for signs of abuse/neglect at any entry points in the hospital and upon admission.

- Screening tools available for abuse and neglect either in the electronic medical record or in paper format must be completed as required.

- If the patient responds ‘Yes” to any of the questions/criteria, the Social Work Department is notified.
Restraint

Two Types of Restraint Situations

I. Non-Violent / Non-Self-Destructive: *(Previously referred to as medical/surgical restraint)*

- Description: implemented for medical or surgical purposes and apply when the primary reason for use directly supports medical healing and to:
  - allow medical treatments to continue without interruption,
  - prevent pulling out necessary tubes or drains,
  - provide safety when the patient is unable to follow directions

II. Violent / Self-Destructive: *(Previously referred to as a behavioral restraint)*

- Description: implemented to protect the individual against injury to self or others resulting from an emotional or behavioral disorder. These standards apply to any patient regardless of the setting who presents with extreme agitation and/or dangerous behavior. Such patients cannot be reasoned with, persuaded, contained, delayed, or denied. In these instances, control must be established in order to prevent a patient from seriously injuring himself/herself or others.
Physicians and other providers authorized to order restraint or seclusion must have a working knowledge of the policies regarding the use of restraint and seclusion.

- **RESTRAINT**: Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely including full side rails that prevent a patient from voluntarily getting out of bed.

- Restraint use must be limited to appropriate clinical situations and shall be discontinued as soon as possible.

- When applying restraints, the least restrictive intervention is utilized only if all other alternative strategies have been attempted or considered.
Difficult situations can arise when healthcare decisions must be made. For help with ethical problems or questions, notify your supervisor immediately so that issues may be referred to your facility’s Ethics Committee.

Refer to your facility’s Administrative Policy and Procedure Manual which may contain policies to guide ethical decisions relative to:

- Health Care Proxy, Health Care Agent, Patient Representative and Support Person Designation (Policy #100.25)
- Withholding and Withdrawing Life Sustaining Treatment Including Do Not Resuscitate Order (DNR) Orders (Policy #100.24)
Diversity and Inclusion

What is Diversity and Inclusion?

- Diversity refers to our differences and anything that makes us unique. Some of these differences we are born with such as demographic variables, including, but not limited to: race, color, national origin, religion, sex, sexual orientation, age, gender identity, gender expression, disability, geographic origin, etc.

- Inclusion puts the concept and practice of diversity into action by creating an environment of involvement, respect, and connection—where the richness of ideas, backgrounds, and perspectives are harnessed to create business value. Organizations need both diversity and inclusion to be successful.

Why is Diversity and Inclusion Important to Health Care?

- Ability to meet the cultural and spiritual needs of our diverse patient and family population
- Creates a workplace where everyone feels included and valued by bringing their whole selves to work
- Empowers employee engagement, innovation and culture transformation

Enhances the patient/customer experience achieving better health outcomes by commitment to service

Diverse groups....

- have better decision making and problem solving skills
- are more creative, innovative and productive
- more effective interacting in complex situations
Unconscious Bias

What is Unconscious Bias?
- A human response that is hidden, automatic and natural
- Based on our personal experiences or beliefs
- Helps distinguish “safe” vs. “dangerous” in all situations
- Conflicts with our conscious attitudes/intentions
- All individuals can be influenced by their biases without being aware

Why is Unconscious Bias Important to Health Care?
- Unconscious biases drive the fundamental way we perceive our environments and may impact interactions among patients, their families and our colleagues. These interactions may have desirable or unfavorable outcomes.

Quick Tips to Mitigate Unconscious Bias
- Recognize everyone has biases
- Practice “constructive uncertainty” (take a step back and ask what biases may be influencing your decision)
- Explore awkward or uncomfortable feelings and engage with people you consider “different”
- Develop self-awareness and obtain feedback on your decision making patterns
- Manage bias to sustain a more inclusive workplace culture
All staff members should uphold the following:

- Ask thoughtful questions and deliver “culturally sensitive” patient-centered care in all interactions with patients and co-workers.
- Recognize and manage your own unconscious biases and possess an accepting attitude towards the value of our differences.
- Develop cultural awareness and skills to deliver high quality, safe patient- and family-centered care.
- Treat all patients, families, customers, colleagues and the communities we serve with dignity and respect.
- Access and utilize the educational resources available:
  - **Education**
    - Cultural Competency
    - Diversity and Inclusion “Inclusion Academy”
    - Health Literacy
    - Language and Communication Access Services
  - **Resources**
    - CultureVision: An online database that provides information on over 73 different cultural groups. Accessible via (Intranet > Useful Links > Cultural Resource)
    - For more information, email: Diversity, Inclusion & Health Literacy (DIHL@nshs.edu)
The Joint Commission’s National Patient Safety Goals (NPSG)

The current goals focus on:

- Identifying a patient correctly by using at least two identifiers (full name, DOB). For example, we want to make sure the correct patient receives the correct medicine or blood transfusion.
- Improving staff and physician communication, especially surrounding the reporting of abnormal test results that are critical to the patient’s care.
- Recording and passing along accurate information about a patient’s medication and using medications safely, especially related to labeling medication used during procedures or those that thin a patient’s blood.
- Using alarms safely, especially making improvements to ensure alarms on medical equipment are heard and responded to on time.
- Preventing infections that may be acquired while in a health care facility by always practicing proper hand washing.
- Identifying patient risks; such as which patients are most likely to be at risk for suicide.
- Preventing surgical errors by marking the correct site on the correct patient’s body and pausing before the surgery to perform a time-out.
Any individual who has a concern about the quality of safety of care may report these concerns to the Joint Commission (complaint@jointcommission.org) or any regulatory agency.

No disciplinary action will be taken as a result.
Health Literacy

What is Health Literacy?
It is “the degree to which individuals have the capacity to obtain, communicate, process, and understand basic health information and services needed to make appropriate health decisions.” We are responsible for providing information that our patients can easily understand. Effective communication is the foundation of high-quality, patient-centered care.

What is the impact of Low Health Literacy?
Research suggests that persons with low health literacy:

- Make more medication errors or treatment errors
- Are less likely to follow treatment plans
- Lack the skills needed to access and navigate the health care system.

Improving health literacy will assist in improving health outcomes.
Limited English Proficiency (LEP)

Many of our patients, their family members and visitors may speak a language other than English, or have Limited English Proficiency (LEP). An LEP individual is a person who is unable to speak, read, write or understand the English language at a level that permits him or her to interact effectively with health and social agencies and providers.

Patients have the right to receive their medical and health information in their preferred language despite their fluency in English.

The facility will take reasonable steps to ensure that every patient has access to language assistance services to communicate. Free interpretation services will be made available to all patients.
Regulatory Requirements for All Patients:

- Patients’ preferred language is identified at the first point of contact and captured in the medical record.
- Patients whose preferred language is other than English are informed of their right to free interpretation services.
- Qualified interpreter services must be provided to any patient who requests an interpreter within 10 minutes in an urgent setting (ED), and 20 minutes in a non-urgent setting.
- Utilization of medical interpretation services are documented in the patient’s medical record, including the name of the medical interpreter or the telephonic interpreter ID #.
- Patients that refuse to use free medical interpretation services may select another individual to act as an “Ad Hoc” interpreter.
- Refusal of the facility’s medical interpretation services should be documented in the medical record along with the name of the “Ad Hoc” interpreter, and the relationship to the patient.
- All vital documents must be discussed with the patient in their preferred language.
Limited English Proficiency (LEP) (cont’d)

Your Role:

- Identify preferred written and oral communication needs; including preferred language for discussing medical and health information.

- Offer free interpretation services to patients’ whose preferred language is other than English.

- If patient is a minor or is incapacitated, or has a designated advocate; the communication needs of that person should be documented in the medical record.

- If you have any questions or concerns regarding language and communication access services, please contact your facility’s designated language coordinator.
Communicating with LEP Patients

The following are methods for communicating with LEP patients:

**Qualified Medical Interpreters**

- Qualified telephonic interpretation services are available at all facilities.

- Onsite dual-role and qualified medical interpreters are available at some facilities and onsite qualified medical interpreters are available, by request, at all facilities.

- Qualified medical interpretation services are required for all medical communication.

- Non-medical communications do not require the use of a qualified medical interpreter.

**Translation of Vital Documents**

- Northwell Health has translated in several languages (based on our demographic needs) a set of Vital Documents used for patient care. They are available for download from the Vital Documents website.

Any questions can be directed to your facility’s designated language coordinator.
Breaking the chain of infection involves ALL health care personnel (HCP)!

Infectious Agent

Susceptible Host
(Person likely to get the disease)

Reservoirs
(Host of Infectious Agent)

Portal of Entry
(How Infectious Agent enters the Host)

Portal of Exit
(How Infectious Agent Leaves the Host)

Means of Transmission
(How Infectious Agent travels)
Breaking the Chain of Infection: Hand Hygiene

Hand Hygiene with Soap and Water

1. Turn on water and adjust temperature.
2. Wet hands and wrists thoroughly, holding hands downward at all times so any water runoff will go into the sink and not down the arms.
3. Use plenty of soap and apply with vigorous contact on all surfaces and between fingertips for at least 15 - 20 seconds.
4. Rinse thoroughly under running water while keeping hands in a downward position.
5. Use paper towel to turn off faucet since the faucet is considered contaminated and discard into wastebasket.
6. Dry hands with paper towels. Use the paper towel to open the bathroom door to exit (optional).
Hand Hygiene with Alcohol Based Hand Gel

1. Apply the sanitizer to the palm of one hand and rub hands together.
2. Cover all surfaces of the hands and fingers with sanitizer.
3. Rub hands until dry.
4. Alcohol gel is appropriate for hand antisepsis before and after patient care, except when hands are visibly soiled.
5. Do not use alcohol gel if hands are visibly soiled.
6. Based on your facility’s policy utilize soap and water following care with a patient with *Clostridium difficile*.

Fingernails:
1. Should be no longer than ¼” above the finger tip.
2. Be free of chipping nail polish.
3. Should be free of glued-on ornamentation, wraps and/or gel wraps.
Standard Precautions Protocols

Standard Precautions Protocol are designed for the care of all patients and based on the assumption that each patient is potentially infectious and contagious.

These protocols contain recommendations for the use of personal protective equipment (PPE) when performing tasks that may be associated with blood and/or body fluid (BBF) which can help protect self from exposure to the BBF of others. PPE includes: gown, gloves, mask and goggles or mask with face shield, based on the type of contamination anticipated. All workforce members should know what PPE should be worn when performing certain tasks. Examples include:

<table>
<thead>
<tr>
<th>PPE</th>
<th>Intended For Use</th>
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</thead>
<tbody>
<tr>
<td>Gloves</td>
<td>When handling blood and body fluids, soiled patient care equipment or used linen</td>
</tr>
<tr>
<td>Mask/Eye Protection</td>
<td>When splashing of blood or body fluid is possible</td>
</tr>
<tr>
<td>Gown</td>
<td></td>
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</table>
Standard Precautions Protocols (cont’d)

Other important infection prevention practices include:

- Practicing Respiratory Etiquette and wearing a mask when a patient has a cough.
- Cleaning and disinfecting equipment and the environment often with and Environmental Protection Agency (EPA)-approved disinfectant based on the equipment manufacturer’s guidelines, especially between patients and when contaminated to decrease cross contamination.
- Proper disposal of waste and sharp objects. Refer to the slide “Sharp Safety and Regulated Medical Waste” for more information.
- Safe needle practices and use of infusion/injection medication. Refer to the slide “Safe Injection Practices and Medication Management” for more information.
## Transmission-Based Precaution Protocols

<table>
<thead>
<tr>
<th>Modes of Transmission</th>
<th>Precautionary Measures</th>
<th>Patient</th>
<th>Health Care Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Airborne Precautions:</strong> Infectious pathogens are suspended in air when an infectious person breathes, coughs, sneezes, talks, or is suctioned</td>
<td>Single room with negative pressure with a door that is closed at all times, except when used to enter and exit</td>
<td>Wear a surgical mask when being transported out of room. <strong>Note:</strong> for tuberculosis, visitors should be offered the N95 Respirator</td>
<td>N95 Respirator</td>
</tr>
<tr>
<td><strong>Droplet Precautions:</strong> Infectious droplets are spread through the air (~ 6 feet) when an infected person coughs, sneezes, talks, or is suctioned</td>
<td>Private room or cohort with a patient/resident/client with the same organism</td>
<td>Wear a surgical mask when being transported out of room</td>
<td>Surgical mask when within 6 feet of the patient</td>
</tr>
<tr>
<td><strong>Contact Precautions:</strong> Infectious pathogens are spread when there is contact with an infected or colonized person’s body surfaces and/or an environment contaminated with the pathogen</td>
<td>Private room or cohorted with a patient/resident/client with the same disease</td>
<td>Hand hygiene prior to exiting the room</td>
<td>Wear a gown and gloves when patient/resident/client or environmental contact is anticipated. Wear a surgical mask when suctioning or performing a procedure with aerosols</td>
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</tbody>
</table>
## Transmission-Based Precaution Protocols (continued)

<table>
<thead>
<tr>
<th>Precaution Type</th>
<th>Infections/diseases that require precautions</th>
</tr>
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</table>
| **Airborne Precautions** | Tuberculosis; Measles (Rubeola); *Chicken pox (Varicella); *Herpes Zoster (disseminated)  
* Also requires Contact Precautions |
| **Droplet Precautions** | Neisseria Meningitides (blood & spinal fluid); Rubella; Mumps; Influenza                                      |
| **Contact Precautions** | *Clostridium difficile*; Resistant organisms such as: methicillin resistant *Staphylococcus aureus* (MRSA); pan resistant gram negative organisms, *carbapenem-resistant Enterobacteriaceae (CRE)*; Lice; Scabies; Viral Hemorrhagic infections |
Purpose: Protect workforce members from risk of exposure to bloodborne pathogens including hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV). First responder HCP, housekeeping personnel, nurses and other HCP are examples of who may be at risk of exposure. It protects HCP from exposure to BBF of a known or unknown infected persons.

HCP who could be exposed as a result of performing their duties should utilize:

- **Engineering Controls** such as: hand hygiene facilities, puncture resistant sharps disposal containers for used needles and other contaminated sharp instruments, splatter shields on medical equipment, splash guards, etc.
- **Work Practice Controls** such as: not recapping needles, avoiding unnecessary use of needles and sharps, surface disinfection, cleaning blood and body fluid spills, and replacing gloves when torn or punctured
- **PPE**: utilizing appropriate PPE to avoid contamination with BBF
- **HBV vaccination** which is offered to HCP at no cost, through Employee Health Service
### Occupational Safety & Health Administration’s (OSHA) Bloodborne Pathogen Regulations (cont’d)

<table>
<thead>
<tr>
<th>Nature of Exposure</th>
<th>Immediate Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle stick or sharp object injury</td>
<td>Wash the area thoroughly with soap and water</td>
</tr>
<tr>
<td>Blood spills or splashes on NON-INTACT skin</td>
<td>Wash thoroughly with soap and water</td>
</tr>
<tr>
<td>Blood spills or splashes in your EYES</td>
<td>Flush eyes with large amounts of water; DO NOT use soap or other chemicals</td>
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Contaminated sharps are lethal weapons! Handle with great caution:

- Do not recap needles or disassemble sharps by hand
- Use safety syringes, needle-less intravenous (IV) systems and other safety products whenever possible
- Immediately dispose of sharps in sharps container
- Sharps container when ¾ full should have the top closed and receptacle removed and replaced
- Seek assistance with a difficult patient

Regulated Medical Waste:

- Also known as 'biohazardous' waste or 'infectious medical' waste, is the portion of the waste stream that may be contaminated by blood, body fluids or other potentially infectious materials, thus posing a significant risk of transmitting infection. The waste should be discarded in a red plastic bag.
Safe Injection Practices:

- Insulin pens must **never be used** for more than one person. These devices should not be used in the in-patient setting.
- Finger stick devices should **never** be used for more than one person.
- Do not administer medications from single-dose vials or ampules to multiple patients.
- Use single-dose vials for parenteral medications whenever possible.
- Spinal injection procedures must be performed with a surgical mask.
- Multi-dose vials should be dated when opened and discard date as per the expiration date or facility protocol, which ever comes first.

**Antibiotic Stewardship:**

- Overprescribing and prescribing the wrong antibiotic contributes to increasing the patient’s risk for *Clostridium difficile* and antibiotic-resistant bacteria.
- 30-50% of antibiotics prescribed are unnecessary or inappropriate.
- **Action:** Prescribe the right antibiotic and dose for the appropriate duration of time.
**Human Immunodeficiency Virus (HIV)**

**Description:**
- A virus that causes HIV infection or acquired immunodeficiency syndrome (AIDS)

**Transmission:**
- Transfer of semen or vaginal fluid through sexual intercourse
- Transmission from an infected mother to her baby through breastfeeding or at birth
- Sharing a needle can pass blood directly from one person's bloodstream to another
- Transmission through contaminated needles or blood exposure through non-intact skin or mucous membranes

**Symptoms:**
- Flu-like; many people with HIV may not have symptoms of AIDS for years

**Vaccine:**
- None
Confidentiality of HIV-Related Information

Confidentiality of HIV-Related Information is governed by HIPAA and Article 27-F of New York State Public Health Law. Article 27-F is even more stringent than HIPAA.

General Rule Against Disclosing HIV-Related Information: HIV information about an individual (which includes an HIV-test itself) may not be disclosed to anyone except:

- Patient gives verbal consent for testing and to release HIV information which is documented within the patient’s medical record
- An internal communication among Health Care Providers and facilities caring for a patient, on a need-to-know basis, to manage patient’s care
- Reporting of HIV/AIDS cases to the New York State Department of Health (NYSDOH)
- Notification of infected contact(s) / partner as per Public Health Law Article 21, Title III
- Provide information to parents and legal guardians who make health care decisions for patients
- Respond to a court order. Any valid court order will be referred to HIM for review and response in consultation with the Office of Legal Affairs. Please contact Legal Affairs at 516-321-6650 as necessary.
Confidentiality of HIV-Related Information (cont’d)

Special Provisions Related to HIV/AIDS Protected Health Information ("PHI")

- PHI related to HIV/AIDS may **only** be disclosed in accordance with Article 27-F. In order for a patient or the patient’s personal representative to authorize the release of their PHI related to HIV/AIDS, the patient or the patient’s personal representative must: (1) execute an Authorization Form and (2) initial the special provision of the Authorization Form related to the disclosure of PHI related to HIV/AIDS.

- Release of HIV/AIDS information for Research purposes is permitted with an authorization from the subject or a waiver of authorization from the Institutional Review Board. Refer to Northwell Health Policy #800.52, “Release of Protected Health Information (e.g., Medical Record) for Living HIV /Aids Patients.”

- Questions related to the approval or denial of requests for confidential communications or restrictions on access to, or the use or disclosure of, PHI should be directed to the facility Privacy Officer or contact the Office of Corporate Compliance (516-465-8097). You can also make an anonymous report to Corporate Compliance Helpline, 24 hours a day, 7 days a week, by calling 1-800-894-3326.

- The NYSDOH also operates a Confidentiality Hotline at 1-800-962-5056.
Confidentiality of HIV-Related Information & Testing (Cont’d)

HIV Testing:

- **Offering HIV Testing:** HIV testing will generally be offered to all persons between the ages of 13 and 64 and to patients of any age who are at increased risk for contracting HIV. HIV testing will be offered when patients receive: (i) hospital care as inpatients; (ii) emergency department care; (iii) primary care as outpatient; (iv) inpatient or ambulatory pre-surgical testing. HIV testing does not have to be offered if a patient: (i) is having an emergency; (ii) has previously declined HIV testing at the facility; (iii) lacks consent.

- **Verbal Informed Consent To HIV Testing:** Patients **MUST** give verbal informed consent before an HIV test is performed. Verbal consent and even a refusal **MUST** be documented in medical record by the Health Care Provider. If a patient has questions about HIV testing the patient’s questions shall be answered by a Health Care Provider or with the “Acknowledgment Form to Perform HIV Test” which are available documents at facilities.

- **Lack of Capacity:** If the patient lacks capacity to make an informed decision regarding HIV testing, consent should be sought from a legal guardian authorized to make healthcare decisions, spouse, adult child, parent (in that order). For more information, refer to Northwell Health Policy #100.92, “HIV Testing & Management.”

- **Minors:** A minor with the ability to understand and appreciate the risks, benefits, alternatives and consequences of the proposed HIV test and to reach an informed decision may verbally consent to HIV testing without parental consent.

- **Occupational Exposure:** In situations involving occupational exposures that create a significant risk of a workforce member contracting or transmitting HIV infection, HIV testing of the source of the exposure will be pursued. Anonymous HIV testing of a source patient will be pursued under certain conditions when a workforce member is exposed to blood and bodily fluid. Please refer to Northwell Health Policy #100.92, “HIV Testing & Management” for more information.
HIV Results:

- **Negative Results**: The Health Care Provider or designee can notify patients of negative results in person or by phone. The Health Care Provider should reinforce safe practices.

- **Positive Results**: For confirmed positive HIV result, the Health Care Provider who ordered the test or his/her designee should communicate the HIV result to the patient, arrange follow-up care, and ensure reporting of the positive results with contact notification to the NYSDOH.

HIV Reporting:

- Initial determinations or diagnoses of HIV infection, AIDS, or HIV-related illness should be reported to the NYSDOH (except in New York City) where reports will be sent to the New York City Department of Mental Health and Hygiene no later than 21 days after positive laboratory results or after the diagnosis, whichever is sooner.

- The Health Care Provider ordering the HIV test or his / her designee is responsible for reporting the case. Please refer to Northwell Health Policy #100.92, “HIV Testing & Management.”
HBV and HCV are viral diseases that leads to swelling (inflammation) of the liver.

Transmission:
HBV and HCV transmission occurs from person to person by: breaks in the skin or mucous membrane; needle-sticks; sexual intercourse; splashes of blood or body fluids getting into existing cuts or abrasions; or blood transfusions

Symptoms:
- Hepatitis B: can take 2 to 6 months to develop symptoms; symptoms include jaundice, extreme fatigue and may be like a mild case of flu; some people will not have any symptoms
- Hepatitis C: symptoms include fatigue, loss of appetite and may be like a mild case of flu; some people will not have any symptoms

Vaccine:
- HBV: Available at no cost in Employee Health Service
- HCV: None
Tuberculosis (TB)

Description:
TB is a disease caused by *Mycobacterium tuberculosis*. TB usually causes a chronic lung infection; it can also cause infection in other organs of the body.

Transmission:
Airborne droplet is spread when a patient with the disease in the lung coughs, sneezes, or otherwise expels the organism into the air. The TB bacteria is suspended in droplet nuclei that float in the air and can be inhaled by another person. Refer to slide “Transmission-Based Precaution Protocols for more information on precautions.

Symptoms:
Bloody sputum, weight loss, loss of appetite, night sweats, fever, severe fatigue, shortness of breath, persistent cough and abnormal chest x-ray

Definitions:
- **Latent TB infection** = positive tuberculosis skin test (TST); asymptomatic.
- **TB disease** = positive TST; with symptoms such as bloody sputum, weight loss, loss of appetite, night sweats, fever, severe fatigue, shortness of breath, persistent cough and abnormal chest x-ray.
- **TST** = skin test that identifies individual with previous latent tuberculosis infection (LTBI).
- **Interferon-gamma release assays (IGRAs)** = another test for TB exposure. It is a blood based diagnostic test for LTBI. An example is quantiFERON-TB Gold In-Tube.
- **Multi-Drug Resistant Tuberculosis (MDR-TB)** = MDR-TB that does not respond to drug treatment, which may occur when therapy is not continuous or therapy is incomplete.
Influenza Prevention

The risk of Influenza (flu) is greater for HCP due to their environment. It is spread by droplets through sneezing, coughing and being in close contact with a contagious person with the flu.

- To decrease the risk of spread and help safeguard your patient, family and you by receiving yearly vaccination against the flu. **ALL HCP ARE ENCOURAGED TO RECEIVE THE INFLUENZA VACCINE ANNUALLY.**
- The influenza vaccine is available annually at no cost through Employee Health Service.
- The influenza vaccine is safe and effective against several strains of the flu to help prevent infection
- Always “cover your cough” and perform hand hygiene
- NYSDOH mandates that unvaccinated HCP must wear a surgical mask during flu season while in patient areas as outlined by Northwell Health protocol. Refer to Administrative Policy and Procedure #250.19 titled “Workforce Influenza Vaccination.”
Pertussis

- Pertussis is an acute respiratory infection caused by *Bordetella pertussis*. Illness classically manifests as a protracted cough illness.
- In the United States the incidence of pertussis has been increased in the recent years.
- The transmission of pertussis in health care settings has important medical consequences.
- It is important to realize immunity wanes after childhood vaccination, leaving individuals susceptible to infection.
- A booster vaccine called “Tdap” is now available. It is recommended that HCP receive at least one pertussis containing vaccine as an adult. Preventing pertussis among HCP will decrease the exposures and secondary cases in the health care settings.
- When a HCP is exposed to a confirmed case of pertussis and works in a high risk setting prophylaxis may be offered to minimize the risk to vulnerable population, i.e. neonatal intensive care units (NICU) and pediatric populations.
**Clostridium difficile**

*Clostridium difficile* often called *C. difficile* or *C. diff* or CDAD, is a bacterium that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon. Illness from *C. difficile* most commonly affects older adults in hospitals or in long-term facilities and typically occurs after use of antibiotic medications. However, studies show increasing rates of *C. difficile* infection among people traditionally not considered high risk, such as younger and healthy individuals without a history of antibiotic use or exposure to healthcare facilities.
Clostridium difficile (cont’d)

Strategies to prevent the spread of *C. difficile*:

- *C. difficile* should only be ordered for patients with diarrhea (greater than 3 stool per 24 hour period)
- *C. difficile* should not be ordered for patient on any diarrheal or stool softener medication
- As soon as possible send loose or liquid stool specimens to the Laboratory. The laboratory should only perform *C. difficile* tests on stool that takes the shape of the container
- Initiate Contact Precautions for suspect and confirmed *C. difficile*
- Obtain dedicated Contact Precautions equipment (stethoscope, blood pressure cuffs & thermometer)
- Disinfect the environment with a bleach-based product
- If diarrhea ends before specimen is collected, discontinue order for test
- Contact Precautions should be discontinued as per facility protocol.
- Notify Environmental Services or designated HCP to clean the room following a transfer or discharge with *C. difficile*
Preventing Multi-Drug Resistant Infections (MDRO)

Strategies to prevent spread of antibiotic-resistant infections among patients include:

- All HCP performing hand hygiene before and after contact with patient and their environment.
- Place patients with an MDRO on Contact Precautions:
  - Use gowns and gloves when there is contact with the patient and/or environment or based on facility protocol.
  - Place patient in private room when possible or cohort (If neither is possible confer with Infection Prevention for optimal placement).
  - Carefully clean patient rooms and shared medical equipment with an EPA-approved disinfectant after use and before contact with another patient.
  - When possible, assign dedicated equipment to patient.
  - Educate family members and visitors on proper precautions when visiting patient and document within the medical record.
Catheter Associated Urinary Tract Infections (CAUTI) Prevention

Limiting the use of urinary catheters by:

- Using only when therapeutically indicated
- Adhering to aseptic technique when inserting an indwelling urinary catheter

It is also necessary to:

- Keep catheters in place only as long as necessary
- Perform daily needs assessment during clinical rounds
- Consider catheter alternatives such as a condom catheter drainage in men, use of a female urinal, and intermittent straight catheterization
- If a patient is going to the intensive care unit (ICU) or operating room insert a catheter with a urimeter if catheterization is needed
CAUTI Prevention (cont’d)

It is also necessary to:

- Perform hand hygiene prior to catheter insertion or maintenance care
- Use aseptic techniques for site preparation, equipment, and supplies
- Secure the catheter to minimize movement and ensure unobstructed urine flow and drainage to avoid pooling of urine in the catheter
- Maintain sterility of the urine collection with a closed drainage system
- Avoid disconnecting the catheter/tubing junction. If the system must be opened, disinfect the catheter-tubing with an alcohol swab and allow to dry before reconnection.
- Only replace the urine collection system as required. If the bag needs to be changed, change the entire indwelling urinary catheter with attached bag.
- Empty the collecting bag regularly and before transport with a separate collecting container marked with the patient’s name
- Clean peri-urethral and peri-anal areas at least daily and as needed with the designated cleansing product or mild soap
- Obtain urine samples from the sampling port using aseptic technique
To Prevent CLABSI:

- Hand hygiene prior to insertion and after insertion
- Use sterile full body drape on patient
- Inserter should wear a cap, mask, sterile gown and gloves
- Use chlorhexidine to scrub the insertion site prior to line insertion, allow at least 30 seconds for the skin preparation to dry, when the 3 mL chlorhexidine gluconate (CHG) is used.
- Insert a line with as few lumens as possible, try to avoid femoral insertions
- Maintain a sterile field
- Apply sterile dressing
- Document line necessity daily
- Hand hygiene prior to accessing line
- Scrub the hub for at least 5 seconds with alcohol prior to accessing and allow to dry
- Maintain a transparent, dry and intact dressing, change weekly or as needed
- Dialysis catheters should have Bacitracin or a CHG impregnated disc or dressing with CHG should be placed at the site
- Dialysis catheters should be used only for dialysis
- Assess for signs of infection at entry site at least every shift and document
To decrease risk of SSIs, the following steps should be taken:

- Proper skin antisepsis prior to surgery and allow to dry thoroughly prior to incision.
- Surgical scrub for all members of the surgical team working within the surgical field, refer to INF. 1103 Surgical Hand Antisepsis within the Infection Control Manual.
- Surgical attire for HCP and proper draping of the patient.
- Appropriate use of antibiotic, if needed, within 60 minutes of surgery (ideally within 30 minutes) and discontinued within 24 hours after surgery.
- Hair removal, if necessary, at the surgical site with clippers - no shaving.
- All HCP caring for patient must perform hand hygiene before contact with surgical incision and dressing.
- Pre-operative showers with CHG for facility designated surgical procedures.
- Glucose control.
To decrease risk of SSIs, the following steps should be taken:

- Maintain normothermia
- Consider screening all joint surgical patients for *Staphylococcus aureus (sensitive and resistant)* and treat patients with nasal mupirocin for 5 days prior to surgery or an alternative substitute
- Consider having a separate closing tray for closing the surgical incision
- Prior to closing the surgical incision gloves should be removed and replaced
- To decrease risk of surgical site infections, all staff caring for patient must wash their hands before contact with surgical incision and dressing.
Surgical Attire  (Requirement for Non-Restricted, Semi-Restricted, and Restricted Areas)

- **Non-Restricted Area:**
  - No dress restrictions apply; street clothing may be worn.

- **Semi-Restricted Area:**
  - Freshly laundered scrubs, donned in the facility at the beginning of the work day.
  - Two-piece scrub suit should be secured at the waist or tucked into pants.
  - Ears, **including earrings** and all hair must be covered, including beards and moustaches.
  - HCP personal clothing should be contained within the scrubs.
  - Dedicated clean shoes or shoe covers are worn.

- **Restricted Area:**
  - In addition to the requirements for semi-restricted areas, masks are worn by all HCP in the restricted area and arms must be covered with a warm-up jacket, if scrubbed a surgical gown.

- **Other Requirements:**
  - Scrubs must be removed when exiting the building and reapplied when re-entering a semi-restricted area.
  - The mask and booties must be removed when exiting the non-restricted area.
Surgical Scrub (Requirement for Scrubbed HCP)

- Surgical RUB (Brushless Waterless Alcohol Based Scrub Method) Avagard™
  - No PRE-SCRUB Required - Nails, hands, and arms must be clean and dry
  - First Scrub: Clean under nails with a 3M™ Avagard™ Nail Cleaner.
  - Application - Three Pump Process:
    - Pump 1: Dispense one pump (2 ml) into the palm of one hand. Dip fingertips of the opposite hand into the hand prep and work under fingernails. Spread remaining hand prep over the hand and up to just above the elbow.
    - Pump 2: Dispense one pump (2 ml) and repeat procedure with opposite hand.
    - Pump 3: Dispense final pump (2 ml) of hand prep into either hand and reapply to all aspects of both hands up to the wrists
  - Allow to air dry. Do not use towels!

- Counted Stroke Method:
  - Open the disposable scrub sponge/brush set plus antimicrobial soap, wet hands and forearms; lather the hands and forearms two inches above the elbows, using an antimicrobial soap. Rinse hands and arms while keeping the fingers pointed upward.
  - Remove the nail cleaner from the package, clean under nails of hands while holding hands under running water.
  - Remove the new scrub brush with antimicrobial soap and perform the following:
    1) Nails - 30 Strokes (holding brush perpendicular to the nails) 2) Each Finger - 10 Strokes each of 4 sides 3) Back Hand -10 Strokes 4) Palm -10 Strokes 5) Each Third of Arm - 10 Strokes each of 4 sides
  - Rinse hands and forearms thoroughly, holding hands up so that water flows from the fingertips toward the elbows
EDUCATIONAL FACT SHEET FOR ALL PHYSICIANS

As of January 1, 2016, The Joint Commission requires hospitals to have policies and procedures in place to reduce harm associated with clinical alarms by ensuring the safe and effective management of and response to clinical alarms. Physicians, including Residents/Interns, need to be educated on the purpose and proper operation of the alarm systems they are responsible for.*

KEY FACTS RELATED TO ALARM SAFETY:

- Alarm system safety has been established as a priority by organizational leadership.
- Appropriate use of clinical alarms is founded on evidence-based best practice/guidelines with input from medical staff, nursing staff and clinical leaders.
- A risk assessment is utilized to identify alarm signals which have the most direct relationship to patient safety.
- As part of the inventory of clinical alarms for each patient care area, the audibility range for each alarm is listed.
- Clinical leaders/medical staff determine the default settings of physiologic monitors used within their unit/department.
CLINICAL ALARMS (Continued)

- Alarm parameters are reviewed and can be customized to the patient by clinical staff based on the patient’s clinical condition.
- Clinical alarms can be temporarily muted or disabled when the responsible practitioner remains in constant and direct one-on-one supervision of the patient and his/her associated equipment.
- Clinical alarm safety should be discussed during hand-off communication.
- Clinical staff should document the use of and communication with providers pertaining to clinical alarms according to their hospital procedure and documentation system.
- Patients and families need to be educated regarding the purpose and safe use of clinical alarms.
- Response to alarm signals is monitored.
- Incidents related to alarms are reviewed.

REFERENCES:

- Northwell Health Clinical Alarms Policy
- The Joint Commission National Patient Safety Goal.06.01.01: Improve the safety of clinical alarms
- * Note: NPs/PAs are educated through the iLearn Learning Management System.
Infectious Diseases of Concern

- **Avian (bird) Influenza A**: Avian influenza is an infectious, viral disease that occurs naturally in wild aquatic birds and can infect domestic poultry, other birds, and animal species.
  - Be **ALERT** and evaluate patients with influenza like-illness (ILI) or acute respiratory infection in patients with: 1) Recent travel to China within the past 10 days 2) Countries may be deleted and other countries may be added based on Centers for Disease Control and Prevention (CDC) guidance

- **Middle East Respiratory Syndrome (MERS-CoV)**: Be **ALERT** and evaluate patients with ILI or acute respiratory infection in patients with travel within 14 days to: 1) Middle East (Arabian Peninsula, Bahrain; Iraq; Iran; Israel, the West Bank, and Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Saudi Arabia; Syria; the United Arab Emirates (UAE); Yemen) 2) Korea 3) Countries may be deleted and other countries may be added based on CDC guidance

- Refer to INF.2006 Respiratory Viruses (Avian Influenza A Viruses, Middle East Respiratory Syndrome Coronavirus, & Other Emerging Viruses) Management in the Infection Control Manual
What to do immediately if Avian Influenza A or MERS-CoV is suspected:

**Immediately** implement precautions for ALL SUSPECT patients:

- Ask the patient to place a surgical mask over their mouth and nose.
- If they cannot place mask, then assist and follow with hand hygiene.
- Escort the patient to a private room with negative pressure, if available otherwise use a private room. Once patient is in the room, their mask can be removed and the door closed.
- Place the patient on Standard, Contact and Airborne Precautions
  - An N95 respirator with a face shield, gloves and gown should be worn by HCP entering the room.
  - Discard all PPE when leaving the room and perform hand hygiene.
- Confirm the patient’s travel history and symptoms.
- Screen patient visitors and place on precautions if symptomatic.
- When patient is being transported out of the negative pressure room, the patient must wear a surgical mask.
- All procedures that involve aerosolization must be performed in a negative pressure room and HCP should wear an N95 respirator.
- Individuals in long term, sub-acute, or within a behavioral health facility should be transferred to an acute care facility for evaluation and treatment as indicated.
Zika Virus

- Zika is a flavivirus related to dengue, West Nile, yellow fever and Japanese encephalitis.
- It is spread via mosquitoes.
- The most common symptoms are fever, rash, joint pain, and conjunctivitis (red eyes).
- The illness is usually mild with symptoms lasting from several days to a week; some individuals can become infected and remain asymptomatic.
- Woman who are pregnant and become infected have a risk for microcephaly and intracranial calcifications to the unborn infant.

Steps can be taken to limit the exposure to mosquitoes and protect you from bites when in an area with reported Zika infected mosquitoes and reported human cases:
- Use an EPA-registered insect repellent
- Wear long sleeves, long pants, light colors, wide-brimmed hat to help protect your ears and the back of your neck, sleep under a mosquito net, stay indoors with screens
- Reduce mosquitoes around your home, keep your house and yard free of mosquito pools by reducing standing water
- For more information on managing patients refer to INF.2032 Zika Virus: Case Criteria and Process for Testing in the Infection Control Manual
PPE NYSDOH Training Requirements: Donning & Doffing

Prevention of exposure to a highly infectious disease is best accomplished when HCP are able to demonstrate PPE donning and doffing. The NYSDOH has new requirements, refer to INF.2032 titled ‘Highly Infectious Diseases Preparedness: Personal Protective Equipment (PPE) Training and Drilling “ within the Infection Control Manual for more information.

Donning (putting on) PPE:

- **GOWN** (impervious)
  - Fully cover torso from neck to knees, arms to end of wrist, wrap around the back, fasten in the back of neck and waist

- **OPTIONS**: Mask and Goggles OR Face Shield OR Mask with Face Shield
  - Place mask over mouth and nose
  - Secure the ties or elastic band(s) of the mask behind head, in the middle of the head
  - Secure the flexible band to the bridge of nose (pinch the top clip)
  - Fit snug to face and below the chin
  - Place goggles over eyes and adjust to fit
  - If a face shield is used instead of mask and goggles, place over face and eyes and adjust to fit
  - If a mask with face shield is used place the mask over nose and mouth with the visor covering the eyes and adjust to fit

- **GLOVES**
  - place the gloves on and extend to cover your wrist and the isolation gown
PPE NYSDOH Training Requirements:
Donning & Doffing (cont’d)

Doffing (option #1 removing) PPE:

- **GLOVES**
  - grasp the outside of the glove with opposite gloved hand, peel off and hold the removed glove in gloved hand
  - slide fingers of un gloved hand under remaining glove at wrist
  - peel glove off over first glove and then discard

- **GOGGLES or FACE SHIELD or MASK with FACESHIELD**
  - handle by head and/or ear pieces and remove
  - if a face shield or face shield with mask is used remove by handling the ties or ear pieces
  - discard

- **GOWN**
  - pull away from neck and shoulders, touching inside only, turn gown inside out; fold or roll into bundle and discard

- **MASK**
  - grasp bottom, then top ties or elastics and remove; discard in waste container

- **HAND HYGIENE** (using soap and water or an alcohol-based hand sanitizer)

Note: 1) If your hands get contaminated, immediately during any step of PPE removal wash your hands or use an alcohol-based hand sanitizer. 2) Discard PPE in the appropriate waste receptacle.
Doffing (option #2 removing) PPE:

- **GOWN and GLOVES**
  - Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
  - While removing the gown, fold or roll the gown inside-out into a bundle
  - As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands
  - Discard the gown and gloves

- **GOGGLES OR FACE SHIELD**
  - Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
  - Discard the goggles and/or face shield. If reusable decontaminate as per protocol.

- **MASK, if applicable**
  - Grasp bottom ties or elastic of the mask/respirator, then the ones at the top, and remove without touching the front
  - Discard the mask

- **HAND HYGIENE** (using soap and water or an alcohol-based hand sanitizer)

**Note:** 1) If your hands get contaminated, immediately during any step of PPE removal wash your hands or use an alcohol-based hand sanitizer. 2) Discard PPE in the appropriate waste receptacle.
Antibiotic Stewardship

Antibiotic Stewardship is a quality initiative defined as a system of informatics, data collection, HCP, plus implemented policies and procedures which promotes the optimal selection, dosing, and duration of therapy for antimicrobial agents throughout the course of their use.

The purpose of Antimicrobial Stewardship is to:

- Limit and reduce inappropriate and excessive antibiotic use
- Improve patient outcomes by:
  - Increase adherence/utilization of treatment guidelines
  - Optimizing therapy for the individual patient receiving antibiotic(s)
- Reduce *Clostridium difficile* infections
- Decrease or limit antibiotic resistance

Actions:

- Obtain cultures before starting antibiotics
- Following evidence-based guidelines - more antibiotics not necessarily better
- Re-evaluate, de-escalate or stop therapy at 48-72 hours based on diagnosis and microbiologic results
- Re-evaluate, de-escalate or stop therapy with transitions of care (e.g. ICU to step-down or ward)
The therapeutic benefit of antibiotics should be balanced with their unintended adverse consequences.

Inappropriate antibiotic use is associated with increased antibiotic resistance, adverse drug effects and *Clostridium difficile* infection.

Antibiotic stewardship is important for preserving existing antibiotics and improving patient outcomes and decreasing length of stay.

Antibiotic prescribing should be prudent, thoughtful and rational.

As providers we you will play an important role in minimizing unnecessary antibiotic use.

You might be contacted by the antibiotic stewardship team in the hospital with recommendations which may vary from streamlining/de-escalation, dose, route and duration for any particular antibiotic. The following is recommended:

- Limit duration of surgical prophylaxis to 24 hours peri-operatively
- Use rapid diagnostics if available, e.g. respiratory viral PCR test
- Solicit expert opinion if needed
- Adhere to infection prevention guidelines such as:
  - hand hygiene
  - Removal of indwelling urinary catheters, central line catheters, and any device that increases risk for infection when no longer needed
What is Sepsis and Why Is It Important?

- Sepsis is a life threatening condition that arises when a body’s response to an infection injures its own tissues

- Recognition of Sepsis mandates urgent attention

  - Sepsis is the primary cause of death from infection if not recognized and treated promptly
  - Sepsis is the 11th leading cause of death in the U.S.
  - More than 750,000 cases of Sepsis occur annually
Sepsis Recognition

- Maintain a high level of suspicion/awareness for sepsis.

- Most Common Symptoms include:
  - Fever, hypotension, tachycardia, change in mental status

- Immediately notify the appropriate clinician

- Initiate Sepsis protocol - draw lactate, blood cultures, order antibiotics, and crystalloids.

- Transfer patient to the appropriate level of care. i.e., intensive care unit
Sepsis Summary

- Sepsis is a Northwell Health strategic initiative
- Sepsis is a Center for Medicare & Medicaid Services core measure which will be publically reported in 2017
- Sepsis Mortality in Northwell Health has been decreased from 35% in 2008 to 12% in 2016 with a goal of achieving single digit mortality
  - **Most importantly:** early recognition and prompt treatment of patients in sepsis while adhering to the sepsis bundles is the key to significantly impacting patient outcomes
Internal and External Notification

➤ **Internal communication:**
  - Notify Emergency Management at (516) 719-5000.
  - Contact Infectious Disease and arrange for a consult immediately.
  - Notify Infection Prevention.

➤ **External communication:**
  - Notify the Local Department of Health if a case meets the criteria for MERS-CoV or Avian Influenza A or Ebola.
  - If the Local Department of Health and possibly in discussion with the NYSDOH agrees the case meets criteria instructions will be provided on specimen(s) to be obtained and location of the testing facility.
  - The facility may be required to complete documents that accompany the specimen(s).
Fire Safety

Fire safety is a responsibility we all share. Here are some guidelines to keep in mind:

- Know who your Safety Officer is 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 extinguishers
  - Means of egress
- All workforce members participate in fire drills
- Refer to the site-specific EOC Safety manual for details of the fire and life safety systems and procedures
# Fire Safety: Types of Fire Extinguishers & Their Use

<table>
<thead>
<tr>
<th>Type of Fire</th>
<th>Extinguisher Type/ Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary Combustible: <em>Paper, wood, linen, etc.</em> Normally extinguished by cooling</td>
<td>Type A (Silver) Water</td>
</tr>
<tr>
<td>Flammable Liquid: <em>Grease, oil, alcohol, gasoline, benzene, etc.</em> Best extinguished by smothering (Type B)</td>
<td>Type B/C (Red &amp; funnel on hose) Carbon Dioxide</td>
</tr>
<tr>
<td>Electrical Equipment: <em>Wiring</em> Best with non-conductive extinguishing agent (Type C)</td>
<td></td>
</tr>
<tr>
<td>All of the above</td>
<td>Type A/B/C Multi Purpose (Red &amp; funnel on hose) Dry Chemical</td>
</tr>
</tbody>
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Fire Safety: RACE and Pass

In the event of fire, follow these steps in this order - **RACE**:  
- **R**emove those in immediate danger of fire: call aloud “Code Red”  
- **A**ctivate the fire alarm  
- **C**onfine the fire  
- **E**xtinguish fire with proper extinguisher if safe to do so  

In the event you have to use a fire extinguisher, follow **PASS**:  
- **P**ull the pin  
- **A**im low (base of fire), stand 6 to 8 feet from fire  
- **S**queeze the handle  
- **S**weep from side to side
The Emergency Management Plan (EMP) assigns the incident Commander the authority to order complete or partial evacuation. The Incident Commander is normally the Executive Director. If unavailable, the administrator of nursing services also has the authority to order an evacuation.

In the event of a serious emergency or imminent threat to life and safety, any staff member may evacuate a particular space within the facility. An example of such an evacuation is a unit fire. The staff on a unit may evacuate the unit under a condition of fire without administrative approval should imminent danger exist. Should such an emergent action be necessary, the staff in the affected area shall make immediate notification of the emergency by activating the fire alarm pull station and notifying the operator to activate the emergency response.
Evacuation During A Fire (cont’d)

The area of movement will either be: **Horizontal** to the nearest corridor separated by fire doors that is unaffected by smoke, or **vertical** in the nearest stairwell without smoke. Horizontal evacuation is always the preferred method.

**Patient Movement** - All patients should be wrapped in blankets. The order in which patients should be moved to a safe area is:

- **1st** - All ambulatory patients will be wrapped in blankets and taken to a safe area

- “Wheelchair” patients will be wrapped in blankets and wheeled to a safe area.

- Bedridden patients will be covered with blankets and moved to a safe area on a stretcher or in their own beds. If necessary, patients can be relocated using available evacuation equipment or dragged on blankets.
Disaster Preparedness

Each hospital has an Emergency Management Committee that meets regularly. It is a multidisciplinary team of administrative, clinical, and non-clinical personnel responsible to coordinate preparedness activities in the facility.

Each department has a copy of the facility’s Emergency Operations plan.

Each department has its own Continuity of operations Plan (COOPS). All employees must be familiar with their department’s plan.

Each hospital conducts preparedness exercises simulating influx of patients, internal emergencies, decontamination operations and events requiring with Municipal Emergency Response Agencies.
The health system uses the Hospital Incident Command System (HICS) response method during an emergency. The following are the 4 levels of HICS:

**LEVEL I:** Potential for impact on hospital operations such as an event that may produce casualties, or an impending weather event.

**LEVEL II:** Minor impact on hospital operations - Example: a community hospital expects 5-10 patients in the ED or 1 major trauma.

**LEVEL III:** Moderate impact on hospital operations - Example: a community hospital expects 10-20 patients in the ED or 2 major traumas, physical plant or utility disruption affecting a major area or general operations.

**LEVEL IV:** Significant impact on hospital operations; potential for long term duration - Example: 20 or more patients expected in ED or Level III incident lasting more than 24 hours.
Welcome to Northwell Health’s 2016 Compliance training program. Every year state and federal governments increase their enforcement of health care fraud and abuse laws by means of audits, investigations and information obtained from whistleblowers. The number of government audits has skyrocketed and will continue to grow. The fines and penalties for violations have increased dramatically. In fact, in 2015, the United States Department of Justice collected over $3.5 billion in from False Claims Act fines and civil judgments alone.
Because Northwell Health participates in the Medicaid and Medicare programs, it is more important than ever that everyone associated with Northwell Health knows the rules and plays by them at all times.

This is **not** only a financial issue. It is a matter of protecting Northwell Health’s reputation for providing excellent patient care in an environment that is **open, honest and fair**.

Thank you for taking the time to review this material.
“Compliance is everyone’s job. It is a team sport. We need every member of our workforce to understand and follow all of the regulations and internal policies to ensure we fulfill our mission of providing the best, highest quality care to our patients and members. If one individual does not follow our rules, we can be penalized, and we all lose.”

“You should feel comfortable reporting anything you think may not be compliant - it is your responsibility, and you will not be retaliated against for doing so. Reporting and fixing issues is how we remain a great organization.”
Welcome to our annual Compliance training program. This year’s compliance program not only highlights topics discussed in Northwell Health’s Code of Ethical Conduct and relevant federal and state laws, but also focuses on patient privacy and data security. Northwell Health’s Code of Ethical Conduct is a great resource that is the foundation of our compliance program and describes our organization’s commitment to compliance.

Please remember that each of you has a duty to report any type of compliance violation if you become aware of one. You will not be retaliated against for making a good faith report and Northwell Health has a duty to investigate and remediate every alleged compliance violation.

If you have any compliance questions contact Corporate Compliance directly.
Corporate Compliance Contacts

BY TELEPHONE:

- 24/7 Compliance HelpLine: (800) 894-3226
- Corporate Compliance Office Line: (516) 465-8097
- Corporate Compliance Fax Line: (516) 465-8996

BY EMAIL:

- Corporate Compliance Email: CorporateCompliance@Northwell.edu

THE INTERNET/INTRANET:

- Reporting A Potential Issue: www.northwell.ethicspoint.com
- Reviewing Policies: https://intranet.northshorelij.com/NSLIJ/policies/Pages/default.aspx
The Code of Ethical Conduct

Northwell Health’s Code of Ethical Conduct (The Code) emphasizes our commitment to compliance, which is demonstrated by our robust Compliance Program. The Code has five major elements:

- Our commitment to complying with the state and federal laws that govern health care, and to the Code of Ethical Conduct and Northwell Health policies and procedures. Certain Compliance policies and procedures will be highlighted during this program.

- Our commitment to our patients, to give them the highest quality care possible at all times, to respect their choices, to safeguard patient information and to provide proper emergency care.

- Our commitment to the government regulators to comply with all coding and billing rules, to accurately document care in medical records, to cooperate with audits and investigations and to deal honestly at all times with accrediting bodies.
Our commitment to our business partners to treat them fairly, to ensure that they operate both in an ethical manner and in compliance with our policies and procedures, and,

Our commitment to our colleagues and to Northwell Health to avoid conflicts of interest; maintain a fair and respectful work environment and to make certain that we do not employ individuals who have been excluded from participation in the federal and state health care programs.

The Code can be found on “My Intranet” on the Office of Corporate Compliance webpage and should be reviewed in its entirety. In the event that you are not able to access “My Intranet,” please call the Office of Corporate Compliance at: (516) 465-8097.
Northwell Health’s Commitment to Ethical Conduct

Hopefully, you have heard that Northwell Health has been named one of the world’s most ethical companies for the second consecutive year by the Ethisphere Institute. The Institute honors those organizations that have had a major impact on the way business is conducted by fostering a culture of ethics, compliance and transparency at every level of the company.

So let’s keep up the good work by continuing to make ethics a top priority.
Northwell Health’s Policy on Gifts & Interactions With Industry

Northwell Health’s policy on Gifts and Interactions with Industry which includes health care vendors such as pharmaceutical and medical manufacturers:

- Prohibits all gifts from Industry, regardless of value, including food
- Prohibits Industry-sponsored speakers’ bureaus unless certain conditions are met
- Requires Industry representatives to visit our facilities by invitation only (permission must be granted by Northwell Health’s Office of Procurement or the Chief Pharmacy and Medical Safety Officer)
- Requires that all consulting and other engagements with Industry be conducted according to the standards set forth in the policy
- Prohibits Industry-sponsored meals in connection with education programs, unless an exception applies
- Requires Industry support for research to comply with policies of the Feinstein Institute and the Office of Grants and Contracts
- Prohibits direct payments to individuals for Northwell Health projects
- Prohibits co-marketing arrangements with Industry
- Prohibits workforce members from soliciting gifts or other benefits from Industry
Voluntary Physicians:
Northwell Health Policy on Gifts & Interactions with Industry (Policy #800.04) applies to interactions between Industry and employed and contracted physicians both on campus and off-campus.

Voluntary physicians are covered on- and off-campus if they have faculty appointments or a connection to Northwell Health such as committee memberships or contract relationships. Voluntary physicians are not covered off-campus if their contact with Northwell Health is limited to that of membership on the medical staff of a Northwell Health facility.

Please consult Northwell Health Policy #800.04, “Gifts and Interactions with Industry” for additional information. You can call the Office of Corporate Compliance at (516) 465-8097 if you have questions. Please note that other arrangements with Industry may be permissible but must be approved before services are provided.
Conflicts of Interest

Certain individuals are required to complete an external interest disclosure form annually and to update that form whenever they enter into a new financial or other relationship that might create a conflict with their position at Northwell Health.

It is important to remember that even if you are not required to fill out the annual external interest disclosure form, you must disclose to the Office of Corporate Compliance any situation that may create a conflict of interest.

In addition to the Gifts and Interactions with Industry Policy, please also consult Policy #800.03, “Conflict of Interest and Recusal” and #GR065, “Review and Management of Conflict of Interest.”

Disclose A Potential Conflict If You or Family Members Are:

- Owner, part-owner, employee or otherwise receive compensation
- From a company that does business with Northwell Health
- From a company that seeks to do business with Northwell Health
- From a company that solicits employees of Northwell Health
The Physician Sunshine Act

The Open Payments or Physician Sunshine Act, requires health care industry vendors, such as pharmaceutical and medical device companies, to report anything of value over $10 provided to a physician or teaching hospital. The federal government is making all of this information public on its website in the interest of transparency. It is even more important that our workforce members follow our policy to ensure only appropriate payments get reported to the federal government.

All Northwell Health physicians are strongly encouraged to check the CMS website even if you do not believe you received any industry payments. Since the program is new, we anticipate some data errors. It is important that you confirm the accuracy of any data linked with your name as it can impact your reputation.

You can review your industry payments by entering your demographic information on the Open Pay section of the CMS website. If you have technical issues registering on the CMS website or disputing a payment, call the CMS help line at 1-855-326-8366.
The Deficit Reduction Act of 2005 requires Northwell Health to train our applicable workforce on the federal and state False Claims Acts and other laws that protect whistleblowers against retaliation.

The federal and state False Claims Acts establish liability when any person or entity receives payments from the government. If the person or entity knowingly submits false claims to the government, then they are liable for penalties and damages for each false claim. NY State also has a false claims act that is very similar to the federal law.

Anyone who has direct and independent knowledge of false claim activity can file a lawsuit on behalf of the government to recover money paid for the false claim. The person who files the suit is known as a whistleblower. If the lawsuit is successful, the whistleblower receives a share of the money recovered. It is illegal to retaliate against anyone who files a False Claims Act lawsuit by, for example, firing the whistleblower. Northwell Health has a strong no retaliation policy.
The False Claims Act

Under the new federal health care legislation, the federal False Claims Act has been amended to add a new basis for liability. If a health care provider fails to return an overpayment within 60 days of identification, this can constitute a false claim.

This means that any time Northwell Health knows that it has received an overpayment, the money must be returned to the government no later than 60 days after the overpayment was identified. If not, Northwell Health could be subject to false claims liability - which includes the amount of the overpayment, which can be tripled by the court, additional monetary penalties and other sanctions.

Please refer to Northwell Policy #800.07, “Compliance with Government Funded Health Care Claims and Cost Reporting Requirements” and Policy #800.09, “Detecting and Preventing Fraud, Waste and Abuse. This policy and all other policies referred to in this presentation can be found on “My Intranet” on the Office of Corporate Compliance webpage. In the event that you are not able to access “My Intranet,” please call the Office of Corporate Compliance at (516) 465-8097.
The False Claims Act (cont’d)

Examples of false claims include:

✓ Billing for a higher level of services than were actually performed
✓ Billing for services that were not medically necessary
✓ Submitting a claim under one patient’s name when services were provided to another person
✓ Altering claims forms or medical records
✓ Billing for services provided by an unlicensed provider
✓ Submitting false or inaccurate pricing or rebate information on pharmaceuticals to a federal health care program
✓ Enrolling a beneficiary in a Medicare Advantage program without the beneficiary’s consent
Northwell Health’s Coding and Billing Policy

Northwell Health does not tolerate billing for improper claims. Proper coding and billing, as well as claim submission, is dependent upon the documentation that resides in the patient’s medical record. Accurate and complete documentation includes but is not limited to; provider signature on notes, orders, and scripts, timely documentation, recording of time spent with patient for time based services and dictation of operative reports immediately after the procedure.

Northwell Health can only bill for those goods and services actually provided and medically necessary. Accurate and timely documentation also depends on the diligence and attention of physicians who treat patients in our facilities. **Northwell Health expects those physicians to provide us with complete and accurate information in a timely manner.** Coding and billing inquiries should be directed to the Director of Coding Reimbursement at: codingreimbursement@northwell.edu. Additional information can be located at: [http://oig.hhs.gov/compliance/physician-education/index.asp](http://oig.hhs.gov/compliance/physician-education/index.asp).
DSRIP and Value Based Care

Northwell Health also is participating in multiple value based purchasing programs, the aim of which is to reward Northwell Health or the provider for delivering quality patient care.

Each of these programs has their own unique regulatory and compliance requirements. Some of these programs include New York’s Delivery System Reform Incentive Payment Program known as DSRIP; Medicare Share Saving Program Accountable Care Organization, known as the Northwell Health ACO and the Bundled Payments for Care Improvement Initiative. You will receive additional compliance training if your work duties have you involved in any of these programs.

Value Based Purchasing Programs

- New York’s Delivery System Reform Incentive Payment (DSRIP) Program
  – Aimed at reducing avoidable hospital use by Medicaid beneficiaries over a 5 year period.
- Medicare Shared Savings Program (MSSP) Accountable Care Organization (ACO)
  – Aimed at improving the quality of care for Medicare fee-for-service beneficiaries.
- Bundled Payments for Care Improvement (BPCI)
  – Links payment for the multiple services Medicare beneficiaries receive during an episode of care.
The Anti-Kickback Statute

The Anti-Kickback statute prohibits payments by Northwell Health to any referral source for the purpose of receiving referrals of patients, or services that are reimbursed by Medicaid, Medicare or any other federal or state health care program. Here at Northwell Health we do not pay for referrals and we do not accept payment of any kind for making or receiving patient referrals from other health care providers. Instead, we accept patient referrals and admissions based solely on the patient’s medical needs and on our ability to render medically-necessary services.

Under the law, prohibited kickbacks include not just giving money to physicians or other referral sources, but also any kind of gift or benefit or anything of value. If you have any questions about the Anti-Kickback statute, please consult the Office of Corporate Compliance at (516) 465-8097.
A Real World Example
A New Jersey hospital recently paid $10.2 million to the federal government and $2.3 million dollars to the State of New Jersey in the settlement of a lawsuit alleging that the hospital paid thousands of dollars to cardiac physicians who had a high-volume of referrals to the hospital by asking them to sit on an “advisory board” that the government deemed to be a pretext for providing kickbacks. The government found that the $18,000 that each physician received in return for attending 4 meetings per year was used to induce referrals to the hospital system in violation of federal and state anti-kickback and self-referral laws. Simply put, the cardiac physicians were paid well above fair market value for their time.
Another important federal law is the Stark Law. This law specifically prohibits physicians from referring patients to certain healthcare entities in which the physician or the physician’s family member has a financial interest. There are certain exceptions contained in the law. If a financial relationship with a physician is not properly structured and administered, legal violations for Northwell Health and the individual may result.

In particular, please note that Northwell Health cannot provide more than $392 per year in non-monetary compensation or cash equivalents to non-employed physicians unless certain exceptions apply. Non-monetary compensation includes such items as meals at restaurants, gift cards, golf outings and condolence or congratulatory gifts.

A Real World Example

Recently, the Detroit Medical Center had to pay a $30 million penalty for failing to follow the Stark Law. Among other things, the Detroit Medical Center had rented office space to 65 doctors without having written, executed leases and had provided advertising/biographical materials to approximately 123 physicians at prices that may not have been commercially reasonable. Simply put, the compensation received was in excess of fair market value. As the Assistant U.S. Attorney working on the case stated: “Improper financial relationships between health care providers and their referral sources can corrupt a physician's judgment about the patient's true health care needs.”
Federal law requires that Northwell Health screen all of our employees, trustees, physicians, volunteers and vendors on a regular basis to ensure that Northwell Health does not do have any excluded providers on our staff. Excluded providers cannot bill federal or state health care programs, either directly or indirectly.

Here at Northwell Health, we screen our employees, vendors, trustees, voluntary physicians and volunteers on a monthly basis. If you are excluded from participation in any federal or state health care program, you must immediately inform the Office of Corporate Compliance. Failure to do so can result in severe sanctions.
The Emergency Medical Treatment and Active Labor Act, known as EMTALA, applies to all individuals presenting to a dedicated emergency department. Anyone presenting to an emergency department requesting treatment for a medical condition is entitled to a medical screening examination. This examination must be of sufficient scope to conclude, with reasonable clinical confidence, whether an emergency medical condition does or does not exist. The examination **cannot be delayed** while the patient’s health insurance coverage and/or method of payment are verified. If the facility cannot treat the patient, the patient must be stabilized before being transferred to another facility. The receiving facility must have the capacity and the ability to provide the needed medical treatment.

The emergency department also must maintain certain records, including a central log, an on-call list of physicians and records of patient transfers for at least five years. Failure to follow these rules can result in fines and other penalties. Please refer to Northwell Health Policy #700.01, “Emergency Treatment, Stabilization, Transfer of Patients and EMTALA.”
One of the hottest issues today in Compliance is the Health Insurance Portability and Accountability Act, which is known as HIPAA. The government is very serious about health care providers and their workforce members complying with HIPAA. Failure to follow the HIPAA rules can result in serious fines and individuals can even be sent to jail for merely looking at a medical record they were not authorized to view.

All health care providers are required to notify the federal government when confidential patient information is accessed, used or disclosed improperly unless the health care provider can demonstrate that there is a low probability the protected health information was compromised. This is a much stricter standard than in years past. The fines and penalties for violations of HIPAA are now enormous - up to $1.5 million per violation. The media routinely publicizes instances where patient data is lost, stolen or otherwise improperly acquired.
Real World Examples:

- Recently, a Florida Emergency Department staffer was sentenced to 12 months in federal prison for inappropriately accessing 760,000 electronic health records and then selling information about motor vehicle accident patients to an individual co-conspirator, who used the data to solicit business.

- Similarly, two employees of Jamaica Hospital Medical Center were recently charged with illegally accessing emergency room patients' medical records and personal identification information, and selling that data to individuals who then solicited services such as outpatient care or legal assistance—sometimes while patients were still in the ER. “These defendants are accused of blatantly violating their HIPAA obligations and illegally trolling through confidential patient records. Their alleged actions led to patients who were seeking treatment for injuries unwittingly being victimized again with the illegal release of their personal information and medical records," said DA Richard Brown. These media reports hurt healthcare providers’ reputations.

Here at Northwell Health we have to redouble our efforts to ensure that all patient information is kept confidential and is used only for appropriate purposes by authorized individuals.
The HIPAA Privacy Rule puts restrictions on the uses and disclosures of protected health information (PHI). PHI is all individually identifiable information about a patient’s health care services or payment rendered for those services. PHI comes in many forms, including oral, written and electronic. Any communication of PHI is covered by HIPAA.

### There are 18 Elements of PHI:

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name</td>
<td>Number</td>
</tr>
<tr>
<td>2. All Geographic Information Smaller than State</td>
<td></td>
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<tr>
<td>3. Elements of dates (except year)</td>
<td></td>
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<tr>
<td>4. Telephone Number</td>
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<tr>
<td>5. Fax #</td>
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<tr>
<td>6. Email Address</td>
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<tr>
<td>7. Social Security Number</td>
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<tr>
<td>8. Medical Record Number</td>
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<tr>
<td>9. Health Plan Beneficiary Number</td>
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<tr>
<td>10. Account Number</td>
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<tr>
<td>11. Certificate/License</td>
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<tr>
<td>12. Device Identifiers / Serial Numbers</td>
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<tr>
<td>13. Web URLs</td>
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<tr>
<td>14. IP Address</td>
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<tr>
<td>15. Biometric Identifiers</td>
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<tr>
<td>16. Full Face Comparable Images</td>
<td></td>
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<tr>
<td>17. Any Other Unique Identifying Number, Characteristic or Code</td>
<td></td>
</tr>
<tr>
<td>18. VIN, Serial Number, License</td>
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</tbody>
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Patient Rights With Respect to PHI

The HIPAA Privacy Rule gives patients certain rights with respect to their PHI. These rights are as follows:

- The right to access, inspect and copy a patient’s own medical records;
- The right to request restrictions on the release of a patient’s medical records;
- The right to opt-out of the patient directory while in the hospital;
- The right to request an accounting of the disclosures made of the patient’s medical records to outside entities;
- The right to request an amendment of his or her medical records and to receive a response to this request within 60 days;
Patient Rights With Respect to PHI (cont’d)

- The right to receive a Notice of Privacy Practices at the first treatment encounter or by request;
- The right to request and receive confidential communications concerning their PHI by alternative means;
- The right to file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Service if HIPAA is violated; and
- The right to be notified if the privacy of your protected health information has been breached, as defined by HIPAA.
HIPAA has a “Minimum Necessary” rule regarding PHI. This rule states that when you are using or disclosing a patient’s PHI, you must use or disclose only the minimum amount necessary to achieve the purpose of the use or disclosure.

For example, if you receive an inquiry regarding a patient’s bill from an insurance carrier, you only need to disclose the patient’s PHI that relates directly to the inquiry. The patient’s entire medical record does not need to be disclosed.
HIPAA - Use and Disclosure of PHI

PHI may be accessed, used or disclosed only when specifically permitted by HIPAA. All other uses or disclosures are prohibited. Please refer to Northwell Health Policy #800.02, “Use, Access and Disclosure of PHI with Valid Authorization” and Policy #800.42, “Confidentiality of Protected Health Information.”

- **Treatment:** It is important to note that PHI may always be used for treatment of a patient. No authorization or consent by the patient is required for this use. The **Minimum Necessary Rule** discussed above does not apply to the use of PHI for treatment. Generally, the Privacy Rule permits disclosure of PHI to an individual who is involved in the patient’s care, so long as the patient does not object to this disclosure.

  - The HIPAA Privacy rule is not intended to prohibit providers from talking to each other or to their patients. Reasonable precautions must be used to avoid sharing patient information with those not involved in the patient's care. Use discretion when speaking to a patient. **For instance, don’t talk in hallways or visitor access locations, lower your voice when discussing patient information in person or over the phone, and avoid conversations about one patient in front of other patients or their visitors.**
Payment: In general, PHI also can be used to obtain payment for health care services rendered to the patient, for health care operations, when requested by the patient or when required by law. *The law does contain some exceptions to these general rules so be sure to contact the Office of Corporate Compliance if you have any questions.*

Friends & Family: Additionally, we recognize the integral role that family and friends play in a patient’s health care. The HIPAA Privacy Rule allows routine and often critical communications between health care providers and these persons.

- **Living Patient:** A practitioner may ask the patient’s permission to share relevant information with family members or others, may tell the patient he or she plans to discuss the information and give them an opportunity to agree or object, or may infer from the circumstances, using professional judgment, that the patient does not object. A common example of the latter would be situations in which a family member or friend is invited by the patient and present in the treatment room with the patient and the practitioner when a disclosure is made.

- **Deceased Patient:** Since 2013, PHI may now be released to family members and others who were involved in the care, or payment for care, of a deceased patient prior to death, unless doing so is inconsistent with any prior expressed preference of the deceased patient that is known to Northwell Health.
HIPAA - Use and Disclosure of PHI (cont’d)

- **Response Time:** HIPAA also requires us to provide a medical record to a patient no later than 30 days and Northwell Health is required to allow them to inspect their medical record in a timely manner. HIPAA now requires health care providers to also try to provide a medical record in a patient’s desired format. If Northwell Health maintains the medical record in an electronic format, Northwell Health is required to provide it to the patient in an electronic format if requested and is readily available in that format. If not we must provide a hard copy or other format agreed to by the patient. Please see Policy #800.02, “Release of Protected Health Information for Living Patients” for more information.

- **Research:** PHI can be used for research. However, it can be used only with the approval of an authorized Institutional Review Board (IRB) and with either informed consent and authorization, a waiver of informed consent or authorization, or under a data use agreement as determined by the IRB. You can contact the Office of the IRB at (516) 562-3100 for more information or go to [http://www.feinsteininstitute.org/professionals/resources-for-investigators/administrative-services/human-research-protection-program/forms/](http://www.feinsteininstitute.org/professionals/resources-for-investigators/administrative-services/human-research-protection-program/forms/) for an application.
HIPAA - Use and Disclosure of PHI (cont’d)

- **Immunization Records**: Since changes to the HIPAA law in 2013, medical providers can now release the immunization records of patients enrolled in educational institutions that are required by New York State to have such information, as long as the provider obtains permission for the release of the records from the patient or from the patient’s parent or guardian, if the patient is under 18 years of age. The law no longer requires the medical provider to obtain written permission before the information can be released.

- **Not all** of the regulations released in 2013 made it easier to disclose PHI. Many of the regulations actually made it more difficult for medical providers to use or disclose PHI without written authorization from the patient. For example, the new HIPAA regulations now place severe limitations on the ability of medical providers to sell PHI or to use PHI for marketing purposes.

  - **Selling / Marketing PHI**: Northwell Health has a general prohibition against selling the PHI of patients, and it will only do so in very limited circumstances if it has a prior written authorization from the patient. Northwell Health must also obtain a patient’s authorization using a HIPAA-compliant authorization form before using or disclosing the individual’s PHI for Marketing purposes.
An extremely important point to remember about PHI is that it **MUST** be thrown in shredding **bins** and **NEVER** in a trash receptacle. If you’re not sure if a document contains PHI, always lean on the side of caution and shred!

Old equipment such as CDs, old workstations or laptops and USB drives need to be discarded properly when you are ready to dispose of them. Dispose of old media and equipment by calling the IS Service Desk at (516,718,631) 470-7272 for proper removal.

Hardcopy data in non-paper form (e.g., microfilm, microfiche, imaging films) cannot be discarded in confidential document bins designated for paper waste only and thus any PHI, PII or other sensitive or highly sensitive information on such non-paper form must be rendered unrecognizable and properly discarded either internally or through a Northwell Health approved and contracted vendor.

For more information on proper disposal of PHI, see Policy #800.47, “Disposal of Protected Health and Confidential Information.”
The HIPAA Security Rule protects electronic PHI and sets standards for the electronic transmission of PHI. The Security Rule provides three types of safeguards:

1) The administrative safeguards set limits on who may access PHI electronically. It also requires detection systems to detect and prevent security breaches and ongoing evaluations and audits of computer systems’ security.

2) The physical safeguards required by the Security Rule include facility access controls, such as ID badges, which must be worn at all times. The Security Rule also requires device and media controls to track hardware.

3) The technical safeguards include software to monitor for viruses, the encryption of data and system tracking of log on attempts.
Technical Safeguards:

- **Access Control** - everyone must have a unique ID and password; never share it
- **Emergency Access** - electronic records must be accessible at all times
- **Automatic Logoff** - after a certain period of inactivity, system should force a logoff
- **Audit Controls** - the ability to see who has accessed the patients’ record
- **Integrity** - system checks to insure no data has been manipulated either unintentional or by an unwanted source
- **Person/entity authentication** - you are who you say you are (password, token or both)
- **Encryption protecting PHI at rest** - data is encrypted while stored where appropriate and reasonable
- **Encryption in transit** - data is encrypted while being transmitted

Northwell Health is working hard to ensure the security of our data through these safeguards and others.
Everyone at Northwell Health is responsible for protecting PHI. We are all responsible for protecting PHI, whether it’s contained in a written document, stored on a portable device or a computer, or spoken about between workforce members in an appropriate context. Northwell Health’s policies help us to do this by informing us about the safeguards and procedures that must be utilized to secure PHI.

Computer users must actively protect Northwell Health computers from loss or theft. It is very important that you keep track of your equipment and storage devices. Lock your computer whenever you are not using it.

All computers and mobile devices must be password-protected and use a screensaver wherever possible in accordance policy. You should store all of your documents containing PHI on network drives, not on your computer’s hard drive.

Never leave a computer or any device containing PHI - or paper PHI - in a car overnight. You should even remove the computer, device or files from the visible areas of your car during short stops. It only takes a minute for a thief to break into your car and take the PHI.
Each year Cybercrime is becoming more and more of an issue. It has become commonplace to read stories on the latest hacking incidents that are affecting companies across the country, Target, Neiman Marcus and EBay, just to name a few. You must be alert and always check the email of the sender. Here are some additional tips:

- Be suspicious of generic salutations.
- Be suspicious of grammar or spelling mistakes.
- Be suspicious of emails that require immediate action or creates a sense of urgency. This is a common technique to rush people into making a mistake.
- Be careful with links and only click those that you are expecting. Hover your mouse over a link to reveal the real destination. If they are different or it looks suspicious do not click on it!
- Be suspicious of attachments and only open those you are expecting.
- Don’t be a victim of Cybercrime – protect your personal data. Never give your password to anyone over the phone or through email.

If you receive an email from an unknown source requesting this information, disregard it. Call the IS Service Desk if you have any questions on any requested personal information at (516,718,631) 470-7272.
Recently, there have been several ransomware attacks at several hospitals across the United States. These cyber-attacks underscore the importance of securing protected health information. A ransomware attack is when a hacker takes control of the victim entities data by encrypting it and the entity loses access to their patient data. The attacker that demands a ransom and in return they provide the entity with the proper information to un-encrypt their data. There are a few ways an entity can fall victim to this type of attack. One very common way is through the use of phishing.

Phishing occurs when individuals are randomly sent emails with links or attachments in them that lead to the attacker website or allow the attacker to gain access to the individuals’ workstation. The attacker will load virus software onto the workstation starting a chain of events. All workforce members must be very careful not to click on a link or attachment in an email they are not expecting. Be suspicious of attachments and only open those you are expecting.

If you suspect that an email you’ve received is a phishing scam, you can call the IS Service Desk or, if applicable, simply use the “Report Phishing” button located on the right side of your email tool bar or forward at the email to cybersecurity@northwell.edu
Identity Theft

According to the Identity Theft Resource Center, Medical Identity theft accounted for 43% of all identity thefts in the United States last year. That is much higher than any other category of identity thefts, including banking.

Northwell Health does not tolerate the mishandling or mistreatment of confidential information. Violating this policy will result in disciplinary action, up to and including termination of employment.

If you suspect someone committed or contributed to financial or medical identity theft, contact Corporate Security right away at (516) 321-6900.

Every individual at Northwell Health needs to be a human firewall that protects our patient’s privacy. Patient privacy is part of patient care and caring for our patients is what we do. We can do everything right when we care for a patient’s health, but if we violate their privacy, that is the story they walk away with. Therefore, it is important all individuals remain vigilant to potential Identity Theft. Please be sure to review our Identity Theft Prevention Program, Policy #800.11, “Identity Theft Prevention Program.”
Emails & Instant Messaging

Email and programs like Instant Messaging can be a lot of fun and they are also useful. However, you have to be extremely careful when using them in the workplace or when referencing your workplace.

The basic principles for use of Northwell Health email are:

- Use the email for Northwell Health business only
- Do not forward Northwell Health email to a personal email account
- Make sure that your emails are professional in all respects
- Email communication with patients or about patients must be treated with the same confidentiality as the written or electronic medical record
- If applicable, encrypt emails containing PHI by using the encrypt and send button in email or typing the words SECURE or PHI in the subject line of the email. Don’t include patient PHI in the subject line as that never gets encrypted.
- The special rules for email communication with patients, such as patient consent and encryption, must be followed at all times.

If you are not sure how to encrypt emails at your location, please call the IS Service Desk at (516,718,631) 470-7072. Please reference Information System Policy #900.11 on Email Use.
Increasingly, applications like Facebook, Twitter, and Instagram are becoming a vehicle for business and personal communication. Northwell Health’s confidentiality policy and the HIPAA privacy rules apply equally to anything posted online that is patient health information or confidential business information. **Absolutely no Northwell Health information should be posted on your personal social media accounts.** This includes protected health information, confidential or propriety business, clinical or financial information about Northwell Health or even photographs.

- **De-Identified Data:** Even if it seems harmless or doesn’t identify the patient, you cannot put any Northwell Health or patient information on your personal Facebook or Twitter pages. Please refer to Northwell Health Human Resources Policy “Social Media Acceptable Use.”

- **Alleged Consent:** Even if the patients consents to a disclosure, you cannot post such information without specific written permission from the Office of Public Relations in advance.

- **Media Requests:** Please remember that if the media ever requests to interview you, a patient, an employee or a vendor, please make sure you contact our Public Relations Department before agreeing to do anything including even acknowledging a patient is at our facility. They can be reached at (516) 321-6701.
Texting:
- Don’t text PHI unless it’s done from a Northwell Health approved texting application. Texting from a mobile / cellular device (e.g., an I-Phone or Galaxy) without an approved texting application is not secure and violates policy.

Email Distribution Lists:
- When using distribution lists, make sure they are updated by deleting old contacts. Also, remember that some facilities may label a distribution list with the same name. For example, each facility may have a “2nd Floor Nursing” distribution list. Please double-check to make sure you select the correct list in your location.

Mobile Devices:
- Bringing your own device (BYOD) to work is becoming more commonplace. If you need to use your own mobile devices such as thumb drives, tablets or cell phones in the course of your work at Northwell Health, they must be encrypted. If your device hasn’t been encrypted by IS, you must call them immediately at (516) 470-7072.
Cloud Computing

- All mobile devices must be encrypted and it is Northwell Health policy that we do not save any PHI on workstations.
- It’s also against policy to save PHI on Cloud Storage unless it is stored on the Northwell Health cloud application. Storing PHI on Cloud storage such as Dropbox, Google Drive or Mozy is against company policy as they do not meet Northwell Health’s information security requirements.

If you are using a device or data application that stores PHI, but hasn’t been vetted / approved or encrypted by procurement and IS Security, please contact ProcurementCS@northwell.edu or (516) 396-6051.
Authorization For Emailing Patients

It is the policy of Northwell Health and a HIPAA requirement to get authorization from a patient before emailing them during the course of their care. Northwell Health Policy #900.11, “Electronic Mail Acceptable Usage,” requires that an individual verify the correct name and address before emailing, faxing, scanning or mailing any patient or member communication.

Be extremely careful when faxing or mailing PHI by remembering to check and double **CHECK IT!**
MAILING and FAXING – CHECK IT!

- Concentrate on the task at hand, don’t multi-task when handling PHI
- Handle mail with care and always double check the name and address are correct
- Ensure that the contents you are mailing match the recipient on the envelope
- Confirm the fax number you’ve input is correct
- Keep numbers that are regularly used programmed in the fax memory
- Inform Corporate Compliance immediately if you become aware that an error has occurred with faxing or mailing PHI to the incorrect party
- Train
One of the most important developments under HIPAA is the breach notification requirement. Beginning in 2011, certain kinds of improper disclosures of PHI must be reported to the federal government and the affected patients must be notified of the breach.

- “Breach” is defined as “an unauthorized acquisition, access, use or disclosure of unsecured, unencrypted protected health information which violates the HIPAA Privacy Rule and compromises the security of PHI. An impermissible use or disclosure of protected health information is presumed to be a breach unless the covered entity or business associate, as applicable, demonstrates that there is a low probability that the protected health information was compromised”

- Some examples of breaches include a workforce member snooping in medical records when they have no cause to be in them for their job, if any document that contains PHI is missing, or if an email, mail or fax has been misdirected to the wrong recipient.
Anyone associated with Northwell Health who becomes aware of a breach or even a potential breach must notify the Office of Corporate Compliance immediately. Compliance and the Office of Legal Affairs will take the lead in making the determination as to whether the breach must be reported to the government and whether the affected patients need to be notified.

No one other than Compliance and Legal Affairs should attempt to make this determination or conduct an investigation into the alleged breach. Your responsibility is to notify Corporate Compliance as soon as you become aware of the potential breach. Compliance and Legal Affairs, along with any other appropriate departments, will handle the rest of the matter. Please refer to Northwell Health Policy #800.17, “Federal and State Breach Notifications.”

Track 1
Payment Card Industry (PCI)

Our patients’ credit card information is just as confidential as their health information. Accordingly, if you or your department comes into contact with credit card information in any form or if you are a Northwell Health employee responsible for processing credit card transactions, there are standards you must abide ad defined by Payment Card Industry Data Security Standards (PCI).
DO

- follow Northwell Health's credit card handling policies for all credit card transaction processing. These policies are located on our intranet site under the Information Services Privacy and Security Policies #: 100.009, 100.010 or 100.011.
- Always avoid writing down credit card information wherever possible.
- Always shred any written credit card information after processing.
- Always process credit card information received directly into credit card terminal or credit card processing system.
- Always redact or black out credit card number, or display only last four digits if credit card information must be retained. Redacted credit card information must be kept in a secure, locked place, accessible only on a need-to-know-basis.
- Always shred transaction documentation and merchant receipts after the retention period has expired.

DO NOT

- Never send or receive credit card information via email, instant messaging, fax or any other medium that is not explicitly permitted by Northwell Health policy.
- Never retain full credit card information after payment has been processed.
- Never store credit card information digitally in any format, for example; do not store the information in billing systems or in any other place or format.
- Never ask for or store credit card CSC/CVV or PIN code which is the three or four digits on back of card.
- Never provide customer receipts showing more than the last four digits of the credit card number.
- Do not make assumptions about how to handle credit card data. If you are unsure, ask.
Payment Card Information (PCI) (cont’d)

- Periodically inspect credit card terminals to detect tampering or substitution of the device. Here are some examples of tampering devices that you can look for:

- Verify the identity of any third party persons claiming to be repair or maintenance personnel prior to granting them access to review, modify, replace or troubleshoot credit card processing devices.

- Report suspicious behavior and indications of device tampering or substitution to the site manager, Internal Audit and Treasury.
In addition to patient information, other information created by Northwell Health in the conduct of business, such as staff data, financial data, development plans, proprietary research data, marketing strategies or information about pending or contemplated business deals, is confidential information that belongs to Northwell Health and cannot be used for personal gain (i.e., purchasing or leasing real estate that may increase in value based on knowledge that Northwell Health may have an interest in the property).

All data relating to workforce members, including data generated when workforce members are patients at Northwell Health facilities, is strictly confidential and should be treated as such at all times. You should only use this information when you are required to do so for your job. You should never use Northwell Health information for personal gain or for any other unauthorized reason.
Northwell Health monitors patient’s electronic medical records for patient privacy and inappropriate access.

FairWarning is our patient privacy detection program that monitors our EMRs 24 hours a day. Whether the patient is a workforce member, friend or family member, everyone is entitled to their privacy.

FairWarning® monitors EMRs 24/7 for patient privacy
Duty to Report Compliance Violations

All Northwell Health workforce members have a duty to report compliance-related violations. These include: HIPAA, coding and billing issues, EMTALA violations, theft of company assets, Stark and Anti-Kickback violations, gift issues and violations of the Code of Ethical Conduct and Northwell Health’s policies and procedures.

It is important for workforce members to contact the Office of Corporate Compliance immediately when they are aware of an issue. Whether a medical record is lost, we have billed a patient incorrectly for our services, or you think someone has looked at patient information they should not have. You can call the Office of Corporate Compliance at (516) 465-8097 if you have questions or call the 24/7 HelpLine at 800-894-3226.

Corporate Compliance is here for patients as well as workforce members. If a patient has a question concerning privacy or HIPAA that you cannot answer, direct them to Corporate Compliance.
Non-Intimidation, Non-Retaliation Policy

Northwell Health prohibits anyone from intimidating a workforce member who discloses a compliance concern. Northwell Health will immediately investigate and take appropriate action with respect to all suspected acts of retaliation or intimidation. Any individual who is found to have retaliated against a workforce member or intimidated a workforce member will be subject to immediate discipline, up to and including termination of employment.
Non-Discrimination and Non-Harassment

- Northwell Health is committed to maintaining a work environment that is free from unlawful discrimination and harassment and will not tolerate unlawful discrimination or harassment against its workforce by anyone based on age, race, creed/religion, color, national origin, alienage or citizenship status, sexual orientation, military or veteran status, sex/gender, gender identity, disability, pregnancy, genetic predisposition or carrier status, marital status, partnership status, and victim of domestic violence, or any other protected status.

- It is everyone’s responsibility to ensure that discrimination and harassment are avoided.

- All instances of discrimination or harassment should be reported immediately to your Supervisor or Site Human Resources.

- Retaliation is forbidden against anyone for:
  - Reporting discrimination or harassment.
  - Assisting in making a discrimination or harassment complaint.
  - Cooperating in an investigation of alleged discrimination or harassment.
Sexual Harassment in the Workplace

- Northwell Health policy strictly prohibits any form of sexual harassment. Sexual harassment is unwelcome conduct of a sexual or gender-based nature that affects an individual’s employment or work performance and/or creates a hostile work environment. If a “reasonable person” (either male or female) would find the behavior or environment sexually intimidating or offensive, then it may be sexual harassment and must stop.

- Examples include: sexual innuendos; physical contact such as patting, pinching or brushing against another’s body; jokes about gender-specific parts; foul or obscene language or gestures; display of foul or obscene printed or visual material; explicit sexual propositions; suggestive comments, and sexually oriented “kidding,” “teasing” or “practical jokes.”

- All employees should be careful about their actions and sensitive to the possible effects of their behavior on those around them. A good rule to follow is: treat fellow employees with courtesy and respect and you can be sure that you are not harassing anyone.

- Report any incidents of sexual harassment that you experience or witness to your supervisor or the person’s supervisor, or site human resources.

For more information, refer to the Non-Discrimination and Non-Harassment HR Policy on the Intranet.
How To Locate Important Policies

Northwell Health Policies can be easily located on the Northwell Health Intranet website by clicking on the “I Need To” and “Review a Policy” link at the following web address: https://intranet.northshorelij.com/pages/home.aspx

Please contact IS for additional support (516, 718,631) 470-7272 or e-mail: NorthwellHelpDesk@norwell.edu

In the event you cannot access the Northwell Health Intranet website, you can also call the Office of Corporate Compliance at (516) 465-8097 to receive copies of all policies.
The Compliance HelpLine is a service provided by an outside vendor to Northwell Health workforce members and patients. You can make a report by calling the HelpLine at 800-894-3226 or by going online to www.northwell.ethicspoint.com.

This service is available 24 hours a day, seven days a week. You can make an anonymous report or you can use your name or other contact information. All reports received on the HelpLine are investigated and resolved as appropriate. You cannot be retaliated against for using the HelpLine to make a good faith report of an issue. However, please be aware that making a false report could result in discipline.
Corporate Compliance Contacts

BY TELEPHONE:

- 24/7 Compliance HelpLine: (800) 894-3226
- Corporate Compliance Office Line: (516) 465-8097
- Corporate Compliance Fax Line: (516) 465-8996

BY EMAIL:

- Corporate Compliance Email: CorporateCompliance@Northwell.edu

THE INTERNET/INTRANET:

- Reporting A Potential Issue: www.northwell.ethicspoint.com
- Reviewing Policies: https://intranet.northshorelij.com/NSLIJ/policies/Pages/default.aspx
### Other Important Northwell Health Contacts Discussed In These Materials

<table>
<thead>
<tr>
<th>Group</th>
<th>Phone Number</th>
<th>Email or Web Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Health Services</td>
<td>(516) 562-4697</td>
<td><a href="mailto:EHS@northwell.edu">EHS@northwell.edu</a></td>
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<tr>
<td>Coding</td>
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<td><a href="mailto:codingreimbursement@northwell.edu">codingreimbursement@northwell.edu</a></td>
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<tr>
<td>Legal Affairs</td>
<td>(516) 321-6650</td>
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<td>Institutional Review Board</td>
<td>(516) 562-3100</td>
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</tr>
<tr>
<td>IS Service Desk</td>
<td>(516, 718, 631) 470-7272</td>
<td><a href="https://intranet.northshorelij.com/NSLIJ/departments/IS/Pages/Home.aspx">https://intranet.northshorelij.com/NSLIJ/departments/IS/Pages/Home.aspx</a></td>
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<tr>
<td>Procurement</td>
<td>(516) 396-6051</td>
<td><a href="mailto:ProcurementCS@northwell.edu">ProcurementCS@northwell.edu</a></td>
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<td>Public Relations Department</td>
<td>(516) 321-6701</td>
<td><a href="https://intranet.northshorelij.com/NSLIJ/departments/webservices/Pages/PublicRelations.aspx">https://intranet.northshorelij.com/NSLIJ/departments/webservices/Pages/PublicRelations.aspx</a></td>
</tr>
<tr>
<td>Topic</td>
<td>Slide(s)</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>Corporate Compliance Helpline</td>
<td>Slide 134</td>
<td></td>
</tr>
<tr>
<td>Cybercrime</td>
<td>Slide 113</td>
<td></td>
</tr>
<tr>
<td>Disaster Preparedness</td>
<td>Slide 75</td>
<td></td>
</tr>
<tr>
<td>Diversity and Inclusion</td>
<td>Slides 11</td>
<td></td>
</tr>
<tr>
<td>DSRIP and Value Based Care</td>
<td>Slide 92</td>
<td></td>
</tr>
<tr>
<td>Duty to Report Compliance Violations</td>
<td>Slide 129</td>
<td></td>
</tr>
<tr>
<td>E-mails &amp; Instant Messaging</td>
<td>Slide 116</td>
<td></td>
</tr>
<tr>
<td>Ethical Issues</td>
<td>Slide 14</td>
<td></td>
</tr>
<tr>
<td>Evacuation During a Fire</td>
<td>Slides 72-73</td>
<td></td>
</tr>
<tr>
<td>Exclusion Screening for Providers</td>
<td>Slide 97</td>
<td></td>
</tr>
<tr>
<td>Fair Warning EMR Monitoring</td>
<td>Slide 1289</td>
<td></td>
</tr>
<tr>
<td>Fire Safety</td>
<td>Slides 60-62</td>
<td></td>
</tr>
<tr>
<td>Health Literacy</td>
<td>Slide 20</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Virus (HPV) &amp; Hepatitis C Virus (HCV)</td>
<td>Slide 41</td>
<td></td>
</tr>
</tbody>
</table>
Index...continued

HIPAA- Health Insurance Portability & Accountability Act ...................... Slides 99-100
HIPAA Breach Notification........................................................................................................... Slides 122-123
HIPAA- Destruction of PHI........................................................................................................... Slide 109
HIPAA Privacy Rule and Elements of PHI................................................................. Slide 101
HIPAA- Security Rule.................................................................................................................. Slides 110-111
HIPAA - Use and Disclosure of PHI.......................................................................................... Slides 105-108
How to Locate Important Policies............................................................................................... Slide 133
Hospital Incident Command System (HICS)................................................................. Slide 75
Human Immunodeficiency Virus (HIV)...................................................................................... Slide 36
Identity Theft.................................................................................................................................. Slide 115
Important Compliance-Related Federal & State Laws......................................................... Slides 88-90
Important Northwell Health Contacts......................................................................................... Slide 136
Infection Prevention and Control: Chain of Infection......................................................... Slide 25
Infectious Diseases of Concern................................................................................................... Slides 57-58
Index .......continued

Influenza Prevention ........................................................................................................................................ Slide 43
Internal and External Notification ...................................................................................................................... Slide 68
Limited English Proficiency (LEP) .................................................................................................................. Slides 21-24
Non-Intimidation Non-Retaliation Policy .......................................................................................................... Slide 130
Non-Discrimination and Non Harassment ....................................................................................................... Slide 131
Northwell Health Business & Employee Data .................................................................................................. Slide 127
Northwell Health’s Coding and Billing Policy ................................................................................................. Slide 91
Northwell Health’s Policy on Gifts and Interactions with Industry ............................................................... Slides 84-85
Occupational Safety and Health Administration (OSHA) ............................................................................ Slides 32-33
Patient Rights .................................................................................................................................................... Slides 6-7
Patient’s and Parent’s Bill of Rights ................................................................................................................. Slides 4-5
Patient’s Rights with Respect to PHI ............................................................................................................. Slides 102-104
Payment Card Industry ...................................................................................................................................... Slides 124-126
Pertussis ............................................................................................................................................................. Slide 44
PPE NYSDOH Training Requirements: Donning & Doffing........................... Slides 60-62
Preventing Multi-Drug Resistant Infections (MDRO)................................. Slide 47
Preventing Surgical Site Infections................................................................. Slides 51-52
Protecting e-PHI............................................................................................ Slide 112
Ransomeware & Phishing................................................................................ Slide 114
Reporting Safety Quality Concerns............................................................... Slide 19
Restraint ........................................................................................................... Slide 12-13
Safe Injection Practices & Medication Management...................................... Slide 35
Sharps Safety and Regulated Medical Waste................................................. Slide 34
Sexual Harassment in the Work Place............................................................. Slide 132
Social Media (Facebook, Twitter, Instagram, Etc.)....................................... Slide 117
Standard Precaution Protocols....................................................................... Slides 28-29
Surgical Attire.................................................................................................. Slide 53
Surgical Scrub

Texting, Email Distribution Lists, Mobile Devices & Cloud Computing

The Anti-Kickback Statute

The Code of Ethical Conduct

The Emergency Medical Treatment & Active Labor Act

The Joint Commission National Patient Safety Goals

The Physician Sunshine Act

The Stark Law

Transmission Based Precaution Protocols

Tuberculosis

What is Sepsis and Why Is It Important

Unconscious Bias

Zika Virus