House Staff & Fellows Manual

2014-2015

A guide for you throughout your residency. Please feel free to revisit this document as often as necessary. The manual will be updated annually and posted on the NYU Office of Graduate Medical Education’s website.

NYU School of Medicine
Graduate Medical Education

Updated 7/10/2014
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Overview of Graduate Medical Education and ACGME Requirements

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The Accreditation Council for Graduate Medical Education (ACGME) provides oversight and accreditation for most NYU GME training programs. In 2013 the ACGME launched the Next Accreditation System (NAS), an outcomes-based accreditation process through which the doctors of tomorrow will be measured for their competency in performing the essential tasks necessary for clinical practice in the 21st century.

[THE FOLLOWING IS TAKEN FROM http://WWW.ACGME.ORG]

ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;

2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;

3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;

4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

For more information, see the Evaluation, Corrective Action, and Disciplinary Policy for Residents, or
visit http://www.acgme.org.

For complete and up-to-date information about the ACGME requirements, please visit their website’s “Program and Institutional Guidelines” page: https://www.acgme.org/acgmeweb/tabid/83/ProgramandInstitutionalGuidelines.aspx

On the ACGME website (https://www.acgme.org/) you can find the most recent version of Institutional Requirements, Common Program Requirements, and Program Requirements, as well as other information related to the oversight, governance, and requirements for ACGME-accredited programs.

Milestones

As the ACGME began to move toward continuous accreditation, specialty groups developed outcomes-based milestones as a framework for determining resident and fellow performance within the six ACGME Core Competencies.

What are Milestones?
Simply defined, a milestone is a significant point in development. For accreditation purposes, the Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to the unsupervised practice of their specialties.

Who developed the Milestones?
Each specialty’s Milestone Working Group was co-convened by the ACGME and relevant American Board of Medical Specialties (ABMS) specialty board(s), and was composed of ABMS specialty board representatives, program director association members, specialty college members, ACGME Review Committee members, residents, fellows, and others.

What are the Milestones Supplemental Materials?
The Milestones Supplemental Materials consist of a variety of educational information, references, frequently asked questions (FAQs), and assessment methods and tools developed to aid in the understanding and use of the Milestones in each specialty. These materials were developed by the Working Groups, Advisory Groups, and other members of the GME community. These materials are listed on their corresponding specialty pages. The Milestones group will continue to add helpful materials over time as they are developed. We welcome any suggestions.

Why Milestones?
First and foremost, the Milestones are designed to help all residencies and fellowships produce highly competent physicians to meet the health and health care needs of the public. To this end, the

Milestones serve important purposes in program accreditation:

- Allow for continuous monitoring of programs and lengthening of site visit cycles
• Public Accountability – report at a national level on aggregate competency outcomes by specialty
• Community of practice for evaluation and research, with focus on continuous improvement of graduate medical education

For educational (residency/fellowship) programs, the Milestones will:

• Provide a rich descriptive, developmental framework for clinical competency committees
• Guide curriculum development of the residency or fellowship
• Support better assessment practices
• Enhance opportunities for early identification of struggling residents and fellows

And for residents and fellows, the Milestones will:

• Provide more explicit and transparent expectations of performance
• Support better self-directed assessment and learning
• Facilitate better feedback for professional development

How will the Milestones be used by the ACGME?
Residents’/fellows’ performance on the Milestones will become a source of specialty-specific data for the specialty Review Committees to use in assessing the quality of residency and fellowship programs and for facilitating improvements to program curricula and resident performance if and when needed. The Milestones will also be used by the ACGME to demonstrate accountability of the effectiveness of graduate medical education within ACGME-accredited programs in meeting the needs of the public.

Clinical Learning Environment Review (CLER) Program

Overview

As a component of its next accreditation system, the ACGME has established the CLER program to assess the graduate medical education (GME) learning environment of each sponsoring institution and its participating sites. CLER emphasizes the responsibility of the sponsoring institution for the quality and safety of the environment for learning and patient care, a key dimension of the 2011 ACGME Common Program Requirements. The intent of CLER is “to generate national data on program and institutional attributes that have a salutary effect on quality and safety in settings where residents learn and on the quality of care rendered after graduation.”

CLER provides frequent on-site sampling of the learning environment that will:

• increase the educational emphasis on patient safety demanded by the public; and,
• provide opportunity for sponsoring institutions to demonstrate leadership in patient safety, quality improvement, and reduction in health care disparities

The CLER program’s ultimate goal is to move from a major targeted focus on duty hours to that of broader focus on the GME learning environment and how it can deliver both high-quality physicians and higher quality, safer, patient care. In its initial phase, CLER data will not be used in accreditation decisions by the Institutional Review Committee (IRC).
An important component of the CLER Program is the **CLER site visit program**, which is used solely for providing feedback, learning, and helping to establish baselines for sponsoring institutions, the Evaluation Committee, and the IRC. The first cycle of visit findings will result in dissemination of salutary practices by the Evaluation Committee.

**CLER assesses sponsoring institutions in the following six focus areas:**

- **Patient Safety** – including opportunities for residents to report errors, unsafe conditions, and near misses, and to participate in inter-professional teams to promote and enhance safe care.
- **Quality Improvement** – including how sponsoring institutions engage residents in the use of data to improve systems of care, reduce health care disparities and improve patient outcomes.
- **Transitions in Care** – including how sponsoring institutions demonstrate effective standardization and oversight of transitions of care.
- **Supervision** – including how sponsoring institutions maintain and oversee policies of supervision concordant with ACGME requirements in an environment at both the institutional and program level that assures the absence of retribution.
- **Duty Hours Oversight, Fatigue Management and Mitigation** – including how sponsoring institutions: (i) demonstrate effective and meaningful oversight of duty hours across all residency programs institution-wide; (ii) design systems and provide settings that facilitate fatigue management and mitigation; and (iii) provide effective education of faculty members and residents in sleep, fatigue recognition, and fatigue mitigation.
- **Professionalism**—with regard to how sponsoring institutions educate for professionalism, monitor behavior on the part of residents and faculty and respond to issues concerning: (i) accurate reporting of program information; (ii) integrity in fulfilling educational and professional responsibilities; and (iii) veracity in scholarly pursuits.

For more information on CLER, please visit the CLER Page of [http://www.acgme.org](http://www.acgme.org).
Office of Graduate Medical Education

Contact Information:
Graduate Medical Education Office
Address: 545 1st Avenue, Greenberg Hall, SC1-081, New York, NY 10016
Telephone: 212-263-5506
Fax: 212-263-7002
Website: http://gme.med.nyu.edu/

Visit the Office of Graduate Medical Education website for:

- GME Office Staff contact information
- Residency/fellowship program listing and link to their websites
- GME Policies and Forms
- Duty hour violation-related information
- Information about affordable psychotherapy for house staff
- Common program requirements
- Useful links

...And more!
Important NYU SOM Graduate Medical Education Policy Information

Contact Information:

DIO: Dr. Michael Ambrosino, The Office of Graduate Medical Education
Address: 545 1st Avenue, Greenberg Hall, SC1-081, New York, NY 10016
Telephone: 212-263-5506
Fax: 212-263-7002

NYU SOM Graduate Medical Education Policy and Forms website: Available at: http://gme.med.nyu.edu/policies-procedures
Hospital Committees for House Staff Participation

Below is a listing of Hospital Committees at NYULMC, Bellevue and the Manhattan VA that house staff can join with information on how to get involved.

**House Staff Leadership Committee**

The House Staff Leadership Committee is a new committee formed by merging the Combined House Staff Committee and the House Staff Council to serve as a forum for the house staff to consolidate and voice their concerns. The committee also serves a new role as a meeting for house staff to present program activity in each of the CLER focus areas. It is a meaningful forum for house staff to interact with one another and hospital leadership in a structured way, and within the context of NAS/CLER. The members have an important role in providing feedback from programs in terms of progress, and reporting problems and new ideas. A member will also Report to the Medical Board for BH and TH. House Staff members are peer-selected residents from each core program who are voted in and appointed by the Chair of the House Staff Leadership Committee. Additional House Staff representatives may attend committee meetings as non-voting members; provide information, advice and feedback. The Committee meets quarterly with hospital leadership and members of the GMEEC.

*I want to get involved!*

New members are elected annually. Please be in touch with your Program Director, Coordinator, or Chiefs if you are interested in participating!

**House Staff Patient Safety Council**

The House Staff Patient Safety Council at the NYU School of Medicine was established in June 2012. Dr. Michael Wajda (Anesthesiology Residency Program Director, Vice Chairman of Education and Associate Professor of Anesthesiology) is the Council’s faculty advisor. The House Staff Patient Safety Council is comprised of house staff who are committed to quality improvement and patient safety throughout the institution. The hospital administration and GME Office are very interested in having residents directly engaged in patient safety and quality improvement activities, and are all fully supportive of our Council. Two executive leaders are elected by fellow house staff at a HSPSC meeting in the beginning of the year.
I want to get involved!

Anyone can join the House Staff Patient Safety Council. Just look for Monthly Meeting Reminders from the GME Office!

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**Other Hospital Committees**

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<th>Institution</th>
<th>Committee</th>
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<td>Bellevue Hospital Center</td>
<td>Peer Review Committee</td>
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<td>Bellevue Hospital Center</td>
<td>RCA Committee</td>
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<td>Bellevue Hospital Center</td>
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<td>NYULMC</td>
<td>NYU Medical Board</td>
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<td>NYULMC</td>
<td>Cancer Committee</td>
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<td>NYULMC</td>
<td>Credentials Committee</td>
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<td>NYULMC</td>
<td>Emergency Management Committee</td>
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<td>NYULMC</td>
<td>Health Information Management Committee</td>
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<td>NYULMC</td>
<td>Infection Prevention and Control Committee</td>
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<td>NYULMC</td>
<td>Medical Ethics Committee</td>
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<td>NYULMC</td>
<td>Patient Safety Committee</td>
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<td>NYULMC</td>
<td>System-wide Surgical Executive Committee (SSEC)</td>
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<td>NYULMC</td>
<td>Pharmacy &amp; Therapeutics Committee</td>
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<td>NYULMC</td>
<td>Medication Safety Committee</td>
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<td>NYULMC</td>
<td>Quality Improvement Committee</td>
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<td>NYULMC</td>
<td>Radiation Safety Committee</td>
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<td>NYULMC</td>
<td>Medical Isotopes Committee</td>
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<td>Committee/Meeting</td>
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<td>NYULMC</td>
<td>Transfusion Committee</td>
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<td>NYULMC</td>
<td>EHR Optimization and Review Supervisory Board</td>
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<td>NYULMC</td>
<td>Ambulatory EHR Optimization and Review Working Group</td>
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<td>Patient and Family Advisory Council</td>
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<td>Manhattan VA</td>
<td>Integrated Ethics Standing Committee</td>
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<td>Manhattan VA</td>
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<td>Manhattan VA</td>
<td>Peer Review Committee</td>
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<td>Manhattan VA</td>
<td>P &amp; T Committee</td>
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<tr>
<td>Manhattan VA</td>
<td>Quality Review Meeting (not a formal committee, It's an RCA presentation)</td>
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<tr>
<td>Manhattan VA</td>
<td>Clinical Informatics</td>
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<td>Manhattan VA</td>
<td>Clinical Executive Board (CEB)</td>
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<tr>
<td>Manhattan VA</td>
<td>Operative and Other Invasive Procedures (reviews all invasive procedures)</td>
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*I want to get involved!*

Please contact the GME Office if you are interested in joining one of these committees!
Stay Connected: NYU E-Mail Accounts

We have included in your packet a handout about your newly assigned NYULMC Kerberos ID (e.g., doej01) and temporary e-mail password. Your e-mail address is in the format of:

firstname.lastname@nyumc.org

Five important topics regarding e-mail in this section:

• If you are off campus, you can access your e-mail using Outlook Web email.
• Instructions on how to change your temporary password off campus
• If you are on campus, you can access your e-mail and the full version of MS Outlook via the secure web portal, http://atnyulmc.org
• Instructions on how to change your temporary password on campus
• Instructions on how to verify your e-mail address
ACCESS YOUR E-MAIL OFF CAMPUS USING OUTLOOK WEB EMAIL

Go to At NYULMC:

1. Website - [http://www.atnyulmc.org](http://www.atnyulmc.org)
2. Click on the Webmail Link on the Toolbar

You will be redirected to a login page. Choose the type of computer that you are using.
Type your Kerberos ID as the username and your temporary password as the password that was provided in your packet sent by the Graduate Medical Education (GME) Office. If you already have an NYULMC email account, use the password you are currently using for e-mail access. Click the Login button.

You are now logged into your e-mail account. Click on the Log Off button at the right top of your screen to log out of your e-mail.

If you have any questions about your e-mail account, please contact the MCIT Help Desk at 212-263-6868 (opened 24 hours, 7 days/week).

We encourage you to communicate with us via e-mail. However, we will only use the NYUMC E-mail address which you have been assigned to send communications and any updates on orientation information, etc. NYULMC requires that you maintain that E-mail account as a primary source of communication for all NYULMC information and you are agreeing to this when you sign your house staff training contract.
You can change your password while you are logged into Outlook Web email.

Click on Options at the top right of the screen.

Click on “Change Password” in the Options section on the left side of the screen.

You will be redirected to the “Change Password” page where you will have to enter the following information:
Type your “temporary password” or “current password” in the Old password field
Type your “new defined password” in the New Password and Confirm New Password fields
Once you’ve added your password information, click the Save icon on the top of the page.

A message will appear letting you know that your password has successfully been changed.
If you are on campus and logged onto a workstation where you have access to other computer systems, you can access your e-mail and the full version of MS Outlook via the secure web portal, AT NYULMC Portal.

Go to ATNYULMC:
1. Website - http://www.atnyulmc.org
2. Click on the Login button
3. A pop-up window will appear. Type your Kerberos ID as the username and NYULMC e-mail password as the password. Click the OK button.

4. Click on the E-mail icon on the top left of the screen. If you get prompted to save the <appname>.ica file, you do not have the Citrix software installed on your computer. Please contact the MCIT HelpDesk at 212-263-6868 and open a ticket for this request.
Type your Kerberos ID as the username and NYULMC e-mail password as the password. Click the Log In button.

Please wait while MS Outlook is being launched.

You will be automatically logged into the full version of your Outlook e-mail account.

If you have any questions about your e-mail account and policies please contact the MCIT HelpDesk at 212-263-6868 (open 24 hours, 7 days/week) or visit our Intranet at:

http://central.nyumc.org
CHANGE YOUR PASSWORD ON CAMPUS

If you are on campus and logged onto a workstation where you have access to other computer systems, you can access the Password Reset site to change your password.

Website - https://apps.nyumc.org/PasswordReset/login.html

You will be directed to a new page, "Password Reset for NYULMC Applications". Type in your Kerberos ID in the NYULMC Username field and your temporary password or current password in the Current Password field. Type the text characters in the image, into the word verification field. Click the Login button.

The first time you are logging into the new password reset tool, you may be prompted to enter five security questions. You will have to choose five questions from a list of 24. These questions will help to identify you in the future, if you forget your password and would like to reset it using the password reset tool. Once you’ve completed answering these questions, hit the Submit button. You can now reset your password by clicking on Reset Your Password.

You should now see the screen below. On this page you can edit your security questions or proceed with the password reset. You will need to create a password and repeat the password. Once you hit Submit, the password will be changed and you should be able to log in to the systems that you are trying to access.

Please contact the Help Desk @212-263-6868, 36868 (internal) or Toll Free 866-276-1892 with any questions or problems.
Press CTRL + ALT + DELETE to log on.
ALEX (Advanced Learning Exchange)

What is ALEX?

ALEX (http://alex.med.nyu.edu) is an online learning management system that can be accessed on or off campus with your Kerberos ID and password. Residency programs maintain their own site, making the ALEX site customizable and useful for all residents and faculty within a given program.

Based on your residency program’s use of ALEX, the site has various tools that can be used to organize program-related content and to extend learning:

- Posting important information such as syllabi, goals and objectives, and journal club material
- Forum Discussions between all participants
- Messaging to any number of participants
- Uploading files (including interesting cases, images, PDFs, etc.)
- Access to iTunes U, which allows you to download podcasts of lectures or conferences from your program
- Tests and Quizzes
- Searching medical school curriculum

You can learn more about ALEX at the DEI’s page at http://dei.med.nyu.edu/help/alex.
New Innovations

What is New Innovations?

New Innovations (http://www.new-innov.com/NYU/) is an online Graduate Medical Education management system. The residency and fellowship programs have the ability to manage scheduled, evaluations, IRIS information, and much more. Trainees are required to log duty hours and complete and review evaluations in New Innovations. Trainees can also keep track of their Professional Portfolio in New Innovations. The NYU GME office is actively using New Innovations to communicate important messages.

To log into New Innovations use the link above. To log into New Innovations use your Kerberos ID and your email password.

If you are having trouble logging into your New Innovations account, please contact the NYU Help Desk at 212-263-6868.
# Systems Based Practice

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<th>NYU Medical Center</th>
<th>Bellevue Hospital</th>
<th>VAHHS</th>
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<tr>
<td><strong>Mission / History</strong></td>
<td>NYU Langone Medical Center committed to making world-class contributions that place service to human health at the center of an academic culture devoted to excellence in research, patient care, and education. New York University was founded in 1832, followed shortly by the establishment of The University Medical College which subsequently became the New York University College of Medicine in 1935 and in 1950 University Hospital was incorporated. In 1989 the University Hospital became Tisch Hospital.</td>
<td>The Mission of BHC emphasizes providing accessible health care services to the people of our neighboring community and throughout New York City, regardless of ability to pay. BHC is America's oldest public hospital and is the 'Flag-ship' of a system of hospitals and diagnostic and treatment centers run by the Health and Hospitals Corporation (HHC). The HHC is a quasi-public entity created by an Act of the New York State Legislature in 1970 to assume the functions of the Department of Hospitals. The &quot;New Bellevue&quot; building was erected in 1975. The ambulatory building, designed by IM Pei, opened in 2005.</td>
<td>The mission of the VA medical center emphasizes comprehensive high quality health care for veterans, education and research. In 1930 The Veterans Administration was officially created by an Executive Order, signed by President Herbert Hoover; President Reagan elevated the VA to a cabinet level position. 1989, the Veterans Health Services and Research Administration was formed. In 1991 it was renamed the Veterans Health Administration.</td>
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<td><strong>Administrative Structure</strong></td>
<td>NYU Hospitals Center is a corporate entity consisting of Tisch Hospital, the Rusk Institute for Rehabilitation Medicine, and the NYU Hospital for Joint Diseases. The NYU Medical Center is made up of the NYU Hospitals Center + NYU School of Medicine headed by the Dean. Each clinical service has a Chief of Service who appointed by and reporting to both the Chairperson of the Clinical Department and the Chief Medical Officer of NYU Hospitals Center. House staff affairs are overseen by the Dean's Office for Graduate Medical Education.</td>
<td>NYC Health and Hospitals Corporation or HHC is a quasi-governmental agency which operates NYU's municipal hospital system the largest in the world. The Mayor of NYC appoints the Board of Directors for the HHC. The Board appoints a President who presides over Executive Directors who are Vice Presidents of the 7 regional networks of hospitals, community based health care organizations, extended care facilities, and diagnostic, and treatment centers, and an HMO. Bellevue belongs to the Southern Manhattan Network Each clinical service has a Chief of Service who is appointed by and reports to both the Department Chair and the Medical Director of Bellevue.</td>
<td>VA Health care is delivered across the country via 23 regional Veterans Integrated Service Networks (VISN), each comprised of outpatient clinics, nursing homes, home care programs, residential rehabilitation centers, counseling centers, and hospitals. The VA NY Harbor Healthcare System (NY VAHHS) is part of VISN 3, which covers the New York Hudson Valley, south through the Bronx, Manhattan, and Staten Island, eastward through Queens to Long Island and westward to East Orange and Lyons, New Jersey. At the VA NY HHS, each clinical service has a Chief of Service who is appointed by and reports to both the Chairperson of the Clinical Department the Executive Chief of Staff.</td>
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<td>Funding Source</td>
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<td>Tisch is a private institution serving insured older, middle income patients. All patients must pay for care the vast majority through commercial insurance or Medicare or both. The voluntary attending physicians get paid directly by the insurer or patient for services rendered and procedures performed. Medicaid provides nearly 50% of hospital revenue. 80-90% of inpatient services are covered by insurance. Unlike the Federal or private clinic patients, at BHC an average of 20% are self-pay (uninsured). BHC does not receive reimbursement from the city for uninsured care. Most people who are hospitalized are eligible for Medicaid to cover that hospitalization. BHC has a contract with NYU School of Medicine to provide Physician Services so some salaries and benefits of the physicians are provided through the medical school. Medicare indirect payments covers additional costs associated with being a teaching hospital (e.g. some portion of resident salaries, training related costs). Medicare indirect payments covers additional costs associated with being a teaching hospital (e.g. some portion of resident salaries, training related costs). 94% of the budget of the VA NY HHS is from funds appropriated by Congress, and determined annually. Veterans with private insurance must have the VA bill the insurance first. The VA can not bill Medicare or Medicaid for services rendered to veterans. All money collected by the VA from health insurance and co-payments is returned the NY Harbor Healthcare Services to pay for programs for Veterans. Veterans with military service related injuries receive full coverage for those injuries. Non-service-connected veterans are required to complete an annual Means Test - a measure of veteran’s family income and assets. Those veterans above a certain threshold will have to pay a co-pay for services. Eligibility for VA medical care is not affected by type of insurance coverage. The VA Hospital is not eligible for Medicare payments for resident training-related expenses.</td>
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<th>Population Served</th>
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<td>Nearly 70% of the patients at Tisch Hospital are Caucasian. Over 60% are adults aged 18-44 and those 65. The majority of requests to our Interpreter Services department are for Chinese, Spanish, and Russian interpreters. Bellevue Hospital serves a relatively young, ethnically and racially diverse population and provides care to many new immigrants to NYC. More than 80% of Bellevue’s patients come from the city’s medically underserved populations. Bellevue handles nearly 500,000 outpatient clinic visits, 100,000 emergency patients and some 26,000 inpatients each year. Nearly 1000 inpatients can be accommodated. BHC provides ambulatory care for approximately 300,000 patient visits. VA’s patient population is overwhelmingly male (90%), with about half Caucasian, and 48% 65 years old and older.</td>
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<th>Pharmacy Services</th>
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<td>Medicare will cover some outpatient prescriptions. Patients over 65 may be eligible for EPIC. Commercial insurances have varying types of drug plans with different co-pays. Many companies have a mail away plan that is more cost efficient. All patients with drug coverage, mostly Medicaid, must fill their prescriptions at an outside pharmacy. All patients with no drug coverage can fill their prescriptions at the Bellevue pharmacy. There is a $10 processing fee per prescription with a maximum of $40 per month (above that is free). All veterans are entitled to a prescription benefit. There is a $7 processing fee except for non-service rated injuries. There is a national formulary from which VA physicians are mandated to prescribe. Most medications are mailed to the patients.</td>
</tr>
</tbody>
</table>
**NYU Health Sciences Library**

**Navigating the House Staff Guide**

http://hslguides.med.nyu.edu/GME

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This is a one-stop shopping guide to clinical resources.

---

<table>
<thead>
<tr>
<th>Ehrman Hours</th>
<th>Bellevue Hours</th>
<th>HJD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Ehrman Medical Library is currently undergoing renovation as a result of Hurricane Sandy.</strong></td>
<td><strong>Monday - Thursday</strong>&lt;br&gt;8:00 am – 5:00 pm&lt;br&gt;Friday, 8:00 am - 4:00 pm&lt;br&gt;ID access after hours&lt;br&gt;&lt;strong&gt;Study Space Only&lt;/strong&gt;</td>
<td><strong>Monday – Thursday</strong>&lt;br&gt;9:00 am – 5 pm&lt;br&gt;24-hour ID Card swipe access</td>
</tr>
<tr>
<td><strong>For assistance, please visit the website</strong>&lt;br&gt;<a href="http://hsl.med.nyu.edu/">http://hsl.med.nyu.edu/</a></td>
<td><strong>NYUMC and Bellevue Hospital Center Employees</strong></td>
<td><strong>(212) 598-6275</strong>&lt;br&gt;<a href="http://hsl.med.nyu.edu/locatin/herman-robbins-medical-library">http://hsl.med.nyu.edu/locatin/herman-robbins-medical-library</a></td>
</tr>
</tbody>
</table>
Psychiatric Consultation and Referral for House Staff and GME Programs

Dr. Lisa Goldfarb, is the GME Psychiatric consultant and a member of the GME “Wellness Committee”. Dr. Goldfarb is available to provide free short-term consultation and referral for lower-fee psychiatric and psychotherapy treatment for house-staff.

Dr. Goldfarb welcomes the opportunity to consult with program directors regarding psychiatric wellness issues for house-staff. She is also available to speak with residents and fellows in groups or individually about psychiatric and stress issues that commonly affect physicians-in-training.

Dr. Goldfarb also works with human resources staff to understand medical insurance policies at both NYU Medical Center and Bellevue Hospital Center and is able to inform the house-staff about the available insurance benefits for psychiatric treatment.

Contact information:

Lisa M. Goldfarb, MD
One Park Avenue (at 32nd Street)
Office #226
New York, NY
Telephone: (212) 570-4052
Emergency Cell Phone: (917) 887-4512
Lisa.Goldfarb@nyumc.org
The mission of the Committee for Physician Health is to promote quality medical care by offering non-disciplinary confidential assistance to physicians, residents, medical students and physician assistants suffering from substance use disorder and other psychiatric disorders. The Committee monitors the treatment and compliance of program participants and provides advocacy and support as well as outreach activities, including prevention and education.

PHYSICIAN ADVOCACY

The Physician Health Program for New York State

The Committee for Physician Health, founded in 1974, is a division of the Medical Society of the State of New York. CPH provides non-disciplinary, confidential assistance to physicians, residents, medical students, and physician's assistants experiencing problems from stress and difficult adjustment, emotional, substance abuse and other psychiatric disorders, including psychiatric problems that may arise as a result of medical illness. CPH provides support and referrals to those participating in the program, but also to those calling in with concerns about physicians including healthcare coworkers, colleagues, and family members. We recommend evaluation, treatment and/or other assistance to our participants, and monitor for progress in recovery from illness. In this way, we can also provide strong advocacy on behalf of the participant to continue their practice as a physician or physician-in-training. We provide education to the medical community as well as other communities on recognition of stress, burnout and illness in physicians, options for prevention or reduction and outreach to physician groups on our services. Importantly, we instill hope in the lives of our clients, that recognition and treatment for stress and illness is desirable, helpful, and can route the person back to optimum health as an individual and as a physician.
What is the Work / Life Assistance Program?

Few of us go through life without experiencing some personal difficulties at one time or another. Most of the time we can work them out on our own, but sometimes these concerns become difficult to resolve alone. The Work / Life Assistance Program is a short-term, confidential, counseling, information, and referral service with professional counselors that provides help with resolving the concerns that may affect personal relationships, emotional well-being and work performance. Professional counselors are available 24hrs/day, 7 days/week to resolve problems and concerns that may affect personal relationships, emotional well-being and work performance.

What Kinds of Concerns Can I Get Help For?

Some of the concerns professional counselors can help you with include:

- Sadness or Depression
- Grief and Loss
- Caring for Children or Elders
- Financial/Legal Worries
- Personal Problems Affecting You at Work
- Managing Stress
- Marital/Relationship and Family Concerns
- Alcohol and Drug Use

Who provides the services?

To ensure that help is provided in a confidential setting, services are provided by Corporate Counseling Associates (CCA). CCA has a staff of professional counselors conveniently located at 475 Park Avenue South at East 32nd Street. CCA also has a network of affiliate counselors available regionally and nationally to provide services closer to your home if that is something you prefer.

Who can use the services of the Work / Life Assistance Program?

All staff and compensated faculty of NYUHC, SOM and HJD and their immediate family members, including domestic partners are eligible to use the services of FASAP.

Is there a cost?

There is NO COST to you or an eligible member to use the services of the Work / Life Assistance Program. However, if a referral outside the program is required, there may be a charge for these services. CCA counselors will every effort to work with your insurance providers.

How to contact the Work / Life Assistance Program?

A simple phone call starts the process. To speak with a professional counselor, contact CCA at 1-800-833-
8707. 24 hours a day, 7 days a week.

CCA also has an online resource center for employees and family members! The site has thousands of articles, self-searchable databases and other resources. To access information on the web go to: www.corporatecounseling.com and log-on using “nyulmc” as the Company Code.

Confidentiality is a Priority!

The Work / Life Assistance Program is committed to providing professional services in an atmosphere of privacy and confidentiality to the fullest extent permitted by law. All phone calls, counseling sessions and discussions are strictly between the individual and the counselor unless you chose to share that information.
Harassment Prevention Policy Statement

Human Resources – Employee & Labor Relations

PROHIBITION AGAINST HARASSMENT

It is our policy to ensure that a workplace environment free of harassment is provided for all its Faculty and Staff. It is our belief that fostering an atmosphere of respect and civility is critical to the success of our organization and harassment is contrary to these values and the mission of the Medical Center and therefore will not be tolerated.

Further, it is the responsibility of all supervisory personnel to maintain a work environment free of harassment, and it is the responsibility of our Faculty and Staff to avoid contributing to an offensive or hostile work environment, but rather to support an environment of mutual respect and tolerance for diverse persons, groups, and ideas.

This harassment prohibition policy includes cases where conduct is based on race, color, religion, sex, gender, sexual orientation, gender identity or expression, marital or parental status, national origin, citizenship status, age, veteran status, disability or any other protected characteristic. Any employee that believes he/she is being harassed should notify his/her manager and/or an Employee and Labor Relations Manager immediately. An investigation into issues brought forth will be conducted in as confidential a manner as possible.

Retaliation of any sort in response to an individual who, in good faith, brings forth an issue of discrimination or harassment or participates in an investigation of such is strictly prohibited. Retaliation against such an individual is a violation of this policy and will be subject to disciplinary action, up to and including termination of employment.

Compliance with the policy is required from all employees.

We reserve the right to amend these policies at any time as needed to comply with federal, state and local regulations or as necessary to run our operation.

For a full listing of Human Resources Significant Policies, please click on the Employee Resources within the AtNYULMC.org portal.
Research at NYU School of Medicine

Contact Information:
Elan Czeisler, Director
Institutional Review Board (IRB), AAHRPP Accredited Human
Research Protection Program (HRPP), Regulatory Knowledge Services Core (RKSC)
Telephone: 646-754-4624
Email: elan.czeisler@nyumc.org

If you have a faculty appointment at the NYU School of Medicine and would like to conduct research you will need to submit your proposal to the NYUSOM IRB for review and approval.

IRB Administrative Office
The NYUSoM IRB Administrative Office facilitates the review process of human subject studies at NYUSoM and our affiliates (Bellevue Hospital, VA Medical Center, NYU College of Dentistry, NYU School of Nursing, Gouverneur Healthcare, Woodhull Hospital Center, Nathan Kline Institute and Charles B. Wang Health Center). Our staff provides professional guidance and support to the research community and helps researchers navigate the submission process. The IRB Administrative Office also serves as the Administrative office for 4 Institutional Review Boards at NYUSoM.

Institutional Review Boards
The IRBs at NYUSoM oversee all research involving human subjects. The IRBs have the authority, under federal regulation and institutional policy, to approve, require the modification of or disapprove research activities being conducted at NYUSoM. The IRBs also have the authority to suspend or terminate research that was previously approved in which unforeseen harm to subjects occurs, or that is not being conducted as approved by the IRB.

• Federal Regulations define research involving human subjects as follows:
  Research: a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

• Human subject: a living individual about whom an investigator (whether professional or student) conducting research obtains (1) Data through intervention or interaction with the individual, or (2) Identifiable private information. Intervention includes both physical procedures by which data are gathered (for example, venipuncture) and manipulations of the subject or the subject’s environment that are performed for research purposes. Interaction includes communication or interpersonal contact between investigator and subject. Private information includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record). Private information must be individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information) in order to obtain the information to constitute research involving human subjects.
• If your research does not fall into the definitions above you may not be conducting research involving human subjects and would not have to submit your project to the IRB for review.

The IRB also functions as the Privacy Board and protects the privacy of medical information used or disclosed in research, consistent with the requirements of the federal medical Privacy Rule authorized by the Health Insurance Portability and Accountability Act (HIPAA). (Compliance with the Privacy Rule was mandatory as of April 14, 2003). The IRB is responsible for the review, prospective approval and continued oversight of all research involving human subjects that is conducted by its faculty or involves NYUSM funding or facilities.

For additional information and guidance for completing the necessary forms and understanding the procedural requirements for conducting a research study please contact the IRB office at 212-263-4110 or you can request a consultation with the IRB Director Elan Czeisler for specific guidance at 646-754-4624, email: elan.czeisler@nyumc.org

The office of the IRB is located on One Park Avenue, 6th Floor New York, NY 10016.

IRB Website: http://irb.med.nyu.edu/
Post Exposure to Blood and Body Fluid Protocol

1. **STOP WHAT YOU ARE DOING AND TELL YOUR SUPERVISOR.**

2. Wash the site with soap and water.

3. If a splash to mouth or eye, immediately flush area with tap water- rinse eye or mouth for at least 30 seconds.

4. Your supervisor should arrange for source patient testing while you go to Occupational Health Services.

**NYU Langone Medical Center**

- Mon to Fri 8AM - 5PM go to Occupational Health Services (OHS) located at 1 Park Avenue, 3rd Floor (at 32nd Street)
  Tel: 212-263-5020.
- All other times go the Emergency Department, ground floor. Follow up with OHS the next working day.

**Bellevue Hospital Center**

- Mon to Fri 8AM - 4PM go to Occupational Health Services NB 12 E
  Tel: 212-562-6381.
- All other times go the Emergency Department, ground floor.

**VA Medical Center**

- Mon to Fri 8AM - 4PM go to Employee Health Services 1st floor, Room 1633
  Tel: 212-686-7500 ext. 3810.
- All other times go the Emergency Department, ground floor.

*Call the Occupational Health Service Needle Stick Hotline: (212) 263-5020 for instructions.*
The Autopsy Service:

The autopsy service is a consultation service whose primary purpose is to provide a thorough postmortem examination including clinico-pathologic correlation for the clinician and satisfaction to the next of kin who signed the permission. It is the responsibility of the Pathology department to see that this is done in a timely manner (within the 30 day limit imposed by the College of American Pathologists Laboratory Accreditation Program requirements) but with care and scholarly attention to detail. A preliminary autopsy report is to be made available within 48 hours of performing the autopsy. This autopsy service is available 24 hours a day through the Department of Pathology. An attending pathologist and resident are on-call during these hours.

Following a death, the medical team needs to pronounce the patient and fill out a Death Notice and write a death note in the patient's chart. The date, time and circumstances of death should be documented in the decedent’s medical chart. The designated ward nurse will complete the ‘Organ Donation’ portion of the death notice.

The process of performing an autopsy begins with verifying that the decedent's death does not fall under the jurisdiction of the Office of the Chief Medical Examiner of New York City. If this is verified and the case is determined not to be a medico legal case then the autopsy process can proceed by gaining consent by the next of kin. A list of OCME case situations is listed under “reportable ME cases”. This list should be consulted before proceeding. If the case is designated by the OCME as a “NO CASE”, this information and the OCME investigators name should be listed on the Death Notice. The next of kin is a term to describe the decedents’ closest living relative. In New York, the next of kin order is designated as below.

Next of kin:
For patients under the age of 18:
Both parent signatures are needed for children.
Only the mother’s permission required for an intrauterine demise.

For adults:
Spouse (Legal domestic partner status can be considered on an individual basis)
Son or daughter, over 18 years of age.
Either parent.
Brother or sister, over 18 years of age.
Legal guardian at time of death.
Grandchildren of the decedent, over 18 years of age.
Grandparents.
Great grandparents, uncles, aunts, over 18 years of age.

A named Health care proxy is not able to consent unless the named is next of kin or is the person responsible for the decedents burial.
After 48 hours following death and a reasonably exhaustive search is made for locating the next of kin and none is found, the Hospital Medical Director can authorize an autopsy on the decedent and an Executive Director’s order for Autopsy needs to be completed.

Questions regarding Next of Kin status can be directed to pathology 212-562-3415 or Decedent affairs 212-562-4367.

**Requesting Consent- Sample conversation:**
If you have not offered the option of autopsy prior to your patient’s death, do so when you notify the family of the death:

I am ______, the doctor caring for your ______. I am sorry to have to tell you that he/she has died. His/her other doctors and I think that the cause of death was ______. It is your privilege to have an autopsy performed on your __________, if you choose. This is a service that the hospital provides, free of charge, to help us answer any questions that you or the doctors might have about his/her disease or the care he/she received.

It is important to help us learn more about [this disease] for the sake of patients in the future. The autopsy need not delay your funeral preparations, and even a complete autopsy will not disfigure the body, should you want a viewing.

Would you like us to perform an autopsy? (Offer a problem directed/limited autopsy if this is more acceptable).

**Signing Consent:**
Witnessed telephone consent is legal at your hospital. A notarized faxed consent or telegram is also legal.

Help the family fill out the consent form completely, including the witness signature(s).

Thank them and assure them that the autopsy will be useful to them, the hospital and to future patients.

With proper identification, they may obtain a copy of the Final Autopsy report from Medical records at Bellevue Hospital.

**Reportable ME Deaths (OCME New York City 212-447-2030):**

- All forms of criminal violence or from an unlawful act or criminal neglect
- All accidents (motor vehicle, falls, industrial)
- All suicides
- All deaths caused or contributed to by drug/chemical overdose or poisoning
- Sudden death of a person in apparent good health
- Death unattended by a physician
- Deaths of all persons in legal/court ordered detention
- Deaths during or due to complications of diagnostic or therapeutic procedures
- Deaths related to employment
- Deaths which occur in any suspicious or unusual manner
- Fetus born dead due to maternal trauma or drug abuse or in the absence of a physician/midwife
Any death that is not due to 100% natural disease must be reported to the OCME, even if that injury takes years to result in the fatality.

There is no 24 hour rule in NYC; Natural deaths in patients who survived less than 24 hours in the hospital need not be reported to the OCME.

**Religion and the Autopsy:**

Many religions/belief systems have various dictums or policies regarding the performance of an autopsy. The chart below lists selected religions/belief systems and their reported policy on autopsy. Be advised, that each individual and their next of kin, may not necessarily follow the practice listed below and each case can be treated independently.

<table>
<thead>
<tr>
<th>Religion/Belief system</th>
<th>Autopsy</th>
<th>Tissue Retention</th>
<th>Body disposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atheism</td>
<td>No prohibition</td>
<td>No prohibition</td>
<td>Burial or cremation</td>
</tr>
<tr>
<td>Baha’l</td>
<td>No prohibition</td>
<td>No prohibition</td>
<td>Burial w/1 hr journey of place of</td>
</tr>
<tr>
<td>Buddhism</td>
<td>No prohibition</td>
<td>No prohibition</td>
<td>Cremation, usual</td>
</tr>
<tr>
<td>Christianity</td>
<td>No prohibition</td>
<td>No prohibition</td>
<td>Burial or cremation</td>
</tr>
<tr>
<td>Christian scientist</td>
<td>No prohibition, but usually unacceptable</td>
<td>No prohibition, but usually unacceptable</td>
<td>Burial or cremation</td>
</tr>
<tr>
<td>Church of Jesus Christ and Later day Saints</td>
<td>No prohibition</td>
<td>No prohibition</td>
<td>Burial</td>
</tr>
<tr>
<td>Hinduism</td>
<td>Usually only if required by law</td>
<td>Returned to the body or if released after funeral, buried</td>
<td>Cremation, w/o unnecessary delay</td>
</tr>
<tr>
<td>Islam</td>
<td>Usually only if required by law</td>
<td>Returned to the body or if released after funeral, buried</td>
<td>Burial, ideally w/1 24 hrs of death</td>
</tr>
<tr>
<td>Jainism</td>
<td>No prohibition</td>
<td>No prohibition</td>
<td>Cremation</td>
</tr>
<tr>
<td>Jehovah Witness</td>
<td>No prohibition, but usually unacceptable</td>
<td>No prohibition, but usually unacceptable</td>
<td>Burial or Cremation</td>
</tr>
<tr>
<td>Judaism</td>
<td>Usually only if required by law</td>
<td>Returned to the body or if released after funeral, buried</td>
<td>Burial or Cremation</td>
</tr>
<tr>
<td>Rastafarianism</td>
<td>Only if required by law</td>
<td>Only if required by law</td>
<td>Burial, ideally w/1 24 hrs of death</td>
</tr>
<tr>
<td>Shintoism</td>
<td>No prohibition</td>
<td>No prohibition</td>
<td>Cremation is usual</td>
</tr>
<tr>
<td>Sikhism</td>
<td>No prohibition</td>
<td>No prohibition</td>
<td>Cremation w/o unnecessary delay</td>
</tr>
<tr>
<td>Taoism</td>
<td>No prohibition</td>
<td>No prohibition</td>
<td>Burial or cremation</td>
</tr>
</tbody>
</table>

*Where there is no prohibition, there may be cultural, secular or personal objections.*
**Death Certificate and Pronouncement:**

After consent is obtained, Decedent affairs and the nursing staff should be notified. Organ donation should not preclude the performance of an autopsy. The pronouncement of death portion of the death certificate can be filed on-line at the electronic death registry system (EDRs) at [https://a816-healthportal.nyc.gov](https://a816-healthportal.nyc.gov). Registration for EDRS can be done at Decedent Affairs (Bellevue Hospital only).

Decedent affairs will contact the autopsy resident on-call when the autopsy consent is received by them.

If the clinical team has a specific question regarding the death or disease process of the decedent, it is advisable to contact the autopsy service and discuss these concerns.

The clinical team is encouraged to view and/or participate in the autopsy. The autopsy takes place in Bellevue, H building, room 4W16.

**Autopsy Policy and Procedures:**

The College of American Pathologists recommends that a request be made for autopsy on every death. Deaths in which an autopsy should be encouraged include:

- Deaths in which autopsy may help to explain unknown and unanticipated medical complications to the attending physician.
- All deaths in which the cause of death or a major diagnosis is not known with reasonable certainty on clinical grounds.
- Cases in which autopsy may help to allay concerns of the family and/or the public regarding the death, and to provide reassurance to them regarding same.
- Unexpected or unexplained deaths occurring during or following any dental, medical or surgical diagnostic procedures and/or therapies.
- Deaths of patients who have participated in clinical trials (protocols) approved by institutional review boards.
- Unexpected or unexplained deaths which are apparently natural and not subject to a forensic medical jurisdiction.
- Natural deaths which are subject to, but waived by, a forensic medical jurisdiction such as a) persons dead on arrival at hospitals; b) deaths occurring in hospitals within 24 hours of admission; and c) deaths in which the patient sustained or apparently sustained an injury while hospitalized.
- Deaths resulting from high-risk infectious and contagious diseases.
- All obstetric deaths.
- All perinatal and pediatric deaths.
- Deaths at any age in which it is believed that autopsy would disclose a known or suspected illness which also may have a bearing on survivors or recipients of transplant organs.
• Deaths known or suspected to have resulted from environmental or occupational hazards.

Here are some facts concerning the policy and performance of the autopsy:
• Organs are retained for up to 3 months after the final autopsy report is filed
• Paraffin block, reports and slides are retained for 10 years after the autopsy
• Partial/restricted, Kosher, biopsy based, aspiration based autopsy can be performed upon request
• Cultures are standard and taken on all autopsies
• Tissues can be processed and stained with H &E, immunohistochemistry, FISH, cytogenetics and other molecular techniques (i.e. PCR)

General Procedure may differ for pediatric and intra-uterine demise patients; the general autopsy procedure is as follows:
• External inspection/photographs, as applicable
• Usually remove the organ block from epiglottis to rectum
• Brain is removed via a bi-mastoidal incision with scalp retraction
• Organ block dissected
• Organs weighed and examined
• Portions of organs prepared to have slides made
• Portions of organs retained in a formalin stock jar
• Some organs are returned to the body cavity in a biohazard bag and handled by the funeral home according to their procedures
• Certain organs removed and retained under special circumstances
• Chest and abdomen incisions are sewn up and the body placed in refrigerator until funeral home picks it up
• Relevant, representative sections of organs are made into slides
• Appropriate tissue and fluids can be obtained (i.e. vitreous, synovial fluid)
• The eyes, face and limbs are usually not dissected, unless special consent is obtained

References:

Clinical, educational, and epidemiological value of autopsy

Steps to Follow In The Event of a Patient Death

[] Pronouncement of death

[] Note time of death

[] Notify nurse/clerk (they will notify decedent affairs office)

[] Notify next of kin *
- Healthcare proxy has no legal rights following death unless next of kin; medical executor can make decisions following death (can make decisions over next of kin)

[] Determine if death qualifies for medical examiner (ME) notification *
   [] IF YES \( \rightarrow \) call ME office (212-447-2030), GET CASE #
   (will need this for death certificate)
   [] IF NO (determined not to be ME case) \( \rightarrow \) GET INVESTIGATOR’S NAME (will need this for death notice)

[] If case to go to ME, discuss this with next of kin

[] If case not to go to ME, ask next of kin for an autopsy ***

[] Documentation of death:
   1. Brief MYSIS “Other” or “Event” Note documenting:
      - Time of death; clinical circumstances; which next of kin notified or inability to notify; if consent for autopsy given
   2. Pink Paper Death Notice
      - Ask clerk for this and once completed give back to clerk
   3. Discharge Summary (MYSIS)
      - Mandatory responsibility of primary team

[] Complete Death Certificate (must be completed)
- Go to decedent affairs office (same place as admitting office)
- Complete EVRS online death certificate, including fingerprint signature

*** Making Arrangements for Autopsy
1. Next-of-kin present: request consent for autopsy. Offer fact sheet “A Gift to the Living” (ask clerk for this). If next-of-kin agrees, complete Authorization for Autopsy (ask clerk) and have next-of-kin sign – THIS CONSENT MUST BE SENT TO DECEDENT AFFAIRS WHO WILL THEN NOTIFY PATHOLOGY
2. Next-of-kin not present: ask him/her to come to hospital to discuss the case. If unable to come, witnessed telephone and notarized faxed consents acceptable
3. If no next-of-kin identified, complete Executive Director’s Order for Autopsy (ask clerk), signing your name on top signature line. This will allow autopsy to be performed if hospital unable to identify next-of-kin as of 48 hours after death.

Next Of Kin Priority
1. Spouse
2. Son/daughter > 18y/o
3. Either parent
4. Brother/sister > 18y/o
5. Legal guardian
6. Grandchildren > 18y/o
7. Grandparents
8. Great grandparents, uncles/aunts > 18y/o

Questions about next of kin status? Pathology (562.3415) or Decedent Affairs (562-4367)

Reportable Deaths
1. Criminal violence/neglect, unlawful act
2. All accidents (i.e. MVA)
3. All suicides
4. Caused/contributed by drug overdose/poisoning
5. Sudden death following apparent good health
6. Death unattended by physician
7. Patient in legal/court ordered detention
8. Death during or due to complication of procedure
9. Related to employment
10. Occurs in suspicious or
NYULMC’s Code of Conduct can be found here:
http://compliance.med.nyu.edu/revised-code-conduct

Be sure to review this policy. You will be required to complete the Code of Conduct module as part of your credentialing process.
The Physician-Pharmaceutical Industry Relationship

I. Preamble

This policy establishes guidelines for the interaction of New York University School of Medicine (NYUSOM) medical students and housestaff (“housestaff” or “trainee” in this document refers to all residents and fellows in both ACGME accredited or non-accredited programs at NYUSOM). The policy includes but is not limited to interactions at all NYUSOM facilities and affiliates, including Tisch Hospital, Rusk Institute of Rehabilitative Medicine, Hospital for Joint Diseases, Clinical Cancer Center, the School of Medicine, Bellevue Hospital, the Manhattan VA Hospital, other offsite Article 28 facilities and other sites under the auspices of NYUSOM.

It is the goal and policy of the School of Medicine (SOM) that its students and housestaff be trained in the highest standards of intellectual objectivity and clinical ethics. To promote these ends and to minimize commercial bias, the SOM establishes a policy to separate medical students and housestaff from solicitation, marketing, promotion or any other influential tactic by industry – pharmaceutical, device manufacturer, medical information technology developer or distributor, or other similar organization.

Appropriate interactions of physicians and industry can result in the exchange of information which promotes medical research and patient care. However, substantial recent evidence indicates that aspects of this relationship can alter the judgment and decision-making of physicians in ways that do not serve the best interests of our patients. Conflicts of interest arising from financial ties between physicians, their staff and industry also have the potential to influence a physician’s attitudes and practice.

The purpose of this policy is to provide a guide for medical students, housestaff, and their teachers and supervisors in their interactions with industry in order to provide an ethical environment that is consistent with sound clinical decision-making, patient safety, and patient privacy.

II. Policy
Interactions with pharmaceuticals and related biomedical industries should be conducted so as to avoid conflicts of interest or the appearance of a conflict. The scope of this policy includes, but is not limited to the following interactions with industry:

1. Interactions with medical students and housestaff
2. Gifts, meals and compensation, including off-site interactions
3. CME activities
4. Provision of educational funds and scholarships to housestaff and medical students.
5. Pharmaceutical samples
6. Disclosure of relationships with industry, including regarding scholarly publications.
7. Curriculum for undergraduate medical student education and the training of housestaff regarding potential conflicts of interest in industry interactions.
8. Marketing of new pharmaceutical products, medical devices, and research equipment and supplies
9. Development of new medical devices and training for newly purchased devices

1. **Interactions with medical students and housestaff:**

Pharmaceutical and related biomedical industry representatives are prohibited from interacting directly with medical students or housestaff at any time on the grounds of the SOM or in any of its teaching hospitals. Furthermore, the SOM should not be used in any way as a vehicle for contacting medical students and house staff or marketing to them.

No element of the medical school curriculum or housestaff training program shall serve as a forum for distribution of gifts, or other promotional or educational items, or for encounters with pharmaceutical or biomedical industry representatives.

Medical students and housestaff shall not be invited to industry-sponsored events by those involved in supervising, teaching, and/or evaluating them. This prohibition is not intended to preclude student or housestaff attendance at national meetings of professional societies or NYU Continuing Medical Education (CME) programs that may be funded with unrestricted educational grants from industry.

2. **Gifts, Meals and Compensation to Medical Students and Housestaff, including off-site interactions:**

All gifts or monetary compensation (zero dollar limit), free meals on or off-campus, alcoholic beverages, books, travel, tickets to sporting events, payment for time for travel to or time at meetings (except as indicated below), payment for participation in online CME from pharmaceutical, medical device companies, other biomedical industries and their sales representatives are prohibited. Medical students and housestaff shall not be asked to accept gifts or compensation by those involved in supervising, teaching, and/or evaluating them. All faculty and medical center staff will follow the guidelines enumerated in the existing medical center policy on gifts or benefits from vendors, patients and others. ([http://www.med.nyu.edu/compliance/assets/GiftPolicy.pdf](http://www.med.nyu.edu/compliance/assets/GiftPolicy.pdf))

3. **CME Activities**

Industry-sponsored events, including CME, shall not be required, nor substitute for, any portion of the formal undergraduate curriculum.
All CME activities at NYU Langone Medical Center adhere to ACCME Essential Areas and Policies, including the Standards of Commercial Support regarding industry support for continuing medical education. The specific policies are delineated at http://cme.med.nyu.edu/files/cme/u4/Policy_on_Commercial_Support_FINAL.doc

4. Provision of Educational Funds and Scholarships to Medical Students and Housestaff:

Support of students and trainees by industry in the form of scholarships for training, reimbursement of travel expenses for educational meetings, and/or other non-research funding in support of scholarship or training must be free of actual or perceived conflict of interest and be in the form of an “unrestricted educational grant”. The following standards apply:

A. For scholarships in training, the trainee must be selected by the NYUSOM program designated to receive the scholarship grant. There must be no quid pro quo for either the selected trainee or the program.
B. Funds must be directed to the department/program/program designee and not to the individual trainee or student.
C. For educational meetings or programs, the Dean, Program Director, or designee must agree to the educational merit of the program and specifically approve the financial support. The trainee/student must not be under a quid pro quo obligation to the industry.
D. Industry-sponsored merit awards will be evaluated individually by the Associate Dean for Graduate Medical Education or Designee.

5. Pharmaceutical Samples

The provision of pharmaceutical samples to or by medical students or housestaff is prohibited.

6. Disclosure of Relationships with Industry, including regarding scholarly publications

A. Medical students and housestaff are prohibited from publishing articles under their own names that are written in whole or material part by industry employees.
B. In scholarly publications, medical students and housestaff must disclose their related financial interests in accordance with the International Committee of Medical Journal Editors (http://www.icmje.org/).
C. Faculty with supervisory responsibilities for students or housestaff should ensure that the faculty’s conflict or potential conflict of interest does not affect or appear to affect his or her supervision of the student, resident, trainee, or staff member. All faculty must report potential conflicts of interest annually as part of the existing medical center policy on conflict of interest (http://www.med.nyu.edu/compliance/assets/COI_Policy_and_Disclosure_June_2007.pdf). All faculty should disclose any conflicts of interest to medical students or housestaff as they relate to the curriculum or to patient care and management decisions.

7. Training of Students, Trainees, Staff, and Faculty Regarding Potential Conflicts of Interest in Industry Interactions:

The Undergraduate Curriculum shall contain a formal program aimed at providing medical students, at a minimum, these four elements:

A. Recognition of the individual medical student and the individual medical practitioner’s responsibility to avoid promotional activities of the Pharmaceutical Industry because of
their distorting effect.
B. Understanding of concepts and techniques for distinguishing between what is valid medical evidence and what is, in reality, product promotion.
C. Instruction in how to identify and access the most reliable sources of medical and pharmaceutical information.
D. Recognition that there is ample evidence that pharmaceutical industry promotional activities distort prescribing practices, resulting in problematic repercussions from the level of the individual physician-patient relationship to the health care system as a whole.

III. Procedure

The GME Curriculum Committee will assist all training programs in developing specific curricula to insure that all housestaff receive adequate training regarding interactions with industry.

1. A mechanism for student or housestaff reporting of any inappropriate contact with, or exposure to, pharmaceutical industry representatives or their materials shall be instituted. There shall be formal written assurances entered into the NYU SOM Student Handbook and relevant GME policies that there will be no negative repercussions for a student or housestaff reporting an inappropriate contact or event.
   a. Students may make this report to the Dean for Undergraduate Medical Education (or other appropriate officer of the School of Medicine), and a mechanism shall be established for such reporting, with formal procedures made explicit for the investigation of each report and correction of any infractions discovered.
   b. Housestaff should report violations of the policy or concerns about the policy to the Associate Dean for Graduate Medical Education, or designee.

2. Both this policy and the “NYU SOM/Medical Center/Hospitals Center Policy on Gifts” will be included in the NYU SOM Student handbook and explicitly explained during First Year and Clerkship Orientations.

3. This policy will be included as part of all GMEC policies which are distributed to house staff and training programs and will be updated as necessary on the GMEC Policy webpage.

4. Upon formal approval by the Undergraduate Medical Education Curriculum Committee, the Graduate Medical Education Committee, and the Dean of NYU SOM this Policy will go into effect. The specific mechanisms for reporting and dissemination described above shall be defined and put into effect at the earliest opportunity and at such time this policy should be amended to reflect these specifics. All vendors will be notified about the specifics of this policy by the administration of the School of Medicine and the NYU Langone Medical Center.

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REVIEWED: 10/17 GMEC; Medical Board

For a full listing of Human Resources Significant Policies, please click on the Employee Resources within the AtNYULMC.org portal.
NYU Langone Medical Center
Clinical Quality and Safety for NYU Hospitals Center

Department of Clinical Quality and Effectiveness

Assuring that our patients receive the highest quality, safest care possible is central to the mission of the NYU Langone Medical Center and all its clinical care venues, both inpatient and outpatient. The NYUHC 2014-2015 quality and safety goals are:

• **Assure care of the highest possible value.**
  - Assure that everything we do is focused on improving our patients’ health, with no waste, no delay. Make every hospital day count.
  - Prevent hospital-acquired conditions, including infections, venous thromboembolism, pressure ulcers, and falls.
  - Assure compliance with nationally-reported processes of care. Most current nationally-reported measures can be found at [www.medicare.gov/hospitalcompare](http://www.medicare.gov/hospitalcompare).

• **Decrease preventable readmissions.**
  - Assure that the patient’s next care venue is optimal.
  - Communicate with the next caregiver about hospital outcome and anticipated next steps for care.

• **Delight our patients.**
  - Communicate clearly, patiently, respectfully with patients and family, about disease process, prognosis, medications, next steps.

Unit-based, service-based, and organization-wide teams are organized to achieve these goals. We welcome GME trainee involvement on any and all improvement teams.

We invite all GME trainees to attend root cause analysis and/or occurrence review, to experience how organizations learn from individual cases, applying lessons learned across the organization. We invite all GME trainees to submit projects for Quality-Safety Day, which happens every year in late May. Projects submitted by mid-April are eligible to win an award.

Progress toward quality and safety goals is tracked on the dashboard, and through centralized quality performance measurement that is posted on the NYUHC intranet: sign into atNYULMC, then proceed to Medical Center, Clinical, Hospital Operations, Clinical Quality and Effectiveness. Organization-wide quality and safety improvement activities are overseen by the Department of Clinical Quality and Effectiveness and the Office of Patient Safety-Risk Management. We welcome your ideas, involvement, feedback, questions, and suggestions.
### Department of Clinical Quality and Effectiveness

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<td>Abstractors/data managers: Jane Byrnes, RN Jung Lee, RN Jeanne McCloskey, RN Ryan Sullivan Jacqueline Murphy Jillian McGovern Kelly Feldman</td>
<td>Analysts: Marilyn Campbell, MSc Sally (Wai-Sha) Cheung, MPH Ross Whitsett, MA</td>
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<td>Abstractors/data managers: Melissa Eichele, RN Jenine Walsh, RN Catherine White, RN</td>
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**Office of Patient Safety – Risk Management**

The focus of the Office of Patient Safety – Risk Management is to

- Decrease significant reactions from known allergens:
  - Review and verify any medication, food or other substances that causes an allergic reaction, is contraindicated for the patient or the patient has demonstrated a past
intolerance at the time of admission, upon transfer and at discharge.

- Always identify the corresponding type of reaction
- Document a patient's allergies, intolerances or contraindications and corresponding reactions in the allergy section of the Electronic Medical Record (EMR) only. That information can then be pulled into documentation and is available for decision support.
- Review and update the allergy section of the EMR if a patient demonstrated an allergic reaction/intolerance/contraindication to medication, food, or another substance during a hospital admission or ambulatory/outpatient encounter.

Patient Safety/Risk Management invites all GME trainees to contact our department regarding any patient safety concerns or if a iatrogenic event resulted in harm to the patient. If you have any question, you can contact us at 212-263-7475.
The Office of Compliance

Office of Internal Audit, Compliance and Enterprise Risk Management

The Office of Internal Audit, Compliance and Enterprise Risk Management (IACERM) was established to support the Medical Center's commitment to the highest standards of conduct, honesty and reliability in our business practices. Compliance is all about doing the right things for the right reasons. IACERM is here to help the organization uphold our continued commitment to making proper and ethical decisions.

The Compliance Program applies to the entire Medical Center, the Hospital, the School of Medicine, all trustees, employees, medical staff, faculty members, volunteers and students. It includes detailed standards of conduct, training and education programs, monitoring systems, sanctions for noncompliance and compliance communication methods for reporting concerns regarding potential ethical or legal issues. Some major compliance risk areas include, but are not limited to:

- Federal and State False Claims Act and Whistleblower Protection
- The Referral Statutes: The Physician Self-Referral Law (Stark Law) and Federal Anti-Kickback Statute
- Payments to Reduce or Limit Services
- Emergency Medical Treatment and Labor Act (EMTALA)
- Substandard Care
- Relationship with Federal Health Care Beneficiaries
- HIPAA Privacy and Security Rules
- Billing Medicare or Medicaid Substantially in Excess of Usual Charge

The Compliance Program requires the commitment of everyone at the Medical Center, including but not limited to the Boards of Trustees, each department, employees and staff. Program success is everyone's responsibility. Program oversight, leadership, and guidance are obtained through the support of the Audit & Compliance Committee of the Boards of Trustees.

The Medical Center has promulgated standards of conduct, embodied in the NYULMC Code of Conduct. The Code requires all individuals associated with the Medical Center to conduct the Medical Center's business in accordance with federal, state, and local laws; professional standards; applicable federally funded health care program regulations and policies; and with honesty, fairness, and integrity. Employees should perform their duties in good faith, in a manner that they reasonably believe to be in the best interest of the Medical Center and its patients and with the same care that a reasonably prudent person in the same position would use under similar circumstances.

Monique Phillips, Director of Corporate Compliance & Integrity, is the designated Compliance Official for the Medical Center. She is responsible for the daily monitoring and implementation of our Compliance Program. Rebecca Kowalsky, Privacy Manager, is the Medical Center's HIPAA Privacy Official. She is responsible for the development, implementation and monitoring of the Medical Center’s HIPAA compliance initiatives. Both individuals report to Cyprian Devine-Perez, Vice President of IACERM, who reports to senior leadership and the Boards of Trustees of the Audit and Compliance Committee. If you have any compliance or HIPAA questions or concerns, you can call IACERM at (212) 404-4079.

Resolving Compliance and Privacy Issues
Compliance Helpline and Online Intake

The Medical Center culture promotes conduct that conforms to Federal and State laws as well as to our own ethical and business policies. A significant focus of the Compliance Program is to help prevent inappropriate conduct. If you suspect or detect an exception to our desired conduct that cannot be reasonably resolved through established procedures, then it is your responsibility to let us know about it. Call the Medical Center Compliance Helpline at 1-866-NYU-1212 (Toll Free, Multilingual 24 Hours a Day-7 Days a Week) or complete an online intake form at https://compliance.nyulmc.alertline.com. You may remain anonymous.

Examples of Helpline calls include, but are not limited to: employees with lapsed licenses, false documentation on reports to government agencies, fictitious vendors, mistakes in coding, scientific misconduct, and offers of items of value in exchange for referrals. These are only a few examples of compliance issues. If you are unsure whether there is a violation, report it! You are protected against retaliation for reporting a compliance concern.

HIPAA Helpline and Online Intake

If you discover a breach of protected health information (PHI), regardless of who was responsible for the breach, you are required to report the breach immediately to the HIPAA Helpline at 1-877-PHI-LOSS, to IACERM at 212-404-4079, or complete an online form at https://www.incidentform.com/HIPAA.nyulmc.jsp. The HIPAA Helpline and online form are available 24 hours a day, 7 days a week.

You are protected against retaliation for reporting a breach of PHI or for reporting a HIPAA concern. After you make a report, IACERM will work with you to investigate the breach and handle patient notification as required. You should not contact any patients that may have been affected by the possible breach. If patient notification is required, IACERM will make the notice in order to ensure full compliance with all regulatory requirements.

Examples of electronic breaches that must be reported include a lost or stolen laptop, tablet, smartphone, or flash drive that is used to store PHI. Examples of paper breaches that must be reported include faxing PHI to an incorrect number or person, mailing PHI to the wrong address or person, or failing to shred paper medical records or patient billing records prior to disposal. Breaches that happen by word of mouth include releasing PHI over the telephone or in person to an unauthorized individual. These are only a few examples of possible breaches of PHI. If you are unsure whether a breach has occurred, report it! For more information about HIPAA compliance, please visit the IACERM website.

Compliance and Privacy Badge Buddies

The Compliance badge buddy features the Compliance Helpline and online intake information on one side and the HIPAA Helpline and online intake information on the other. It is an easy and convenient tool. You should have received your badge buddy during Orientation. If you did not, please contact Compliance.Logon@nyumc.org to request one.

Physician Compliance

The focus of the School of Medicine and Faculty Group Practice Compliance Office is to provide physicians and administrative staff with compliance oversight and support with respect to physician billing practices. The goal is to eliminate any coding and billing errors in order to reduce the risk of any possible allegation of fraud, to create more accurate accounts receivable, and to identify systems that can be added or changed to improve physician-billing practices.

Accurate and thorough medical record documentation is the key to physician billing compliance and facilitates:

• Communication and continuity of care among physicians and others involved in the patient’s care
• Accurate and timely claims review and payment
• Appropriate utilization review and quality of care evaluations
7 Principles of Accurate Documentation

These 7 principles of accurate documentation are applicable to all types of medical and surgical services in all settings. For Evaluation and Management (E/M) services, the nature and amount of a physician’s work and documentation in a medical record varies by the type of service, the place of service and the patient’s status.

1. The medical record should be complete and legible.

2. The documentation of each patient encounter should include:
   - reason for the encounter and relevant history, physical examination findings and prior diagnostic test results;
   - assessment, clinical impression or diagnosis;
   - plan for care; and
   - date and legible identity of the provider.

3. If not documented, the rationale for ordering diagnostic and other ancillary services should be easily inferred.

4. Past and present diagnoses should be accessible to the treating and/or consulting physician.

5. Appropriate health risk factors should be identified.

6. The patient's progress, response to and changes in treatment, and revision of diagnosis should be documented.

7. The CPT and ICD-9-CM codes reported on the health insurance claim form or billing statement should be supported by the documentation in the medical record.

In order to maintain an accurate medical record, services should be documented during the encounter or as soon as practicable after the encounter. For more information, go to the Evaluation and Management Services Guide published by the Centers for Medicare & Medicaid Services (CMS). A Roadmap for New Physicians: Avoiding Medicare and Medicaid Fraud and Abuse assists physicians in understanding how to comply with applicable Federal laws by identifying “red flags” that could lead to potential liability in law enforcement and administrative actions. The information is organized around three types of relationships that physicians frequently encounter in their careers: relationships with payers, fellow physicians and other providers and with vendors. Guidelines for Teaching Physicians, Interns, and Residents provides teaching physicians, interns, and residents information about the payment for physician services in teaching settings.

Research Compliance

The Office of Research Integrity & Compliance (ORIC) helps ensure that the Medical Center community is in compliance with the complex array of regulatory requirements that govern research. The ORIC collaborates with departments under the Office of Science & Research to create an integrated research compliance program. In a continued effort to be proactive, the ORIC also provides training and information on new research-related regulations.
Research compliance involves many different areas but some areas are particularly vulnerable to risk either because of complex regulations or volume. Some of the more common risks in research compliance include, but are not limited to:

**Grants:** conflicts of interest, time & effort reporting, cost transfers, cost sharing, salary administration (effort reporting, institutional base salary, and salary cap), costs considerations (administrative and clerical costs, allowable costs, service centers), and facilities & administrative rate.

**Human Subject Protections:** definition of research, protected health information, equitable selection of subjects, informed consent process, vulnerable populations, risk/benefits analysis, adverse event reporting, and Good Clinical Practice.

**Animal Protections:** pain categories, USDA covered species, hazardous materials, and survival surgery.

**Lab Safety:** select agents, Material Safety Data Sheets, shipping & receiving biologics, infectious agents, recombinant DNA, and radio-isotopes.

**Responsible Conduct of Research:** scientific misconduct (plagiarism, fabrication and falsification), and authorship guidelines.

**Research Resources**
- Office of Science and Research
- Office of Research Integrity & Compliance
  - 212-404-4079
- Sponsored Program Administration
  - 212-263-8822
- Office of Clinical Trials
  - 212-263-4210
- Institutional Review Board
  - 212-263-4110
- Institutional Animal Care and Use Committee
  - 646-754-5255
- Office of Industrial Liaison
  - 212-263-8178
- Division of Laboratory Animal Resources
  - 646-754-4623

**Compliance Training & Education Requirements**

You are required to complete initial compliance education during your credentialing process, but your compliance training obligations do not end there. Periodically, IACERM requires the Medical Center community, including house staff, to participate in training as mandated by law and/or as required to allow you to carry out your responsibilities in compliance with the law. Continuing training and education of faculty and staff at all levels is a significant element of our Compliance Program.

Many Compliance courses are available on iDevelop, the Medical Center’s electronic learning management system, and additional courses are added periodically. After completing a course on iDevelop, you will be able to print a certificate of completion. It is important for you to retain a copy of your certificate(s) for your records so that you can establish your own compliance with the law when you wish to pursue opportunities at other medical institutions. You can always return to iDevelop at any time to reprint your own certificate.

**Compliance Contacts**
- Office of Internal Audit, Compliance and Enterprise Risk Management
  - 212-404-4079
  - compliance.med.nyu.edu
- Compliance Helpline
1-866-NYU-1212
https://compliancenyulmc.alertline.com
HIPAA Helpline
1-877-PHI-LOSS
https://www.incidentform.com/HIPAA.nyulmc.jsp
Compliance.Help@nyumc.org
Regulatory Survey Readiness:

What House Staff Need to Know

There are numerous federal, state, and accrediting organizations to survey the clinical and operational activities of the Hospital. In addition to CMS and the New York State Department of Health, the most well known is the Joint Commission ("TJC"). TJC is an independent, not-for-profit organization, which evaluates and accredits more than 16,000 health care organizations in the United States. The mission of TJC is to continuously improve the safety and quality of health care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.

To earn and maintain accreditation, an organization must undergo an unannounced on-site survey by a TJC survey team at least every three years. Surveyors observe practice, review policies, validate patient records, tour facilities extensively, and query employees to determine if they have received appropriate training about the Hospital. While an accreditation period may be up to 36 months, an accreditation survey visit may occur as early as 19 months in the continuum. All surveys by The Joint Commission are unannounced. These include the triennial survey, validation surveys or surveys “for cause”. An unannounced survey can occur at any time.

Licensing and Accreditation Standards

House staff are expected to be familiar with requirements established by CMS, NYSDOH and The Joint Commission and to demonstrate compliance with Hospital policies and procedures focused on meeting the intent of the standards. In order to assist you in becoming familiar with key components, a brief summary is presented below. It is also suggested that you periodically review information about regulatory requirements, which is available through various publications and communications across the Hospitals. There are more than 1,700 Joint Commission elements of performance with which the hospital must comply. Information about regulatory requirements, and particularly The Joint Commission standards may be found on atNYULMC, selecting Medical Center > Clinical Affairs > Regulatory Affairs.

For your learning convenience, the following is a summary of some key hospital policies that are critical to compliance with the Joint Commission and other regulatory agencies.

Medication Reconciliation – the physician or nurse practitioner must complete and document medication reconciliation on admission, discharge, and whenever a patient is transferred to a different level of care or different provider. The prescriber must indicate which medications are to be continued or discontinued. The list of medications includes herbas and vitamins. This reconciliation is to be performed for every medication. Please use the Epic navigators to address timely and complete medication reconciliation.

Documentation

- **Do not use abbreviations** – The Joint Commission prohibits the use of certain dangerous abbreviations. A list of the Do Not Use abbreviations can be found in every patient chart in the History and Physical Section. These abbreviations, if confused, can result in serious medication errors.
**Improve the Effectiveness of Communication**

**"Do Not Use" Abbreviations**

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<thead>
<tr>
<th><strong>Do Not Use</strong></th>
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<tr>
<td>Q.D./Q.O.D.</td>
<td>Write “daily”/“every other day”</td>
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<tr>
<td>.5mg</td>
<td>Use a “Leading Zero” 0.5mg</td>
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<tr>
<td>MgSO₄</td>
<td>Write “Magnesium Sulfate”</td>
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<tr>
<td>1.0mg</td>
<td>Omit a “Trailing Zero” 1mg</td>
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<tr>
<td>U/IU</td>
<td>Write “Unit”/“International Unit”</td>
</tr>
<tr>
<td>MSO₄/MS</td>
<td>Write “Morphine Sulfate”</td>
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**Cannot be written anywhere in the medical record!**

Please also remember to fully write out Left and Right.

When using an abbreviation, please make certain that it is taken from the list of approved abbreviations for use within NYULMC.

- **Error Correction** – in the event you enter incorrect or inaccurate information in a patient's medical record, there is a prescribed format for making a correction. If you have electronically documented in Epic, please use the “correction pathway”. If you are in a rare situation and using a paper record, you are required to draw a **single line** through the incorrect entry, date, time and write error. Then enter the correct information.

- **Telephone orders** – Telephone orders are discouraged. Residents are asked to log into Epic and enter the order. If off site, you can access Epic through a number of mobile devices or log in through atNYULMC. In the event a telephone order is issued, the written order must be countersigned within 24 hours. **When issuing a telephone order, the prescriber must wait for the person taking the order to write it down and read it back** (no face to face verbal orders may be given except in an emergency).

- **History and Physicals** -- A complete history and physical must be signed within 24 hours of admission. If the history and physical has been completed by a resident, the attending physician must countersign within 24 hours of admission.

- **Consent Forms** – All consent forms must be completed, without blank spaces or lines. Both the physician and patient, along with an interpreter if required for patient understanding must sign, date and time the document. The operating physician or proceduralist is expected to write a consent note further detailing the discussion with the patient.

- **Authentication** - All entries in the medical record must be signed, dated and timed.

- **Legibility** - All documentation in the medical record must be legible.
- **Coordination of care** - Daily progress notes by the resident and by the attending physicians should reflect knowledge of clinical observations and treatment plan previously documented by residents, physician assistants, and nurse practitioners.

- **Consultations** – in addition to calling the physician or service to request a consultation, a Consult Order must be entered in Epic.

- **Supervision** - Resident supervision must be clearly documented by the attending or the resident in the progress notes. A supportive note /countersignature by the attending is necessary to document supervision.

- **Post op notes** - A brief post op note must be entered in the chart immediately after surgery and the full operative report must be dictated within 24 hours.

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**Patient Rights**

- All employees and medical staff must be cognizant of patient privacy issues. Bed curtains should be used in patient rooms and patient information should not be discussed in public places.

- Informed consent must be obtained for all invasive procedures and must include documentation of the risks, benefits, and alternatives. Consents must be signed, dated, timed and witnessed by the physician, the patient, the witness and an interpreter if necessary.

- Patients have a right to know who is caring for them. It is expected that you will wear your I.D. badge above your waist and make certain that your name is showing.

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**Restraints and Seclusion**

- The avoidance of restraints and/or seclusion is encouraged.

- Physicians must write orders for every episode of restraints and renew every 24 hours on the general nursing units and every four hours on the psychiatric unit (for patients 18 and over). On the psychiatric unit, orders are limited to 2 hours for patients ages 9-17 and 1 hour for children under 9.

- In the acute care setting, the LIP must be notified within 12 hours of the initiation of restraints. A written order, based on the examination of a patient by an LIP, must be entered into the patient’s record within 24 hours. In psychiatry, the patient must be evaluated face to face within one hour of initiation of restraints.

- Physicians must document the rationale for the use of restraints, type of restraint and the specific time period for their use.

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**Patient Safety**

- Keeping our patients safe is a cornerstone of good care. The Joint Commission has outlined specific activities (National Patient Safety Goals) which can contribute to a positive patient outcome.
2014 National Patient Safety Goals

Improve accuracy of patient identification
- two patient identifiers: Name & DOB

Improve effectiveness of communication
- Test results to the right person on time

Improve the safety of using medications
- Label and verify all medications or solutions both verbally & visually
- Medications both on & off the sterile field are reviewed by entering & exiting staff
- Reduce the likelihood of harm associated with the use of anticoagulant therapy
- Document accurate Medication Information
- Provide education to prescribers, staff, patients and families regarding antithrombotic therapy

Reduce the risk of healthcare-associated infections (HAIs)
- Hand Hygiene
- Prevent MDROs, CLABSI, Surgical Site Infections and Catheter Associated Urinary Tract Infections

The hospital identifies safety risks inherent in its patient population
- conduct a risk assessment that identifies characteristics & environment features that may increase or decrease risks
- address patient’s immediate safety needs
- when patient leaves the hospital, provide suicide prevention information
- Use Universal Protocol to prevent wrong-person, wrong-site, and wrong-procedure surgery

Conduct a pre procedure verification process
- Mark the site
- Identify procedures that require site marking
- Mark the site prior to procedure
- Site is marked by the physician or other LIP accountable for procedure
- A robust time-out is performed before the procedure
- The time out is documented.

Survey Process

When a hospital is surveyed, the inspectors may use an approach that is referred to as the tracer methodology. The surveyor selects a patient record and then “trace” the patient’s care throughout the organization. For example, they may start on an inpatient unit by reviewing a medical record discussing the care with the team who is taking care of the patient. Then they proceed to visit all of the areas that the patient encountered during their stay (e.g. operating rooms, radiology, etc.). The surveyor may also review the credentialing file of the physician in charge of the patient’s care, the resident’s file or the files of staff members they speak with during the tracer. Any areas of concern are noted and further reviewed. It is imperative that you can: (1) clearly discuss the care of patients
covered by your team; (2) know who you would contact if you had a patient care concern; (3) understand the scope of what you are permitted to do under both direct and indirect supervision; and (4) how you would respond to an emergency situation whether it be a patient related or facility issue. You may also be asked about communicating safety concerns and how you would notify an untoward event.
HIM/Medical Records

Health Information Management Department (Medical Records) of Tisch Hospital and Rusk Institute of Rehabilitation Medicine

A. Gabriela Grygus, MBA, RHIA, Senior Director of Health Information Management

B. Department Contact Information:

Department Hours

Monday through Friday- 8:00 a.m.- 12 midnight
Saturdays, Sundays & Holidays - 9:00 a.m.- 5:00 p.m.

<table>
<thead>
<tr>
<th>Name/Service</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabriela Grygus, Senior Director of HIM</td>
<td>(212) 263-5495</td>
</tr>
<tr>
<td>Nina Gore, Assistant Director of Operations, HIM</td>
<td>(212) 263-5881</td>
</tr>
<tr>
<td>Chart Completion Area</td>
<td>(212) 263-0252, X 74301</td>
</tr>
<tr>
<td>Dictation Numbers/Status/Assistance</td>
<td>(212) 263-5493</td>
</tr>
<tr>
<td>Main Number (Chart Requests &amp; Death Certificates)</td>
<td>(212) 263-5497</td>
</tr>
</tbody>
</table>

Dictaphone Dictation System

In-house dictation extension                         | X 32201 |

House staff dictation ID is **1111**

*Name of the Attending must be dictated*

Dictaphone dictation phone number

*when dictate from offsite*

(877) 424-2781

Site ID 294

Dictation Work types

10- Operative Report

11- Discharge Summary

► Medical Record Documentation Requirements at NYULMC

Please note: Only Attending physicians are assigned to complete deficiencies.

- Medical Records must be completed as soon as possible after discharge.

- All entries must be dated, timed and signed.

- History & Physical examination must be performed within 24 hours of admission. If the H&P is not performed by Admitting Attending, the H&P documentation must be reviewed and co-signed, dated and timed by Admitting Attending within 24 hours of admission but
prior to any procedure. If History & Physical examination performed 1 to 30 days prior to admission/arrival the H&P documentation must be reviewed, an examination to update any changes in the patient’s health status must be performed, and any additions or changes documented, dated and signed within 24 hours of admission but prior to any procedure.

- Verbal orders must be signed within 24 hours.
- All pre-operative diagnoses are recorded before surgery/procedure.
- A brief operative note must be entered in ICIS immediately following surgery/procedure.
- An operative report is to be dictated immediately following surgery/procedure.
- A discharge summary may be entered in ICIS at the time of discharge for all inpatients or dictated in Dictaphone.
New York University Medical Center Insurance Department

Contact Information: Michael Browdy, Director of Insurance  
Location: 215 Lexington Avenue, 14th Floor  
Fax Number: (646) 501-3026

<table>
<thead>
<tr>
<th>Name</th>
<th>Responsibility</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Browdy, Director</td>
<td>For information regarding legal papers and Professional Liability Actions</td>
<td>(646) 501-3045</td>
</tr>
<tr>
<td>Mecca Hawkins</td>
<td>For Claims Histories and Information regarding professional liability insurance coverage</td>
<td>(646) 501-3047</td>
</tr>
</tbody>
</table>

Malpractice
Negligence is the predominant theory of liability concerning allegations of medical malpractice, making this type of litigation part of Tort Law. Since the 1970s, medical malpractice has been a controversial social issue. Physicians have complained about the large number of malpractice suits and have urged legal reforms to curb large damage awards, whereas tort attorneys have argued that negligence suits are an effective way of compensating victims of negligence and of policing the medical profession.

Legal Definition
Medical malpractice is defined as the improper, unskilled or negligent treatment of a patient by a physician, or other healthcare professional.

A person who alleges negligent medical malpractice must prove four elements:
(1) A duty of care was owed by the physician;
(2) The physician violated the applicable standard of care;
(3) The person suffered a compensable injury; and
(4) The injury was caused in fact and proximately caused by the substandard conduct.

The burden of proving these elements is on the plaintiff in a malpractice lawsuit.

Steps Leading to a Malpractice Action

1. The patient meets with a plaintiff’s attorney to discuss the care in question. A determination is then made as to whether the filing of an action at this time would be within the statute of limitations which is 2 ½ years from the act or omission complained of or from the end of a continuous treatment during which this act or omission took place. The exceptions to this time period are:
   a. within 1 year from the date upon which the foreign object was discovered or should reasonably have been discovered.
b. Infants: 10 years  
c. **Wrongful Death:** 2 years from the date of death

2. The patient signs an authorization for the release of their medical records to the attorney.

3. The attorney has the records reviewed by a physician who gives an opinion as to whether or not malpractice has occurred. If the physician reviewer believes that it has, the attorney will sign a certificate of merit, which will accompany the Summons & Complaint when it is served.

4. The attorney prepares the Summons which is then served on the physician or someone authorized to accept service for that physician. This starts a civil action and gives jurisdiction over a party. It can be either a **Summons & Complaint** or a **Summons with Notice**.

   a. **Summons with Notice:** gives formal notification to the party that has been sued in civil case of the fact that the lawsuit has been filed. The Summons also tells you the type of court in which the case will be heard, usually Supreme Court, and it will tell you the venue (location) which is one of the Counties, usually the one in which the care took place.

   b. **Summons and Complaint:** This Summons tells you the above information and the Complaint tells the court what the plaintiff wants and vaguely describes the allegations of malpractice.

**Defendant’s Response**
The individual who is sued is the defendant and he can be served with legal papers in a number of ways:

1. **Personal Service:** The papers are given directly to the physician. With this type of service, the defendant has **20 days** (exclusive of the day of service) in which to have his attorney put in an **Answer**. The Answer is the document in which the attorney denies all allegations and demands a Bill of Particulars which lists the allegations in very specific detail.

2. **Substitute Service:** The papers are given to some other person of standing, i.e. office manager, secretary in Dean’s Office. With this type of service, the defendant has 30 days in which to have his attorney put in an **Answer**.

3. **Mail:** This can be sent to the physician’s address along with 2 copies of “statement of service by mail and acknowledgement of receipt.” With this type of service, the defendant has **30 days to return the receipt and 20 days from the return of the receipt to have his attorney put in an Answer for him**.

A failure to Answer or serve a Notice of Appearance results in a default judgment against the physician for the relief demanded in the Complaint. Legal papers must be dealt with **properly and promptly**.

**Other Legal Papers**
The other legal papers that you may see are called **Subpoenas**. These documents can be either be a request for an examination before trial (EBT), trial testimony, or for the production of records in your possession (Subpoena Duces Tecum).

**What To Do If You Receive Legal Papers**
If a process server attempts to serve you with papers, accept them. **Do not try to deny who you are or try to “get away”**. More often than not, service will be accepted for you in our Office of Legal
Counsel who will send you a copy of the papers. In addition, a copy of the papers is sent to the NYU Insurance Department. Whenever you receive legal papers, no matter how you receive them, you must call the NYU Insurance Department and speak with Michael Browdy (646) 501-3045. Instructions and reassurance will be provided. Do not discuss the matter with anyone other than the above and your assigned attorney. Do not attempt to review the medical records. That will be done at a later date with your attorney. You will be guided closely and skillfully through the legal process.
Department of Social Work

A. Department Contact Information:

Director: Thomas Sedgwick 212-263-5077 or 212-263-5018 (Main Number)

Department Office Hours: Monday thru Friday 9:00-5:00pm

In-House Social Work Coverage: There is social work coverage on all of the hospital units, the PUC give covering social worker contact).

In addition, there is Sunday thru Saturday coverage, 9am-7pm, pager 1299

ED Hours: 24X7 social work coverage pager 1662

Saturday In-House Social Worker: 9:00 – 5:00pm pagers 1903 & 2108 (pager 1299 from 5pm to 9pm)

After Hours/Weekend on-Call CM/SW Manager, 24 hour phone line: 646-501-0200

Equipment Liaison (Medstar): 212-263-8249

Transportation: 212-263-8252 or 646-501-0759

(The hospital has a charity care policy for patients who need financial assistance with their bill. Patients and families can call 1-866-486-9847 if they need information.)

On-Site Home Care Vendors:

Visiting Nurse Service of New York 212-263-8959

Revival Home Care: 212-263-6681

Domestic Violence: Department of Social Work staff is trained to assess survivors of domestic violence, provide supportive counseling, and refer patients to needed services. Call 212-263-5018 OR page ED social work at 1662.

Department of Social Work is part of an interdisciplinary team, responsible for counseling and referrals for post hospital care. Referrals are provided to home care services, hospice and palliative care, nursing homes, and rehabilitation facilities. The social worker works with an RN Care Manager and with the interdisciplinary team to facilitate safe and timely discharges. Social Work is available to provide supportive counseling to patients and families.

The RN Care Managers in the department are responsible for coordinating all high-tech home infusion cases (Call 212-263-6601, 9-5 M-F)
Child Protection:

NY State Social Service Law, Sections 412 and 413, and New York State Family Court Act, Section 1012 require the reporting of cases of suspected child abuse and neglect to the New York Statewide Central Register for Child Abuse and Maltreatment (SCR) 1-800-635-1522, for investigation by the local child protective services.

The Hospitals Center staff has the responsibility of intervening in any situation of suspected child abuse or maltreatment to protect the child from further abuse or maltreatment. The key to recognition of the problems is a constant awareness of the possibility of its existence through ongoing education of Hospital staff, and administrative organization to facilitate reporting of suspected cases. Implementation of this policy is carried out by the Chairperson of the Child Protection Committee and Child Protection Coordinator.

SUPPORTIVE DATA
1. Child abuse and neglect, or the suspicion of such abuse or maltreatment, mandates that all health care professionals report this to the NY State Central Registry (SCR). Further, if any child is/are before them in their professional or official capacity, and state(s), from personal knowledge, facts, conditions or circumstances which, if correct, would render the child as an abused or maltreated child additionally requires that the professional report the parent(s) or person(s) legally responsible to the authorities as well.
2. In furtherance of this mandate, the parenting responsibilities of all adult patients (including psychiatric patients) with minors in their homes must be considered as part of the initial assessment and ongoing treatment plan.

DEFINITION OF TERMS & CONDITIONS
1. Child Abuse
An “abused child” is a child less than eighteen years of age whose parent(s) or other person(s) legally responsible for his/her care, by other than accidental means:
   a. Inflict(s), or allow(s) to be inflicted upon the child, serious physical injury, or
   b. Create(s), or allow(s) to be inflicted a substantial risk or physical injury, or
   c. Commit(s), or allow(s) to be committed against the child, a sexual offense as defined in the penal law.

2. Child Neglect
A “neglected child” is a child less than eighteen years of age whose physical, mental or emotional condition has been impaired, or is impaired, as a result of the failure of his parents(s) or other person(s) legally responsible for his/her care to exercise a minimum degree of care:
   a. In supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so, or offered financial or other reasonable means to do so, or
   b. In providing the child with proper supervision or guardianship, or
   c. By using a drug or drugs, or
   d. By using alcoholic beverages to the extent that (s)he loses self-control of is/her actions, or
e. By any other acts of a similarly serious nature requiring the aid of the Family Court, or
f. Abandonment.

3. Child Maltreatment
A “maltreated child” is a child less than eighteen years of age who is either:
   a. “Neglected”, as defined above, or
   b. Has had serious physical injury inflicted upon him by other than accidental means.

4. Access to Medical Records
When a child is reported to the State Central Registry (SCR) for suspected child abuse or maltreatment, a representative from the Administration for Children’s Services (ACS), detectives from the Special Victims Squad (SVS) or the police may come to the Medical Center as part of their investigative process.
   a. Patient Information is to be kept confidential at all times. These representatives are not entitled to any more than what is contained in the SCR report. If there are questions as to the relevance of some of the information presented on the SCR report they should be directed to a medical person (preferably the attending physician) who can explain why the findings reported may indicate abuse/maltreatment.
   b. ACS may have access to whatever pertinent medical information is in SCR report provided to them; however, ACS, SVS, or the police should not be given access to the patient’s medical record beyond that pertinent medical information that is part of the report provided (neither supervised review, nor a copy). If they insist on having this access, ACS and/or the police can bring an action for declaratory judgment or issue a subpoena for the information required.
   c. If the hospital has not made a report to SCR, release of information, a HIPAA consent or subpoena is required to obtain any information.

5. Child Protection Consultant
The Child Protection Consultant chairs the Child Protection Committee, which is made up of multidisciplinary staff at NYU Hospitals Center; its role is to review cases and to assist the staff in the decision to report a case to the SCR.
   a. Serving as the primary consultant, the Child Protection Consultant may also advise the staff about other medical tests or procedures that can be done to help with the assessment in suspected situations.
   b. On the request of the Child Protection Consultant (a specially trained pediatrician, the committee is notified about a suspected case of child abuse/maltreatment.

6. Child Protection Coordinator(s)
The Child Protection Coordinators at each site (Tisch/Rusk and HJD) are members of their respective Social Work Department at NYU Hospitals and communicate regularly with each other.
   a. The Coordinator(s) are a liaison with the Administration of Children’s Services (ACS) and facilitates the exchange of information between the Hospitals Center staff and this child protection agency in the community when needed.
b. The Coordinator(s) works with the respective health care team of the site to review cases and help with the decision that there is reasonable cause to suspect abuse/maltreatment and to call the State Central Registry (SCR).

c. The Coordinators communicate their activities ultimately to the Child Protection Committee and to the Pediatric Quality Improvement Committee that report to the Medical Board.

7. Failure to Report
Any mandated reporter who willfully fails to make a report may be guilty of a Class A Misdemeanor. Furthermore, any mandated reporter who knowingly and willfully fails to do so may be civilly liable for damages caused by the failure to report.

8. Immunity of the Reporter
To encourage prompt and complete reporting of suspected child abuse and maltreatment, the Social Services Law of NYS affords mandated reporters certain legal protections from liability. Any mandated reporter who in good faith makes a report, photographs and/or takes protective custody, has immunity from any liability, civil, or criminal action that might be a result of such actions.

9. Mandated Reporters
Mandated reporters are those individuals who:

a. Must report, or cause a report to be made, whenever they have reasonable cause to suspect that a child coming before them in their professional (includes licensed personnel in NY State) or official capacity is abused or maltreated, or

b. When they have reasonable cause to suspect that a child is an abused or maltreated child where the parent, guardian or custodian or the person legally responsible for the child comes before them in their professional or official capacity and states from personal knowledge, facts, conditions, or circumstance which, if correct, would render the child an abused or maltreated child.

c. Hospital personnel engaged in the admission, examination, care, or treatment of persons are considered to be Mandated Reporters of child abuse or maltreatment.

d. Other hospital staff, who are not legally mandated reporters, such as escort, building services, and ancillary clinical staff are advised to contact their supervisor if they have any concerns about a child who may be suspected to be a victim of abuse or maltreatment.

Certain mandated reporters must take all appropriate measures to protect a child’s life and health including, when appropriate, taking protective custody of a child without the consent of a parent or guardian if such mandated reporter has reasonable cause to believe that the circumstances and condition of the child are such that for the child’s care presents an imminent danger to the child’s life or health.

a. Hospital Administrators have the authority and responsibility to take a child into protective custody when contacted by the clinical team who is treating the child since the team is
comprised of mandated reporters. The child is to be admitted to the hospital pending further investigation. This action can be done without a Court Order and without the consent of parent(s) or other legally responsible person(s) as directed by the Social Services Law until the child can be transferred to an authorized protective services agency. However, a call to the NY State Central Registry – Mandated Hotline needs to be made. Hospital Security may be required in the event the parent(s) attempt(s) to remove the child from the premises against the advice of the medical, nursing and social work staff.

**Child Protection Consultation Team**

The Child Protection Consultation (CPC) Team provides education and consultation regarding the complex issues surrounding child maltreatment via the availability of an interdisciplinary team of health care professionals (physicians, social workers, nurses, etc.) with specialized education in both applied child abuse and the psychosocial evaluation process. The Chairperson of the Child Protection Committee is a pediatrician who has expertise/training in child abuse pediatrics. The Chairperson is the child protection consultant for all cases, and is responsible for a call-schedule of other pediatric child protection physicians who are his/her designee. All referrals for Child Protection Consultation or educational in-services are sent through the CPC chairperson, CPC coordinator or Social Work Department where they are reviewed and assigned appropriate team members. In the case of suspected child abuse or maltreatment, as in the case of acute life-threatening emergencies, the hospital may bypass the usual requirements for consent of the patient or parent/guardian for treatment or admission, following the appropriate guidelines as defined in the NYS Social Services Law and NYU policy.

Child protection consultation requests may include, but are not limited to, the following case types:
1. Concerns of possible child abuse, neglect or maltreatment which arise in the clinical care of children and their families;
2. Concerns related to laboratory or imaging findings which may indicate suspected child abuse or neglect;
3. Communication and cultural practices impacting patient medical care;
4. Family dynamics impacting patient medical care;
5. Disagreements among healthcare team members and/or families regarding suspected child abuse or neglect;
6. Refusal of medically indicated treatment;
7. Unexpected deaths, especially those reported to the office of the medical examiner;

**Contact Lists, Hours, Titles**

**Tisch:**
**Social Work Department:**
Monday through Friday:
9 AM – 5 PM: 212-263-2018

Emergency Room:
24 hours, seven days a week
Beeper 1662

Saturday and Sunday:
Tisch Hospital Social Work: 9 AM – 5 PM beeper 1903 and beeper 2108

* All other times: by telephone through the Communications Department x37411 if needed. Social Work Management staff carries a phone (646-501-0200) on a rotating basis for evening, night and holiday coverage and available for consultation; they will attempt to arrange for a social worker to come to the Medical Center to assist with the patient/family assessment if agreed upon by all the treatment team members that this is necessary and the situation cannot be managed by the ED staff or over the telephone.

**Child Protection Consultation Service:**
Monday - Friday
Dr. Vincent Palusci, MD
Office: 212-562-6073
Pager: 917-313-0310
*After hours Consultation Service coverage can be obtained through the ED at extension 35550 or through the Social Work Management Staff On Call via the Page Operator 37411 who have access to the afterhours on call schedule.

**Child Protection Coordinator:**
Monday - Friday
Dennis Sklenar, LCSW
Extension: 35018 or 30885
Beeper: 1674
Blackberry: 646-315-0692
*After hours Social Work consultation can be obtained through the Page Operator 37411.

**Emergency Department:**
Susan Torrey, MD,* **Director**, Pediatric Emergency Medicine Extension 30250
Cell: 917-593
*Dr. Torrey should be notified of suspected child abuse/maltreatment and DOA cases that present in the ED at any hour

**Please refer to the corresponding Patient Care Standards:**

**Interdisciplinary Structure Standards:**
Child Abuse & Maltreatment
Child Protection Consultation Team
Interdisciplinary Process Standards:
Identification & Management of Suspected Child Abuse & Neglect
Taking of Photographs of Suspected or Actual Abuse Victims

These Patient Care Structure Standards are available on the Medical Center’s Intranet under Patient Care and Nursing Standards

The Medical Center’s Child Protection Policy is located in the Rules and Regulations of the Medical and Dental Staff accessed through the Medical Center’s Administrative Policy and Procedure Manual via the medical center’s intranet.
Emergency Management and Fire Safety

The mission of the Department of Emergency Management + Enterpirse Resilience is to work with the staff and students of NYU/Langone Medical Center to prepare for, respond to, recover from, and mitigate the effects of disasters.

Preparedness starts with each of us.
You should be personally prepared for emergencies—have a plan, prepare a “go bag,” and learn how to stay informed.

Learn more from sites such as--
FEMA
http://www.ready.gov/

NYC OEM

NYULMC Emergency Management and Enterprise Resilience
http://central.nyumc.org/clin/admin/e-mgmt/Pages/home.aspx

Contact Information:

For EMERGENCIES in the hospital call 3-3911

For non-emergencies and information on Emergency Management and Enterprise Resilience (EM+ER) contact:
David Bernstein, Program Coordinator, EM+ER,
212-263-2090
david.bernstein2@nyumc.org
Hospital Codes

There are a few “codes” that will be announced by the overhead paging system or through pagers. You should have a “badge buddy” attached to your ID card for convenient reference.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>Code Red</td>
<td>Fire</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Violent Situation</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>Bomb Threat</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Child/Infant Abduction</td>
</tr>
<tr>
<td>Code 1000</td>
<td>Internal/External Emergency</td>
</tr>
<tr>
<td>Code Purple</td>
<td>Lockdown</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Cardiopulmonary Arrest</td>
</tr>
</tbody>
</table>

Fire Safety “Code Red”

The announcement Code Red means that there is a fire situation.

What would you do if you discovered a fire?

Follow the R.A.C.E. protocol:
- **Rescue** anyone in immediate danger of fire and call out “Code Red”
- **Alarm** - activate the nearest fire alarm pull station and call Ext. 33-911 (give your name and exact location of the fire)
- **Contain the fire and smoke by closing all doors and windows.**
- **Extinguish** the fire, if safe to do so, with the proper fire extinguisher. Evacuate depending on severity of fire.

How do you operate the fire extinguisher?
- **Pull** out the pin
- **Aim** at the base of the fire
- **Squeeze** handles together
- **Sweep** from side to side at the base of the fire

*** Please visit the Emergency Management website at the above-listed web address for newly posted information. ***
Bellevue Hospital Center
The NYU School of Medicine Affiliation Office manages the Affiliation Agreements between the School of Medicine and three of the NYC HHC (Health and Hospitals Corporation) facilities - Bellevue Hospital Center, Gouverneur Healthcare Services, Coler-Carter Specialty Hospital and Nursing Facility, and Woodhull Hospital. These affiliation agreements are multi-million dollar professional contracts for providing physicians, midlevel providers and technical staff to the affiliated hospitals. The agreements also cover a portion of the costs of residency training directors, coordinators and other expenses related to the teaching and training functions.

The Affiliation between Bellevue and the School of Medicine has a long and historical past. As a resident you will have the privilege of taking care of patients who will value your expertise more than you can imagine and you will work alongside staff who daily take on the challenges of providing top quality care in a public hospital, many of whom have devoted their careers to this selfless effort.

We are proud of our ability to provide services to the patients of Bellevue and expect all who enter Bellevue’s doors wearing an NYU badge to show the utmost in respect and compassion for this most venerable of medical institutions, its patients and staff.

While the majority of the activities of the Affiliation Office revolve around faculty and staff, there are some areas that pertain to House Staff and you need to be familiar with these.

Our contract includes Performance Indicators. These are measurable indicators of performance such as timely discharge of patients, timely dictation of operative reports etc. Below is a list of indicators that are a part of our contract with Bellevue. As you can see, these are logical and laudable goals. It is incumbent upon you to comply with these indicators. The Affiliation Office will contact you and your Department if you are non-compliant. Please assist us in achieving and maintaining our compliance goals.

**Efficiency**
- Timeliness of start time for operating room

**Documentation**
- Operative reports dictated within 24 hours
- Ambulatory care note verified within 24 hours
- Medical records completed within 30 days of discharge
- Use of standardized JCAHO-approved abbreviations

In addition to the above, you will be required to do several on-line training modules pertaining to HIPAA and Fraud Awareness and Compliance (coding and billing procedures). These courses are also mandatory and governed by Federal regulations. Some of the training completed at Bellevue will also give you credit at Tisch Hospital. *(BUT NOT THE OTHER WAY AROUND!)* Bellevue Mandates is also a required course which must be completed on an annual basis.
The web sites for HIPAA and Compliance are as follows:

HIPAA (this may consist of multiple modules offered at different times) is offered via the Bellevue PeopleSoft system and weekly live courses are available. Fraud Awareness & Compliance which is designed to ensure compliance with the requirements of Compliance Regulations, including, without limitation, adherence to proper coding and billing procedures. Online, Computer-based Compliance Training **MUST** be completed by NYU residents and physicians who see patients at Bellevue. This annual Bellevue training requirement for residents and physicians should be accessed at the following link, using your Windows Login ID and password received by Bellevue: [https://elm.nychhc.org](https://elm.nychhc.org). Once you login, you should click on MAIN MENU and then navigate to SELF SERVICE --> LEARNING --> ALL LEARNING. On the ALL LEARNING page, make sure the filter is set to **MY E-LEARNING TO COMPLETE** and then you should be able to see the Physicians module and be able to click on the LAUNCH button. Please note that the training is approximately one hour and you should **print out the certificate of completion at the end for your records**. If you encounter technical difficulties, please contact the Enterprise Service Desk at (877) 934-8442; in-house Bellevue extension 3400; or you can create a ticket by e-mailing [EnterpriseServiceDesk@nychhc.org](mailto:EnterpriseServiceDesk@nychhc.org).

Bellevue Mandates is available via the PeopleSoft system. This course provides pertinent updates about Bellevue Hospital which includes but is not limited to the Environment of Care, Customer Service, Cultural Competency, Fall Reduction, Family Violence and Victims of Abuse, and components of HIPAA and Compliance.

Enjoy your time at Bellevue and never hesitate to contact the Affiliation Office with any questions or concerns you have regarding Bellevue. We are available to troubleshoot issues for you, direct you to the most appropriate office to address your concerns, as well as advocate for you when necessary.

**Denise Dudley**
Affiliation Administrator
Director Clinical/Hospital Affairs

**Elizabeth Deleon-Perez**
Affiliation Coordinator

(212) 263-6264 phone  
(917) 829-2051 fax
Bellevue Hospital Center Nurses Welcome You!

- Welcome to Bellevue Hospital Center, we have an interdisciplinary approach with our patients.
- Nursing monitors and reports on the following: 2009 National Patient Safety Goals to various committees.
- It is very important that you be aware of the following National Patient Safety Goals (NPSG):

**Goal 1: Improve the accuracy of patient identification:**

- Use two identifiers before administering medication, performing a procedure and treatment by:
- Asking the name of the patient and check the Medical Record number with the ID band

 OR
- Ask the name of the patient and check the date of birth (CLINICS ONLY)
- All specimens collected must be labeled in front of the patient.
- You must use patient identifiers when providing treatment or procedures.
- Patient identifiers are used when administering medication, blood or blood components.

**Goal 2: Improve the effectiveness of communication among caregivers.**

- There is a LIST of abbreviations that we CANNOT use; check the computer the list is available for your viewing.
- This is monitored weekly and the name and Title of the staff using inappropriate abbreviations will be reported in hospital wide committee’s.
- We use the SBAR format for handoff communication:
- **S**-Situation, **B**-Background, **A**-assessment, **R**-recommendation
- TICKET TO RIDE is in MYSIS being piloted and is used as a handoff when sending patients for diagnostic tests for the next caregiver.

**Goal 3: Improve the safety of using medication**

- Concentrated electrolytes are not available on the units.
- **High Alert medications such as: Insulin, Heparin, Morphine, Fentanyl, Dilauded**, are required to be verified by two Nurses: the drug, dosage, and signatures in the Medication Administration Record.
- There is a list of **LOOK ALIKE SOUND ALIKE (LASA)** medication and the list is reviewed and posted annually.
- Use only **APPROVED ABBREVIATIONS** for medication and your progress notes.
- All unlabeled medication need to be labeled: syringes, cups, and basins.

**Goal 7: Reduce the risk of health care associated infections:**
- **HANDWASHING**, adherence to aseptic techniques, prevent VAP(Ventilator Acquired Pneumonia) by using protocol, adherence CLABSI protocol (Central Line Associated Blood Infections), SSI (Surgical Site Infections), and MDRO(Multi-Drug Resistant organism)
- You must wash or use the hand gel in-between patients.
- We are monitoring compliance with all disciplines regarding this process and it is reported monthly.

**Goal 8: Accurately and completely reconcile medications across the continuum of care:**
- A medication list is generated upon admission, it is then reconciled during the length of their hospital stay and once again upon discharge.
- This medication list will be provided to the patient, next caregiver, or designated family member.
- Medication is only reconciled the Physician, it is Physician generated.

**Goal 9: Reduce the risk of harm resulting from falls:**
- The following IHI(Institute for Health Care Improvement) fall and injury prevention strategies were implemented:
  - The use of skid proof shoes, furniture with sharp edges are removed, bathroom and shower grab rails were installed, wet floor signs are re-in forced, environmental rounds 30 minutes are done to anticipate patient needs, wheel chairs with anti- tippers, bathroom use is offered prior to medication administration, high risk patients are placed closer to the Nurses Station, beds are placed on the lowest position, **YELLOW** falling star is placed at the bedside.
  - We approach the patient as a **TEAM** to prevent falls with injury.

**Goal 10: Reduce the risk of influenza and pneumococcal disease in institutionalized older adults:**
- Educate and encourage your patients to accept the flu and pneumonia vaccine.
- This is a team effort we must increase our compliance.

**Goal 11: Reduce the risk of surgical fires**
- Controlling the heat source such as lasers and electrocautery.
- Users will activate the unit only when the tip is in view; deactivate the unit not in use.
- Surgeon will inform the anesthesiologist when to stop the supplemental oxygen at least for a minute before the use of the laser. Lasers should be on standby when not actively in use.
- Post sign outside the door to indicate the laser is being used during a procedure.
Goal 13: Encourage patient’s active involvement in their own care as a patient safety strategy
- There is the “SPEAK UP,” campaign wherein the patients are encouraged to report their complaints about safety.
- They are also encouraged to ask their caregivers to wash their hands.

Goal 14: Prevent health care associated pressure ulcers (decubitus ulcers)
- Skin assessment is done for all Nursing admissions using the Braden scale.
- We turn the patient every 2 hours based on the skin care protocol.
- We have a wound care team and weekly interdisciplinary rounds are done.
- Pictures are taken of the pressure ulcer once identified upon admission and placed in the chart.

Goal 15: The organization identifies safety risks inherent in its patient population.
- In the Nursing Admission we ask if they have a history of suicide, we assess the mood and assess their appearance.
- If they are suicidal the Nurse will notify the Physician and place the patient on 1:1 suicide precautions. This entails a staff member monitoring the suicidal patient at arm's length at all times including when the patient is in the bathroom or showering.
- An order must be obtained immediately.
- The order has to be re-newed EVERY 24 hours.
- When a patient is on 1:1 suicide precautions the staff member assigned is with the patient at all times arm’s length.
- *A Psychiatric consultation will be done by the Physician immediately for the suicidal patient.*
- In Psychiatry the process is much more stringent. There are specific protocols to follow most importantly- THE UNIT DOORS ARE LOCKED AT ALL TIMES, when you enter a Psychiatric unit ensure that no one has followed you in or out the unit. Consult the Psychiatric Department Staff.
- Always inform the Head Nurse or ask the Charge Nurse if you any questions regarding the patient’s safety risks.

Goal 16: Improve recognition and response to change's in patients' condition:
- We have an **RAPID RESPONSE TEAM (RRT)** that responds to the units for any changes in the patients' condition.
- How to activate the RRT: Call 4311 and provide the unit, and room number
RESTRAINTS:

**MEDICAL INDICATION:** 1) Vital medical device/s in place. If removed inadvertently will threaten patients’ life and limb 2) Patient attempting to pull medical device/s or drains 3) Patient has succeeded in removing medical device/s or drains.

- A face to face evaluation will be done by the Physician for every initiation and for every episode.
- A restraint order has to be done every 24 hours.
- It must be indicated in the care plan and the progress why the patient is in restraints.
- A Registered Nurse may initiate the restraint but an order must be obtained **within 1 HOUR**.
- When patient is discharged or has expired you must discontinue the restraint order.
- There is a RESTRAINT ORDER FORM that has to be filled up appropriately when a patient is in restraints. This is monitored closely by NURSING and all deficiencies will be reported according to department.

**BEHAVIORAL INDICATIONS:** 1) Imminent danger to self and 2) Imminent danger to others

- When a patient is acting out behaviorally that causes them to be an imminent danger to self and others the seclusion/restraint flow sheet for Behavioral indications must be done.
- A face to face evaluation will be done by the Physician for every initiation and for every episode.
- Time limit for Behavioral Restraints: 2 hours for Adults, 2 hours for ages 10-17 years old, and 1 hour for ages 9 and below.
- There is no such thing as a renewal, every episode is a new episode the seclusion/restraint order form must be done.
- It must be indicated in the care plan and the progress why the patient is in restraints.
- The patient must be entered into the Violence Reduction Program.
- There is a log where all restraints and seclusions are being logged it is a requirement by Office of Mental Health; this is being done by Nursing QM.
- A Registered Nurse may initiate the restraint but an order must be obtained **within 1 HOUR**.
- There is a RESTRAINT/SECLUSION ORDER FORM that has to be filled up appropriately when a patient is in seclusion or restraints. This is monitored closely by NURSING and all deficiencies will be reported according to the department.

**NURSING ORGANIZATIONAL CHART:**

- Nursing Deputy Executive Director
  - The Deputy Executive Director oversees all Departments of Nursing at Bellevue Hospital Center.
- Associate Executive Director
- Senior Directors of Nursing
- Director of Nursing
- Associate Director of Nursing
- Assistant Director of Nursing
- Nursing Supervisors
- Head Nurses
  - They are unit based, and are in charge of their specific units.
- Charge Nurse/ Staff Nurse
  - The Charge Nurse is the designated Nurse in charge of the unit when the Head Nurse is not on duty or during Tour 1 and Tour 3.
Bellevue Hospital Center Social Work Department

Contact Information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irene Torres, LCSW</td>
<td>Sr. Assoc. Executive Director</td>
</tr>
<tr>
<td>212-562-6881</td>
<td></td>
</tr>
<tr>
<td>Ines Suarez, LCSW</td>
<td>Director/Social Work</td>
</tr>
<tr>
<td>212-562-4201</td>
<td></td>
</tr>
<tr>
<td>Alma Pamadanan, R.N.</td>
<td>Director/Care Management</td>
</tr>
<tr>
<td>212-562-3129</td>
<td></td>
</tr>
<tr>
<td>Natalie Kramer</td>
<td>Associate Director/Social Work</td>
</tr>
<tr>
<td>212-562-4659</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Reception</td>
<td>212-562-4166</td>
</tr>
<tr>
<td>Psychiatry Division</td>
<td>212-562-4656</td>
</tr>
<tr>
<td>Emergency Department (24hrs/7days)</td>
<td>212-562-4730/7715</td>
</tr>
<tr>
<td>CPEP (Psychiatric Emergency 24 hrs/7 days)</td>
<td>212-562-7665/7666</td>
</tr>
<tr>
<td>Child Protection</td>
<td>212-562-6045/6046</td>
</tr>
<tr>
<td>Child Protection Coordinator-Kimberly Fitzpatrick</td>
<td>212-562-5762</td>
</tr>
<tr>
<td>Crime Victims Program Reception</td>
<td>212-562-3755</td>
</tr>
<tr>
<td>Domestic Violence Coordinator-Christina Janick</td>
<td>212-562-4693</td>
</tr>
<tr>
<td>Sexual Assault/Rape Crisis Coordinator-Carla Brekke</td>
<td>212-562-3435</td>
</tr>
<tr>
<td>Chaplaincy</td>
<td>212-562-4440/7944/7203</td>
</tr>
</tbody>
</table>
What You Need to Know Before You Order Medications at Bellevue: The Pharmacy Survival Guide

By Elias G. Sakalis, MD, Chairman, Pharmacy and Therapeutics Committee

1. Important Contacts

Dr. Elias G. Sakalis, Chairman, Pharmacy and Therapeutics Committee................. ........ 917-884-2637

Michael Blumenfeld, Director of Pharmacy .......... ext.6504

Kim Tran, Associate Director of Pharmacy ......................... ext.7788

Vacant, Assistant Director for OPD/Purchasing ................. ext.4276

Main Pharmacy, 14th Floor South................................. ext.6502

Adult Outpatient Pharmacy, Ground Floor................. ext.2289, 7733

9:30am – 5:30pm, M-F

Discharge Prescriptions........................................Fax = 6908

Pharmacy and Therapeutics Committee Physician Members

Elias G. Sakalis, M.D. Chairperson, Medicine
Joseph Carter, MD Surgery
Harminder Chawla, M.D. Nephrology
David Chong, M.D Critical Care
Miriam Cremer, M.D. OB/GYN
Benard Dreyer, M.D. Pediatrics
Robert Hoffman, M.D Adult Emergency Services
Harold Horowitz, M.D Med/Infectious Diseases
Andrea Kondracke, MD Psychiatry and Medicine
Eric Manheimer, MD Medical Director
David Roccaforte, M.D Anesthesiology
Miguel Sanchez, M.D Dermatology
Ron Simon, M.D Trauma and Surgery
Michael Tanner, M.D Ambulatory Care, Medicine
Michael Tunik, M.D Pediatric Emergency Services
Andrew Wallach, M.D Medicine
Michael Blumenfeld M.B.A. RPh. Director, Pharmacy
2. Why do we have a medication formulary?

Section 405.17 of the NYS Health Code and the JC requires each hospital in New York to establish a list of medications (Formulary) that are to be used to treat patients. Only the medications on this list, selected by the Pharmacy and Therapeutics Committee, are to be prescribed and dispensed by all health care providers in the hospital. Medications are selected to the formulary based on efficacy, safety and cost. The hospital formulary is found on the Bellevue Hospital intranet and is updated on a monthly basis. Patients admitted to the hospital, who are on medications as outpatients not listed in the formulary should be prescribed the formulary therapeutic equivalence (e.g. monopril for lisinopril).

3. What is the role of the Pharmacy and Therapeutics Committee?

Physician members (as listed above) representing each medical discipline, make up the majority of the committee. Each member is a leader in his or her own department and has been chosen by the chief of service based on academic and clinical excellence. The committee meets once a month and one of its major duties is to decide what medications, based on safety, efficacy and cost, are included in Bellevue’s formulary. The committee is also responsible for reviewing all clinical pharmacy issues in the hospital. This includes reviewing formulary requests, medical literature, medication errors, medication utilization, and treatment guidelines. The committee regularly updates the formulary to comply with treatment standards and reviews updated pharmacy operating policies and procedures.

4. What is an appropriate non-formulary request?

A non-formulary request is a medication that is requested that is not on Bellevue’s Formulary. Non-formulary requests represent a tremendous financial and administrative burden for the hospital. Because of higher costs in obtaining these medications, lack of review of efficacy and the safety profile of the agent and because hospital staff may be less experienced in using them (possibly leading to medication errors), medications not listed on Bellevue’s formulary will not be dispensed without appropriate approval (see below).

The Pharmacy and Therapeutics Committee however, does recognize that situations do occur that require the use of an FDA-approved drug that is not on formulary and for which a formulary substitution is not possible. This would include inpatient treatment of a life threatening condition (e.g. heparin induced thrombocytopenia) or continuation of an outpatient medication in a hospitalized patient for which there is no substitute on formulary, and for which its withholding may be life threatening to the patient (e.g. Cellcept for organ transplantation).

Please remember that the non-formulary medication requested may not be stocked in pharmacy and therefore, the pharmacy department may require 24-48 business hours to purchase the medication.

Non-formulary requests for outpatients are generally not honored and every attempt should be made to use the medications listed on our formulary.
5. How do I obtain a non-formulary medication?

The physician responsible for the patient's care should obtain (from pharmacy-14S) and fill out a non-formulary request form. Once filled out, the non-formulary request form should be left with the pharmacy Coordinating Manager in 14S12. All requests will be reviewed within the day by Dr. Sakalis, the pharmacy director or Assistant Director of Clinical Pharmacy Services. After hours, please contact the main pharmacy at ext.6502, and speak with a pharmacist. In many cases, pharmacy will dispense the medication (if in stock) until the following working day when the request can be formally reviewed.

6. Why are some medications restricted?

Drugs which are listed in the Bellevue Hospital Formulary, but which require special approval to be prescribed are said to be restricted medications. Reasons for restriction include drug toxicity, high purchasing cost, or the potential for poor outcomes due to inappropriate use. An example of restricted medications include broad-spectrum antibiotics - they will be made available from pharmacy only on approval by infectious diseases. The hospital formulary, located on the Bellevue Hospital Intranet will state if a given drug is restricted.

7. Can I administer medications to patients?

In order to protect patients and staff, physicians should not administer medications to patients unless in an emergency situation (cardiac arrest, active seizure, etc). The administering physician is responsible for ensuring that the medication he or she obtains is correct in both substance and dosage, and should view the label and dilution before administering. Remember, that when you are physically administering a drug to a patient, you are completely responsible for any errors that may occur (in dosage, strength, route, rate of infusion, etc.) during its administration. Again, for everyone’s safety, avoid administering medications unless in emergency conditions.

8. What do I do when admitted patients bring their own medications to the hospital?

It is a violation of hospital policy for anyone to administer medications that have not been dispensed from Bellevue’s pharmacy. The only exception to this policy is if the medication is non-formulary and not available in pharmacy, and the patient has his own supply with him. If the treating physician decides it is necessary to continue the medication, a non-formulary request form must still be filled out. Drugs used in this manner must be brought to the main pharmacy on the 14th floor (along with the non-formulary form), identified, ensured that the medication has not been adulterated (which will require that the pharmacist cannot proceed with liquid medications or medications in which improper storage could lead to strongly unfavorable results) and re-labeled before dispensed to patients on a nursing unit. In this case, the patient’s supply is used until the pharmacy is able to obtain the drug.
9. What is the policy on drug samples and other gifts from pharmaceutical companies?

It is against hospital policy for sample drugs to be distributed within hospital grounds by pharmaceutical representatives or to patients by physicians. This is necessary in order to ensure the proper receipt, storage, and documentation of all medications dispensed to patients in the hospital.

It is also against hospital policy for any staff physician at Bellevue to accept from a pharmaceutical company any compensation, stipend, gratuity or gift in any form, including but not limited to loans, travel, entertainment, meals, tickets to sporting events, theater tickets, or any other thing of value offered by or on behalf of the company. In addition, physicians are not allowed to attend any meetings in restaurants underwritten by a pharmaceutical company where CME credits are *directly provided by the company.* Educational (CME) meetings that are conducted by a hospital, medical school, or any medical society are allowed as long as an academic lecture is given, even if a pharmaceutical company is providing some sponsorship.

10. Why are some medications on hold by pharmacy?

A medication will be placed on hold by pharmacy if the drug, dose, route and timing are deemed by the pharmacist to be either incorrect or not safe for the patient. When a medication is held, the pharmacist will make every attempt by phone to reach the prescribing physician as noted on the QuadraMed® face sheet for clarification. Other reasons why medications may be held include the ordering of restricted or non-formulary medications without prior approval.

*Remember, it is imperative for the patient face sheet on QuadraMed® to be updated and filled out correctly with the appropriate physician contact numbers so that pharmacy can contact the prescribing physician when questions arise.*

11. What abbreviations should I never use at Bellevue?

In order to ensure the safety of patients throughout Bellevue, the following list of 12 abbreviations should never be used (see next page). These abbreviations have caused numerous errors in the past that have lead to bad outcomes, including death, in many patients throughout the nation. These abbreviations should never be used when writing medication orders or progress notes, and should never appear in any part of a patient’s chart.
<table>
<thead>
<tr>
<th>Abbreviation/Dose Expression</th>
<th>Intended Meaning</th>
<th>Misinterpretation</th>
<th>Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>IU</td>
<td>International Unit</td>
<td>Mistaken as IV or 10</td>
<td>Write “international unit”</td>
</tr>
<tr>
<td>U or u</td>
<td>Unit</td>
<td>Read as a zero (0) or a four (4), causing a 10 fold overdose or greater (4U seen as “40” or 4u seen as 44”.</td>
<td>Use “unit”</td>
</tr>
<tr>
<td>MSO4</td>
<td>Morphine sulfate</td>
<td>Confused for one another – Can mean morphine sulfate or magnesium sulfate</td>
<td>Write “morphine sulfate” or “magnesium sulfate”</td>
</tr>
<tr>
<td>MgSO4</td>
<td>Magnesium sulfate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QD or q.d.</td>
<td>Every day</td>
<td>Mistaken as q.i.d., especially if the period after the “q” or the tail of the “q” is misunderstood as an “i”.</td>
<td>Use “daily”</td>
</tr>
</tbody>
</table>
QOD or q.o.d.

Every other day

Misinterpreted as “q.d.” (daily) or “q.i.d” (four times daily) if the “o” is poorly written. Use “every other day”

Zero after decimal point (1.0)

1 mg

Misread as 10 mg if the decimal point is not seen. Do not use terminal zeros for doses expressed in whole numbers.

No zero before decimal point (.5)

0.5 mg

Misread as 5 mg. Always use zero before a decimal when the dose is less than a whole unit.

12. How do I get discharge prescriptions for my patients?

Inpatients who are being discharged from the hospital and who do not have prescription insurance coverage (such as Medicaid) will have up to a one-month supply of medication dispensed from the pharmacy. Patients who have prescription coverage should have their prescriptions filled at an outside pharmacy. In order to expedite the discharge process, discharge prescriptions can either be delivered to the OPD Pharmacy on the Ground Floor or faxed to 2260 preferably the day prior to discharge. This will allow pharmacy ample time to fill all prescriptions and have them available early the following day for discharge without delay.

On the day of discharge, patients will go to the OPD Pharmacy (window #1) and pick up all of their medications. Patients who are non-ambulatory, including patients on the physical rehabilitation service, and psychiatric patients, will have their discharge prescriptions delivered to their respective nursing units (if requested).
13. What is a medication error and how do I report one?

A medication error is defined as any preventable event that can potentially cause inappropriate medication use or patient harm, while the medication is in control of a health care professional or patient. Errors can occur in the prescribing, documentation, dispensing, administering or monitoring of a medication. These lead to errors in dose, duration, frequency, route of administration, and type of drug used.

Pharmacy’s role is to investigate each medication error and place safeguards into practice that will eliminate its reoccurrence. This can include safety improvements in the ordering, dispensing, and administration of medications that have great potential to cause harm if misused. However, in order for the entire medication system to be improved and made as safe as possible, all health care providers, including physicians, need to report any medication error by filling out a medication even occurrence form located on each nursing unit. Without this reporting, the current medication system cannot be upgraded and made as safe as possible for our patients. Please also note that Bellevue’s policy on medication errors states that all reporting will result in non-punitive action.

14. What if my patient smokes?

Bellevue Hospital has made smoking cessation a priority for all our patients. Every patient seen in the Hospital, whether as an inpatient or outpatient, should be asked about smoking and offered smoking cessation therapy. An outpatient smoking cessation clinic has been set up to offer counseling and free smoking cessation medication. In order to extend our reach to smokers who are hospitalized, nicotine patches are unrestricted for inpatient use and should be offered to all inpatients who wish to stop smoking. Upon discharge from the hospital, patients should be referred to smoking cessation clinic.

15. When are inpatient medications administered and how do I order a medication to be given immediately?

The schedule listed below indicates the expected nursing administration time for all medications prescribed. If a physician prefers a different time schedule, it should be specified in the medication order. Please note that when you are ordering a medication (like an antibiotic) and its important for the patient to receive the first dose right away, you need to write 2 orders: a now order for one dose only, and then a dosing order for continued doses - Q12, Q8, BID etc. Attempts to combine both these orders into one are dangerous and have lead to errors of omission. Combination orders cannot be recognized by the Automated Dispensing cabinet system (Pyxis®) currently deployed on may of the inpatient units, thereby causing delays in the administration of the medication.

Order When Administered to the Patient

<table>
<thead>
<tr>
<th>Dose Description</th>
<th>Time(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once daily</td>
<td>10 AM</td>
</tr>
<tr>
<td>BID</td>
<td>10 AM and 6 PM</td>
</tr>
<tr>
<td>Three times daily</td>
<td>10 AM, 2 PM, and 6 PM</td>
</tr>
<tr>
<td>QID</td>
<td>10 AM, 2 PM, 6 PM, and 10 PM</td>
</tr>
</tbody>
</table>
Q6 hours  4-10-4-10 or 6-12-6-12 (stated night or day)
Q8 hours  2-10-6 (started night or day)
Q12 hour’s  10 AM and 10 PM Now

Within 30-60 minutes

Stat At once in emergency situations
1. Order desired test(s) (e.g. Type & Screen) in Misys

2. If the patient does not already have an ABO Rh test result in Misys (under the Blood Bank Results section), a second sample must be ordered in Misys and drawn for **ABO Rh Confirmation**. This second sample must either be:
   A) Drawn by a second person or
   B) Drawn by the same person performing a second needle stick and patient identification >10 minutes after the first stick.

3. Print bar coded Misys label(s) containing patient’s full name, medical record number, location, and date and time specimen drawn

4. At the patient’s bedside, ask the patient to identify himself or herself by name and DOB

5. Transfusion related samples can only be drawn by a MD, RN, PA, or a phlebotomist

6. Check patient’s ID to verify that the patient’s full name and medical record number match the patient from which sample is to be collected. You must match-up the information on the Misys bar coded sample label(s) with the information on the patient’s ID band.

7. At patient’s bedside, apply bar coded Mysis label and Securline Wristband label to the Blood Bank 6ml (EDTA) special pink top tube

8. The person drawing the sample(s) must sign/initial the Misys label.

**INITIALS**

**Note:** Signing/Initialing sample tube(s) that you did not personally draw is fraud and is grounds for disciplinary action

9. If the printed time on the Misys label is not the correct draw time, handwritten the actual draw time on the Misys label

10. Send or deliver sample(s) to Blood Bank 11N26 for testing
Infection Control

HAND HYGIENE

Hand hygiene is the single most effective means of preventing the spread of organisms and diseases in the healthcare setting. Hand hygiene is defined as cleansing hands with either soap and water or alcohol-based hand rubs.

Hand Hygiene is indicated at the following times:

- Before patient contact
- After patient contact
- After touching any object in the patient’s environment – for example: the bedside table, the monitor in the ICU, or the privacy curtain around the bed. Everything around the patient is potentially contaminated.
- After removing gloves
- After contact with blood or potentially infectious body fluids, regardless of whether gloves were worn
- Before an invasive procedure – for example: before putting on a gown and glove prior to inserting a central venous catheter

Alcohol-based hand rubs are effective, cause less drying to skin and take less time to use than soap and water, easy to locate throughout the healthcare setting, and convenient to use. Rubs are recommended by the Centers for Disease Control and Prevention for most routine hand cleansing. There are several exceptions to this general rule:

- Hands must be washed with soap and water when visibly soiled, and
- Hands should be washed with soap and water when caring for a patient with *C. difficile* diarrhea or *Bacillus anthracis* (anthrax) if a sink is available – alcohol does not kill *C. difficile* or *B. anthracis* spores.

To properly apply hand rub:

- Squirt an adequate amount of hand-rub to cover all surfaces of hands into the palm of one hand
- Rub hands together spreading the alcohol rub on all surfaces of hands including around fingernails and between fingers and allow to dry
- Be sure hands are completely dry before touching anything or before putting on gloves.
- If hands are wet when you apply alcohol-based products, the alcohol will penetrate deeper into the dermal layers and may cause irritation. Avoid using alcohol gels when hands are still wet/damp from soap and water washing.

**Hand washing** is defined as using either anti-microbial or plain soap and water to clean hands and remove pathogens using surfactant and friction.

- Turn on WARM water (hot or cold water is irritating to skin)
• Wet hands and apply soap
• Rub hands together vigorously for at least 15 seconds (sing Happy Birthday)
• Be sure to wash all surfaces of hands including nail beds and areas between fingers
• WASH hands (as opposed to using alcohol products) whenever hands are visibly soiled, when they feel sticky from lotions, or when caring for patients with C. difficile diarrhea or anthrax.

NYU Hospitals Center and Bellevue Hospital Center (BHC) are serious about staff and patient safety. For your safety, perform hand hygiene often and sanitize equipment easily contaminated by frequent touching – such as pagers and stethoscopes. Hand lotion is available in dispensers at the Nurses’ stations and is compatible with the soaps that we use in patient care areas. Use this lotion rather than your own personal lotion to protect skin while at work.

NYU Langone Medical Center and BHC encourage patients and families to ask all healthcare providers whether they have washed/sanitized their hands before they begin providing care. Don’t be surprised if patients ask you about hand hygiene. The correct answer is either, “Thanks for reminding me” or “Thanks, I just used the alcohol gel before coming in”. This contributes to safe care and improved patient satisfaction. The best approach: Use the alcohol rub or wash your hands as you enter the patient’s room. Patients really DO notice this!!!!

FINGERNAILS

Fingernails may be no more than 1/4 inch longer than fingertips. Intact fingernail polish (not chipped) is permissible. No artificial fingernails, tips, wraps, silks or nail jewelry may be worn. Artificial nails and long natural nails worn by staff have been associated with outbreaks of Gram negative bacterial infections amongst critically ill patients. Staff members with artificial nails will be asked to leave work until they have them removed.

JEWELRY

Rings and bracelets should be kept to a minimum so that hand hygiene is easily and effectively accomplished. Wearing rings makes it harder to remove bacteria and other pathogens from all surfaces of hands when washing. In addition, rings with intricate patterns or stones provide nooks and crannies that can easily harbor pathogens. There are additional restrictions on wearing of rings and jewelry in OR areas.

EMPLOYEE HEALTH SERVICES and HAND HYGIENE

Employee health services (EHS) must be consulted if you have any health condition that impedes your ability to perform hand hygiene. This includes use of braces, casts or other appliances on hands and arms, irritant dermatitis, and other conditions that result in irritated or non-intact
skin on hands and/or forearms. In addition, systemic reactions to hand hygiene products should be reported to EHS. EHS can recommend alternate hand hygiene products that may be more tolerable for staff members with allergies or local reactions to standard products.

EXPOSURE TO BLOOD OR BODY FLUIDS

If you are exposed to blood or other body fluids that could put you at risk for blood borne pathogens such as HIV, or Hepatitis B or C:

1. Wash the area with soap and water
2. Promptly inform your supervisor of the incident so that coverage can be arranged while you get exposure follow-up.
3. Report to EHS as soon as possible. When the EHS is closed, report to the Emergency Department as soon as possible after the exposure.
4. To arrange for Source Patient Testing:
   a. at NYU, EHS will assist with source testing during regular business hours; after hours a physician or nurse practitioner colleague may ask the source patient for permission to obtain an HIV test. Follow directions in ICIS for obtaining appropriate consents and specimens by typing “blood/body fluid exposure” into the order worksheet.
   b. at BHC, EHS pages the HIV counseling service during business hours. HIV counselors obtain consents from 9am – 5pm on weekdays. Contact number: 917-884-6679 during the hours noted above. For more detail and for what to do during times other than those listed above go onto the BHC intranet and scroll to “Occupational Exposure, Needlestick, Sharp Injury...What to do?” and click. A flow diagram and other downloadable forms can be found here.
5. If you are evaluated at an Emergency Services Department, it is important to report the exposure to the EHS the following day.

INFECTION CONTROL PRECAUTIONS

STANDARD PRECAUTIONS

Standard precautions are the protective measures we routinely use to prevent spread of pathogens. Standard precautions are used with all patients and require anticipation of the type of contact and the potential for exposure to pathogens. All secretions and excretions are considered to contain infectious agents, except sweat.

- Standard precautions protect both the staff member and patient, because the barriers prevent transmission of pathogens in both directions.
- Standard precautions must be used for EVERY PATIENT and EVERY ENCOUNTER to be effective.
- Standard precautions require hand hygiene at all times, and the appropriate use of gloves, fluid-resistant gowns and face and eye protection, depending on the nature of the
interaction with the patient. Gloves gowns and masks are known as personal protective equipment (PPE).

**GLOVES:** Wear gloves when contact with secretions (other than sweat), excretions, mucous membranes, and non-intact skin is anticipated.

**GOWN:** Wear fluid-resistant gown when splashes or contact with body fluids that could contaminate uniforms is anticipated. Examples are performing surgery, bathing a patient, dressing an extensive wound.

**FACE and EYE PROTECTION:** Use face masks and eye protection when splashes to the eyes or mucous membranes of nose and mouth are anticipated. Examples are surgical operations and extensive wound dressings.

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**TRANSMISSION-BASED PRECAUTIONS**

Transmission-based precautions are used in addition to Standard Precautions for diseases of epidemiologic importance, or diseases with known modes of transmission. Patients on transmission-based precautions have signs on their doors and/or charts that indicate the type of protection needed. Follow the directions on the signs and be sure to comply. Transmission-based precautions include:

- **Airborne Precautions** (for tuberculosis, measles, SARS, MERS, and other emerging pathogens). Patients are housed in specially ventilated rooms which have high air flow and negative air pressure relative to the corridor. Wear N-95 respirators whenever you are in an Airborne Precautions rooms. YOU MUST BE FIT-TESTED for the N-95 RESPIRATOR!

- **Droplet Precautions** (for influenza, pertussis, bacterial meningitis, and pediatric viral respiratory illnesses). A private room is used but the room need not have negative pressure. At Tisch and BHC wear a surgical mask when within 3 feet of the patient.

- **Contact Precautions** (for *C. difficile*, Multi- drug-resistant organisms [MDRO], and pediatric respiratory or diarrheal diseases of unknown origin) this is the most common of the transmission-based precautions. Wear GOWN and GLOVES for all contact with the patient and/or patient’s environment.

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**INFECTION CONTROL SIGNAGE**

A list of the signage for each type of transmission based precautions used at NYU and BHC follow on the next pages. A picture of the signage used in the hospital is shown with a description of the precautions needed and typical diseases for which each is used. For a complete listing of diseases and precautions, refer to the facility infection control manual.

**Signage at NYU**
ISOLATION PRECAUTIONS REVIEW

Contact Precautions – Yellow Sign

- Yellow sign for all Contact Precautions patients (except if patient has C. difficile)
- Wear gowns and gloves for all contact with patient & environment
- Terminal cleaning with curtain change at discharge or transfer to a different unit
- Clean all pt care equipment before use with another patient
- Use single-patient supplies (e.g., disposable BP cuff) whenever possible
- Clean hands with soap & water or Purell
- Room door may remain open
- Patient should wear an isolation gown when leaving the room
- MRSA, VRE, drug resistant Klebsiella pneumoniae, some uncommon multi-drug resistant bacteria, & RSV are diseases that require Contact Precautions

Contact Precautions – Red Sign

- Red sign must be used for patients with C. difficile
- Wear gowns and gloves for all contact with patient & environment
- Terminal cleaning with curtain change at discharge or transfer to a different unit
- Clean all pt care equipment before use with another patient
- Use single-patient supplies (e.g., disposable BP cuff) whenever possible
- Clean hands with soap & water only (don’t use Purell)
- For patients who need both signs, just use the Red one
- Room door may remain open
- Patient should wear an isolation gown when leaving the room
- C. difficile – suspected or proven requires Contact Precautions – Red sign

Droplet Precautions

- Green sign for all Droplet Precautions patients
- Wear regular surgical mask only when close (about 3 feet) to patient
- Use gown/glove in accord with Standard Precautions
- Patient wears regular surgical mask when leaving the room
- Room door may remain open
- Clean hands with soap & water or Purell
- Influenza, mumps, pertussis, & meningitis are diseases that require Droplet Precautions

Airborne Precautions

- Blue sign for all Airborne Precautions patients
- Wear N95 respirator when entering room, always keep on until you leave the room
- Visitors wear N95 respirator as well when entering the room
- Patient wears regular surgical mask when leaving the room
- Room door must remain closed
- Clean hands with soap & water or Purell
- Tuberculosis, Avian Influenza, SARS, & Chickenpox (also use Contact for these last 3 diseases) are diseases that require Airborne Precautions

For questions or concerns, please contact your unit’s Infection Prevention & Control staff member or the department at 3-5454 (NYUMC) or 8-6767 (HJD). rev 08-2006

Infection Prevention & Control Department
## ISOLATION PRECAUTIONS REVIEW

### Yellow Sign
- **Contact Precautions – Yellow Sign**
  - Yellow sign for all Contact Precautions patients (except if patient has a spore forming bacteria such as *C. difficile*)
  - Wear gowns and gloves for all contact with patient and environment
  - Clean all patient care equipment before use with another patient
  - Use dedicated or disposable equipment whenever possible
  - Clean hands with soap and water or alcohol-based foam
  - Room door may remain open
  - Patients with draining wounds or other portals of exits with MRSA, VRE, drug resistant *Klebsiella pneumoniae*, or other multi-drug resistant bacteria, and patients with RSV require Contact Precautions

### Red Sign
- **Contact Precautions – Red Sign**
  - Red sign must be used for patients with *C. difficile*
  - Wear gowns and gloves for all contact with patient and environment
  - Clean all patient care equipment before use with another patient
  - Use dedicated or disposable equipment whenever possible
  - Clean hands with **soap and water only** (do not use alcohol-based foam)
  - Room door may remain open
  - *C. difficile* – suspected or proven requires Contact Precautions – Red sign
  - For patients needing Red and Yellow precaution signs, the Red sign alone is sufficient

### Green Sign
- **Droplet Precautions – Green Sign**
  - Green sign for all Droplet Precautions patients
  - Wear regular surgical mask only when close (about 3 feet) to patient
  - Use gown/gloves in accord with Standard Precautions
  - Patient wears regular surgical mask when leaving the room
  - Room door may remain open
  - Clean hands with soap and water or alcohol-based foam
  - Influenza, mumps, pertussis, and meningitis are diseases that require Droplet Precautions

### Blue Sign
- **Airborne Precautions – Blue Sign**
  - Blue sign for all Airborne Precautions patients
  - Wear N95 respirator when entering room; always keep on until you leave the room
  - Visitors wear N95 respirator as well when entering the room
  - Patient wears regular surgical mask when leaving the room
  - Room door must remain closed
  - Clean hands with soap and water or alcohol-based foam
  - Tuberculosis, Avian Influenza, SARS, and Chickenpox (also use Contact for these last three diseases) are diseases that require Airborne Precautions

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For questions or concerns, please contact your unit’s Infection Control Practitioner or the IC department at x 6888.

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### DIFFERENCES IN PRECAUTIONS:
At BHC, for Contact Precautions, curtains are changed on a schedule, upon discharge of a patient on contact precautions for an MDRO, or when visibly soiled.

At BHC, physicians write the orders for precautions, but in the absence of a written order, nurses are authorized to initiate the appropriate precautions to avoid unnecessary exposure and to permit timely application of preventive measures

**MULT-DRUG RESISTANT ORGANISMS (MDROS):**

MDROs are organisms which are resistant to more than one of the primary antibiotics of choice and have epidemiological importance in our hospitals. The major route of transmission of MDROs is through the hands of healthcare workers and via contact with contaminated equipment and environment.

**MDRO Definition at BHC for gram-positive organisms:**
- *Staphylococcus aureus* - Resistant to Penicillinase-resistant Penicillins: (MRSA)
  Methicillin, Oxacillin, Nafcillin
- Intermediate in sensitivity or resistant to Vancomycin  (VISA, VRSA)
- *Vancomycin Resistant Enterococcci*
  *E. faecalis, E. faecium, E. durans*

**MDRO Definition at BHC for Gram negative organisms:**
- *Acinetobacter calcoaceticus baumannii complex* - Resistant to any one of:
  Amikacin, Ampicillin-Sulbactam, Imipenem
- Other GNRs (*Pseudomonads, Klebsiella, E. coli, etc.*) - Resistant to any one of:
  Cefepime, Imipenem or Meropenem, Amikacin OR are identified as ESBL
  (Extended Spectrum Beta-Lactamase) or Carbapenemase producers
- *Clostridium difficile (C. diff)* is also included in our MDRO definition

The following recommendations can help reduce the risk of HAIs due to multi-drug-resistant organisms.

- **Use of Transmission-Based Precautions when indicated**
  Patients who are infected with MDROs and have a portal of exit (i.e. draining wounds, Foley catheters, tracheostomies requiring frequent suctioning) are placed on Contact Precautions and are isolated in a private room and a yellow sign is posted on the outside of their door. Gloves and gown are worn when caring for the patient, and in certain instances a mask and/or eye shield is worn depending upon the task being performed.
- **Appropriate glove use when indicated**
  Make sure gloves are changed and hands are washed in between patients.
- **Hand Hygiene**
Hand washing along with appropriate glove use is crucial for preventing the spread of infections. Improved hand hygiene using alcohol-based hand sanitizers has been effective in reducing the transmission of multi-drug-resistant organisms.

**CDC’S 12 STEPS TO PREVENT ANTIMICROBIAL RESISTANCE**

12. Contain your contagion
11. Isolate the pathogen
10. Stop treatment when cured
  9. Know when to say “no” to Vanco
  8. Treat infection, not colonization
  7. Treat infection, not contamination
  6. Access the experts
  5. Use local data
  4. Practice antimicrobial control
  3. Target the pathogen
  2. Get the catheters out
  1. Vaccinate

**CLOSTRIDIUM DIFFICILE**

*Clostridium difficile*, also known as "C. diff" is a spore forming bacterium that can cause diarrhea. Most cases of *C. diff* infection occur in patients taking antibiotics. At BHC, a patient has a *C. difficile* infection if he or she has diarrhea (more than two liquid stool for greater than 12 hours), and a *C. difficile* polymerase chain reaction.

To prevent *C. diff* infections:
- Wash hands with **soap and water** before and after caring for every patient
- Carefully clean hospital rooms (with **bleach**) and equipment that have been used for patients with *C. diff*
- Use **Contact Precautions (RED sign posted on the outside of the patient’s door)** to prevent *C. diff* from spreading to other patients
- Only give antibiotics when it is necessary

**DEVICE ASSOCIATED INFECTIONS**

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Central Line Associated Bloodstream Infections (CLABs)

Devices inserted into the cardiovascular system bypass the body’s normal defense mechanisms and provide an opportunity for microorganisms to invade and cause infection. In order to minimize the risk, BHC uses a CLABS Bundle:

- Hand hygiene
- Maximal sterile barrier precautions
- Chlorhexidine antisepsis
- Optimal catheter site selection (subclavian preferred for non-tunneled catheters)
- Antibiotic-impregnated catheters
- Biopatch dressing
- Insertion and daily maintenance check list.

Catheter Associated Urinary Tract Infections (caUTIs)

Catheter Associated Urinary Tract Infection Prevention Bundle: CAUTION

At BHC residents are expected to write an order for a Foley catheter which must be renewed every 48 hours.

- Closed system / Catheter selection
- Aseptic management
- Use standard precautions
- Tie / Secure catheter and Foley bag
- Indications - catheterize only when necessary
- Obstruction free / obtain specimens from sampling port
- No looping of catheter tubing

VENTILATOR ASSOCIATED PNEUMONIA (VAP)

At BHC residents are expected to write orders for ventilators and amend the orders when changes are made.

Ventilator-associated pneumonia (VAP) refers to pneumonia that develops in a mechanically ventilated patient after intubation.

Ventilator Bundle: ZAP THE VAP!

- Patient positioning – elevation of the head of the bead 30-45 degrees
- Ventilator weaning – daily “sedation vacations” and daily assessment of readiness to extubate
- Peptic ulcer disease (PUD) prophylaxis – medications that reduce gastric acidity have been shown to protect patients from the development of PUD and GI bleeding
- Deep vein thrombosis (DVT) prophylaxis – preventing blood clots for all sedentary patients is an appropriate intervention
SURGICAL SITE INFECTIONS (SSIS)

Surgical procedures result in breaches in the skin and create an increased risk of infection.

SSI Prevention:

- Hand hygiene is the key to stopping the spread of infection
- Pre-operative patient showering
- Hair removal
  - a) Outside the OR
  - b) Only when necessary
  - c) Use clippers, NOT a razor
- Surgical skin antisepsis with chlorhexidine
- Timely antibiotic prophylaxis when indicated
- Aseptic technique, limited traffic, proper use of surgical attire
- Avoidance of flash sterilization
- Optimal surgical technique
- Sterile dressing placement and limited post-operative dressing manipulation
FOLLOWING IS A GUIDE TO THE VARIOUS SECURITY ISSUES AND REGULATIONS THAT YOU WILL MEET AT THE BELLEVUE HOSPITAL CENTER, NYU LANGONE MEDICAL CENTER AND THE VETERANS ADMINISTRATION HOSPITAL. THE SECURITY AND POLICE STAFF AT THE THREE FACILITIES ARE AT YOUR SERVICE AND DEDICATED TO PROVIDING A SAFE AND SECURE WORK ENVIRONMENT FOR YOU.
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SECURITY CONTACTS

Bellevue Hospital Center

*Bellevue security is available 24hrs 7 days a week with supervision on site or on call at all times.*
The chain of command is as follows:

Joseph Sweeney  
Director of Security  
(212) 562-2576

Brenda Weiss  
Assistant Director of Security  
(212) 562-7685

Thomas Egan  
Assistant Director of Security  
(212) 562-7483

Operations Hospital Police  
(212) 562-6191

In the operations office there are supervisors available at all times. The chain of command is as follows:

**Captain**  
**Lieutenant**  
**Sergeant**

NYU Langone Medical Center

A representative of the Security Management Team is present in the Medical Center 24 hours a day, 7 days a week. They may be reached by asking the Security Officer assigned to the Operations Center to contact one via telephone. Useful numbers of the Security Department are listed:

24 Hour Security Operations Center  
(212) 263-5120

Security Administration (Business Hours)  
(212) 263-5038

Robert Zick  
Director of Security  
(212) 263-5038

Robert Pickett  
Associate Director  
(212) 263-5038
James Orlando  
Operations Manager  
(212) 263-5038

George Domanski  
Loss Prevention/Investigations Manager  
(212) 263-5038

Pedro Perez  
Training Manager  
(212) 263-5038

Security Supervisors  
(212)-263-5038

Michele Meller  
Office Manager  
(212) 263-5038

NYU Hospital for Joint Diseases

NYU Hospital for Joint Diseases security is available 24hrs 7 days a week with supervision on site or on call at all times.

Thomas Fascianella  
Director of Security  
(212) 598-6675

Javier Crespo  
Day Supervisor  
(212) 598-6202

John Cuffy  
Evening Asst: Supervisor  
(212) 598-6202

William Ocasio  
Night Supervisor  
(212) 598-6202

V.A. Hospital

For additional information please contact your Clinical Service Chief. The following VA NYHHS employees can also assist or provide guidance.

Brooklyn Campus:  
Chief Frank Corselli - 718-836-6600 x2974  
Captain Raymond Behan - 718-836-6600 x4281

New York Campus:  
Captain Nelson Reyes - 212-686-7500 x3201  
Lieutenant Willie Parker - 212-686-7500 x3711

St. Albans Campus:  
Lieutenant Martin Richards - 718-526-1000 x8501
ENTRY INTO FACILITY

Bellevue Hospital

Entry into the facility is controlled by Bellevue Hospital Police (“HP”). When entering the facility, you are required to show your Identification Card to the HP staffing the entrance.

NYU Langone Medical Center

Entry into the facility is controlled by NYU Langone Medical Center Security Officers. Standards established by the Joint Commission, New York State Department of Health and the Medical Center require that the identification of all medical center staff, including faculty, students, contractors and volunteers be accomplished through the use of identification badges which are clearly visible and worn at all times above the waist, “face-side” out while on the premises. While entering the facility you will be expected and required to show your Identification Badge. Your cooperation with the Security Officer is required and you may be refused entry into the facility if you are not properly identified.

NYU Hospital for Joint Diseases

Entry into the NYU Hospital for Joint Diseases facility is controlled by the Loss Prevention Department, Security Officers creating a visible front line of defense for the facility. Loss Prevention is also responsible for the Patient Information desk and the Visitor Management System; which screens all visitors and patients entering the facility. Individuals entering the facility will be expected and required to show an Identification Badge. Identification Badges is required to be worn by all employees, patients, visitors, contractors, vendors and volunteers. Self-expiring badges with the wearer’s captured photo and signature is issued to each visitor; showing the area they are authorized to visit. Identification Badges are to be worn at all times while on the premises. Employees are required to have their Identification Badges readily visible; worn above the waist with the “face-side” out. If you do not have your badge with you, you will be asked to go to the Loss Prevention Security office to sign in and receive a temporary identification badge. Your cooperation with the Security Officer and this policy is required; non cooperation may result in your entry into the facility being refused.

V.A. Hospital

Following September 11, 2001, VA NYHHS implemented many security measures to provide additional safeguards for veteran patients, visitors, staff and volunteers and VA NYHHS facilities. Increased security measures include magnetometer screening of all individuals and x-ray scanning of all bags and packages entering our campuses. Additionally, all individuals entering VA NYHHS facilities must show proper identification.

Most VA NYHHS campus exits have been designated for emergency use only or closed to normal day-to-day pedestrian traffic to improve security. Utilizing emergency exits or propping open doors to enter and exit it is a breech of security. All VA NYHHS staff, volunteers and veteran patients have a responsibly to maintain security at all facilities.
SECURITY AND/OR POLICE

Bellevue Hospital Center

Bellevue security consists of New York City Health and Hospitals Hospital Police (“HP”) and Watchpersons. Watchpersons’ duties are similar to HP except that they do not have the power to arrest. HP is governed by the New York State Penal Law and perform all law enforcement duties on HHC owned and controlled property. HP staff several stationary posts and patrols, and are authorized to arrest for violations of law or issue summonses for disorderly conduct, smoking parking violations’, and similar activity.

NYU Langone Medical Center

NYU Langone Medical Center is patrolled and protected by Security Officers. All Security Officers are licensed and regulated by the Security Guard Act of 1992, which is enforced by the New York State Department of State.

Security Officers do not have police powers but can make arrests just as any civilian can and then must turn over the prisoner to the New York City Police Department or other governmental enforcement agency.

Security Officers may not issue summonses and at NYULMC none of the security personnel are permitted to carry firearms.

NYU Hospital for Joint Diseases

NYU Hospital for Joint Diseases is patrolled and protected by the Loss Prevention Department, Security Officers. All Security Officers are licensed and regulated by the Security Guard Act of 1992, which is enforced by the New York State Department of State.

Security Officers do not have police powers but can make arrests just as any civilian can and then must turn over the prisoner to the New York City Police Department or other governmental enforcement agency.

Security Officers may not issue summonses and at NYU HJD none of the security personnel are permitted to carry firearms.

V.A. Hospital

VA Police Officers are federal law enforcement officers that have the same law enforcement powers and authority as state and municipal police officers including arrest authority. VA Police Officers are empowered under Title 38 of the United States Code (Section 902) to perform all law enforcement duties on VA owned and controlled property through the enforcement of federal, state and local laws, as well as VA rules and regulations.
VA NYHHS facilities are under the "exclusive or proprietary" jurisdiction of the United States Government. New York City Police do not patrol the grounds or buildings and do not exercise law enforcement authority while on federal grounds. However, full cooperation is afforded to local law enforcement agencies when necessary to apprehend criminal suspects or serve criminal and civil processes.

VA Police Officers enforce posted rules and regulations to include speed limits and parking regulations primarily through the use of Courtesy Violation Notices, U.S. District Court Violation Notice or physical arrest enforcement actions. Individuals found guilty of violating VA rules and regulations while on VA NYHHS property may be subject to fines.

IDENTIFICATION CARDS:

**Bellevue Hospital Center**

All employees are issued photo identification cards by HP and are required to wear them face up and above the waistline or on the outer clothing at all time while on Bellevue Hospital grounds. HP and Watchpersons acknowledge NYU and Veterans Administration Identification for entry into the facility. Lost cards may be replaced with the consent of your immediate supervisor for a $10.00 fee. Worn cards are replaced free of charge. All Identification cards remain the property of Bellevue Hospital Center and must be returned upon termination or resignation.

**NYU Langone Medical Center**

All employees are issued current validated photo identification badges by the Security Department and are required to wear them face up, above the waist on outer clothing at all times while on NYU Langone Medical Center property. Lost badges may be replaced by paying the $10 replacement fee and the Tisch Hospital Cashier and presenting the receipt to the Security Department. Worn badges are replaced free of charge on a 1 for 1 swap. Identification badges remain the property of the Medical Center and must be returned to your supervisor by your last day of work. Identification Badges are also used to unlock certain areas of the Medical Center via their security system. It is important to immediately report lost/missing ID/access cards to security.

**NYU HOSPITAL FOR JOINT DISEASES**

All employees are issued current validated photo identification badges by the Loss Prevention Department and are required to wear them face up, above the waist on outer clothing at all times while on NYU Hospital for Joint Diseases property. Lost/missing badges must be reported immediately to your supervisor/department head and the Loss Prevention Department. Loss badges may be replaced by paying a fee at the cashiers and presenting the receipt to the Loss Prevention Department. Worn badges are replaced free of charge. Identification badges remain the property of the NYU Hospital for Joint Diseases and must be returned to your supervisor by your last day of work. Identification Badges are used to unlock certain areas of NYUHJD via their security system they are also used to swipe in and out at designated time clocks when entering and
leaving Hospital during employees shifts. It is important to immediately report lost/missing ID/access cards to security.

**V.A. Hospital**

Proper identification includes VA Identification Card or up to date NYUMC Identification. VA NYHHS will replace employee VA Identification Card when lost or damaged. During clinical rotations and residencies, NYU and SUNY-Downstate medical students and residents are expected to obtain and wear a VA Identification Card while on VA NYHHS campuses. VA Identification Cards are obtained in the Human Resources Service at the beginning of the training period and require the completion of appropriate forms, including a National Agency Check Inquiry, and electronic finger print scanning. This is a requirement of all VA employees, volunteers, medical residents and trainees.

**ACCESS CARDS:**

**Bellevue Hospital Center**

Bellevue Identification cards can be used to access restricted areas, such as the 6th floor 7 West, 8th floor, 9th floor, 10th floor and the 14th floor Pharmacy. Such access is limited to authorized personnel. To get access, you must request it through your department head who will in turn apply through HP. Access will be granted through programming a Bellevue ID card.

**V.A. Hospital**

All access cards to secure areas must be authorized by Service Chief.

**NYU Langone Medical Center**

Your Identification Badge is also a access card. Access to authorized areas will require a written request from the department head in charge of that area to the Security Department. It is important that lost/missing access cards get reported to security immediately so it can be deleted from the system.

**NYU HOSPITAL FOR JOINT DISEASES**

A computerized card-access system has been installed to facilitate entry into specific areas of NYUHJD (i.e., 8th Floor Pediatrics, Medical Library, 18th Street Employee Entrance, etc.). This system is integrated with our existing identification badge to enhance the security of these designated areas. Employees given approved access to these areas are not to share or lend their ID/Access card with anyone at any time. Lost, stolen and or misplaced ID/access cards must be
reported to the Loss Prevention Department as soon as possible so it can be deleted from the system database immediately. This prevents any unauthorized persons from using them.

**TRANSPORTATION BETWEEN SITES**

**V.A. Hospital**

Doctors requiring transportation from the VA to either NYU or Bellevue Hospital will go to Police Operations, 1st Floor, Room 1043W, and request that car service be ordered. The Police will then telephone Delancy Car Service at (212) 228-3301 for transportation. The VA maintains an account with this vendor. There are only two authorized destinations, NYU or Bellevue Hospital.

**NYU Langone Medical Center**

During the hours of 11:30pm to 7:30 am, daily, NYU Langone Security staff can provide an escort in-between sites. This service can be arranged by calling 212-263-5120. When calling please note the lobby you wish to be met at, and leave some time for this service to be arranged.

**NYU HOSPITAL FOR JOINT DISEASES**

NYU Hospital for Joint Diseases has a van which is used for pick-up and deliveries, and transportation of staff to and from our off site locations. Departments can schedule use of the van after requesting and receiving approval from their department head and Loss Prevention.

**PACKAGE CHECKS**

**Bellevue Hospital Center**

Bellevue Hospital conducts random package inspection of all sizeable packages entering and leaving the facility. Employees who have been authorized to remove Bellevue Hospital property must have a properly obtained Relinquishment Voucher, which can be obtained at HP offices, approved by HP and the employee's immediate supervisor.

**V.A. Hospital**

Upon entering the facility all packages must be placed on the x-ray machine for examination.

A VA Property Pass is required to remove clinical related documentation or diagnostic materials from any VA NYHHS Campus. VA Property Passes should be obtained from Clinical Service Chiefs.
As a precaution taken for the safety of your property, as well as that of NYU Langone Medical Center and our patients, the Security Department is authorized to examine the contents of any package or bag, which is being carried into or out of the Medical Center. Staff who have permission to remove Medical Center property must have a package pass. Compliance with such inspections is required. Failure to cooperate with a package check can lead to disciplinary action up to and including termination.

**NYU Hospital for Joint Diseases**

The Loss Prevention Department is authorized to examine the contents of any package or bag, which is being carried in or out of the facility. This precaution is taken for the safety of your property, as well as that of NYU Hospital for Joint Disease and our patients. Employees who have permission to remove Hospital property must have a properly obtained Package Pass. A Package Pass must be given to the Loss Prevention Security Guard to check for a proper signature by a supervisor authorizing the property to be removed from the facility. Compliance with such inspections is required. Failure to cooperate with a package check can lead to disciplinary action up to and including termination.

**PARKING**

**Bellevue Hospital Center**

There is no free parking at Bellevue Hospital. Two parking lots operate on a first come-first served basis; when the lots are full, no other parking spaces will be available. The lots are open to the public; the rate is $20 per 8-hour period. Employee rates, which are available to Bellevue employees and NYU staff working at Bellevue, are $20.00 per 14-hour period (South Lot), $10.00 per 14-hour period (Viaduct, located under the FDR. Enter from 34th street and the FDR service road) and $150.00 for monthly parking. If you are an employee and need monthly parking, you should fill out an application at the Hospital Police Vendor Desk located on the ground floor of the Hospital Building. The hours to obtain an application are: Monday, Wednesday and Friday from 7am to 4pm, Tuesday and Thursday from 7am to 7pm. All vehicles parked in unauthorized areas will be summonsed and towed at the owner’s expense.

**V.A. Hospital**

Parking at the New York campus is extremely limited and must be approved by the screening committee. At the Brooklyn and St. Albans campuses, the VA Police will issue parking permits.

**NYU Langone Medical Center**
There is no free parking at NYU Medical Center. If you need parking you should make an application to Real Estate.

NYU HOSPITAL FOR JOINT DISEASES

There is parking for employees at NYU Hospital for Joint Diseases at an outside garage located on 21st street between 1st and 2nd Avenue. Employees can park there on a monthly basis at a Hospital rate. Employees must come to the Loss Prevention Department to sign up for parking to get the monthly Hospital rate.

OFF HOURS SECURITY

Bellevue Hospital Center

When working during off hours, an employee should notify HP by calling x6191. HP are available to provide escorts to and from secluded areas of the campus. Scores of phones are equipped with duress alarms, also known as “panic buttons”, which ring at the HP Control Center.

NYU Langone Medical Center

A Security Van is operated daily from 11:30pm to 7:30am. This van is at your service to drive you to or from NYU Medical Center, Bellevue Hospital and the VA Hospital. As an extended service we will also drive to the local train stations, bus stops or any reasonable destination within the area. For this service if you are inside the Medical Center dial extension 7-3000. From outside the Medical Center please dial (212) 263-5120.

LOST AND FOUND

Bellevue Hospital Center

Bellevue Hospital does not have a lost and found section. All inquiries regarding lost property should be referred to the Patient Property office or the cashier.

V.A. HOSPITAL

At the New York campus, Lost and Found is located on the 9th floor, Room 9C. At the Brooklyn campus, Lost and Found is located on the 1st Floor, Telephone Operators Room. At the St. Albans campus, Lost and Found is located on the ground floor reception area.

NYU Langone Medical Center
The Lost and Found Department is maintained by the NYULMC Security Department. Found property should be given to any Security Officer. Inquiries regarding lost property should be made at the Security Department Administrative Offices located in MSB 182.

**NYU HOSPITAL FOR JOINT DISEASES**

The Lost and Found Department is maintained by the NYUHJD Loss Prevention Department. Found property should be given to any Security Officer. Inquiries regarding lost property should be made at the Loss Prevention Department Administrative Offices located on First floor, room 133.

**SMOKING**

**Bellevue Hospital Center**

Bellevue Hospital is a smoke-free facility. Employees found smoking within the facility or outside grounds, (26th to 30th streets from First Avenue to the FDR Service Road) will be referred to Human Resources for appropriate discipline.

**V.A. Hospital**

The VA New York Harbor Healthcare System is a smoke free environment.

**NYU Langone Medical Center**

NYU Langone Medical Center is a smoke free environment. There is no smoking anywhere inside of the facility. For those who do wish to smoke, there is a smoking area on the perimeter of the facility on 30th street. The ban on smoking extends to NYULMC operated vehicles.

**NYU HOSPITAL FOR JOINT DISEASES**

NYU Hospital for Joint Disease is a smoke free environment. The only area where smoking is permitted is across the street from the hospital in the park. Smoking is prohibited in front of the hospital building to include the 18th Street employee entrance, the 17th Street front entrance ramp way, and the 17th Street entrance by Immediate Care. This smoking ban also extends to all NYUHJD owned vehicles.

**ALCOHOL**

**Bellevue Hospital Center**
Any employee suspected of being under the influence of illicit drugs or alcohol will be referred to Emergency Health Service for medical evaluation. Any employee who refuses to be medically evaluated may be subjected to disciplinary action up to and including termination of employment.

NYU Langone Medical Center

This policy is established with the goal of ensuring a safe and productive work environment for the faculty and staff of the Medical Center. The policy establishes rules and procedures for drug and alcohol testing in the event there is reasonable cause to believe that a Medical Center employee is using alcohol or illegal drugs in the workplace, is abusing controlled substances in the workplace, or is performing official duties while under the influence of alcohol, illegal drugs, or controlled substances.

As a rule, possession, use or distribution of drugs or alcohol on Medical Center premises is prohibited. On those occasions of Medical Center sponsored events the consumption of alcohol in moderation is permissible but is prohibited within patient care areas and the research environment. Employees on duty or working immediately after attending a sponsored event cannot consume alcohol or they will be deemed unfit for duty and subject to discipline. Medical Center sponsored events, on campus, may only serve alcohol provided by the Catering Department of the Food Service Department in order to ensure compliance with the institutions liquor license.

Should you have any questions concerning this policy please contact the Employee Relations Department at 404-3857.

NYU HOSPITAL FOR JOINT DISEASES

If there is reasonable cause to suspected any NYU Hospital for Joint Diseases employee of using alcohol or illegal drugs in the workplace, of abusing controlled substances in the workplace, or is performing official duties while under the influence of alcohol, illegal drugs, or controlled substances; this employee will not be allowed to work and may be subject to a drug and alcohol testing conducted by the NYU Employee Health Service. Any employee who refuses to be medically evaluated may be subject to disciplinary action up to and including termination of employment.

As a rule, possession, use or distribution of drugs or alcohol on NYUHJD premises is prohibited. On those occasions of NYUHJD sponsored events the consumption of alcohol in moderation is permissible but is prohibited within patient care areas and the research environment. Employees on duty or working immediately after attending a sponsored event cannot consume alcohol or they will be deemed unfit for duty and subject to discipline.

FIREARMS

Bellevue Hospital Center
No firearms are allowed in the facility except NYPD, DOC and law enforcement officers in performance of their duties. There are some areas where carrying loaded firearms is prohibited. In those areas, there are Unloading Stations available.

**NYU Langone Medical Center**

No firearm is permitted on medical center property. If you are a licensed pistol permit holder you are still **NOT** permitted to carry a firearm on NYULMC Property or in any of its vehicles.

**NYU HOSPITAL FOR JOINT DISEASES**

No firearms are allowed in the NYU Hospital for Joint Diseases facility; except personnel from Federal, State, County, and City law enforcement agencies that are on official business and authorized to be armed are allowed to retain their firearms while in NYUHJD. Other armed personnel unless cleared by Hospital or Security Administration, will be directed and escorted to the Loss Prevention Department.

**FIRE ALARMS**

**Bellevue Hospital Center**

No firearms are allowed in the facility except NYPD, DOC and law enforcement officers in performance of their duties. There are some areas where carrying loaded firearms is prohibited. In those areas, there are Unloading Stations available.

**NYU Langone Medical Center**

It is the policy of the Medical Center that upon discovery of smoke or fire the fire alarm is to be pulled. Because of the potential for underestimating the seriousness of a fire condition, there is no exception to this policy.

When a fire alarm sounds, every employee is expected to implement fire protocol appropriate to his or her work area. There is no code to indicate if an alarm signifies a drill or a real fire; therefore, every alarm should be treated as a potentially serious fire.

**NYU HOSPITAL FOR JOINT DISEASES**

It is the policy of NYU Hospital for Joint Disease that when a fire alarm sounds, every employee is expected to implement fire protocol appropriate to his or her work area. There is no code to indicate if an alarm signifies a drill or a real fire; therefore, every alarm should be treated as a real fire. When the fire alarm sounds, every employee is to implement the fire protocol: (RACE) Rescue, Alarm, Confine, and Extinguish.
SECURITY CODES

Bellevue Hospital

Code Pink: In the event of a child or infant abduction you will hear an overhead announcement of Code Pink. The Hospital will commence a lockdown condition and no one will be allowed to leave until all packages are checked. All Bellevue employees are expected to assist in the lockdown process by looking for anyone carrying large or oversized bags and identifying anyone who looks suspicious or is trying to exit the hospital with an infant or small child.

Code 777: In the event of an internal or external disaster, you will hear a series of bells followed by an announcement of Code 777. In the event of a Code 777, you should report to your work area unless otherwise instructed by your supervisor.

NYU Langone Medical Center

Code Pink: In the event of a child or infant abduction you will hear an overhead announcement of, “Code Pink”. In the event of a Code Pink the Medical Center may go into a lock-down condition and no one will be allowed to leave until all his or her packages have been checked. Due to the seriousness of a child being abducted all staff is expected to look for anyone carrying or walking with a child or infant or attempting to exit the medical center undetected. Any suspicious activity of this nature should be reported immediately to the Security Department @ 73000.

Code 1000: In the event of a disaster that requires a response you will hear an overhead announcement of, “Code 1000”. In the event of a Code 1000 you should report to your work area unless you have been previously designated to report to somewhere else.

NYU Hospital for Joint Diseases

Code Pink: In the event of a child or infant abduction you will hear an overhead announcement of, “Code Pink”. In the event of a Code Pink the Hospital will be going into a lock-down condition and no one will be allowed to leave until all his or her packages have been checked. Due to the seriousness of a child being abducted all employees are expected to look for anyone carrying or walking with a child or infant or attempting to exit the Hospital undetected. Any suspicious activity of this nature should be reported immediately to the Loss Prevention Department.

Code 1000: In the event of an internal or external disaster that requires a response you will hear an overhead announcement of, “Code 1000”. In the event of a Code 1000 you should report to your work area or designated area.

Code Hazmat: In the event that a Code Hazmat is called all assign personal must report to security office and take direction from Decon Team Leader.

Code Orange: Security/Loss Prevention personnel will follow departmental procedures, including (but not limited to) calling 911 for NYPD assistance if the situation warrants, and/or responding directly to the location if it is determined that it is safe for Security/Loss Prevention
personnel to do so. Departments will maintain implementation of Code Orange procedures until the “All Clear” has been given.

TIPS FOR INTERACTION WITH POLICE/SECURITY

Bellevue Hospital Center, VA Hospital, NYU Langone Medical Center

Although the VA Hospital has federal police, Bellevue has NYC Hospital Police and NYULMC has security officers, these tips will help you interact with all of them.

1 Clearly display & wear your ID. It lets the officer know immediately who you are and that you’re on the premises legally.

2 Package Inspections. All three hospitals maintain a right to inspect all incoming and outgoing packages. Please cooperate with the officers at the door. Arguing with them won’t change their minds.

3 Disagreements. Don’t let a disagreement become a confrontation. If you feel an officer is being unreasonable, ask to speak to his supervisor.

4 Emergencies. In an emergency you may be told to leave immediately or go out another exit or any one of a dozen orders that you may not like. This is not a good time to engage in a debate. Usually if an officer is forcefully telling you to do something, there is a very good reason. Please cooperate with them.

5 Cooperation. All of the hospital and medical center personnel are important in the maintaining of a safe and secure environment. The easiest way for all of us to work together is in the spirit of cooperation. There are times when you will not agree with an officer and you are free to express that but please don’t let it become a confrontation.

6 Arrest Powers. The VA Hospital and Bellevue Hospital maintain a staff of police officers that have the power to arrest and/or issue summonses. Being disorderly can result in your being arrested. At NYULMC security officers are employed and they too have the power to arrest you if you commit a crime against the institution or any of its occupants. In the rare event that you find yourself being arrested, please do not resist. If a matter gets to that point then the place to resolve it is in a court of law.