

OO7 – EXEMPLARY PROFESSIONAL PRACTICE

Provide the policies, or equivalent evidence, that depict the organization’s workplace advocacy initiatives for all staff, regarding the following issues:

- *Caregiver well-being;*
- *Diversity, equity, and inclusion;*
- *Rights;*
- *Confidentiality;*
- *Care for the impaired practitioner; and*
- *Zero tolerance for bullying, incivility, and workplace violence.*

Caregiver Well-being

OO7.1	NYPBeHealthy Mission and Goals
	NYPBeHealthy 2022 Steps Challenge
	NYPBeHealthy Refresh and De-Stress Resources
	NYPBeHealthy Cope NYP
	NYP Employee Support Resources for COVID-19

Diversity, Equity, and Inclusion

OO7.2	Gender Inclusion Policy
	Recruitment and Selection Policy
	Equal Employment Opportunity Policy

Rights

OO7.3	Organizational Ethics Policy
	Conflict Management Process Policy
	Family and Medical Leave Policy
	Leaves of Absence Policy
	Human Resources Records Policy
	Nursing Staff By-laws Policy

Confidentiality

OO7.4	Employee Assistance Program through Cope NYP
	Photographing, Video Recording, or Audio Recording of Patients, Other Individuals and Staff Policy

Care for the Impaired Practitioner and Zero Tolerance for Bullying, Incivility, and Workplace Violence

OO7.5	Care for the Impaired Practitioner	Administrative Referral Policy
	Zero Tolerance for Bullying, Incivility, and Workplace Violence	Workplace Violence Policy
		Code of Conduct Policy
		Anti-Harassment Policy
		Disruptive Behavior/Behaviors that Undermine a Culture of Quality, Safety and Compassionate Care Policy
		Non-retaliation Policy



Home > Employees > NYP Employee Health & Wellbeing > Mission and Goals

- NYPBeHealthy**
- Mission and Goals
- Engagement Toolkit
- Health Information**
- Emotional and Mental Health Support & Resources
- Employee Lactation Rooms
- Events
- Health Matters Handouts
- Health Matters
- Newsletters
- Wellness Tips from Aetna
- 10 Days of Gratitude Journal

Mission and Goals

Posted 2/25/2021 3:08 PM

As part of our mission as an academic medical center, NewYork-Presbyterian Hospital is dedicated to preventing disease and improving the health and wellbeing of our patients, employees, and communities. Integral to this mission is our commitment to helping our employees improve and maintain their health and overall wellbeing. We will realize this commitment by:

- Engaging our employees in their own wellbeing & supporting them in achieving their individual health goals
- Offering innovative, integrated & easily accessible Hospital-wide programs to foster employee health & wellbeing
- Creating a culture of caring, health, and wellbeing in our workplace

Announcement

Posted 5/2/2022

2022 NYP Steps Challenge: Battle of the Campuses



We're excited to announce the **2022 NYP Steps Challenge: Battle of the Campuses!** For the first time in Steps Challenge history, participants who join the challenge will be automatically assigned to a team that matches their campus location. Together, each site will face off against the others in a 4-week competition that tracks each campus's average steps per day. **Sign up today and help your campus win!**

All participants who **sign up by May 17 and log their steps every day of the challenge will be entered into a random prize drawing.** Step as much or as little as you would like – just be sure to log steps at least once a day to be entered.

Prizes include Legend Suite Yankee tickets, American Express gift cards of up to \$500 each, Beats earbuds, Lincoln Center Opera tickets, and more!

How to Sign Up:

1. Sign in to your [Virgin Pulse account](#) on the website or app. If you don't have an account, visit join.virginpulse.com/nyp to register. When registering, use your preferred name and NYP employee ID number, as noted in Workday. For more details, [view these registration instructions](#). If you do not have an NYP employee ID number, please email nypbehealthy@nyp.org, and we will help sign you up.
2. Click on 2022 NYP Steps Challenge: Battle of the Campuses, located on the homepage and the Challenges tab.

After joining, you will automatically be assigned to the team that matches your campus location noted in Workday. Please note that 466 Lexington employees will be a part of the NYP/Weill Cornell team and 7th Avenue employees will be a part of the NYP/Columbia team.

The challenge will take place from May 11 to June 8. Register today, and you will receive an email on day one to kick off the event.

If you have any questions, please email nypbehealthy@nyp.org.

Refresh & De-Stress

Posted 2/3/2022 4:48 PM



NYPBeHealthy

Refresh & De-Stress

Practicing self-care by learning how to effectively handle stress can help you build resilience and foster wellbeing.



Stress affects us all in different ways, and chronic stress may affect our mental wellbeing, quality of life, and those around us. NYPBeHealthy offers tips and resources on practicing self-care and building resilience to foster wellbeing.

On-site and Online Resources for NYP Employees:

Employee Recharge Rooms

As part of our response to the ongoing COVID-19 outbreak, we have designated Employee Recharge Rooms across all hospital campuses. These rooms are restorative spaces for each of us to pause, take a deep breath, decompress, and recharge. Please see the [list of Employee Recharge Room locations and hours](#), along with our [Emotional Wellbeing Support Resources](#) for all NYP employees. Email nypbehealthy@nyp.org if you have any questions.

Confidential Counseling and Support

Feeling overwhelmed, depressed, or anxious is common, especially when we are stressed. Through CopeNYP, NYP employees can receive confidential, complimentary counseling with a licensed therapist to help manage stress and build resilience.

Online Yoga & Meditation Classes

NYPBeHealthy and Integrative Health offer online yoga and meditation. Check out our [yoga videos](#) and [meditation audios](#) that you can access 24/7! Videos for [Restorative Yoga](#) and [Energizing Chair Yoga](#), and a guided [mindfulness meditation](#) audio track is also available for employees to access at work or at home. Try this [Five Minute Meditation Video](#) to decrease stress at work using simple and calming exercises that can be done right at your desk.

Online Tools to Help You Build Resilience

Resilience is all about confronting stressful situations without getting overwhelmed by them. Resilient people are better able to handle stress and adapt to changing situations. Being resilient can help protect you from depression, stress, and anxiety. [Learn more about resilience](#) and [view tips on how to build resilience](#) and read some [positive affirmations](#) to help build your self-esteem and confidence. Also check out this [5-minute video on de-stressing meditation](#).

Refresh & De-Stress Coaching Session

Schedule a 15-minute confidential Refresh & De-Stress on-site coaching session with an NYPBeHealthy Wellbeing Coach at no cost. Coaches can help you manage stress, promote relaxation, build resilience, and work toward your personal health and wellbeing goals.

NYPBeHealthy/Maripossa Wellness Virtual Restorative Videos

NYPBeHealthy offers free virtual restorative videos that teach simple and effective self-care tools for your overall wellbeing. These videos can be incorporated into your work day, during commutes, or at home. This includes gentle movements, stretches, and grounding exercises with techniques to help re-align the mind and body while alleviating tension, anxiety, and stress. You can view our collection of videos by clicking on this [link](#).

Healthy Sleep:

- [8 Tips for a Better Sleep](#) [\(Spanish\)](#)
- [Let's Talk About Shift Work and Sleep](#)
- [Sleep Resources](#)

Additional Resources:

- [Seven-Minute Reset Video](#)
- [Learn about Self-Care](#)
- [How to Avoid Caregiver Burnout](#)
- [Practice Breath Awareness](#)
- [Fitness Resources](#)
- [PerkSpot](#)
- [Stress Management](#) [\(Spanish\)](#)
- [Self Care for Stress Relief](#)
- [Gratitude Journal](#)
- [Stress Assessment](#)
- [10 Tips to Refresh and De-Stress](#)
- [Refresh and De-Stress Department Pledge Form](#)
- [STOP Technique](#)
- [Hashtag Self Appreciation](#)
- [Breathing Exercise Flyer](#)
- [CALM Technique](#)
- [5 Minutes of CALM](#)

NYP Wellness Class Waivers: View, print, and complete the waivers before class.

CopeNYP

Posted 5/20/2022 10:17 AM



NYP offers the CopeNYP Employee Assistance Program (EAP) to support our employees and their families. Staffed by licensed mental health professionals from Weill Cornell Medicine's Department of Psychiatry, CopeNYP can provide you with emotional support and practical strategies to enhance your resilience.

We can help you or your team with a wide variety of concerns, such as managing personal and work stressors (including burnout), reducing anxiety, alleviating depression, addressing relationship issues and interpersonal conflicts (among couples, family or friends), coping with traumatic events and struggles related to the COVID-19 pandemic, grief and loss, helping teens cope with their issues, and many other issues.

Services for Employees and Household Members



- **Up to 8 counseling sessions per issue per year, free of charge, with a licensed mental health clinician:**
The number of sessions offered will depend upon your particular circumstances, and will be determined by the clinician. If you could best benefit from longer-term therapy or specialty care, CopeNYP will help you find a provider or program, and we may recommend you start directly with that provider in lieu of using EAP sessions.
- **Intake Process:**
Email us or call us (646-962-2710). We will then call you for a brief Intake Call, during which we will ask you to provide your contact information and answer some survey questions to help us better understand your reason(s) for seeking help, and we will schedule your first full-length session with a licensed clinician. This call will usually take about 20 minutes.
- We understand how important **confidentiality** is to you – **documentation is NOT kept in EPIC** and is only available to EAP team members.
- Appointments are available virtually, via Zoom or telephone, and are available weekdays between 8 a.m. – 8 p.m.
- Coverage includes employees, dependents, and household members.
*Learn more about [exceptions](#) and [cases involving children \(1-17 years old\)](#).



Contact Information

- Phone: 646-962-2710
- Email: CopeNYP@med.cornell.edu
- [Click here](#) for a downloadable flyer.



Wellness Webinars

- **Two Years Later: Why Time Doesn't Heal ALL Wounds presented by CopeNYP**
[Click here](#) to watch webinar recording.
- **Life Hacks for Inner Peace**
[Click here](#) to watch webinar recording.
- **CopeNYP Webinar on Easier Nights and Brighter Mornings: Strategies for Getting Better Sleep**
[Click here](#) to watch webinar recording.
- **Congratulations! Now What? Navigating Maternity Leave and Returning to Work Postpartum**
[Click here](#) to watch webinar recording.
Password: aH!M?d6E



Important Policies and Additional Services

- [Cancellation Policy](#)
- [Services available from CopeNYP in the aftermath of a Critical Incident](#) (arranged by leadership, Human Resources, and managers/supervisors)
- If you're dealing with loss, consider this [Employee Bereavement Guide](#) for coping with grief.
- [Emotional and Mental Health Support & Resources](#)

Support Resources for NYP Employees



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Support Resources for NYP Employees

FAMILY CARE RESOURCES

General:

Bright Horizons Back-Up Child and Adult/Elder Care*

Back-Up Care includes in-home care emergency back-up care. The program can be used any time, even last-minute when your regular care isn't available. You can access this benefit for up to 15 days of in-home care per year at a subsidized rate of \$6/hour.

Visit backup.brighthorizons.com to access backup care (first-time visitors, enter Employer Username: **NYP**; and Password: **care4you**).

Dependent Care Flexible Spending Account (FSA)

Contribute to a [Dependent Care FSA](#) to pay for eligible expenses with pre-tax dollars.

Child Care: Eligible expenses include preschool, child and elder care, and summer day camp so your dependents are cared for while you and your spouse/domestic partner (if applicable) work or go to school full-time.

Elder Care: Eligible expenses include care for an elder who is your tax-dependent while you and your spouse/domestic partner (if applicable) work or go to school full-time.

Child Care Resources:

WeeCare Daycare Concierge for NYP Employees*

A dedicated WeeCare Care Manager will match you with a licensed home daycare provider that best meets your preferences, schedule, and budget at no cost to you. WeeCare providers are available for full-time or part-time care, including nights and weekends as well as back-up and drop-in care. Sign-up at weecare.co/benefits/nyp, or call 914-350-3722.

Special Needs Support*

Provides assistance for employees with concerns regarding their child's development, including interactive webinars and 10 sessions of 1:1 expert coaching annually. This benefit is offered at no cost to you. To access, visit backup.brighthorizons.com (first-time visitors, enter Employer Username: **NYP**; and Password: **care4you**).

Child Care Council of Westchester

You can call the Council's Referral Department at 914-761-3456 ext. 140 and receive profiles of open child care programs/providers specific to your needs. The Child Care Specialists will confirm at least 3 openings for health care workers and first responders. You can also email Referrals@cccwny.org or complete an online form: <https://www.childcarewestchester.org/child-care-request>.

Westchester Works Scholarship: If you live in Westchester county, you may be eligible for a child care scholarship depending on your income. [Learn more here](#).

NYC Childcare Match Inc.

Recognizing a tremendous need for childcare support for healthcare worker families during the COVID-19 pandemic, community volunteers have developed a childcare matching service for NYC healthcare workers. This service is available to employees of Columbia & Weill Cornell. To be matched to a childcare worker in your area, fill out the form at the bottom of

**Offered to NYP benefit-eligible employees (employees not covered under a collective bargaining agreement)*

Support Resources for NYP Employees

[their website](#). You can also be taken directly to the Spanish form [here](#).

At-Home School Resources

Check out [these resources](#) to continue to educate your child during school closures.

Huntington Learning Center Tutoring

Huntington Learning Centers offer NYP employees discounted programs and a reduced Academic Evaluation fee. The Academic Evaluation fee is reduced by \$100 the program fees are reduced by 10%. Available programs are described in [this flyer](#). Call 1-800-CAN-LEARN and identify yourself as a NewYork-Presbyterian employee to access the discount and reduced Academic Evaluation fee. Sample program cost ranges are below, which may vary by location since centers are franchised.

- Study Hall program, typically \$20/hour or more
- Academic Coach/Homework Help Tutoring depending on student's grade, \$50 - \$90/hour
- Learning Center program, depending on student's grade, \$57/hour or more
- Exam Prep Program, \$90/hour or more

Answering Your Child's Questions about COVID-19

Use [this resource](#) to answer your child's questions and to help them cope during this challenging time.

Elder Care Resources:

Enhanced Elder Care Support*

Enhanced Elder Care Support is available to help navigate caregiving responsibilities for any adult relative (i.e., parent, in-law, grandparent). Service includes a Care Coach, in-home assessments, legal and financial consultations, and specialized referrals for care, transportation, and other critical services. This benefit is offered at no cost to you.

To access, visit backup.brighthorizons.com (first-time visitors, enter Employer Username: **NYP**; and Password: **care4you**).

Medicare Decision Support Services

Available to provide employees and their family members with resources to help understand Medicare benefits, Social Security basics, and benefits, how Social Security and Medicare work together. Contact Aetna Support Services for a personalized consultation to help understand the basics of Medicare coverage, costs, and how and when to enroll.

**Offered to NYP benefit-eligible employees (employees not covered under a collective bargaining agreement)*

Support Resources for NYP Employees

VIRTUAL HEALTH RESOURCES

NYP Virtual Urgent Care

Virtual Urgent Care connects you and your family to board-certified Emergency and Pediatric Emergency Medicine physicians from Columbia and Weill Cornell Medicine right from your phone, tablet, or computer. **Employees, and their dependents, covered by NYP Aetna medical benefits can access this service for a \$0 copay.**



Other insurances are accepted. We ask that individuals verify with their insurance provider that telemedicine services are covered by their plan. For plans that are accepted, copays, co-insurance, deductibles, and all other procedures or treatment not covered by the individual's insurance plan will be billed directly to them.

Users of Virtual Urgent Care also have the option of self-pay using a major credit card, health spending account (HSA), or flexible spending account (FSA). Learn more at nyp.org/urgentcare or download the NYP Connect app from the App Store or Google Play.

Aetna Teladoc

For employees with Aetna coverage, Aetna Teladoc offers virtual general medical care and behavioral health services 24/7 for a \$25 copay, as well as dermatology for a \$35 copay. Approved services are posted under Programs and Services at nyp.aetna.com. Download the Aetna Teladoc app from the App Store, Google Play OR visit the Teladoc website at www.teladoc.com. You can also call 1-855-TELADOC (835-2362). The Teladoc site also contains COVID-19 information here: www.teladoc.com/coronavirus.



NYP Wellbeing Coaching



Our [NYPBeHealthy Wellbeing Coaches](#) provide personalized support to employees so that they can manage their stress, stay nourished, and remember to practice self-care during these unprecedented times. Wellbeing Coaches are available in person, by phone, or via Zoom.

[Email, call, or text any coach](#) to make an appointment at a time that works best for you.

CopeNYP

CopeNYP provides staff members quick and free access to confidential and supportive virtual and in-person counseling. You can schedule a virtual or in-person visit with a therapist by emailing CopeNYP@med.cornell.edu or calling 646-962-2710. All NYP employees and their household members can receive up to 8 sessions free of charge.

ENHANCED BENEFITS FOR AETNA MEMBERS

Employees and their eligible dependents enrolled in an NYP Aetna medical plan can receive up to eight at-home COVID-19 tests kits per plan member, per month without a physician's order, and at no cost to the member. Test kits are covered under your CVS prescription benefits. [Click here](#) for information.

COVID-19 INFORMATION

Workforce Health & Safety Hotline

A COVID-19 Workforce Health and Safety hotline is available for you to get answers to your questions regarding COVID-19 protocols, absence from work, and travel guidelines. Call 646-697-9470, from 7am-5pm Monday through Friday, 7am-1pm Saturday and Sunday. Please do not walk into WHS if you are not feeling well. Effective February 7th, 2021, all NYP employees must report any COVID-like illness, symptoms, test results, or COVID-related absences online through a new COVID-19 Tracking Portal, administered by Unum (<https://nypcovidtracker.com>). Use the self-service portal to report a COVID-like illness, or other COVID-related absence for yourself or one related to caring for a minor child due to a COVID-related illness or quarantine order. Employees and their manager/supervisor will receive email notifications from the Unum COVID-19 Tracking Portal with instructions for the use of Support Care Time (SCT), self-isolation dates, and return to work instructions.

At-Home Test Kits through the U.S. government

You can order free at-home COVID-19 test kits at covidtests.gov. Every home in the U.S. can order four free at-home COVID-19 tests. The tests and shipping are completely free. Orders will usually ship in 7-12 days.

CDC Guidelines

It is important to maintain appropriate social distance while COVID-19 is spreading in the community. Learn more about how to stay healthy by visiting www.cdc.gov/coronavirus and clicking on How to Protect Yourself.

Support Resources for NYP Employees

TRANSPORTATION RESOURCES



Emergency Parking and Bus Service Information

As we continue to explore resources to support all NYP staff, we are implementing ways to help our teams travel to and from work. Click [here](#) for updates on parking and transit options.



AVIS

Avis Car Rental

Avis is offering 30% off rental cars, no surcharges, and unlimited mileage to healthcare workers. For reservations and more, go to [avis.com/reservations](https://www.avis.com/reservations) or call 800-222-2847. Use the Avis Worldwide Discount (AWD): K905204



Budget

Budget Car Rental

Budget is offering 30% off rental cars, no surcharges, and unlimited mileage to healthcare workers. For reservations and more, go to [budget.com/reservations](https://www.budget.com/reservations) or call 800-222-2847. Use the Budget Corporate Discount (BCD): B123604

511 Rideshare



All NYP Employees who carpool to work are eligible to take part in the Guaranteed Ride Program through 511Rideshare. This state program will reimburse employees who miss their carpool home up to \$40 per trip, and up to \$300 per year. To take advantage of this program NYP employees should enroll their carpool on the 511Rideshare Program [through this link](#), and once the carpool is approved, all members of the carpool will be eligible for travel reimbursement of up to \$40 in the event of an emergency or an unexpected situation.

For more information about the program [click here](#).

Unlimited Biking

Unlimited Biking is offering discounted weekly and monthly high-quality bike rentals, matching local public transportation rates, under their [Ride It Out Program](#) (Weekly \$33/ Monthly \$127). Each Cannondale bike rental includes a helmet and lock. Kids bikes and attachments are also available. Pick up from any of their locations in Midtown (346 West 57th Street), Harlem (111 West 110th Street), or near the Brooklyn Bridge (38 Park Row). To make a reservation, please visit <https://www.unlimitedbiking.com/ride-it-out-program>. For all inquiries and delivery options, please contact (212) 749-4444 or email sales@unlimitedbiking.com.

Transit & Parking Benefits

Commuter benefits – offered through [HealthEquity](#) – let you use pre-tax dollars to pay for eligible transportation expenses. You can activate, pause, change, or update your election at any time.

NYP employees can also purchase commuter benefits for a spouse/partner, child, or dependent.

Support Resources for NYP Employees

EMOTIONAL WELLBEING RESOURCES

Cope NYP



CopeNYP provides staff members quick and free access to confidential and supportive virtual and in-person counseling. During a session, you can expect a trained mental health clinician to provide compassionate support aimed at alleviating distress and identifying effective coping skills to help you manage current stressors.

You can schedule a virtual or in-person visit with a therapist by emailing CopeNYP@med.cornell.edu or calling 646-962-2710. All NYP employees and their household members can receive up to 8 sessions free of charge.

Ten Percent Happier - COVID-19 Sanity Guide

Check out [this free COVID-19 Sanity Guide](#) from Ten Percent Happier that includes meditations, podcasts, blog posts, and talks that will help you build resilience and find some calm amidst the chaos.



Strategies for Sustaining Healthcare Personnel Wellbeing

Check out [this list](#) from the Center for the Study of Traumatic Stress (CSTS), to learn strategies on how to sustain your wellbeing during the challenges of an infectious disease outbreak.



NYP Wellbeing Coaching

Our [NYPBeHealthy Wellbeing Coaches](#) provide personalized support to employees so that they can manage their stress, stay nourished, and remember to practice self-care during these unprecedented times. Wellbeing Coaches are available in person, by phone, or via Zoom.

[Email, call, or text any coach](#) to make an appointment at a time that works best for you.

Mindful Minute Break

[This](#) brief interactive experience offers a quick relaxation break and provides a hands-on way to learn simple relaxation techniques.



Yoga and Meditation

Basic yoga and meditation classes as well as special topics, such as anxiety, digestion, pain, exhaustion, and more are available 24/7 on the NYP app! You may also tune into these [online yoga videos and meditation audios at your convenience](#).



Tips from NYP Senior Leaders

Watch a [short video](#) in which Dr. Laura Forese speaks with NYP experts on managing stress and anxiety during this uncertain time. Dr. Forese and other senior leaders will continue to share messages by video. Visit the Infonet regularly for updates.



Dr. Sood Immune Resilience

Watch a [short video](#) in which resilience specialist, Dr. Sood discusses ways to boost your immune resilience.



Support Resources for NYP Employees

Pastoral Care and Education



Our department of Pastoral Care and Education has recorded spiritual messages in the major faith traditions of Roman Catholic, Protestant Christian, Jewish, Muslim, Buddhist, Hindu, and Non-denominational. The purpose of [these videos](#) is to give you a moment to reflect and to gain encouragement from your own tradition or from other religions. These videos are no more than five minutes in length and each hopefully will offer inspiration and spiritual sustenance.



Employee Recharge Video



Consider watching and sharing [this video](#), which is streaming in many of our employee recharge rooms.



Remote 12-Step Support Groups



Remote support groups such as Alcoholics Anonymous (scan QR code), Narcotics Anonymous ([virtual-na.org/meetings](#)), and Overeaters Anonymous ([oa.org/find-a-meeting/?type=1](#)) are holding remote meetings during this time.



Yale Happiness Course



Yale's massively popular 'happiness' course is available [free online](#). In this course you will engage in a series of challenges designed to increase your own happiness and build more productive habits.



During Times of Stress and Uncertainty on Vimeo



Consider watching [this animated video](#) made by Talent Development in collaboration with NYPBeHealthy that contains tips on what to do during times of stress and uncertainty.

WellSpring.Global

WellSpring.Global is an open platform with a menu of mind-body practices that are evidence-based including a variety of meditation practices, breathing practices, chair and restorative yoga, acupressure, music and art therapies, healthy nutrition and nondenominational spiritual support practices. In addition, there are carefully curated links to other web-based offerings such as links to museum and orchestra programs that are online and supportive of improving our mood in this stressful time. The website is continuing to grow and feedback/blogs are welcome. Visit [www.wellspring.global](#) to access the site.



Support Resources for NYP Employees

MENTAL HEALTH RESOURCES

CopeNYP

CopeNYP provides staff members quick and free access to confidential and supportive virtual and in-person counseling. During a session, you can expect a trained mental health clinician to provide compassionate support aimed at alleviating distress and identifying effective coping skills to help you manage current stressors.



You can schedule a virtual or in-person visit with a therapist by emailing CopeNYP@med.cornell.edu or calling 646-962-2710. All NYP employees and their household members can receive up to 8 sessions free of charge.

Psychiatric Symptom Tracker and Resources for Treatment (START)

Developed by faculty in the Weill Cornell Department of Psychiatry, this tool is available to all NYP, WCM, and CUIMC employees, and can help you monitor your mental health and get connected to help if needed. A brief online survey helps you track your stress levels and mood. Based on your responses, you will receive immediate feedback, including information on stress-management strategies and available support, such as crisis counseling. A member of the Weill Cornell psychiatry department can provide rapid evaluations and referrals. You will be invited to complete an updated survey weekly or every other week, to help you stay mindful of how you are feeling, identify any problem areas, and get help addressing issues or concerns. **Access the survey anonymously and confidentially [here](#).** (If you have difficulty with the link, please copy and paste it into a Google Chrome browser.)

For NYP Aetna Medical Plan Members:

Teladoc: For employees with Aetna coverage, Aetna Teladoc offers virtual general medical care and behavioral health services 24/7 for a \$25 copay, as well as dermatology for a \$35 copay. Approved services are posted under Programs and Services at nyp.aetna.com. Download the Aetna Teladoc app from the App Store, Google Play, OR visit the Teladoc website at www.teledoc.com. You can also call 1-855-TELADOC (835-2362).

Mental Health and Substance Abuse Services: Mental Health and Substance Abuse Services for you and your eligible dependents are covered under the medical plan. Learn more [here](#).

Need to talk to someone right away:

Disaster Distress Hotline Provided by Substance Abuse and Mental Health Services Administration

Call 1-800-985-5990, text TalkWithUs to 66746, or visit: <https://www.samhsa.gov/find-help/disaster-distress-helpline>.

National Suicide Prevention Lifeline

Call 800-273-TALK (8255) or visit <https://suicidepreventionlifeline.org/>.

National Crisis Text Line

Text “HELLO” to 741741. The Crisis Text hotline is available 24 hours a day, seven days a week throughout the U.S. The Crisis Text Line serves anyone, in any type of crisis, connecting them with a crisis counselor who can provide support and information.

New York State Domestic Violence Hotline:

Call 1-800-942-6906.

Veteran’s Crisis Hotline

Visit www.veteranscrisisline.net or call 1-800-273-8255 and press 1.

Support Resources for NYP Employees

Ongoing NYP Resources:

Workforce Health & Safety Occupational Psychiatry

Call 212-746-4370 (NYP/Weill Cornell) or 212-305-0861 (NYP/Columbia).

House Staff Mental Health Service

Talk to an on-campus psychiatrist familiar with resident and fellow issues. For an evaluation and possible referral for up to 8 confidential sessions, please call:

NYP/Columbia House Staff Mental Health:

Director: Laurel Mayer, MD - 646-774-8067

Associate Director: Bret Rutherford, MD - 646-774-8660

NYP/Weill Cornell House Staff Mental Health:

Director: Anna H. Rosen, MD - 914-997-5996

Community Resources:

NY State Office of Mental Health – Emotional Support Line

The Emotional Support Line provides free and confidential support, helping callers experiencing increased anxiety due to the coronavirus emergency. Call 1-844-863-9314 to speak with someone.

NYC COVID Worker Care Network

The NYC COVID Worker Care Network is a self-organizing mutual aid network of more than 1500 mental health workers, spiritual care providers, circle-keepers, and community builders supporting essential COVID workers during this evolving crisis.

What supports are available? They facilitate individual support encounters, support groups, stress-reduction trainings, and grief and loss rituals. All individual support meetings happen on Zoom or by telephone. Groups and rituals will be posted on the website as made available.

Who can access care? Any essential worker during the fight against COVID-19 in New York City is eligible to receive support from the network. This includes healthcare professionals, first responders, emergency personnel, childcare providers, delivery drivers, construction workers, and many more - if you are unsure if you qualify, please consult this website for a complete list. If you still have questions about whether you are eligible, please apply, and we will do our best to help.

How can I access care? Individual workers will be able to access support by signing up through our website: www.nyccovidcare.org/request

NYC Well

Free, confidential crisis counseling, mental health and substance misuse support, information and referral. You can reach the toll-free help line 24 hours a day, 7 days a week by phone, text and online chat. Mental health professionals there can link you to the services you need. Call 888-692-9355 to connect. You can also reach NYC Well by texting "WELL" to 651-73.

Support Resources for NYP Employees

PHYSICAL WELLBEING RESOURCES

ACTIVE 

Active by PopSugar

Access hundreds of [free workouts](#) from celebrity trainers and fitness experts.



Johnson & Johnson

Johnson & Johnson 7-Minute Workout

Easily workout from home with the Johnson & Johnson 7-Minute Workout app available on the [App Store](#) or [Google Play](#). All of the exercises can be done at home and require no special equipment.



Crunch Live

Access over 50 no-equipment-needed-at-home workouts & 100 workouts to choose from ranging from barre to bootcamps. Class lengths range from 10-40 minutes. Visit crunchlive.com to sign up and enjoy a 90 day free trial.



Peloton

Peloton is offering a 30 day free trial. No Peloton equipment required. Classes include outdoor running, spinning, HIIT, yoga, strength, and more! Visit <https://www.onepeloton.com/app>.



Yoga & Tai Chi

For some simple and easy ways to feel physically better, check out [these yoga & tai chi videos](#) two of our therapy staff put together.



Pre and Post Shift Stretch Tips

Stretching before and after your shift is important to help heal and restore your body after a long and strenuous day. [Try these stretches](#) to help you wind down for the night or to help you gently wake up.



At-Home Exercise Resources

For a complete list of free and paid at-home exercise services, check out [this list](#) curated by Clinical Dietitians on the NewYork-Presbyterian Food & Nutrition team.



Free 1-Year Pilates Membership

Begin your journey to strengthen and define your body and mind with Ashley Patten Pilates. Ashley's 10+ years of expertise have led to a life of mindfulness present in all of her teachings. On-Demand Pilates allows you to stream full-length, full-body workouts whenever you please. Enjoy the benefits of studio-paced Pilates under your own roof. **NYP employees can receive a 1-year complimentary membership by signing up [here](#) with their NYP email address.**

FitOn



Join FitOn today for free access to unlimited workouts from celebrity trainers. Workouts include cardio, strength, HIIT, yoga, and more! No equipment is required. To learn more about FitOn and to sign up, [click here](#).



YouTube Fitness

Check out [Heather Robertson](#) or [Kayla Itsines](#) for free fitness videos on YouTube.

Support Resources for NYP Employees

For NYP Aetna Medical Plan members:

Be sure to use your benefits – your annual wellness exams – preventive services, such as age-appropriate annual visits and immunizations, are covered at 100%, meaning you and your covered dependents pay nothing for these services.

If you are enrolled for NYP dental coverage – preventive services, twice a year cleanings, and x-rays according to schedule are covered at 100%. Learn more [here](#).

Hinge Health

To treat an acute or chronic condition, [Hinge Health](#) offers a customized care plan which includes a personal health coach or physical therapist and app-guided therapy.

- Offered at no additional cost to employees (and their dependents) enrolled in an NYP Aetna medical plan.
- No appointments or copays – the customized care plan can be done from anywhere, at any time using their app.
- Even if you don't have pain and are just looking to keep your joints healthy, you can sign up for the app.

If you have any questions about the emotional and physical wellbeing resources, please email nypbehealthy@nyp.org.

TITLE: GENDER INCLUSION

POLICY:

NewYork-Presbyterian Hospital does not discriminate in any way on the basis of protected characteristics including but not limited to; sex, sexual orientation, gender identity, or gender expression. This policy is designed to create a safe and productive workplace environment for all employees.

PURPOSE:

To set forth guidelines to address the needs of our transgender and gender non-conforming employees. This policy does not anticipate every situation that might occur with respect to transgender or gender non-conforming employees, and the needs of each transgender, gender non-conforming, and non-binary employee must be assessed on a case-by-case basis. In all cases, the goal is to provide a safe and comfortable environment for our transgender, gender non-conforming, and non-binary employees while maximizing the employee's workplace integration and minimizing stigmatization of the employee.

APPLICABILITY:

All employees

PROCEDURE:

A. PRIVACY

Employees have the right to discuss their gender identity or expression openly, or to keep that information private. It is up to the employee to decide when, with whom, and how much to share their private information. Information that may reveal an employee's gender or gender non-conforming status (such as the sex they were assigned at birth) may constitute confidential medical information under privacy laws like HIPAA and gender status generally should not be disclosed. That kind of personal or confidential information may only be shared with the employee's consent or in certain limited circumstances where the organization needs to know (e.g. in connection with Employee Benefits).

B. OFFICIAL RECORDS, NAMES and PRONOUNS

New York-Presbyterian Hospital will change an employee's official record to reflect a change in name in accordance Hospital policy. An employee may also request a change in gender for the purposes of Hospital records.

Every employee has the right to be addressed by the name and pronoun corresponding to the employee's gender identity. Official records will also be changed to reflect the employee's new name, pronoun and gender upon the employee's request. In addition, if an employee communicates that a photograph does not in their view match their gender identity, such photograph will be updated as soon as possible.

If any employee has questions about company records or ID documents, the employee should contact Human Resources.

C. TRANSITIONING GENDER WHILE EMPLOYED AT THE HOSPITAL

Employees who transition while employed at the Hospital can expect the support of management and Human Resources. The Human Resources Business Partner will work with each employee individually to ensure a successful workplace transition. When meeting with an employee to help plan the changes, the following items should be addressed:

1. Who is charged with helping an employee manage his/her workplace transition
2. What an employee can expect from management
3. What management's expectations are for staff, transitioning employees, and any existing lesbian, gay, bisexual, transgender, (LGBT) employee resource group in facilitating a successful workplace transition, and
4. What the general procedure is for implementing transition-related workplace changes, such as adjusting personnel and administrative records, and developing an individualized communication plan to share the news with coworkers and clients, if requested by employee.

D. SEX-SEGREGATED JOB ASSIGNMENTS

For sex-segregated jobs, transgender employees will be classified and assigned in a manner consistent with their gender identity, not necessarily their sex assigned at birth.

E. RESTROOM ACCESSIBILITY

All employees shall have a right to safe and appropriate restroom facilities. Employees shall have access to the restroom corresponding to their gender identity, regardless of the employee's sex assigned at birth. Any employee who has a need or desire for increased privacy, regardless of the underlying reason, will be provided access to a single-stall restroom, when available. No employee, however, shall be required to use such a restroom. For example, transgender women must be permitted to use the women's restroom, and transgender men must be permitted to use the men's restroom. That decision should be left to the transgender employee to determine the most appropriate and safest option for them.

F. LOCKER ROOM ACCESSIBILITY

All employees have the right to use the locker room that corresponds to their gender identity. Any employee who has a need or desire for increased privacy, regardless of the underlying reason, can be provided with a reasonably alternative changing area such as the use of a private area. Any alternative arrangement for an employee will be provided in a way that allows the employees to keep their transgender status confidential.

G. DRESS CODE

All employees are expected to comply with the Hospital's dress codes and any applicable departmental policy.

H. DEFINITIONS

The terms and definitions provided here continue to evolve and are not intended to label employees. Rather, they are intended to assist in understanding this policy and the legal obligations of NewYork- Presbyterian Hospital. Employees may or may not use these terms to describe themselves.

Gender identity: A person's internal, deeply-felt sense of being male, female, or something other or in-between, regardless of the sex they were assigned at birth. Everyone has a gender identity:

- Agender
- Bigender, Trigender, Pangender
- Gender Fluid
- Gender Queer
- Non-Binary

Gender expression: An individual's characteristics and behaviors (including but not limited to appearance, dress, mannerisms, speech patterns, and social interactions) that may be perceived as masculine or feminine.

Transgender: An umbrella term that can be used to describe people whose gender identity and/or expression is different from their sex assigned at birth.

- Transfeminine (aka transgender woman, male to female)
- Transmasculine (aka transgender man, female to male)
- Transgender and Gender Non-Conforming (TGNC)

Some people described by this definition don't consider themselves transgender – they may use other words, or may identify simply as a man or woman. A person does not need to identify as transgender in order for the Hospital's nondiscrimination policies to apply to them.

Transition: The process of changing one's gender from the sex assigned at birth to one's gender identity. There are many different ways to transition. For some people, it is a complex process that takes place over a long period of time, while for others it is a one – or two-step process that happens more quickly.

Sexual orientation: A person's physical or emotional attraction to people of the same and/or other gender. Straight, gay, and bisexual are some ways to describe sexual orientation. It is important to note that sexual orientation is distinct from gender identity and expression. Transgender people can be gay, lesbian, bisexual, or straight, just like non-transgender people.

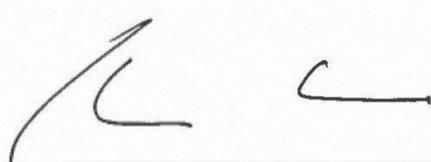
RESPONSIBILITY:

Vice President of Human Resources or Designee

POLICY DATES:

Issued: May 2020, December 2017, December 2015
Reviewed: May 2020, December 2017, new
Revised: May 2020, new

Approved by:



Shaun E. Smith
Sr. Vice President & Chief Human Resources Officer

NewYork-Presbyterian Hospital

Sites: NYP/CU; MSCHONY; NYP/AH; ACN's Uptown

Human Resources Policy and Procedure Manual

Number: 5-088

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TITLE: RECRUITMENT & SELECTION

POLICY:

It is the policy of NewYork-Presbyterian Hospital to provide equal opportunity to all employees and applicants for employment without regard to race, color, religion, creed, sex, sexual orientation, gender (including gender identity and expression), national origin, citizenship status, marital status, veteran status, employment status, age, disability (including pregnancy), predisposing genetic characteristics, and any other protected characteristics, within the meaning and subject to the conditions of applicable federal, state and city laws. This equal employment opportunity policy applies to all terms and conditions of employment.

PURPOSE:

The Hospital will hire the most suitable applicant for the position, in accordance with Hospital policy, the job description and any appropriate Collective Bargaining Agreement. Ability to perform the job is the key-determining factor for consideration of employment, unless specific restrictions have been defined by law or policy.

APPLICABILITY:

All employees and applicants.

PROCEDURE:

1. Conditions of Employment

- A. Employment certification permits are required for applicants age 16 and 17. Applicants under the age of 16 will not be employed by the Hospital.
- B. Hours of work and types of work performed by individuals under age 18 are limited by federal and state labor laws. The Department Head should consult with Human Resources, Talent Acquisition on these restrictions.
- C. All candidates must satisfactorily complete the following post-offer, pre-employment conditions:
 - 1) Medical examination, including required drug testing, administered by the New York-Presbyterian Hospital Department of Workforce Health and Safety (WHS)
 - 2) I-9 documentation - Newly hired employees must provide documents establishing their identity and employment eligibility in accordance with the Immigration Reform and Control Act (IRCA).

- 3) Verifications of employment – the Hospital seeks to confirm each candidate's title and dates of employment from former employers. Additionally, a reference should be obtained from an individual who is able to evaluate the candidate's skill, competence and/or character based on his/her experience with the candidate.
 - 4) Verification of education – the Hospital seeks to confirm each candidate's education relevant to the position.
 - 5) Professional credentials required to perform the job must be without restriction and in good standing. Evidence of current licensure and certification must be provided where required by federal, state or city law or by Hospital policy. If a license, registration or certification is required by law, it must be verified through the issuing agency.
 - 6) Background investigation – the Hospital requires criminal background investigations and OIG Medicare/Medicaid sanction screenings of all prospective employees (Also see Policy 5.197 – Fingerprinting)
 - 7) For certain designated positions, credit reports and/or driving record screens may be conducted
 - 8) Pharmacology exam (applicable to nursing candidates only)
- D. Members of the same family should not be employed in an organizational unit under the same Supervisor or where one of their family members supervises them. For the purposes of this policy, family unit includes but is not limited to those who are related by blood, marriage or who share the same household. To the extent consistent with any applicable CBA, the Hospital reserves the right to avoid this possibility of nepotism by unilateral transfer of one or the other if the individuals concerned cannot mutually resolve the problem.
- E. Non-union employees who previously retired from the Hospital may be re-employed at the Hospital without jeopardizing pension benefits as long as total annual hours worked remain under a specific limit (see policy 5-513: Senior Job Bank)

2. Recruitment

- A. Human Resources, Talent Acquisition may recruit internal and external applicants concurrently for open positions in the Hospital.
- B. To initiate the recruitment process, the Department Head creates a job requisition.
- C. Generally, job openings are posted internally to encourage qualified employees who are interested in transfer or promotional opportunities.
- D. Human Resources/Talent Acquisition collaborates with the Hiring Manager to review the job description for accuracy. If the job is new, or if the job

description requires revision, Talent Acquisition refers the Hiring Manager to Human Resources/ Compensation for assistance in developing the new job description or revising the existing job description.

- E. The use of external search firms must be approved by Human Resources/ Talent Acquisition prior to the initiation of any search. All payments to search firms are processed by Human Resources/ Talent Acquisition and charged to the Department where the vacancy exists.
- F. Talent Acquisition reviews completed applications according to selection criteria, interviews those applicants (internal and or external) who best meet the stated qualifications for the position, and forwards suitable candidates to the hiring department for consideration.

3. Selection

- A. If qualification factors are relatively equal, the transfer or promotion of qualified internal applicants may prevail over hiring externally. It is the policy of the Hospital, however, to hire the applicant most qualified to perform the job. Employees covered under a Collective Bargaining Agreement should refer to the Agreement regarding selection.
- B. Criteria for selection include factors such as knowledge, skills and abilities related to the job.

4. Selection Assessments and Testing

- A. Selection assessments and/or tests shall be administered in accordance with the principles of equal employment opportunity and affirmative action.
- B. Selection assessment and/or tests may be approved only after it has been established that the selection criteria are objective and job related.
- C. Applicants must complete all required assessments and/or tests to be considered for a position.
- D. The VP of Talent Acquisition must approve, in advance, any selection test administered by a Hiring Manager.

5. Hiring Decision

- A. The Hiring Manager, or designee, provides feedback to Talent Acquisition on all applicants, including job-related reasons for selection or rejection.

- B. The decision to hire rests with the Hiring Manager in consultation with Talent Acquisition.

6. Extending An Offer

- A. Only Talent Acquisition may extend a contingent offer of employment subject to the results of the pre-employment processes as defined in 1C. Once an offer is accepted, Talent Acquisition schedules the new employee's orientation (if applicable). All new employees must be oriented to the Hospital.
- B. If at any point, the Hospital learns that an individual provided unsatisfactory or untruthful responses, that individual will not receive further consideration for employment. Similarly, if the Hospital learns that a current employee has provided unsatisfactory or untruthful responses during the recruitment process, that employee may be subject to discharge.

RESPONSIBILITY:

Vice-President of Human Resources or Designee

POLICY DATES:

Issued: March 2017, May 2015, March 2013, November 2010, January 2008, September 2007

Reviewed: March 2017, May 2015, March 2013, November 2012, November 2010, March 2010, January 2008, October 2007, September 2007, September 2005, September 2002

Revised: March 2017, May 2015, March 2013, November 2010, January 2008, November 2007

Approved by:



Shaun E. Smith
Sr. Vice President & Chief HR Officer

TITLE: EQUAL EMPLOYMENT OPPORTUNITY

POLICY:

NewYork-Presbyterian Hospital (NYPH) values inclusiveness and diversity in the workplace. We respect and appreciate our differences and are committed to treating all applicants and employees equitably. It is the policy of NYPH to provide equal opportunity to all employees and applicants for employment without regard to race, color, religion, creed, sex, sexual orientation, gender (including gender identity and expression), national origin, citizenship status, marital status, veteran status, employment status, age, disability (including pregnancy), predisposing genetic characteristics, sexual and other reproductive health decisions, victims of domestic violence status and any other protected characteristics, within the meaning and subject to the conditions of applicable federal, state and city laws. This equal employment opportunity policy applies to all terms and conditions of employment.

PURPOSE:

The Hospital proactively recruits, hires, trains, and promotes all employees and administers all personnel actions in an equitable manner, such as compensation, benefits, transfers, promotions, layoffs, returns from layoff, Hospital sponsored training programs, educational assistance, social and recreational programs, in accordance with the above stated equal employment opportunity principles as well as NYPH's values of respect, inclusion and diversity.

APPLICABILITY:

All employees and applicants for employment.

PROCEDURE:

1. Dissemination

- A. Internal: The Hospital may disseminate this policy of equal employment opportunity as follows:
 - 1) Restating the policy in the "Employee Handbook", which is accessible/available to new employees upon hire and to all employees on the Infonet.
 - 2) Reviewing the policy during training programs for managers and supervisors.
 - 3) Referencing the policy within committee work groups (i.e. Staff Advisory Councils, Regulatory committees, etc.)
- B. External: The Hospital will externally disseminate this policy of equal opportunity as follows:
 - 1) Advising all candidates and recruiting sources that the Hospital is an Equal Opportunity Employer; and
 - 2) Advertising the Hospital's commitment to equal employment opportunity and diversity on their publications

2. Implementation

- A. The Senior Vice President of Human Resources (or their designee) will establish the appropriate programs that reinforce and exhibit the Hospital's commitment to this policy, a diverse workforce and the principles of an equal employment opportunity for all employees and applicants. The Senior Vice President of Human Resources (or their designee) shall also oversee the maintenance and expansion (as may be necessary, from time to time) of such programs, as well as the dissemination of information obtained from such program, as may be appropriate.
- B. Department Heads, Administrators, Managers and Supervisors shall proactively engage and fully cooperate with the Hospital's commitment to providing equal employment opportunities, and enhancing our diverse workforce in an equitable manner.
- C. All management staff are responsible for upholding this policy. Failure to do so may result in corrective action up to and including termination of employment, and may lead to personal legal and financial liability.

3. Reporting and Investigation

Anyone who feels he or she witnessed or has been subject to discrimination in violation of the Hospital's Equal Employment Opportunity Policy should report the alleged violation immediately to his or her supervisor, any member of management or administration or to any member of Human Resources.

- A. Supervisors who receive complaints and/or become aware of employee concerns regarding this policy are required to promptly consult with Human Resources. The Vice President of their division will also be notified to ensure that the Hospital's commitment to this policy is upheld.
- B. All complaints and/or reported concerns will be investigated thoroughly and promptly. Accordingly, employees making such complaints and/or raising concerns are expected to do so in good faith by providing accurate information and cooperating fully in the investigation.
- C. No employee will suffer retaliation or intimidation as a result of filing a complaint or raising a concern under this policy.

4. Qualification for Employment

- A. Human Resources shall review and approve each job description and corresponding recruitment requisition to ensure that the stated qualifications for employment and promotion reasonably relate to the successful job performance and do not preclude any qualified candidate from employment and or promotion/transfer.

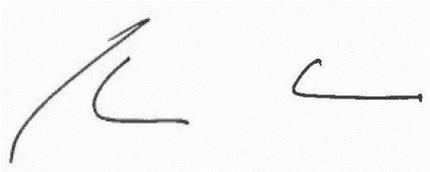
RESPONSIBILITY:

Vice President of Human Resources or Designee

POLICY DATES:

Issued: April 2021, July 2019, March 2017, May 2015, March 2013, September 2007
Reviewed: April 2021, July 2019, March 2017, May 2015, March 2013, November 2012, November 2010, August 2009, September 2007, September 2005, September 2002
Revised: April 2021, July 2019, March 2017, May 2015, March 2013, September 2002

Approved by:

A handwritten signature in black ink, appearing to read 'S. E. Smith', is written on a light gray rectangular background.

Shaun E. Smith
Sr. VP & Chief Human Resources Officer

TITLE: **ORGANIZATIONAL ETHICS**

POLICY AND PURPOSE:

New York-Presbyterian Hospital recognizes its institutional responsibility to treat its patients, physicians, employees and the community served with courtesy, respect and dignity at all times. The Hospital is committed to act with integrity in all of its activities consistent with its Mission Statement and Statement of Values.

APPLICABILITY:

It is the responsibility of every member of the Hospital community, including the Governing Body, the Administration, the Medical Staff and all other employees to act in a manner consistent with this policy and its supporting policies.

PROCEDURE:

Consistent with the Hospital's Vision Statement, Our Credo and Strategic Goals, the organization is committed to the following principles:

1. Respect for the patient

Patients, or their significant others when appropriately authorized to receive such information will be fully informed about their illnesses, risks and benefits associated with treatment and therapeutic alternatives; and will be involved in decisions regarding treatment. At all times, the Hospital will treat patients in a manner considerate of their cultural and religious beliefs and practices; and provide language assistance services when necessary.

The Hospital emphasized the importance of our shared commitment to diversity, inclusion and belonging through our Credo, the launch of the Dalio Center for Health Justice and other targeted educational efforts.

2. The Ethics Committee

The Hospital is committed to patients and organizational ethics through the Hospital Ethics Committee, a committee of the Medical Board. This committee assists the Medical Board in the development, review and refinement of policies relating to ethical responsibilities and hospital legal responsibilities concerning bio-ethical issues, so as to maintain high ethical standards of patient care and clinical practice, and to enhance and oversee ethics care consultations and education among the medical and health care staff concerning bio-ethical issues.

3. Human Rights and Research

The Hospital is committed to the protection of human subjects of research through the Institutional Review Boards (IRB) for each campus, whose function is to review, approve and conduct continuing review of all biomedical research pertaining to human subjects and verify that it is performed in accordance with applicable law.

In addition, such review endeavors to create an environment that: risks to subjects are minimized, risks to subjects are reasonable in relation to anticipated benefits, selection of subjects is equitable, informed consent is obtained from each subject or legally authorized representative; and privacy of subjects is protected, and confidentiality of data is maintained in accordance with HIPAA and state laws.

The Institutional Review Boards for each campus report on a regular basis to the Medical Board. A cooperative agreement through the Office for Protection of Research Risk (OPRR) exists to coordinate the review process between the campus-based Institutional Review Boards.

4. Integrity of Clinical Decisions

The Hospital affirms that the sole criterion for treatment decisions is the patient's best interest, and that the clinicians' primary fiduciary responsibilities are professional obligations to the patient irrespective of financial considerations.

5. Palliative Care

The Hospital affirms the patient's right to high quality end-of-life palliative care that is respectful of patient preferences and cognizant of the patient's religious beliefs and cultural values. The Hospital is committed to the provision of comprehensive pain and symptom management and psychosocial and spiritual support to patients and their families throughout the dying process.

6. Resolution of Conflicts

If conflicts arise among members of the Governing Body, Medical Staff, Nursing Staff, other employees or between caregivers and patients, the Hospital will seek to resolve them promptly and fairly.

In specific cases where conflict occurs between the patient and the Hospital and where resolution cannot be achieved, it is the policy of the Hospital to involve the Patient Services Administration staff, and when appropriate the Ethics Committee, to coordinate the effort to resolve the conflict consistent with patient well being and safety.

7. Conscientious Objection

Any request by an employee not to participate in certain aspects of patient care, because of moral or religious objection, including treatment or withholding treatment, shall be reviewed by, and may be accommodated by, the department head or designee. If the request cannot be accommodated, the matter should be referred to Patient Services Administration, and to the Ethics Committee, which will consider alternative arrangements.

Such requests may be granted provided that no negative outcome for the care and treatment of the patient is incurred, and that the mission of the hospital is not compromised. In the event of an emergency, patient care must be provided without any delay.

8. Recognition of potential conflicts of interest

The Hospital recognizes that the potential for a conflict of interest exists for decision makers at all levels within the Hospital. The Governing Body has adopted a policy that requires the disclosure of potential conflicts of interest so that appropriate action can be taken to ensure that such conflict does not inappropriately influence important decisions. The Corporate Compliance Office for the Hospital should be contacted for such matters.

9. Marketing and Public Relations

Fair representation of the Hospital, and its' patient care capabilities, and range of services in its' marketing and public relations activities.

10. Community Service

Services are provided to meet the identified needs of the patient population served in our community (Refer: Community Service Plan)

11. Adherence to a uniform standard of care throughout the organization

In all settings in which this organization provides services to patients, consistent standards of care, based on the identified needs of the patient, will be followed.

12. Competency

The Hospital ensures that practitioners have credentials and competencies consistent with their positions and clinical privileges. This information is reviewed and verified by the Medical Board.

13. Confidentiality

The Hospital is committed to maintaining confidentiality of patient information. Information will be released only in compliance with HIPAA and state laws or regulations. Note: we can release or access without the patient's authorization if it is for treatment, payment or healthcare operations.

14. Fair billing practice

The Hospital and the Medical Staff will charge patients or third party payers only for services actually provided to patients, and will provide care consistent with contractual obligations. Bills will be accurate and understandable reflecting services provided to patients.

The Hospital will provide assistance to patients seeking to understand the costs relative to their care and will attempt to resolve questions and objections to the satisfaction of the patient and third party payers.

15. Compliance with the law

The Hospital is committed to compliance with the law and requires its staff to obey all pertinent federal and state laws and regulations.

To this end, the Hospital has developed a Compliance Program to continue and enhance the Hospital's programs and procedures intended to assure that all activities and transactions on its behalf are conducted in accordance with the highest ethical and legal standards.

16. Patients' Rights and Organizational Ethics

Patient Services Administration and the Department of Ethics are responsible for ensuring that policies and procedures relating to patients rights and organizational ethics are consistent with ethical and professional norms, relevant laws and the mission of New York-Presbyterian Hospital.

SUPPORTING POLICIES:

Vision and Strategic Goals	Health Care Proxy Policy HIPAA Policies Informed Consent/Refusal Policy
Principals of Behavior	Patient Admission Policy Patient Complaint /Grievance Process Patients' Rights and Responsibilities
Code of Conduct Compliance Plan Advance Directives Policy Conflict of Interest Policy	Personnel Sexual Harassment Policy Plan for the Provision of Patient Care Withdraw/Withhold Life Sustaining Treatment Policy
Continuum of Care Policy DNR and DNR/DNI Policy Employee Grievance Policy Employee Rules of Conduct Policy	

Questions

Any questions regarding interpretation of the Policy should be referred to Patient Services Administration, Monday through Friday, 9:00 AM to 5:00 P.M., or the Administrator-On-Call/Onsite Administrator at all other times.

<u>NYP-WC</u>		<u>NYP-CU & MSCH</u>	
Patient Services Administration	212-746-4293	Patient Services Administration	212-305-5904
Administrator-on-Call	212-746-5100	Administrator-on-Call	212-305-2323
<u>NYP-WBHC</u>		<u>NYP-AH</u>	
Patient Services Administration	914-997-5920	Patient Services Administration	212-932-4321
Onsite Administrator	914-682-9100	Onsite Administrator	212-932-4322
<u>NYP-LMH</u>		<u>NYP-W</u>	
Patient Services Administration	212-312-5034	Patient Services Administration	914-787-3074
Onsite Administrator	212-312-5000	Onsite Administrator	914-787-5036
<u>NYP-BMH</u>			
Patient Services Administration	718-780-3375		
Onsite Administrator	929-354-8641		

RESPONSIBILITY:

Patient Services Administration

POLICY DATES:

Revised: October: 1999

Reviewed: May: 2002 (Previously Policy #E125)

Revised: July: 2005, July 2017

Reviewed: July: 2007; July 2009; July 2011; August 2013; August 2015
July 2017

Revised: March 2019, February 2021, **October 2022**

Medical Board Approval: October 2017; May 2019, February 2021,
October 2022

TITLE: **CONFLICT MANAGEMENT PROCESS**

POLICY:

NewYork-Presbyterian Hospital ("Hospital") is committed to open communication among the Hospital's Senior Management, leaders of the organized medical staff ("Medical Staff Leaders") and the Board of Trustees ("Board"). The Board, Senior Management and the Medical Staff Leaders may be collectively referred to as the Hospital's "Leadership Groups." Senior Management and the Medical Staff Leaders work with the Board to fulfill the Hospital's mission, "We Put Patients First", as well as to achieve its vision and goals. Whenever possible, conflicts among Hospital's Leadership Groups should be managed through informal means.

PURPOSE:

To implement an effective conflict management process so that any conflict among Hospital Leadership Groups does not adversely affect patient or staff safety or quality of care.

APPLICABILITY:

Hospital Leadership Groups

PROCEDURE:

The conflict management process includes the following:

- Meeting with the involved parties as early as possible to identify the conflict
- Gathering information regarding the conflict
- Working with the parties to manage and, when possible, resolve the conflict
- Protecting the safety and quality of care

In cases where the conflict has not been resolved informally, the Hospital's Leadership Groups may seek further conflict management through the process identified below.

1. The nature of the conflict will be described by the appropriate parties to the Hospital's Executive Vice President/Chief Operating Officer (EVP/COO).

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2. The EVP/COO and/or designee will review the facts and supporting information / documentation applicable to the conflict in order to discuss potential resolution with the appropriate parties.
3. If the conflict remains unresolved, the EVP/COO will apprise the President & Chief Executive Officer ("President & CEO") and may recommend potential resolution opportunities. The President & CEO and/or designee may act on such recommendations, request additional information, meet with the parties or take other action to resolve the conflict. The President & CEO may call for assistance from other individuals skilled in conflict management.
4. If the conflict remains unresolved, the President & CEO and/or designee may convene an ad hoc committee consisting of appropriate members of Senior Management and Medical Staff Leaders. The President & CEO and/or designee may request participation by Board members, as appropriate.
5. The ad hoc committee may access consultants with specific training in conflict management.
6. The ad hoc committee functions in an advisory capacity only and it does not supersede the authority vested in the President & CEO, EVP/COO and ultimately the Board.
7. The Board approves the process for managing conflict among Hospital Leadership Groups.

RESPONSIBILITY: President & Chief Executive Officer

REFERENCES: **Leadership Standards, The Joint Commission
Hospital Accreditation Manual 2018**

POLICY DATES:

ISSUED: May 2016

Reviewed: June 2018; October 2020; **September 2022**

Board of Trustees Approval: April 2016, September 2018; November 2020;
October 2022

TITLE: FAMILY AND MEDICAL LEAVE

POLICY:

It is the policy of the NewYork-Presbyterian Hospital to support eligible employees' needs for time away from work to recover from a serious health condition, to care for the needs of a child upon birth, adoption, or placement for foster care or to care for an eligible family member with a serious health condition. Leave will also be provided in connection with any qualifying exigency arising out of the fact that the employee's eligible family member has been called to covered active duty in the Armed Forces. In providing this benefit, the Hospital will comply fully with the federal Family and Medical Leave Act of 1993 (FMLA), as amended. In these situations, the Hospital will provide eligible employees up to 12 weeks of leave in a rolling 12 month period. Leave to care for a covered injured or ill service member can be taken for up to 26 weeks in a rolling 12 month period.

Eligibility for employee benefits is maintained during the leave and, once the leave period is concluded, employees are reinstated to their same position or to an equivalent position, subject to limited exceptions. Family Medical Leave is unpaid, except to the extent the leave is covered by employees' available PTO, Extended Illness or Bonus Days (for the employee's own illness or the illness of a covered family member).

To the extent permitted by law, all qualifying leaves of absence will run concurrently, including workers' compensation and the New York State Paid Family Leave (NYS-PFL). For example, if an employee has been approved for a leave of absence under a Hospital Leave policy such as the NYS-PFL policy (see policy: 2.263 NYS Paid Family Leave), and the reason for the leave of absence also qualifies under FMLA, then FMLA leave time will run concurrently with NYS-PFL time and, where permitted by law, any other leaves of absence.

PURPOSE:

Eligible employees are entitled to request time away from work under FMLA to care for themselves or family members with job protection rights.

APPLICABILITY:

All employees with 12 or more months of service may request Family and Medical Leave provided they have worked at least 1,250 hours in the 12 months immediately preceding his or her request. "Key employees," as defined by law, may not be covered under the provisions of this policy.

Only 12 weeks of Family and Medical Leave (and, where applicable, 26 weeks to care

for a covered injured or ill service member) may be granted in a rolling 12- month period. Therefore, employees may be granted only that portion of the 12 week (or 26 week, where applicable) entitlement that was not used in the 12 months preceding the request.

For purposes of this policy, a "rolling" 12-month period measured backwards means the 12-month period measured backward from the date an employee uses any FMLA leave. Under the "rolling" 12-month period, each time an employee takes FMLA leave, the remaining leave entitlement would be the balance of the 12 weeks which has not been used during the immediately preceding 12 months. With respect to non-exigency leave for members of the Armed Forces only, however, the 12-month period is calculated on a going-forward basis, beginning on the first day of the leave.

The provisions of this policy apply to employees covered by a union contract, except where there is specific contractual language indicating otherwise.

1. DEFINITIONS

A. Family Members

- 1) A "spouse" means a husband or wife or spouse as defined or recognized under New York State law for purposes of marriage.
- 2) A "parent" means a biological parent, or an individual who stood in loco parentis to an employee, when the employee was a child. It does not include in-laws.
- 3) A "child" means a biological adopted, step or foster child, or a legal ward, or a child of a person standing in loco parentis who is under age 18. A child may be covered under FMLA even if the child is over age 18 if he or she is incapable of self- care because of a physical or mental disability.
- 4) The term "next of kin," which is used only in Section 3 (B) (Military Leave Entitlement) below, means the nearest blood relative of that individual.
- 5) The term "covered service member" means a member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness, or a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces at any time during the period of 5 years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

- 6) A "domestic partner" a Domestic Partner (DP) is the employee's same-sex or opposite-sex partner named in a Domestic Partnership as permitted under the laws of New York State and the City of New York for couples that have a close and committed personal relationship

B. Serious Health Condition

A "serious health condition" is an illness or injury, impairment or physical or mental condition that requires inpatient care or continuing treatment by a health care provider. If inpatient care is not involved, it must be established that treatment of the condition requires an absence of more than three days from regular daily activities, is for an incurable or very serious illness, or is for prenatal care.

C. Health Care Provider

A "health care provider" is a doctor of medicine, osteopath, podiatrist, dentist, clinical psychologist, optometrist, chiropractor (for certain conditions), nurse practitioner, nurse midwife and certain Christian Science practitioners who is authorized to practice medicine or surgery by the State in which they practice.

D. Serious Injury or Illness

The term "serious injury or illness", in the case of a member of the Armed Forces, including a member of the National Guard or Reserves, means an injury or illness incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating. In the case of a veteran who was a member of the Armed Forces, it means a qualifying injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that manifested itself before or after the member became a veteran.

E. Outpatient Status

The term "outpatient status", with respect to a covered service member, means the status of a member of the Armed Forces assigned to a military medical treatment facility as an outpatient; or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

2. REASONS FOR FAMILY AND MEDICAL LEAVE

A. Birth or Adoption of a Child

- 1) Eligible employees may use Family and Medical Leave for the birth of a child and to care for a newborn child. Leave also may be used for the placement of a child for adoption or foster care.
- 2) If Family and Medical Leave is taken to care for a newborn, the adoption of a child or the placement of a child for foster care, the time must be taken within 12 months of the event.
- 3) Spouses who both are employed by the Hospital are limited to one combined 12 weeks of Family and Medical Leave for the birth, adoption or foster care placement of a child.

B. Care for Family Member

- 1) Family and Medical Leave may be taken to allow employees to care for a spouse, child or parent with a serious health condition.
- 2) Employees and their family member's health care provider are required to complete a Certification of Health Care for a Covered Family Member form to substantiate the need for the leave and the type of care the employee will provide.
- 3) The Hospital may, at its discretion, request a second medical opinion. Department Head or Designee should contact Human Resources, to arrange for second medical opinions or additional information.

C. Employee's Serious Health Condition

- 1) Family and Medical Leave may be taken because of a serious health condition that renders an employee unable to perform the essential functions of their position.
- 2) Employees requesting FMLA leave because of a serious health condition are required to file a short term disability claim with the Short-Term Disability Administrator for NYP. The Hospital may, at its discretion, request a second medical opinion or additional information. The Department Head, or designee may contact Human Resources, to arrange for a second medical opinion or additional information.

3. MILITARY FAMILY LEAVE ENTITLEMENTS

- A. Eligible employees with a spouse, child, or parent on active duty or call to active duty status in the Armed Forces in support of a contingency operation may use their 12 week leave entitlement to address certain "qualifying exigencies" (as defined by the Secretary of the Department of Labor). Qualifying exigencies may, for example, include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending counseling sessions, and attending post- deployment reintegration briefings.

- B. FMLA also includes a leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member (who is a spouse, child or parent, or someone to whom the employee is the next of kin) who has incurred an injury or illness in the line of duty while on active duty in the Armed Forces provided that such injury or illness may render the family member medically unfit to perform duties of the family member's office, grade, rank or rating. Leave to care for an injured or ill covered service member, when combined with other FMLA qualifying leave, may not exceed 26 weeks in a single 12 month period. Spouses who are both employed by the Hospital are limited to a combined total of 26 workweeks in a single 12 month period if the leave is to care for a covered service member.

Service member FMLA leave will be deducted from the standard 12 week FMLA allotment mandated by law and runs concurrent with other leave entitlements provided under federal, state and local law.

4. INTERMITTENT OR REDUCED WORK SCHEDULE

- A. As permitted by law and when medically necessary as evidenced by medical certification, and when approved by the Hospital, Family and Medical Leave may be taken on an intermittent basis or through a reduced work schedule. Employees must work with their Department Head, or designee to attempt to schedule their leave so as not to disrupt Hospital operations.

- B. With Department Head, or designee approval, Family and Medical Leave also may be taken on an intermittent basis or through a reduced work schedule because of the birth, adoption or foster care placement of a child.

- C. Eligible employees who require intermittent leave or reduced-schedule leave should try to schedule their leave so that it will not interrupt the Hospital's operations. The Hospital may assign employees to alternative positions with

equivalent pay and benefits that better accommodate intermittent leave or a reduced work schedule.

5. BENEFITS DURING LEAVE

- A. Eligibility for employee benefits will be maintained throughout the 12 weeks (or 26 weeks, where applicable, in the case of Military Family Leave or personal disability) of Family and Medical Leave. Employee contributions for benefit premiums will continue to be made through payroll deduction as long as the employee is receiving pay from the Hospital or is receiving statutory disability benefit payments.
- B. During periods of unpaid Family and Medical Leave, employees will be required to remit payments for their portion of benefits premiums to Human Resources, Benefits, on a monthly basis.
- C. Benefits will be discontinued at the end of the 12 weeks of Family and Medical Leave (or 26 weeks, where applicable in the case of Military Family Leave or disability) except in cases of personal disability extending beyond 12 weeks. In such cases, benefits will be discontinued when statutory disability benefit payments end or after 26 weeks, whichever comes first.
- D. In accordance with applicable laws, COBRA-eligible employees will be given the opportunity to continue coverage beyond the 12 weeks of Family and Medical Leave (or 26 weeks, where applicable, in the case of Military Family Leave or personal disability). Employees should contact Human Resources, Benefits, regarding benefits continuation under COBRA.

6. USE OF PAID LEAVE

- A. Employees on leave for their serious medical condition are required to use all available paid time (PTO, and Extended Illness) during Family and Medical Leave. Holidays will be paid as they occur. Employees can request to hold one week of PTO by submitting a written request to the Leave Management Unit (LMU) prior to the start of their leave. If the medical leave of absence continues into the next year, any remaining PTO will be transferred to the employee's Extended Illness bank.
- B. To the extent permitted by law, employees on leave to care for a family member are required to use all available PTO during Family and Medical Leave.

- C. If a leave continues for more than 12 weeks (or 26 weeks, where applicable, in the case of Military Family Leave or personal disability), any unused vacation and holiday time will be paid in a lump sum as of the 13th week.
- D. In cases of where leave for employee's serious medical condition has been extended pursuant to Hospital policy beyond 12 weeks, Extended Illness time will continue to be paid, as available, for the duration of the approved leave, up to 26 weeks. Holidays will be paid as they occur for as long as Extended Illness time continues to be paid.

7. PROCEDURES:

A. Employees' Responsibilities

- 1) Employees must provide 30 days advance notice to his/her Department Head or designee and the Hospital's leave management vendor when the need for Family and Medical Leave is foreseeable, or such shorter notice as is practicable by contacting Hartford, 24 hours a day, 7 days a week – by phone (866) 899-2374, online (mybenefits.thehartford.com/login). Hartford will provide employees with the forms to complete. Employees will also need to notify their supervisor or manager so they can discuss time away and dates for returning to work. If it is not foreseeable, notice must be given as soon as the need for leave is known, with anticipated start and end date.
- 2) Employees are also required to comply with all applicable call-in procedures for reporting an illness.
- 3) Employees requesting a continuous leave for their own serious medical condition must contact the leave management vendor(s).
- 4) Employees requesting an intermittent leave for their own serious medical condition must contact the leave management vendor, Hartford, by phone (888) 899-2374, online (mybenefits.thehartford.com/login), or via the Unum Customer App (available through the App Store or Google Play).
- 5) Employees requesting a continuous or intermittent leave to care for a covered family member's serious health condition must contact the leave management vendor, Hartford, by phone (888) 899-2374, online (mybenefits.thehartford.com/login).

- 6) During periods of unpaid Family and Medical Leave, employees must remit monthly payments for their portion of the benefits premium cost to the HR Connects Benefits Service Center.
- 7) While on Family and Medical Leave, employees are required to submit medical documentation to the leave management vendor and report periodically to their Department Head, or Designee regarding their intent to return to work.
- 8) Employees are not permitted to perform any gainful employment or required hospital training during a period of Family and Medical Leave.

B. Department Head or Designee Responsibilities

- 1) Department Head or designee acknowledges request for leave, and works with employee in setting a leave start date and anticipated end date.
- 2) Department timekeeper enters first scheduled week of leave in KRONOS:
 - a. For employees own serious health conditions available PTO is required to be used.
 - b. For employees caring a family member available PTO is required to be used.

C. Leave Management Unit's (LMU) Responsibilities;

- 1) LMU manages timekeeping for subsequent weeks of leave.

8. RESIGNATION IN LIEU OF LEAVE OF ABSENCE

Employees who may be eligible for a leave but decide to resign rather than request a leave of absence will be paid upon termination for all earned, unused PTO due as of the last day worked. Employees who file a short term disability claim with the leave management vendor may be eligible to continue to receive state mandated disability payments for up to 26 weeks.

9. RETURN TO EMPLOYMENT

- A. Following a Family and Medical Leave related to a serious medical condition or personal disability of more than 1 scheduled workweek, or a leave for family healthcare reasons of 4 weeks or more, employees must be cleared by Workforce Health and Safety (WHS) in order to resume their job duties. *(see policy 6.176: Return to Work After Leave of Absence, for further clarification)*
- B. Following a Family and Medical Leave, the employee is returned to the same position held when the leave commenced, or to an equivalent position with equivalent pay and benefits.
- C. Employees who are on approved leaves of absence when vacation is front loaded in January will receive a pro-rated portion of their annual PTO and Extended Illness allotment when/if they return from their leave. As with all vacations accruals, the time must be used by December 31st since it cannot carry over into another calendar year.

10. SALARY INCREASES

General wage increases and/or labor market adjustments for eligible employees on Family and Medical Leave will be granted concurrent with those granted for other eligible employees. Any merit increases will be granted to eligible employees upon their return from Family and Medical Leave.

11. RETURN TO WORK - INTERMITTENT OR REDUCED WORK SCHEDULE

- A. The difference between the employee's standard workweek and the reduced work schedule shall constitute periods of leave. Such time is included as part of the employee's total 12 weeks (or, where applicable, 26 week military leave) entitlement for Family and Medical Leave.

12. OTHER LEAVES OF ABSENCE

If an employee is not eligible for Family and Medical Leave under this policy, the employee may be eligible for other personal, medical or disability leave. If an employee requesting Family and Medical Leave does not meet the eligibility requirements, Human Resources should be contacted.

RESPONSIBILITY:

Vice President for Human Resources or Designee

POLICY DATES:

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August 1993

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December 2017, April 2014, March 2012, June 2011,
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September 2002

Revised: May 2022, February 2021, October 2020, January 2018,
December 2017, April 2014, March 2012, September 2009

Approved by:



Shaun E. Smith
Sr. Vice President & Chief People Officer

TITLE: LEAVES OF ABSENCE

POLICY:

A leave of absence is an excused absence from work for an approved reason which lasts for not more than 26 weeks within a 52 week period, except as provided in cases covered by Workers' Compensation Law or as otherwise required by law.

Employees may request leaves of absence for all the reasons enumerated in the Family & Medical Leave Act policy, including the Military Family Leave entitlements, as well as personal reasons or as a medical accommodations.

Leaves of absence must be requested as soon as the need for leave is known, even if the exact date(s) of leave is not yet known. Requests for non-medical leaves of absence will not be unreasonably denied as long as they are consistent with applicable laws and the operating needs of the department.

APPLICABILITY:

All Hospital employees. Employees covered by a collective bargaining agreement should also refer to their respective contract.

1. FAMILY AND MEDICAL LEAVE OF ABSENCE (FMLA):

Eligible employees will be allowed to take up to 12 weeks of leave in a rolling 12 month period for their own illness or injury; or to care for a family member. For definition of family member see policy: 2-260 Family and Medical Leave. Leave to care for a covered injured or ill service member can be taken for up to 26 weeks in a rolling 12 month period. To the extent permitted by law, FMLA will run concurrently with all qualifying leaves of absence, including the New York State Paid Family Leave (NYS-PFL) and NYP Paid Parental Leave.

A. Eligibility: All employees with 12 or more months of service may request Family and Medical Leave provided they have worked at least 1,250 hours in the 12 months immediately preceding his or her request. "Key employees," as defined by law, may not be covered under the provisions of this policy.

B. Procedure: To request a leave of absence contact Hartford by phone (888) 899-2374, online (mybenefits.thehartford.com/login). Employees must also notify their supervisor or manager in advance of a leave of absence. All supporting medical documentation must be submitted to Hartford to determine validity for a leave of absence.

C. Pay: Employees on leave for their own serious medical condition are required to use PTO and Extended Illness during Family and Medical Leave. For leaves where FMLA and NYS Paid Family Leave (NYS-PFL) run concurrently (to care for newborn or family member), employees can choose to use PTO in full day increments to receive 100% of pay or they can choose to only receive the NYS-PFL benefit. Employees must provide written notice to the Leave Management Unit (LMU), in advance, should they choose to use their PTO time during the FMLA and NYS-PFL leave. If written notice not provided, employees will only receive the NYS-PFL benefit if approved for a PFL leave of absence (*see policy: 2-262 Paid Time Off/Extended Illness*). Employees who remain on an approved leave after exhausting their NYS PFL benefits will be expected to use their PTO.

2. LEAVE AS AN ACCOMMODATION

Employees may request a leave of absence due to a "serious health condition" or "illness", as defined by applicable law, which renders the employee unable to perform the essential functions of his/her position. The first 12 weeks of such leave may be covered under the provisions of the Family and Medical Leave Act (FMLA). Employees who are not eligible or have exhausted their FMLA entitlement, may be eligible for a medical leave of absence as a reasonable accommodation (*see policy: 5-238 Accommodation for Qualified Disabled Individuals*).

A. Procedure: To request a leave of absence contact Hartford by phone (888) 899-2374, online (mybenefits.thehartford.com/login). Employees must also notify their supervisor or manager in advance of a leave of absence. If denied for a continuous FMLA leave due to ineligibility or exhaustion of 12 weeks, please contact the Leave Management Unit at hrc@nyp.org or call (646) 697-4727 to discuss leave options.

B. Interactive Process/ Cooperative Dialogue: Hartford will manage FMLA leaves, which will run concurrently with NYP leave policies and New York State leave laws (if applicable). If an employee requests a leave of absence from Hartford and is denied due to ineligibility or leave exhaustion, the Hospital will engage in the interactive process and cooperative dialogue with the employee, their Manager/ Supervisor, the leave vendor, Human Resources Business Partner, and Workforce Health and Safety (WHS), when applicable. All approved medical leaves beyond the 12 weeks of FMLA will be reviewed as a leave accommodation under Americans with Disability Act (ADA).

C. Pay: Employees who go on approved medical leaves of absence will receive unused PTO for the first five days of absence. Beginning on the sixth day of absence, employees will receive unused Extended Illness. If Extended Illness is exhausted, remaining PTO will be used (*see policies: 2.262 Paid Time Off/Extended Illness and 2.260 Family and Medical Leave*).

3. PERSONAL NON-MEDICAL LEAVE OF ABSENCE

1. Employees may request a leave of absence for other non-medical personal reasons. Unpaid leaves of absences may be granted for personal non-medical reasons depending on the operating needs of the hospital, the work history of the employee, and the nature of the leave requested. A personal non-medical leave may be granted for a period up to 3 months pending the approval of Department Head and based on departmental needs.
2. Reasons for personal leave may include, but are not limited to, education, civic purposes, and family business. Leaves will not be granted for the purpose of working elsewhere. Personal non-medical leave approvals are subject to the Department Heads discretion. Department heads should consult with Human Resources regarding all such requests prior to approval.

A. Eligibility: Employees must have at least 12 months of continuous service preceding the request in order for a personal leave to be considered.

B. Procedure: When foreseeable, employees must provide 30 days advance notice to his/her Department Head or Designee when requesting a leave by completing their portion of the Request for Leave Form with a leave start and end date and submitting it to their Department Head or Designee. Employees can also submit a request for a personal non-medical leave of absence via Workday.

C. Pay: All unused PTO will be paid in a lump sum when a personal leave of absence begins. Extended Illness time is not available for use while on a personal leave of absence. While on a personal leave, employees are not eligible to earn time (*see Section 5 regarding "Group Benefits While on Leave" for further clarification*).

D. Department Head or Designee Responsibilities: Department Head or Designee acknowledges request for leave, and works with employee in setting a leave start date and anticipated end date. All personal non-medical leave request should be submitted via Workday by the employee. If the employee cannot access Workday, they must complete the "Request for Non-Medical Personal Leave of Absence Form". Upon review and approval, Department head must sign the request for leave form or submit approval via Workday and submits to the Leave Management Unit. Personal leaves require a lump sum payout (no time should be entered into KRONOS by the department).

4. EMPLOYEE'S RESPONSIBILITIES

While on a medical leave of absence for an employee's own health or to care for a family member, employees are required to submit medical documentation to the Short-Term Disability Administrator for NYP. Employees are required to follow their normal departmental call-out procedure for all pending leave of absences prior to receiving an official approval letter with designated leave dates. Employees must also report periodically to their Department Head, or Designee regarding their return to work date.

5. GROUP BENEFITS WHILE ON LEAVE *(for Hospital benefit eligible employees only)*

- A.** During a personal illness or injury leave of absence, NYP group benefit coverage will continue as long as statutory disability payments or sick time is received for the duration of the disability up to a maximum of 26 weeks.
- B.** Group Benefits will be suspended if the employee is not receiving statutory disability payments or Extended Illness time. To continue benefit coverage through NYP, the employee must remit the appropriate premium on a monthly basis to Human Resources, Benefits. Group benefits are reinstated the day the employee returns to work and payment will resume through payroll deductions.
- C.** Employees may choose to discontinue benefits while on a non-medical personal leave of absence. Group benefits are reinstated the day the employee returns to work and payment will resume through payroll deductions.

- D.** Employees who elect not to remit monthly benefit payments to maintain coverage must contact HR Connects - Benefits team to re-enroll in the benefit plans upon return.

6. RETURN TO EMPLOYMENT

- A.** Following a personal leave for medical disability of more than one (1) scheduled workweek, or a leave for family reasons of four (4) weeks or more, employees must be cleared by Workforce Health and Safety in order to resume his/her job duties (*see policy 6.176: Return to Work after a Leave of Absence*).
- B.** At the end of a leave of absence that does not extend beyond 26 weeks, employees will be returned to their former positions or to positions of comparable pay and status within the Hospital. Reassignment to a vacant position for which the employee is qualified may be considered as a reasonable accommodation for employees who, because of an injury or illness, are not qualified to perform the essential duties of their former positions.
- C.** If necessary, employees with less seniority may be reassigned or laid off to accommodate employees returning from an approved leave of absence.
- D.** General wage increases and/or labor market adjustments for eligible employees on leaves of absence will be granted concurrent with those granted for other eligible employees. Merit increases will be granted to eligible employees upon their return from a leave of absence.
- E.** Employees, other than those receiving benefits under Workers' Compensation or who are on a continued leave for their personal illness as required by applicable law, whose absence from employment at the Hospital extends beyond the 26-week leave period, shall be considered terminated. Former employees who re-apply and are accepted for employment at the Hospital will be considered new employees except as provided for in policy 5.232: Reinstatement/Re-Employment.
- F.** Employees who are on approved leaves of absence and are currently receiving pay when PTO is front loaded in January, will receive that PTO/Extended Illness time. Employees who are on unpaid, approved leaves of absence when PTO is front loaded in January, will receive a pro-rated portion of their annual PTO allotment when/if they return from their leave.

Their remaining annual PTO allotment will be paid out in a lump sum, when/if they return.

7. WORKERS' COMPENSATION LAW

- A.** All employees, regardless of length of service, are eligible for a leave of absence for an injury or illness covered by the Workers' Compensation Law (see *policy 6.098: Workers Compensation*).

8. INVOLUNTARY LEAVE

- A.** Employees who, in the determination of the Hospital, are incapable of performing the essential functions of their positions due to medical, physical, or mental conditions may be placed on an involuntary leave of absence (see *policy 6.609: Administrative Referral*).

9. OTHER EMPLOYMENT

- A.** Employees are not permitted to perform any gainful employment or hospital required training during a period of medical Leave.

- B.** Employees who receive wages for work at another employer while on leave of absence from the Hospital are subject to termination.

RESPONSIBILITY:

Vice President for Human Resources or Designee

POLICY DATES:

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Approved by:



Shaun E. Smith
Sr. Vice President & Chief People Officer

TITLE: HUMAN RESOURCES RECORDS

POLICY:

Federal and state law requires that Human Resources and Payroll records accurately reflect current information regarding the status of all Hospital employees. Personnel files are the property of the Hospital. A file on each individual employee will be maintained in a confidential and secure manner to control the use and confidentiality of employee personnel files and for consistent retention of required employment records.

Human Resources maintains an electronic personnel file on each Hospital employee that contains employment and work history information. This is a confidential record belonging to NewYork-Presbyterian Hospital. Active employees may review relevant portions of their employee records in the presence of a Human Resources representative during normal business hours, upon submitting a written request to the Human Resources department.

PURPOSE:

To maintain a complete employment history of each employee in a confidential and secure manner.

APPLICABILITY:

All employees

PROCEDURE:

1. Maintenance of Files

- A. The department of Human Resources will maintain electronic personnel files for all employees.

2. Employee Access:

- A. Upon written request of an employee, an appointment to review the file will be made. The request must be made at least 24 hours in advance. Test results, examination questions, reference check and information that may invade another employee's privacy will not be included during this review, and will be temporarily removed from the file prior to the employee's review. Review will be made in the presence of a Human Resources representative.

- 1) An employee may receive a copy of material or information in the file, except for those items specified in 2A above.

- 2) Employees may supplement in writing any document in the personnel file which they review by having their version of the fact(s), attached to the original record.
- B. The department head may also review the record of any employee he/she is considering for promotion, transfer, reassignment, demotion, dismissal or other personnel actions.
- C. Department heads and supervisors are expected to maintain objective records required to manage their workforce; however, it is the employee's responsibility to ensure that the Hospital has the employee's most current personal data, including address and contact numbers.
- D. Upon termination of employment or transfer of employee, the department is expected to forward all paper employee files to Human Resources for appropriate retention and/or disposal.

RESPONSIBILITY:

The Vice President for Human Resources or Designee

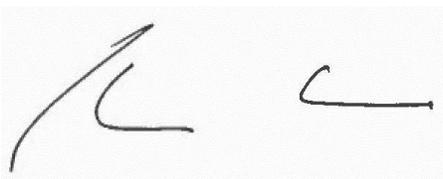
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Approved by:



Shaun E. Smith
Sr. Vice President & Chief Human Resources Officer

TITLE: NURSING STAFF BYLAWS

APPLICABILITY: All Professional Registered Nurses and Licensed Practical Nurses

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PREAMBLE

NewYork-Presbyterian Hospital is a voluntary hospital established as a New York not-for-profit Corporation licensed under the laws of the State of New York.

The Department of Nursing at NYPH includes:

- Allen Hospital
- Ambulatory Care Network
- Columbia University Irving Medical Center
- Lawrence Hospital
- Lower Manhattan Hospital
- Morgan Stanley Children’s Hospital of New York & Sloane Hospital for Women
- Weill Cornell Medical Center & Alexandra Cohen Hospital for Women and Newborns
- Westchester Behavior Health Center & Weill Cornell Medical Center Psychiatry Program

In accordance with NewYork-Presbyterian’s mission, the Department of Nursing is committed to supporting the following objectives:

- Promoting professional collaborative governance and a supportive work environment for patient care
- Fostering professional development via continuing education, and research
- Delivering one level of high quality, comprehensive patient–and family-centered care through the adoption of evidence-based clinical standards and administrative practices;
- Demonstrating clinical excellence and improved performance through quality measurement of outcomes and performance improvement activities;
- Providing clinical experiences in the education of nursing students in patient care, teaching, and research
- Contributing to conquering human disease and alleviate suffering and pain with evidence based practice, patient/family education and nursing research.

ARTICLE I: THE MISSION, VISION & PHILOSOPHY OF THE DEPARTMENT OF NURSING

MISSION

To serve our communities by providing world-class patient and family centered care in an empowering and innovative professional nursing practice environment.

VISION

To be the world leader in nursing.

PHILOSOPHY

The philosophy of nursing at NYPH is driven by the organization's Vision, Culture and Strategic Initiatives, and the Department of Nursing's goals and values within a structure of Professional Governance. It encompasses the intent of the ANA Code of Ethics for Nurses, ANA Standards of Practice, the New York State Nurse Practice Act and regulatory standards, while keeping pace with the changing health care market.

The philosophy recognizes that nursing care is organized around the needs of the patient and family, that quality outcomes and patient satisfaction are measures of the delivery system, and that the multidisciplinary collaborative team approach is fundamental to our professional practice model.

The Department of Nursing supports professional nursing practice within the specialized departments or specialties and wherever nursing is practiced within NYPH.

Professional nursing practice at NYPH requires that:

- The nurse assesses the patient and family for specific care needs to meet optimal outcomes.
- The nurse identifies the amount, degree and level of nursing care needed to achieve those outcomes and manages the nursing resources to meet those needs.
- The nurse collaborates with and recognizes the contributions of other disciplines as an integral part of patient care delivery.

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- The nurse provides every patient and family with complete and understandable information about care and aftercare through individual contacts, group programs and multimedia materials.

The Nursing organization is service oriented and strives to meet the needs of patients across the continuum of care in a culturally sensitive manner by assessing, planning and communicating those needs to patients, families and other professionals. This approach is holistic in scope and respectful of patients' rights. It allows for the sharing of information which fosters patient and family participation in decision-making.

The Nursing organization cultivates a climate in which staff matures professionally in the pursuit of advancement and excellence in nursing practice. The Department of Nursing offers learning experiences and provides role models to nursing students at all levels. On site education for staff is supported through staff development and accredited continuing education programs.

Inherent in this philosophy is recognition of the needs of the community by nursing's involvement in strategic planning efforts and participation in program development. It also recognizes the need for nurses to speak on community and professional issues which are within their field of competence or interest and to assist in promoting public involvement in health by defining and clarifying issues.

The Department of Nursing remains committed to maintaining a collaborative multidisciplinary relationship with other health and administrative professionals. Provisions are made for the collection and evaluation of data and the development of interdisciplinary performance improvement processes in the belief that systematic inquiry will lead to improved care, efficient use of nursing time and resources, and positive patient outcomes.

ARTICLE II: PURPOSE

The purpose of the By-Laws for the Professional Nursing Staff shall be:

1. To ensure that all patients receive safe and quality care.
2. To ensure professional the nursing staff members met all the requirements to practice in New York State and at New York-Presbyterian

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Hospital and through ongoing evaluation continue to meet all requirements.

3. To ensure continued development and maintenance of high standards in programs of education, research and evidence based nursing practice.
4. To maintain rules and regulations for the conduct and governance of the Nursing Staff.
5. To ensure that the Nursing Staff provides leadership in organization quality and patient safety improvement activities.
6. To create a framework within which the members of the Nursing Staff are empowered to act with a reasonable degree of autonomy and confidence within a governance structure of professional clinical decision making.

ARTICLE III: PROFESSIONAL NURSING STAFF AT NYPH

Section 3.1: NATURE OF NURSING STAFF

All nurses employed by NYPH will be fully credentialed members of the NYPH Department of Nursing (refer to **Section 5.2**). Employment as a professional nurse at NYPH is a privilege that shall be extended only to licensed professional nurses and licensed practical nurses who upon application can demonstrate academic and practical competence and who continuously meet the qualifications, standards and requirements of the Department of Nursing bylaws and policies. Gender, race, creed, age, sexual orientation, disability, national origin or any other legally impermissible basis shall not be used in making decisions regarding the granting or denying of employment.

Credentialing/Appointments and reappointments of Nurse Practitioners, Nurse Midwives and Certified Registered Nurse Anesthetist to the Medical Staff shall be made by the Senior Vice President, Chief Nursing Executive & Chief Quality Officer/designee and the Board of Trustees in accordance with the Medical Staff Bylaws, Rules and Regulations.

SECTION 3.2: EMPLOYMENT PROCESS

Refer to the Human Resources Policies:

NYP-CU/MSCH/AH: HR Policy #5-088 Recruitment & Selection

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NYP-LH: HR Policy, HR-109 Recruitment Selection (available on Campus).

NYP-LMH: HR Policy #5.502 Recruitment & Selection

NYP-WC & NYP-WBHC: HR Policy [#502 Recruitment & Selection](#)

SECTION 3.3: CONDITIONS OF EMPLOYMENT FOR ALL LICENSED PERSONNEL

Eligibility for professional nurses to be employed on the staff of the hospital includes possession of licensure and current New York State Registration to practice issued by the New York State Education Department (Refer to **Section 3.4**).

Registered Nurses and Licensed Practical Nurses must successfully complete all pre-employment processes in HR/Talent Acquisition prior to the first day of employment.

Note: Licensed personnel who have completed an approved nursing program while an employee of the Hospital in another capacity must have acceptable performance and attendance in their current position. They must attend the Department of Nursing Orientation for new employees.

Policies relating to satisfactory completion of the probationary period of employment will apply following the change of status. The Department of Nursing will not continue employment in any other job category for an employee who fails to satisfactorily complete probationary period of employment. [Note: At NYP-CU/MSCH/AH there are some limitations imposed by both the 1199 and NYSNA Collective Bargaining Agreements (CBA), at NYP-LH by 1199 and at NYP-LMH by both Communications Workers of America (CWA) and 1199.]

If the employee is in a different job category and employed by nursing already, transfer to another patient care unit in the department will be at the discretion of the Clinical Nursing Director.

SECTION 3.4: QUALIFICATIONS FOR REGISTERED PROFESSIONAL NURSES

Graduates of programs **within** the United States:

- Graduated from an approved program

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- Current New York State registration to practice nursing

Graduates of programs **outside** the United States:

- Current New York State Registration to practice nursing
- Completion of a minimum of one year's continuous graduate nursing employment in a general hospital in the U.S. is preferred. Exceptions to the experience requirement may be made based on equivalent experience and at the discretion of the Clinical Nursing Director.

Note: No individual may begin clinical practice without one of the following:

- a. New York State license and a copy of on line verification of registration or practice exemption (NYS Article 139, Section 6900.)
- b. As required by NYS, license and renewal of registration requires the RN to attest to completion of a State Education Department approved course regarding infection control practices and, as applicable, identification and reporting of child abuse and maltreatment. Submission of the license and current registration is deemed as appropriate evidence that the professional nurse has completed those required courses.

At the discretion of the Patient Care Director/Director **general non-clinical orientation** may be completed while the above are obtained.

SECTION 3.5: QUALIFICATIONS FOR LICENSED PRACTICAL NURSES

All applicants must be graduated from a program approved by New York State Education Department and have a current New York State Registration to practice practical nursing. Licensed Practical Nurses practice is limited to technical positions and outpatient departments.

SECTION 3.6: ORIENTATION

Orientation dates will be determined prior to each calendar year by the Talent Acquisition Office and the Division of Nursing Professional Development. Exceptions to these dates may be recommended by the Clinical Directors.

The Department of Nursing provides all new nursing staff members with a General Orientation Program to familiarize personnel with Department

/institutional policies, and selected nursing procedures. Specialized and clinical experiences are provided by the Division of Nursing Professional Development Instructors and preceptors. Documentation of Nursing Orientation is completed by the instructor and given to the Patient Care Director to place in the employee's file.

Waiver from the general orientation program is **only** for former employees who have terminated employment within the last year. Per diem nurses who are actively working at the hospital at the time of transfer to part time or full time or promotional position, will have their orientation schedule prepared and reviewed for approval by the Patient Care Director/Manager, Nursing Educator and Program Director for Nursing Professional Development. Approval for waiver can be made by the Patient Care Director/Manager, Nurse Educator and the Director of the Clinical Division, in collaboration with the Program Director, Professional Development or Director of Nursing Professional Development.

SECTION 3.7: PROBATION ORIENTATION PERIOD

At NYP-WC, NYP-LH, NYP-LMH, and NYP-WBHC the first six (6) full calendar months of employment constitute a probationary period of employment.

At NYP-CU/AH/MSCH: see Collective Bargaining Agreement.

A performance appraisal will be written and discussed with the nurse at six (6) months and annual review period.

SECTION 3.8: VERIFICATION OF LICENSURE, CURRENT REGISTRATION AND RESUSCITATION CERTIFICATE(S)

Definitions¹:

Licensure: A professional license is the authorization to practice and use a professional title in New York State. A license is valid for life unless it is surrendered, revoked, annulled, or suspended by the New York State Board of Regents.

¹General Licensing Information, <http://www.op.nysed.gov/prof/nurse/> accessed on 08/13/2020

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Registration: To practice in New York State under the authority of a professional license, a nurse must re-register as indicated. A nurse is automatically registered for the first registration period when the license is issued. A registration certificate authorizes practice as an RN for 3 years in New York State. Thereafter, the nurse must send a renewal application at least four months before the registration expires.

There are four distinct nursing professions in New York State: Registered Professional Nurse, Clinical Nurse Specialist, Licensed Practical Nurse and Nurse Practitioner.

Employee File Maintenance - Workday:

NYP utilizes a database, Workday, for employment related documents. Refer to Nursing Administrative Policy [800 Maintenance of RN Employee File](#) for details.

New Hires

New hire nursing employment documentation is maintained in the Human Resources Department. Copies of the new hire nurses resume and nursing credentials may be forwarded to the Patient Care Director/Manager prior to the new hires start date. Talent Acquisition uploads the primary source verification of RN licensure and resuscitation requirements into Workday as part of onboarding process.

Verification of License/Registrations (PSV):

- 1. Initial:** on-line verification of licensure, registration and other certificates for all full time, part time, and NYPH per diem nurses is done prior to employment by the HR/Talent Acquisition Office and uploaded to employee's file in Workday.
- 2. Renewals:** the primary source verification (PSV) document for RN license registration renewal is uploaded to Workday by the Medical Staff Office (MSO).
- 3.** Primary source verification of RN licensure for Supplemental Staffing Nurses and Private Duty Nurses is conducted by their employer per contract requirements.

Verification of Required Resuscitation Certificates:

• **Registered Professional Nurses:**

- Registered professional nurses (listed in **Section 3.9**) are required to have current resuscitation certificate based on the clinical setting requirements – Basic Cardiac Life Support (BCLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) or Emergency Nurse Pediatric Course (ENPC), and Neonatal Resuscitative Program (NRP) as appropriate for continued employment.
- A registered professional nurse found to have an expired resuscitation requirement(s) is not permitted to work until compliance is met (*resuscitation certificate paper card or e-card).
- Each professional RN is responsible for obtaining renewal of required resuscitation certificates prior to expiration, uploading the certificates into Workday for immediate supervisor's approval. (Refer to Nursing Administrative Policy [800 Maintenance of RN Employee File](#)).

• **Patient Care Director/Immediate Supervisor:**

The PCD is responsible for review and approval indicating that the resuscitation certificates are current with accurate listing of the issue/expiration dates in the "Certificates" folder in Workday. The PCD/immediate supervisor resolves any discrepancies found.

• **Director of Nursing/Director of Clinical Service:**

The Director of Nursing or Director of the area is responsible for ensuring that any professional nurse with expired RN credentials is placed off-duty until the appropriate renewals are obtained and validated.

• **CNO/VP Operations/VP Perioperative Services:**

The campus CNO, in collaboration with the VP Operations and VP Perioperative Services, is ultimately responsible for making sure RN credentials are current and that any RN with expired credentials is placed off-duty until appropriate renewals are obtained.

SECTION 3.9: ANNUAL VERIFICATION OF REQUIREMENT AND DOCUMENTS

Requirements and documents for all licensed personnel (Registered Nurses, and Licensed Practical Nurses) who provide direct patient care are verified upon hire and annually thereafter to provide direct care to patients of NewYork-Presbyterian within the scope of practice of the New York State Nurse Practice Act.

All registered professional and licensed practical nurses will have on file those documents that attest to their ability to deliver patient care. The immediate supervisor is responsible for verifying all required documents are updated annually or as appropriate and available in the employee file.

Minimum requirements/documents to be maintained and updated annually or as appropriate include, but not limited to:

- Current on line verification (PSV) of New York State registered professional nurse registration
- Documentation of meeting health requirements for health care workers as defined in the New York State Public Health Law and required by NewYork-Presbyterian Hospital
- Evidence of education, experience and evaluation substantiating the ability to deliver care
- Proof of attendance of mandatory education classes as required by regulatory agencies and proof of completion of mandatory annual training as required by the Hospital
- Proof of meeting resuscitation certificate requirements as appropriate to their area of practice as per regulatory agency and other standards. See Resuscitation Requirements table below.
- Malpractice/Liability coverage through the Hospital, Medical College, or agency OR personal coverage which is acceptable to the Office of Legal Affairs as required.

Resuscitation Certificate Requirements:

BCLS Requirement – All Sites

- All nurses who provide direct patient care.
- Clinical nurse leaders including Clinical Nurse Managers, Nurse Administrators, Patient Care Directors, and Clinical Director of Nursing (Effective January 1, 2020).

ACLS Requirement

NYP-AH	<ul style="list-style-type: none"> • Within 90 days of hire/transfer into: <ul style="list-style-type: none"> ○ ED² ○ Labor and Delivery Nurses (Effective January 1, 2013) ○ PACU, ○ Critical Care Rapid Response and Transport Nurses (Effective January 1, 2020)
NYP-CU	<ul style="list-style-type: none"> • Within 90 days of hire/transfer into: <ul style="list-style-type: none"> ○ ED³, ○ Cardiac Cath Lab, ○ CCU ○ PACU, ○ Critical Care Rapid Response and Transport Nurses (Effective January 1, 2020)
NYP-LH	<ul style="list-style-type: none"> • Within 90 days of hire/transfer into: <ul style="list-style-type: none"> ○ 3N/Telemetry, ○ CCU, ○ ED, ○ Labor & Delivery, ○ Cardiac Cath Lab ○ PACU, ○ Critical Care Rapid Response and Transport Nurses (Effective January 1, 2020) <p><i>*New graduates will obtain the certificate within 6 months of hire</i></p>
NYP-LMH	<ul style="list-style-type: none"> • Upon hire, transfer into: <ul style="list-style-type: none"> ○ ED, ○ ICU, ○ PACU, ○ ASU, ○ Medical Diagnostic and Interventional Radiology, ○ Labor & Delivery ○ PACU, ○ Critical Care Rapid Response and Transport

² Exceeds NYC Emergency Services "911" Standards

³ Per Designated Acute Coronary Symptom Program Standards

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	Nurses (Effective January 1, 2020) <i>*New graduates will obtain the certificate within 6 months of hire</i>
NYP-MSCH & Sloane Hospital	<ul style="list-style-type: none"> • Upon hire, transfer into: <ul style="list-style-type: none"> ○ Labor and Delivery Nurses (Effective January 1, 2013) ○ PACU, ○ Critical Care Rapid Response and Transport Nurses (Effective January 1, 2020)
NYP-WC & Alexandra Cohen Hospital	<ul style="list-style-type: none"> • Upon hire/transfer into: <ul style="list-style-type: none"> ○ ED⁴ (excluding ED Inpatient Nurses [EDIN]) • Within 90 days of hire/transfer into: <ul style="list-style-type: none"> ○ Cardiac Cath Lab ○ 4 South (CCU) ○ Burn ICU and Burn Step Down ○ Labor and Delivery Nurses (Effective January 1, 2013) ○ PACU ○ Critical Care Rapid Response and Transport Nurses (Effective January 1, 2020)

PALS or ENPC Requirement

NYP-AH	<ul style="list-style-type: none"> • Within 90 days of hire/transfer into the ED⁵
NYP-LH	<ul style="list-style-type: none"> • Within 90 days of hire/transfer into: ED, Interventional Radiology, PACU, & Pediatric Unit <i>*New graduates will obtain the certificate within 6 months of hire</i>
NYP-LMH	<ul style="list-style-type: none"> • Upon hire/transfer into the ED <i>*New graduates will obtain the certificate within 6 months of hire</i>
NYP-WC	<ul style="list-style-type: none"> • Upon hire/transfer into the ED (excluding ED Inpatient Nurses [EDIN])
NYP-MSCH NYP-KCH	<ul style="list-style-type: none"> • Upon hire/transfer into the ED, PICU* and PCICU* <i>*New Graduates will obtain the certificate within 6 months of hire.</i>

⁴ Per Designated Trauma Center Requirement,

⁵ Exceeds NYC Emergency Services "911" Standards

NRP Requirement

<p>NYP-AH NYP-LH NYP-LMH NYP-MSCH & Sloane Hospital NYP-WC & Alexandra Cohen Hospital</p>	<ul style="list-style-type: none"> • All nurses hired* into: NICU, Labor & Delivery, Post-Partum, Antepartum and Nursery are required to have NRP by the end of orientation (Effective July 1, 2015). <i>*New Graduates will obtain the certificate within 6 months of hire.</i>
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Employees of the Department of Nursing

New employees will have required documents reviewed by the appropriate Talent Acquisition Office. Thereafter, review of documents will be the responsibility of the respective nursing division at each campus.

Nurse Employees of Columbia or Cornell University

University employed nurses hired to work on hospital units are not required to obtain resuscitation certificate. All other required documents will be reviewed by the appropriate Employment Services Office at the College or University. Complete files are to be maintained in the respective Columbia or Cornell Human Resources Departments.

Per Diem Staff

Per Diem staff employed by NewYork-Presbyterian will have required documents on file at the respective nursing division offices at each campus.

Agency Nurses

Agency nurses who provide direct patient care will have all required documents on file in the agency as defined by signed agreements between NewYork-Presbyterian and the agency.

Name Change Procedure

Licensed professional and practical nurses who legally change their names must inform their division and the New York State Education Department, Department of Licensing. Until confirmation is received, the nurse must continue to sign all legal professional documents with the name on record in Albany.

SECTION 3.10: MANDATORY EDUCATION

Basic Life Support

All registered professional nurses and licensed practical nurses in the Department of Nursing **with direct patient contact** are trained as Healthcare Basic Life Support providers according to the criteria established by the **American Heart Association** or provided by an American Heart Association authorized training center. Specialty areas may require ACLS, PALS, ENPC, or NRP. **See page 12-14.**

An employee who is unable to perform the skills of BLS for physical reasons, must:

- a. Have a completed BLS Skills Performance Exemption form, completed by a physician from Workforce Health and Safety, on file in his/her divisional office.
- b. Attend a scheduled BLS Renewal Day and view the BLS video
- c. Take the written BLS exam

Non-licensed nursing personnel who apply restraint or seclusion, monitor access or provide care for a patient in restraint or seclusion will submit evidence of current American Heart Association (AHA) BLS card or **e-card issued** by AHA authorized training center at the time of employment. First aid training will be provided during orientation. BLS renewal must occur every two years and ongoing training in first aid will be provided.

Annual Training

- a. In addition, each year all professional and nonprofessional nursing staff in the Department of Nursing completes the annual hospital training (e-Learning) program which includes content as required by regulatory agencies.
- b. A record of all professional and nonprofessional nursing staff completion of the annual hospital education is maintained in the hospital learning management system, whereby reports are generated and posted on the portal for review by the appropriate Manager/Patient Care Director.

Fetal Heart Monitoring

All Registered Nurses working in areas where fetal monitoring is utilized must be certified or credentialed in Electronic Fetal Monitoring by one year of

employment. The RN will not be permitted to monitor patients requiring monitoring or interpretation of monitoring until certified or credentialed. The patient will be monitored by a Nurse certified or credentialed in Fetal Heart Monitoring.

Documentation of Professional and Educational Activities

It is the responsibilities of all NYPH nursing staff to document professional and educational activities as per Nursing Administration Policy #[345 Nursing Professional Profile](#).

SECTION 3.11: ONGOING COMPETENCY ASSESSMENT

In alignment with NYP Human Resources Policies: #704 (LH), #[4-414](#) (LMH), #[4-102](#) (CU/MSCH/AH/ACN – West Campus) & #[414](#) (WC/WD/ACN East Campus) all licensed personnel are required to maintain and document achievement of required clinical and patient population competencies. Competency assessment is a continuous system that ensures staff competence throughout the Department of Nursing. Initial competency is assessed when an individual is hired, during the orientation period. Ongoing competencies are assessed throughout employment as the requirements of the job and the needs of the organization change. Competencies reflect the current nature of the work expected to be carried out by the employees in a job category.

Ongoing competency assessments are validated by employee(s) who are deemed competent in the specific competency. Documentation of ongoing competency assessment is reviewed as part of the annual performance appraisal.

In determining nursing employees' competencies to be developed and/or assessed the following is considered:

- a. Regulatory requirement(s) to assess a specific competency and the frequency in which the regulation requires the competence to be assessed.
- b. Tasks or procedures that are high risk but not often performed.
- c. The introduction of new equipment, processes and/or procedures to staff.

- d. Tasks or procedures that are problem prone. Problematic equipment, processes or procedures can be identified through reports filed in **KEEPSAFE**, errors reported to managers directly from staff.

Approved [Ongoing Competency Assessment Templates](#), which include regulatory and unit specific competencies are used to document competency validation and action plan with target completion dates.

SECTION 3.12: PROFESSIONAL LIABILITY INSURANCE

Members of the nursing service staff are covered by NewYork-Presbyterian for professional liability when they are functioning as employees of the Hospital.

Nurses employed by NewYork-Presbyterian who work off-hours and are reimbursed directly through research grants of the Weill Cornell Medical College or Columbia University are not eligible for Professional Liability Insurance of NewYork-Presbyterian.

SECTION 3.13: PROFESSIONAL MISCONDUCT

All licensed personnel (RNs, LPNs) practicing at NewYork-Presbyterian whose practice is denied, withheld, curtailed or terminated for professional misconduct will be reported to the New York State Education Department.

Any nurse who has information about possible professional misconduct, negligence or incompetence shall immediately report the information to his/her immediate supervisor. The immediate supervisor will communicate all relevant information to the Director.

The Director will report all incidents, with documentation, to the Vice President and Chief Nursing Officer and to Human Resources/Employee Services.

The report will contain:

- name and address of the licensed nurse
- date the Department took action
- nature of the action taken by the Department
- reason for the action

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The Office of Legal Affairs (OLA) will be contacted regarding the incident. OLA will send a report to the New York State Education Department, Office of Professional Discipline.

Any nurse so reported shall be informed that s/he may not practice at NewYork-Presbyterian, pending investigation and a final decision.

Professional **misconduct** is defined in Education Law and in the **Rules of the Board of Regents**⁶. Professional **misconduct** includes the following:

- a. Engaging in acts of gross incompetence or gross negligence on a single occasion, or negligence or incompetence on more than one occasion
- b. Permitting or aiding an unlicensed person to perform activities requiring a license
- c. Refusing a client or patient service because of race, creed, color, or national origin
- d. Practicing beyond the scope of the profession
- e. Releasing confidential information without authorization
- f. Being convicted of a crime
- g. Failing to return or provide copies of records on request
- h. Being sexually or physically abusive
- i. Abandoning or neglecting a patient in need of immediate care
- j. Performing unnecessary work or unauthorized services
- k. Practicing under the influence of alcohol or other drugs

In addition, general provisions⁷ for misconduct for registered nurses includes, but not limited to:

- a. abandoning or neglecting a patient under and in need of immediate professional care, without making reasonable arrangements for the continuation of such care, or abandoning a professional employment

⁶ Office of Professions, Rules of the Board of Regents, Part 29, Unprofessional Conduct. <http://www.op.nysed.gov/title8/part29.htm>, Accessed on August 13, 2020

⁷ Office of Professions, Rules of the Board of Regents, Part 29, Unprofessional Conduct. <http://www.op.nysed.gov/title8/part29.htm>, Accessed on August 13, 2020

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- without reasonable notice and under circumstances which seriously impair the delivery of professional care to patients;
- b. willfully harassing, abusing or intimidating a patient either physically or verbally;
 - c. failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient;
 - d. using the word "Doctor" in offering to perform professional services without also indicating the profession in which the licensee holds a doctorate;
 - e. failing to exercise appropriate supervision over persons who are authorized to practice only under the supervision of the licensed professional;
 - f. guaranteeing that satisfaction or a cure will result from the performance of professional services;
 - g. ordering of excessive tests, treatment, or use of treatment facilities not warranted by the condition of the patient;
 - h. failing to wear an identifying badge, which shall be conspicuously displayed and legible, indicating the practitioner's name and professional title authorized pursuant to the Education Law, while practicing as an employee;
 - i. administering an immunization agent or anaphylaxis treatment agent when:
 - 1) administration is after the agent's date, if any, marked upon the label as indicative of the date beyond which the contents cannot be expected beyond reasonable doubt to be safe and effective; or
 - 2) the agent, the nature of which requires storage under special conditions of temperature control as indicated either on the labeling, in the directions for storage, has not been stored under special conditions of temperature control, and the registered professional nurse has knowledge or reasonably should have had knowledge that the agent has not been so stored
 - j. Failing to use scientifically accepted infection prevention techniques appropriate for the cleaning and sterilization or disinfection or instruments, devices, materials and work surfaces, utilization of protective

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garb, use of covers for contamination-prone equipment and the handling of sharp instruments. Such techniques shall include but not be limited to:

- 1) Wearing of appropriate protective gloves at all times when touching blood, saliva, other body fluids or secretions, mucous membranes, non-intact skin, blood-soaked items or bodily fluid-soiled items, contaminated surfaces, and sterile body areas, and during instrument cleaning and decontamination procedures;
- 2) Discarding gloves used following treatment of a patient and changing to new gloves if torn or damaged during treatment of a patient; washing hands and donning new gloves prior to performing services for another patient; and washing hands and other skin surfaces immediately if contaminated with blood or other body fluids;
- 3) Wearing of appropriate masks, gowns or aprons, and protective eyewear or chin-length plastic face shields whenever splashing or spattering of blood or other body fluids is likely to occur;
- 4) Sterilizing equipment and devices that enter the patient's vascular system, or other normally sterile areas of the body;
- 5) Sterilizing equipment and devices that touch intact mucous membranes but do not penetrate the patient's body or using high-level disinfection for equipment and devices that cannot be sterilized prior to use for a patient;
- 6) Using appropriate agents including but not limited to detergents for cleaning all equipment and devices prior to sterilization or disinfection.
- 7) Cleaning by use of appropriate agents including but not limited to detergents, equipment and devices which do not touch the patient or that only touch the intact skin of the patient;
- 8) Maintaining equipment and devices used for sterilization according to the manufacturer's instructions;
- 9) Adequately monitoring the performance of all personnel, licensed or unlicensed, for whom the licensee is responsible regarding infection control techniques;
- 10) Placing disposable used syringes, needles, scalpel blades and other sharp instruments in appropriate puncture-resistant containers for disposal; and placing reusable needles, scalpel blades and other

sharp instruments in appropriate puncture-resistant containers until appropriately cleaned and sterilized.

- 11) Maintaining appropriate ventilation devices to minimize the need for emergency mouth-to-mouth resuscitation;
- 12) Refraining from all direct patient care and handling of patient care equipment when the health care professional has exudative lesions or weeping dermatitis and the condition has not been medically evaluated and determined to be safe or capable of being safely protected against in providing direct patient care or in handling patient care equipment; and
- 13) Placing all specimens of blood and body fluids in well-constructed containers with secure lids to prevent leaking; and cleaning any spill of blood or other body fluid with an appropriate detergent and appropriate chemical germicide.

ARTICLE IV: CATEGORIES OF NURSING PERSONNEL

SECTION 4.1: PRIVATE DUTY NURSES AND STAFF – refer to Nursing Administrative Policy [#320 Private Duty Nurses & Staff Responsibilities](#)

SECTION 4.2: PER DIEM AND AGENCY NURSES – refer to Nursing Administrative Policy [#321 Per Diem & Agency Nurses](#).

ARTICLE V: GOVERNANCE STRUCTURES

SECTION 5.1: ORGANIZATIONAL NARRATIVE

The Department of Nursing continues to evolve its organizational structure to meet the day to day operating needs of each campus while assuring uniform standards of care and quality for all its patients. The Department of Nursing is centralized for some functions and decentralized for others in an attempt to achieve the goals set forth in the Hospital's Vision, Culture and Strategic Initiatives and in the Mission, Vision and Philosophy for the Department of Nursing.

Regardless of where Registered Nurses reside on the Hospital's Table of Organization, they all must abide by the Standards of Nursing Practice established for the organization.

Centralized Functions

The Senior Vice President, Chief Nursing Executive & Chief Quality Officer reports to the Executive Vice President & Chief Operating Officer of NewYork-Presbyterian.

The Vice President of Nursing Operations is responsible for the Center of Professional Nursing Practice, nursing operations and systems, and nursing integration across NYP, and reports to Senior Vice President, Chief Nursing Executive & Chief Quality Officer. These functions include professional nursing practice, nursing innovations & research, nursing informatics, nursing excellence/Magnet Program, patient/family education, nursing quality and patient safety, nursing professional development, continuing education, nursing operations and school affiliations.

Reporting to the Vice President of Nursing Operations are the following:

- ***Director of Nursing Quality and Performance Improvement Initiatives*** has primary responsibility for the quality and performance improvement. In addition, coordinates the Joint Commission, NYS Department of Health, and other regulatory activities.
- ***Director of Nursing Excellence/Magnet Program*** has primary responsibility to lead NYP's journey of nursing excellence in accordance to the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program.
- ***Director of Nursing for Professional Nursing Practice*** has the primary responsibility for the development and maintenance of programs within the Department of Nursing that support nursing practice standards and patient education. She is also responsible for integrating and aligning nursing practices across NYP.
- ***Director of Nursing for Nursing Professional Development*** has the primary responsibilities of leading the implementation of educational initiatives and continuing education programs to meet the ongoing learning needs of the Department of Nursing.
- ***Director of Nursing Research and Innovation*** has primary responsibility to lead nursing research and innovative evidence-based initiatives that will advance nursing science and improve nursing and patient outcomes.

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- **Chief Nursing Informatics Officer** (matrix reporting) has primary responsibility to ensure department wide application of technology to advance nursing practice and patient care.
- **Director of Finance, Nursing** (matrix reporting) has primary responsibility for nursing department financial planning, budgeting process and management of resources.

Decentralized Functions

The Vice President & Chief Nursing Officer (CNO) at each campus is accountable for the planning and daily activity at the campus. These functions include fiscal planning and resource allocation, staffing, employee relations and strategic planning. The Vice President & CNO assures the provision of nursing services 24 hours a day, 7 days a week with at least one on premise registered nurse (RN) furnishing or supervising the service 24 hours a day, 7 days a week. Additionally, the accountability for the quality of all nursing practice as related to direct patient care falls to the Department. They report to the Senior Vice President/Chief Operating Officer of the campus and have a direct reporting relationship to the Senior Vice President, Chief Nursing Executive & Chief Quality Officer.

The Senior Nursing Leader at each campus is:

Allen Hospital – Vice President & Chief Nursing Officer

Columbia University Irving Medical Center - Vice President & Chief Nursing Officer

Lawrence Hospital – Vice President & Chief Nursing Officer

Lower Manhattan Hospital – Vice President & Chief Nursing Officer

Morgan Stanley Children’s Hospital of New York and Sloane Hospital for Women - Vice President & Chief Nursing Officer

Weill Cornell Medical Center and Alexandra Cohen Hospital for Women and Newborns - Vice President & Chief Nursing Officer

Westchester Behavior Health Center & Weill Cornell Medical Center Psychiatry Program - Vice President & Chief Nursing Officer

SECTION 5.2: PROFESSIONAL GOVERNANCE

Refer to Nursing Administrative Policy [#501 Professional Governance & Decision Making](#)

Department of Nursing Representation on Hospital Committees

The Vice President & Chief Nursing Officers attend all Medical Board and Executive Committee meetings on an ex officio basis and is also a member of the Graduate Medical Education Committee and ad-hoc members of the Hospital's Patient Safety and Quality Committee

The involvement of the nursing staff in institutional planning and programs is assured through the appointment of qualified professional nurses to Hospital, Nursing and Medical Boards and Department of Nursing committees.

In the absence of the Vice President & Chief Nursing Officer, a clinical Director of Nursing assumes responsibility for Department-wide activity.

All positions in the Department, whether staff or front line, have a relationship to one another and communication among all departments and employees is encouraged.

Matrix Reporting Relationships and Communication

The Senior Vice President, Chief Nursing Executive & Chief Quality Officer is a member of the Hospital's Patient Safety and Quality Committee and attends all meetings regularly. The Vice President & Chief Nursing Officer for each campus attends on an ad-hoc basis.

Organization of the Department of Nursing

The administrative divisions are organized to coordinate activities related to staff, patient care, and education in order to increase communication, eliminate redundant activities, allow for cost containment and promote standards for quality care. To allow for continuous appraisal of changes and the implications these changes have on staff and patient care, the divisions maintain formal lines of communication within the Department.

Overview of Roles and Responsibilities

The Nursing Service Staff

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The professional staff of the Department of Nursing consists of graduates of approved schools of nursing who are currently licensed to practice nursing in the State of New York. (The functions of practitioners of nursing are implicit in the New York State Nurse Practice Act.)

Practical nurses are also required to be graduates of approved schools and currently licensed to practice nursing in the State of New York.

Other support nursing service personnel in any way connected with the Department of Nursing meet requirements for employment as determined by appropriate regulatory bodies and outlined in **SECTION 3.2: THE EMPLOYMENT PROCESS** of this document starting on **page 6**.

The nature and scope of practice is defined in position descriptions for each category of personnel and periodically evaluated for changes indicated as a result of advances in science, technology, program innovation or statutory regulations.

Personnel Policies

The personnel policies and procedures of NewYork-Presbyterian Hospital appear in the Human Resources manual and apply to Nursing personnel as well as all other institutional staff. Personnel policies and procedures adapted or explicit to Department of Nursing personnel are contained in the [Nursing Administrative Manual](#).

Nursing Leadership

The NYPH Department of Nursing Leadership consists of Nurse Executive and Nursing Management roles. Nurse Executive and Nursing Management roles vary by their sphere of influence. **Nurse Executives** oversee a campus or organization-wide nursing operations. **Nursing Management** oversees one or more programs or patient care areas.

Nurse Executive role include: The Senior Vice President, Chief Nursing Executive & Chief Quality Officer, Vice President of Nursing Operations, Vice President & Chief Nursing Officers and Directors of Nursing.

These Nurse Executive personnel are Registered Nurses accountable for the overall management of nursing practice, nursing education and professional

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development, nursing research, nursing quality and patient safety, nursing administration, and provision of nursing services. They hold the accountability to manage within the context of the organization as a whole, and to transform organizational values into daily operations yielding an efficient, effective, and caring organization. By necessity, such executive management responsibilities may be shared among many nurse administrators within the larger organization.

The Director of Nursing is responsible for the administration and internal management of the Clinical Departments within the policies, regulations and standards of the Hospital and Department of Nursing. The Director of Nursing reports to a Vice President & Chief Nursing Officer and is responsible for the total management of designated nursing units/areas. As a member of Nursing Leadership and hospital operations group, works collaboratively with peers and colleagues in nursing, medicine and hospital administration to provide high quality, cost-effective patient care.

Nursing Management include: Patient Care Directors, Clinical Coordinators, Clinical Managers and Nursing Administrators.

These Nursing Management personnel are Registered Nurses accountable for the overall supervision of all Registered Nurses and other nursing support staff in an inpatient or outpatient area. The Patient Care Director is typically responsible for recruitment and retention, performance review, and professional development; involved in the budget formulation and quality outcomes and helps to plan for, organize and lead the delivery of nursing care for a designated patient care area(s). Program Directors and Care Coordinators have functional responsibilities for programs or coordination of patient care within a given population or service.

The Patient Care Director reports to a Director and is responsible for the total management of a designated nursing unit or for a specific patient population. She/he coordinates, directs and evaluates the nursing staff activities with the standards of practice established by the Department of Nursing

The Clinical Coordinator/Nursing Administrator is responsible for directing and coordinating the activities of all nursing departments on a specific shift in order to ensure continuity of patient care. In this capacity she/he acts as a consultant to

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staff, is a member of Nursing Leadership and reports to a designated Director of Nursing at each campus.

It is the premise of the Department that staff clinical competence is fundamental to any position in nursing, whether as a generalist or specialist in nursing practice. The degree and nature of expertise requisite to a particular position within a Clinical Nursing Division varies and is dependent upon the complexity of patient care requirements.

Implicit in the role of all professional nursing service staff is responsibility for orientation of new staff and staff education inclusive of skill training. The nature of their responsibility is described in the job descriptions for each category of personnel.

Individual organization charts for the various clinical nursing departments are reviewed on a regular basis.

Each Division holds "Leadership Meetings" at least once a month for planning, collaborating and problem solving. These meetings also serve the purpose of keeping the management group informed of developments within the Hospital and Department of Nursing. "Staff Meetings" for other nursing service personnel are regularly scheduled at hours convenient for day, evening and night staff.

[Refer to Nursing Administrative Policy #501 Professional Governance & Decision Making](#)

SECTION 5.3: PLAN FOR THE PROVISION OF CARE

Definition of Nursing [*excerpted from Article 139, Nursing, New York State Education Law*]

The practice of nursing in New York State is defined in the Nurse Practice Act as follows:

The practice of the profession of nursing as a registered nurse is defined as diagnosing and treating human responses to actual or potential health problems through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes prescribed by a licensed

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physician, dentist or other legally authorized licensed health care provider. A nursing regimen shall be consistent with and shall not vary any existing medical regimen.

The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding, health teaching, health counseling, and provision of supportive and restorative care under the direction of a registered professional nurse or licensed physician, dentist or other legally authorized health care provider.

The practice of nursing at New York-Presbyterian Hospital is further defined by the ANA Code of Ethics, the hospital's mission, [vision and culture](#). The Department of Nursing's philosophy and objectives, evidence based standards and practice guidelines are promulgated by various professional nursing and regulatory bodies, and a variety of policies, job descriptions, [nursing administration policies](#) and [clinical standards](#).

The nursing process with Nursing Professional Practice Model is the framework within which nursing care is provided at New York-Presbyterian, i.e., assessment, planning, intervention, and evaluation.

The Department of Nursing is responsible for the practice and quality of nursing care wherever it is provided throughout the hospital.

Nursing Professional Practice Model
[\[For NYP-LH See #104LH Nursing Professional Practice Model \(PPM\) at NYP Lawrence Hospital\]](#)



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The Department of Nursing's Professional Practice Model includes:

- **Advocacy:** Empower patients, families, communities and colleagues to ensure culturally competent and compassionate care
- **Autonomy:** Foster self-directed practice through critical thinking and accountability
- **Collaboration:** Promote interprofessional communication and coordination of patient/family centered care
- **Evidence-Based Practice:** Integrate clinical expertise, scientific findings and patient preference to improve outcomes
- **Professional Development:** Commit to personal, clinical, and scholarly growth to optimize the patient experience

Patient and Family Centered Care Delivery System

The patient - and family- centered care system guiding principles include:

- Caring is central to Nursing
- Engaging patients and families in care
- Developing personal and professional self
- Promoting interprofessional collaboration
- Creating a healing environment for self, clinical colleagues, patients, families, communities, and populations
- Using the nursing process to plan and provide individualized, quality health and achieve optimal outcomes for health consumers

The Department of Nursing operationalizes the governing principles of *Patient -and Family- Centered Care* at each campus in a manner that optimally meets the needs of the patient population served.

Provision of Nursing Care: Nursing care as defined above is provided in collaboration with other members of the health care team to patients of all ages in inpatient, outpatient, emergency, and home health settings. The scope and complexity of the patients' care needs are such that the delivery of nursing care is organized as follows:

AMBULATORY CARE NURSING - multispecialty services for pediatric and adult outpatient/inpatients in diversified clinical settings

PSYCHIATRIC NURSING - comprehensive psychiatric inpatient and ambulatory services provided for children, adolescents and adults.

CRITICAL CARE NURSING - acute and convalescent adults with complex medical, surgical needs (including burn, trauma and cardiac); pediatric burn care.

EMERGENCY DEPARTMENT - adult and pediatric emergency care.

INTERVENTIONAL/DIAGNOSTIC/PROCEDURE AREAS – multispecialty services for adult and pediatric patients in diversified clinical settings.

INTRAVENOUS THERAPY NURSING - initiation of intravenous therapy to adult and pediatric patients.

MEDICAL & SURGICAL NURSING - adult inpatient, including geriatrics requiring pre and post-operative care, general acute care, specialty services and alternate level of care.

WOMEN, NEWBORN & CHILDREN'S SERVICES - women from adolescence on with gynecologic and obstetric health needs (including normal and high risk antepartum, intrapartum and postpartum care); newborn care; children from birth to adulthood with acute or chronic health problems requiring general, intermediate or intensive care.

PERIOPERATIVE SERVICES - pre-operative, intraoperative, surgical and recovery services for all ages of inpatient and ambulatory patients.

Basis for the Plan

The hospital recognizes its position as an academic medical center which provides primary through quaternary care to the greater New York community and to residents of New York State as well as specialized care to patients from other states and countries. Within this context the mission of the hospital is to provide high-quality and compassionate **patient care**, to educate and **train physicians**, to advance the art and science of medicine through **medical**

research and to maintain and efficient health care delivery system which **serves the needs of the community.**

In addition to the mission statement, the hospital's values and culture defines the core principles and beliefs that guide the hospital in fulfilling its mission. These are **RESPECT, TEAMWORK, EXCELLENCE, EMPATHY, INNOVATION, AND RESPONSIBILITY.** In order to fully achieve its mission and sustain its corporate values, the hospital recognizes that nursing care is a major component of the patient care provided to its patients and is committed to the provision of high quality, compassionate and cost-effective nursing care.

[see [New York-Presbyterian Hospital Vision and Culture](#)]

Purpose of the Plan

The hospital's plan for the provision of nursing care is designed so that

1. **The nursing care needs of patients are met** through the employment of a skilled and competent staff with the appropriate utilization of staff mix which can provide quality care in a cost-effective manner.
2. **Comparable levels of care are provided** throughout the hospital to patients with the same nursing care needs. Standards of patient care and nursing practice define the care to be provided and monitoring and evaluation activities utilize the standards to measure the quality and comparableness of care.
3. **Improvement and innovation in nursing practice are supported** by allotting time and resources so that nursing management and staff can:
 - a. attend nursing council and hospital committee meetings,
 - b. attend external and internal educational programs,
 - c. participate in quality and patient safety improvement activities,
 - d. attend staff meetings where information is shared, and
 - e. plan and implement projects to enhance the provision of nursing care

All levels of nursing staff are represented on nursing and interdisciplinary committees, task forces and performance improvement teams; quality and patient safety improvement activities take place at all levels of the Department, and particularly at the unit level; unit staff meetings per

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[Nursing Administrative Policy #393 –Unit Staff Meetings](#) are held at least monthly where information is shared and quality monitoring outcomes results are addressed; and opportunities are provided to plan and implement projects, including participation on performance improvement teams.

Annual clinical excellence recognition programs are held at each campus by the Department of Nursing and are attended by members of senior hospital leaders, medical staff and other invitees. At that time an award is conferred on clinical nurses from various clinical departments who are recognized by their peers for demonstrated excellence in clinical practice and related patient care activities [see [Nursing Administrative Policy #330 - Clinical Excellence Recognition Programs](#)]

The Provision of Care

1. The Organization within which Care is Provided

The Senior Vice President, Chief Nursing Executive & Chief Quality Officer functions as a member of the hospital's senior management team responsible for the leadership of the Department of Nursing and for the clinical practice of nursing throughout the institution. As a member of senior management, Senior Vice President, Chief Nursing Executive & Chief Quality Officer is mutually responsible for the provision of high quality and cost effective patient care with other executive staff in fulfilling the hospital's mission. Inherent in this position is the ultimate responsibility for quality of nursing care provided to patients.

The Directors of the Center for Professional Nursing Practice, which include the Professional Nursing Practice; Nursing Research and Practice Innovations; Nursing Professional Development, Nursing Quality and Patient Safety, Nursing Excellence/Magnet Program, Chief Nursing Informatics Officer (matrix), and Nursing Finance (matrix) report to the Vice President of Nursing Operation.

The Vice President & Chief Nursing Officers (CNO) report to the Senior Vice President, Chief Nursing Executive & Chief Quality Officer for professional nursing practice and to the campus-specific Senior Vice President & Chief Operating Officers for daily operations.

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Directors of Nursing assigned to specific patient care areas report to the VP & CNO who is directly accountable for nursing practice for their respective campus. Ultimate accountability for nursing practice and quality rests with the Senior Vice President, Chief Nursing Executive & Chief Quality Officer.

Other hospital services/departments with which nursing interacts in relation to patient care and unit management issues include:

Admitting Department	Patient Services
Blood Bank	Pharmacy Department
Biomedical Engineering	Quality and Patient Safety
Pastoral Care & Education	Radiology Department
Environmental Services	Rehabilitation Department
Environmental Health and Safety	Respiratory Therapy
Infection Prevention & Control	Risk Management/Legal
Food and Nutrition	Security
Health Information Management	Care Coordination/Social Work
Human Resources	Telecommunications
Information Services	Transport Services
Laboratory Services	Unit Administration
Procurement and Strategic Sourcing	Volunteer Department
Ethics & Palliative Care Services	

2. The Mechanism for Providing Appropriate and Adequate Staff

Patients are initially assessed by an RN upon admission to the hospital/outpatient setting and a plan of care is initiated. This plan utilizes Clinical Standards that are developed and approved by the appropriate bodies within nursing and identifies the nursing care needs of patients. The plan is revised as indicated by changes in patient condition.

Nursing care is directed by RNs who are responsible and accountable for delegating and coordinating all nursing care provided in inpatient and outpatient areas. Only the RN may establish nursing care goals based on patient assessment, plan the care for the patient, and evaluate the patient's

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progress or lack of progress toward achieving goals. Job descriptions and policy statements contained in other documents ascribe these functions to the RN.

Licensed practical nurses, technicians, mental health workers and nurses' aides/attendants, medical/dental assistants provide care to patients as appropriate to their levels of training and under the supervision of an RN. Job descriptions and other policies describe the patient care components that may be assigned to assistive personnel.

Documentation of patient care is entered in the electronic medical record system or paper medical record as indicated.

When a nurse is assigned to a unit other than his/her usual unit, either the nurse is assigned to a patient population with similar care needs so the nurse has the appropriate skills and competencies or the nurse's assignment is modified in accordance with his/her individual clinical competencies.

Each nursing unit's budgeted positions are determined at the time of preparation of the hospital's annual budget and modified when new programs or new patient populations or new unit configurations are introduced.

Each Director prepares an annual departmental personnel budget in collaboration with unit's Patient Care Director/Manager and is responsible for its overall implementation. The Master Staffing Plan for inpatient units is based on a budgeted average daily census and patient acuity. Consideration is given to a unit's mode of patient care delivery and physical environment.

Patient Care Directors/Managers establish staffing patterns and schedules based on patient acuity, census and budget allocation for their units. Designated nursing leadership is responsible on a 24-hour basis for coordinating the planning, implementation, and evaluation of the staffing programs within each clinical nursing department. Staffing data are provided on a shift-by-shift basis.

Nursing Administrators adjust staffing according to changing patient needs on a shift by shift basis.

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Staffing of patient care units is intended to support the hospital's mission to provide high-quality patient care and the Department of Nursing's objectives to provide safe, efficient and therapeutically effective nursing care to patients and families. Adjustment of staffing to provide safe levels of care in a disaster situation is addressed in the **Nursing Administrative Policies: [#301- Nurse Staffing](#) and [#811- Nurse Coverage Plan](#)**

3. The Mechanism for Assuring That Patients Receive Safe Quality Care

The Department of Nursing has a [Quality and Safety](#) (QS) Plan which is consistent with the hospital's Quality and Patient Safety plan. The plan is reviewed on a biennial basis and/or as indicated and revised to meet the ongoing needs of the Department. Quality monitoring of nursing sensitive indicators is coordinated by the Directors of Nursing Quality Regulations, standards and other internal assessment form the basis for the development of indicators and other quality measurement. Quality indicators are developed for use throughout the Department or if indicated for a specific department/specialty or unit. Data are collected by nursing staff, leadership, and other departments/specialties or committees.

The results of quality monitoring of nursing sensitive indicators are reported, as indicated, at unit staff meetings, departmental/specialty leadership meetings and, to executive nursing leadership at each center and at Nursing Board. Other hospital departments/services are informed of any findings or issues involving their areas of responsibility. An annual report of nursing quality activities is presented to the Nursing & Medical Boards and the Hospital's Patient Safety and Quality Committee. The report includes quality indicators which have been monitored, improvements in care, and quality issues identified and addressed.

The Senior Vice President, Chief Nursing Executive & Chief Quality Officer is responsible and accountable to the Hospital's Patient Safety and Quality Committee for assuring that a systematic process is in place and that consistent standards are used to monitor and evaluate care. The Directors of Nursing for Professional Nursing Practice; Research & Practice Innovations; Nursing Professional Development, and Nursing Quality & Patient Safety along with the Vice President & CNOs and Nursing Directors of the various

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clinical areas are responsible for operationalizing the system within their respective areas of responsibility.

The Division of Nursing Professional Development provides support to the departments/ specialties in meeting educational needs which are identified through the quality monitoring process.

Review of the Plan

The plan for the provision of nursing care is reviewed annually as part of the budget review process and as warranted by changing patient care needs.

Consideration is given to:

- the hospital's mission and strategic initiatives
- changes in patient populations or clinical programs that change the requirements for nursing care
- changes in patient care delivery system
- new equipment which requires staff education or the acquisition of specialized skills
- feedback from patients, patients' families, physicians and nursing staff
- results from measurement of nursing sensitive indicators
- information from quality outcomes, risk management, utilization review and other hospital wide activities that relate to the staffing plan
- the ability of the nursing staff to pursue activities designed to promote innovation and/or improvement in nursing care
- financial constraints

REFERENCES:

Nurse Practice Act of New York State as contained in Articles 130 and 139 of Title VIII of the Education Law of New York State, including amendments, and the Rules of the New York State Board of Regents.

<http://www.op.nysed.gov/prof/nurse/article139.htm>

The Joint Commission – [Accreditation Requirements: Leadership Chapter, Human Resource Chapter, and Nursing Chapter.](#)

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[New York State Rules and Regulations, Title 10, Section 405.5 Nursing Services.](https://regs.health.ny.gov/volume-c-title-10/content/section-4055-nursing-services)
<https://regs.health.ny.gov/volume-c-title-10/content/section-4055-nursing-services>

[New York State Rules and Regulations, Title 10, Section 405.19, Emergency Services.](https://regs.health.ny.gov/volume-c-title-10/content/section-40519-emergency-services) <https://regs.health.ny.gov/volume-c-title-10/content/section-40519-emergency-services>

Responsibility: Nursing Board

APPROVALS:

Nursing Board

08/2020

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CopeNYP

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NYP offers the CopeNYP Employee Assistance Program (EAP) to support our employees and their families. Staffed by licensed mental health professionals from Weill Cornell Medicine's Department of Psychiatry, CopeNYP can provide you with emotional support and practical strategies to enhance your resilience.

We can help you or your team with a wide variety of concerns, such as managing personal and work stressors (including burnout), reducing anxiety, alleviating depression, addressing relationship issues and interpersonal conflicts (among couples, family or friends), coping with traumatic events and struggles related to the COVID-19 pandemic, grief and loss, helping teens cope with their issues, and many other issues.

Services for Employees and Household Members



- **Up to 8 counseling sessions per issue per year, free of charge, with a licensed mental health clinician:**

The number of sessions offered will depend upon your particular circumstances, and will be determined by the clinician. If you could best benefit from longer-term therapy or specialty care, CopeNYP will help you find a provider or program, and we may recommend you start directly with that provider in lieu of using EAP sessions.

- **Intake Process:**

Email us or call us (646-962-2710). We will then call you for a brief Intake Call, during which we will ask you to provide your contact information and answer some survey questions to help us better understand your reason(s) for seeking help, and we will schedule your first full-length session with a licensed clinician. This call will usually take about 20 minutes.

- **We understand how important confidentiality is to you – documentation is NOT kept in EPIC and is only available to EAP team members.**

- Appointments are available virtually, via Zoom or telephone, and are available weekdays between 8 a.m. – 8 p.m.

- Coverage includes employees, dependents, and household members.

*Learn more about [exceptions](#) and [cases involving children \(1-17 years old\)](#).



Contact Information

- Phone: 646-962-2710
- Email: CopeNYP@med.cornell.edu
- [Click here for a downloadable flyer.](#)



Wellness Webinars

- **Two Years Later: Why Time Doesn't Heal ALL Wounds presented by CopeNYP**

[Click here](#) to watch webinar recording.

- **Life Hacks for Inner Peace**

[Click here](#) to watch webinar recording.

- **CopeNYP Webinar on Easier Nights and Brighter Mornings: Strategies for Getting Better Sleep**

[Click here](#) to watch webinar recording.

- **Congratulations! Now What? Navigating Maternity Leave and Returning to Work Postpartum**

[Click here](#) to watch webinar recording.

Password: aH!M?d6E



Important Policies and Additional Services

- [Cancellation Policy](#)
- [Services available from CopeNYP in the aftermath of a Critical Incident](#) (arranged by leadership, Human Resources, and managers/supervisors)
- If you're dealing with loss, consider this [Employee Bereavement Guide](#) for coping with grief.
- [Emotional and Mental Health Support & Resources](#)

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TITLE: PHOTOGRAPHING, VIDEO RECORDING, OR AUDIO RECORDING OF PATIENTS, OTHER INDIVIDUALS AND STAFF

POLICY:

It is the policy of the Hospital, consistent with its respect for patients' privacy and confidentiality, to provide clear and concise guidelines for the procurement of HIPAA Authorizations, and if necessary other legal releases, from patients prior to photographing, video recording (including live transmissions), or making an audio recording (each a "Filming") of such patients. It is also the policy of the Hospital to obtain consents from other individuals who are not patients and staff members prior to Filming such individuals and staff members.

PURPOSE:

This policy applies to Filming: (1) for external purposes, (2) for internal purposes, including for education, training and performance improvement, and (3) by patients and their family and visitors.

PROCEDURES:

I. PROCEDURES FOR EXTERNAL PURPOSES:

A. With respect to any request by either a third party (the "Producer") or a Hospital department for Filming for external purposes (which is defined as Filming that will be seen or heard by the public) and based upon which party is making the request, one of the departments identified below ("Designated Department") must be notified of the request, and the Producer or Hospital department shall specify the nature and purpose of the Filming and its intended use. Except for requests by broadcast, print and online media, which notice will be provided to the Office of Communications as early as possible prior to the proposed date of Filming, the notice to Designated Department shall be provided at least four (4) weeks in advance of the proposed date for Filming.

1. Office of Communications: Requests by broadcast, print, and online media or other media-related entities.

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2. Marketing: Requests by Hospital departments, medical school departments, vendors, consultants or other third parties.
 3. Development: Requests by donors.
- B. Designated Department must obtain approval from the Office of Legal Affairs & Risk Management ("OLA") before Designated Department approves any Filming for external purposes.
1. OLA may set forth limitations or restrictions with respect to the process by which the Filming will take place.
 2. OLA will provide the necessary HIPAA Authorization and other consent and release forms that must be obtained from patients (or their healthcare agent or legal guardian), other individuals and/or staff members who will be Filmed.
 3. OLA will provide the necessary agreements as required by Hospital policy (e.g., location agreement) or by law with the Producer to set forth the terms and conditions of the Filming, including without limitation, use of the material Filmed.
- C. Upon approval of the Filming by Designated Department:
1. Designated Department, with assistance from Hospital department and medical school department (if applicable), shall be responsible for (a) informing the individuals to be Filmed of the nature and purpose of the Filming and of its intended use, and (b) obtaining all required HIPAA Authorizations from patients (or their healthcare agent or legal guardian) and all required consents and releases from other individuals and staff members, which forms must be signed prior to the start of Filming.
 2. Upon approval of the location agreement or other documents by OLA, Designated Department shall be responsible for coordinating the execution and delivery of the location agreement or other documents before Filming may commence.
 3. Designated Department must actively monitor all Filming for external purposes. A representative of Designated Department must be present during all Filming for external purposes.

4. Designated Department shall be responsible for re-consenting the patients, other individuals and/or staff members (i.e., new HIPAA Authorizations and consent and release forms must be signed) if there is a proposed new use of the material Filmed that is unrelated to or beyond the scope of the original purpose of the Filming.
5. All signed HIPAA Authorizations and consent and release forms must be submitted by Designated Department to the Marketing Department and retained by the Marketing Department in accordance with the Hospital's Record Retention Policy.
6. A copy of the signed HIPAA Authorization must be filed in the patient's medical record.

II. PROCEDURES FOR INTERNAL PURPOSES

- A. Filming of patients for "internal purposes" includes but is not limited to treatment, education, training and performance improvement. The guidelines in this Section II apply only when there is no potential that the Filming will be used for external purposes. Only Hospital personnel may conduct Filming for internal purposes, unless otherwise permitted by Designated Department in accordance with applicable Hospital policy.
- B. Filming to be used for internal purposes, other than for the identification, diagnosis, or treatment of a patient, requires the written consent of the patient (or the patient's healthcare agent or legal guardian).
 1. The patients to be Filmed must be informed of the nature and purpose of the Filming and of its intended use.
 2. For noninvasive procedures, including outpatient visits, use the form "Consent to Photograph, Video Record, or Audio Record for Internal Organizational Purposes" (Form 51314, 51314SP). The signed consent must be filed in the patient's medical record. A separate HIPAA Authorization is not required and external use is prohibited. Questions about consent for internal purposes should be directed to Patient Services Administration.

3. For surgical/invasive procedures, use the form "Consent for Surgical or Other Invasive Procedures" (Form 45350) to obtain consent for Filming. A separate HIPAA Authorization is not required and external use is prohibited. Questions about consent for internal purposes should be directed to Patient Services Administration.

III. GENERAL PROCEDURES:

A. FOR PATIENTS:

1. In all cases, patients have the right to refuse consent and/or to rescind consent. For external purposes, a patient (or the patient's healthcare agent or legal guardian) may revoke consent at any time by sending a written notice, signed by the patient or on the patient's behalf, to the Hospital's Office of Public Affairs. For internal purposes, a patient may revoke consent at any time by sending written notice, signed by the patient or on the patient's behalf, to Patient Services Administration. Patients have the right to request cessation of a Filming in progress.
2. Filming by patients and their family and visitors may be permitted, except as set forth herein and provided it is not disruptive to the staff or other patients. Any questions or concerns should be directed to Patient Services Administration.
 - a. Patients and their family and visitors may not Film any care or treatment.
 - b. Patients and their family and visitors may not Film any hospital staff member without the staff member's express consent.
 - c. Obstetrical Patients:
 - i. Photographs by the patient's family or visitors are permitted in the labor room, birthing/delivery room for vaginal delivery, or operating room for cesarean delivery.
 - ii. Video recording by the patient's family or visitors is not permitted in the labor room, birthing/delivery room, or operating room, regardless of the type of delivery.
 - iii. Video recording and photographs by the patient's family or visitors are permitted in the patient's (mother's) room.

- d. Burn Patients: Request to Film patients in the Burn Center are to be directed to the Burn Center's administrative coordinator.

B. PERIOPERATIVE SERVICES

1. Any Filming for External Purposes in the operating room (OR) must follow the procedure set forth herein in Section I as well as obtain approval from the campus Director of Perioperative Services and/or their designee. The OR charge nurse will be notified of the planned date and time of filming.
2. The Office of Communications initiates and has filming media team sign the appropriate OR request form before entering the OR.
3. The names of the film crew must be documented in the electronic medical record.
4. For consent, refer to sections I and II above.
5. All persons entering the OR must don appropriate surgical attire as per [PERIOP/BUS 110 Attire and Personal Protective Equipment \(PPE\) in Perioperative Services](#) and perform appropriate hand hygiene.
6. Only essential equipment is to be brought into the OR. Equipment must be approved by Office of Communications. Equipment taken into the OR must be wiped down with an alcohol based product or covered with plastic.
7. Maintain Sterile Field at all times. All members of film crew MUST remain at least three feet away from the sterile field, adhere to aseptic practices and follow the directions from the circulating nurse.
8. Patients may be filmed or photographed while entering the Operating Room and at the time the anesthesiologist begins to administer anesthesia. No filming or photography can take place once the patient has been sedated unless the patient has been fully draped.
9. Filming is not permitted in the Recovery Room.

C. FOR STAFF:

Hospital staff and personnel attending Hospital events, including meetings, celebrations, recognitions and fundraising events, where Filming is taking place are assumed to provide implied consent to be Filmed for internal and external purposes.

For questions about Filming for external purposes, contact the appropriate Designated Department:

New York-Presbyterian Hospital
Sites: All Centers
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1. Office of Communications: E-mail address: pr@nyp.org

Questions from all campuses (Columbia, Weill Cornell, MSCH, Allen, Westchester, LMH, Lawrence) specific to media-related filming can be directed to either of the Public Affairs offices.
New York Presbyterian/Columbia: 627 West 165th Street, Service Building 6-621 (T) 212-305-5587 x 55587; (F) 212-305-8023

New York Presbyterian/Weill Cornell 425 East 61st Street, 7th floor (T) 212-821-0560 x 10560; (F) 212-821-0567

2. Marketing: E-mail address: LocationAgreement@nyp.or
3. Development: Timothy Mathiasen, (T) 212-342-0935, E-mail address: thm9059@nyp.org

After regular business hours, please call the Administrator on Call (AOC).

For questions about filming for internal purposes, contact Patient Services Administration:

Columbia and MSCH: 212-305-5904

Allen Hospital: 212-932-4321

Weill Cornell: 212-746-4293

Westchester: 914-997-5920

Lower Manhattan Hospital: 212-312-5034

Lawrence Hospital: 914-787-3074

After regular business hours, please call the Administrator-on-Call (AOC):

RESPONSIBILITY:

Vice President, Communications
Vice President and Chief Marketing Officer
Vice President, Development
Senior Vice President & Chief Experience Officer

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Sites: All Centers
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POLICY DATES:

ISSUED: November 2007

Reviewed: March 2010; March 2012

Revised: April 2014 (Combined with Policy P180)

Revised: July 2016; February 2017; January 2019; April 2021 **May 2021**

Medical Board Approval: November 2007; January 2019; April 2021;
May 2021

TITLE: ADMINISTRATIVE REFERRAL

POLICY:

To reduce potential risk created by employees who are demonstrating any behavior which is of potential risk to him or herself, employees, patients, visitors or others on Hospital premises, or which might interfere with the performance of duties, including substance misuse or abuse, the Hospital may mandate that an employee be evaluated by its Workforce Health and Safety (WH&S) department.

PURPOSE:

To ensure that employees who are demonstrating any behavior which is of potential risk to him or herself, employees, patients, visitors or others on Hospital premises, or which might interfere with the performance of duties, including substance misuse or abuse, are referred to Workforce Health & Safety for evaluation.

APPLICABILITY:

All non-credentialed employees. Credentialed employees and Attendings are covered under the Medical Staff Bylaws.

PROCEDURE:

- 1.0 Managers with concerns about changes in employee behaviors should consult with Human Resources. In consultation with Human Resources, the employee may be referred to Workforce Health & Safety.
- 2.0 The Manager or Department Head should review the reason for referral with the employee prior to the appointment with Workforce Health & Safety.
- 3.0 If an employee's Manager or Department head has reason to believe an employee has reported to work under the influence of alcohol or controlled substances or is otherwise impaired, Human Resources, in consultation with the Manager or Department Head will request that Workforce Health & Safety conduct a timely evaluation to determine whether the employee is fit for duty (see also Policy 6.192: Chemical Dependency and Hospital Employees). If an employee requests to seek medical attention or advice from WH&S, that is not considered an Administrative Referral. Employees may not be sent directly to WH&S for Administrative Referral prior to consultation with Human Resources.

- 4.0 The Workforce Health & Safety evaluation is standard for all referrals, which may include a medical examination, blood tests, urine drug test, and psychiatric evaluation. It may include additional tests deemed necessary based upon the specific circumstances of the referral. Employees referred to Workforce Health & Safety may be asked to furnish pertinent medical information from their personal physician(s) for Workforce Health & Safety to use in the determination of fitness for duty.
- 5.0 Employees referred for such an evaluation may be placed off duty pending the results of the examination and tests. While off duty, employees may be paid for their absence as determined by Human Resources, in consultation with WH&S.
- 6.0 Failure to cooperate with all aspects of the WH&S required evaluation, including but not limited to returning phone calls and keeping appointments, is grounds for immediate corrective action up to and including termination.
- 7.0 If an employee is found to be unfit because of a medical or psychiatric condition including substance abuse, Workforce Health & Safety may assist that individual in finding a treatment program suitable for his or her condition and work with the treating physician.
- 8.0 Medical clearance from WH&S is required if an employee is to be returned to duty. Determination of an employee's ability to return to work will be made on a case by case basis. Return to work may include the individual's continued and successful participation in urine toxicology and/ or alcohol breathalyzer monitoring program and other recommendations from WH&S.
- 9.0 Failure to adhere to medical monitoring requirements after returning to work may be grounds for termination of employment.
- 10.0 Workforce Health & Safety will inform and consult with Human Resources of the employee's fitness for duty status. The Hospital will consider accommodations, where reasonable, of qualified individuals who can perform essential job functions, within the meaning of applicable law. Appropriate action will be determined by Human Resources, in consultation with the Department Head.
- 11.0 If immediate attention is necessary during evening, night and weekend hours, the Supervisor should contact the Administrator on Call (AOC) and arrange for the employee to be seen in the Emergency Department.

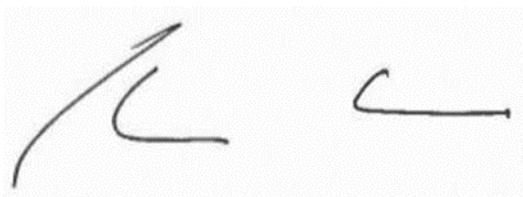
RESPONSIBILITY:

Vice President of Human Resources or designee
Corporate Director, Workforce Health and Safety

POLICY DATES:

Issued: May 2021, February 2020, December 2017, December 2015, August 2015, October 2013, June 2011
Reviewed: May 2021, February 2020, December 2017, December 2015, August 2015, October 2013, new
Revised: May 2021, February 2020, December 2017, December 2015, August 2015, September 2013

Approved by:

A handwritten signature in black ink, consisting of a stylized 'S' followed by a horizontal line and a small flourish.

Shaun E. Smith
Sr. Vice President & Chief People Officer

NewYork-Presbyterian Hospital

Sites: NYP/CU;

MSCHONY;NYP/AH;ACN's Uptown

Human Resources Policy and Procedure Manual

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TITLE:

WORKPLACE VIOLENCE

POLICY:

The Hospital will maintain "Zero Tolerance" for Workplace Violence to ensure a safe and secure environment for its employees. Workplace Violence shall be defined as including behavior that is perceived as threatening, or intimidating, including verbal or physical attacks, verbal or physical intimidation, harassment, threats, (veiled or directed) or any other form of violence.

PURPOSE:

To provide a mechanism for the reporting and response to Workplace Violence occurrences; to ensure that all Workplace Violence occurrences are reported and documented and that employees receive the appropriate follow-up.

APPLICABILITY:

All Employees

PROCEDURE:

When an employee believes that they are a victim of Workplace Violence, or is aware of an act that transpires which is or may become an act of Workplace Violence, the following action(s) shall be taken:

1. The employee shall immediately notify their Supervisor, or Manager. In extreme instances, the employee shall also notify Security.
(Columbia/MSCHONY, 212-305-2222; Allen Hospital, 212-932-4400)
2. If not previously notified, the Manager will in turn notify Security who will assess the circumstances and severity of the incident. During non-business hours the Administrator on Call should also be notified (Columbia/MSCHONY, 212-305-2323; Allen Hospital, 212-932-4322).
3. An [incident report](#) must be completed as soon as possible, in accordance with the Environment of Care Policy – EOC.34: Workplace Incidents and HR Policy 6-606 Work Related Incident Reporting.
4. Any employee requiring medical attention or counseling will be referred to Workforce Health & Safety, or the Emergency Department.

5. The Department Head or Designee, if deemed necessary, in conjunction with Human Resources, may place the employee(s) involved off duty, pending a thorough investigation. Confidentiality will be maintained to the extent possible.
6. No employee who truthfully reports or experiences workplace violence will face retaliation for making a report, in accordance with the applicable laws prohibiting retaliation.
7. Employees engaging in Workplace Violence are subject to corrective action up to and including termination in accordance with Hospital policy.
8. If the individual engaging in Workplace Violence is a patient or visitor, the Hospital's actions will be in accordance with the Patient and Visitor Abusive/Discriminatory Behavior Policy – D100.
9. The Hospital's response to an active shooter (hostile persons with a weapon) shall be in accordance with the Hospital Administration Policy - H200: Hostile Person with a Weapon.

PREVENTION PROGRAM:

In order to minimize the risk of such violent incidents occurring, the Hospital has a prevention program which includes the following components:

- To support this effort, NYP has formed a multidisciplinary Zero Harm task force to understand the root causes of preventable employee harm and to put processes in place to protect our staff.
- This [NYP Learning Center](#) provides information about specific verbal de-escalation techniques and when to use them. In addition, it provides responses that can help keep you from harm. It is available to all NYP employees in accordance with the Patient and Visitor Abusive/Discriminatory Behavior Policy – D100.
- This online resource center provides information on how you can support the efforts, and we encourage you to review it and raise any questions, suggestions, or ideas you may have to ZeroHarm@nyp.org.

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RESPONSIBILITY:

Vice President of Human Resources or Designee

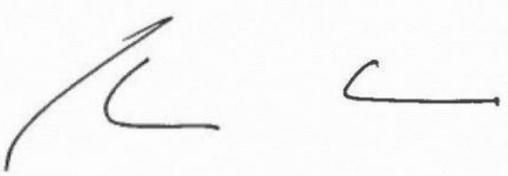
POLICY DATE

Issued: January 2022, November, 2020, November 2018, June 2018, December 2017, December 2014, November 2012, September 2002

Reviewed: January 2022, November, 2020, December 2019, November 2018, June 2018, December 2017, December 2014, November 2012, July 2011, August 2009, June 2007, September 2005

Revised: January 2022 November, 2020, December 2019, November 2018, June 2018, December 2017, December 2014, November 2012

Approved by:

A handwritten signature in black ink, appearing to be 'S. Smith', written on a light-colored background.

Shaun Smith
Sr. Vice President & Chief People Officer

NewYork-Presbyterian Hospital

Sites: All Centers

Hospital Policies and Procedures Manual

Number: C143

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TITLE:

CODE OF CONDUCT

POLICY AND PURPOSE:

NewYork-Presbyterian Hospital ("NYP") will maintain a Code of Conduct to provide employees with guidance on the Compliance Program. NYP is committed to conducting its business ethically and in conformance with all applicable laws, regulations, and standards.

The Code of Conduct serves as the foundation for the Compliance Program and provides general guidelines for expected behavior of all employees.

All employees are provided with a copy of the Code of Conduct at new employee orientation and participate in an education seminar that includes a review of this document.

APPLICABILITY:

All Hospital Staff

PROCEDURE:

1. The Compliance Officer is responsible for the development and periodic update of the Code of Conduct.
2. The Audit and Corporate Compliance Committee of the Board of Trustees are responsible for the oversight of the Compliance Program and approval of the Code of Conduct.
3. The Code of Conduct is written at a basic reading level. It addresses critical areas, including compliance with laws and regulations, human resource practices including the Respect Credo, quality of care and service, confidentiality, privacy, conflicts of interest, proprietary rights, safety and billing and coding practices.

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4. The Compliance Officer has established a process to provide all employees with a copy of the Code of Conduct. This includes providing the Code to all new employees as part of New Employee Orientation. Employees certify that they have received, read, understand and agree to comply with the Code of Conduct during Orientation and annually affirm their continued compliance with the Code as part of Annual Hospital Training.
5. The Compliance Officer has established a mechanism for all employees to receive training related to the contents of the Code of Conduct to help employees understand how to apply the Code to everyday work situations.
6. The Code of Conduct is available at all campuses in the Human Resources Department, and on the hospital's intranet (Infonet) and internet websites.
7. The Compliance Officer periodically reports on the status of training, along with any recommendations for updating the Code of Conduct to Executive Management of the Hospital and the Audit and Corporate Compliance Committee of the Board of Trustees.
8. The Compliance Officer is responsible for investigating possible violations of the Code of Conduct and referring recommendations for disciplinary actions to Human Resources when necessary.
9. Any violations of law will be reported to the Office of Legal Affairs.

RESPONSIBILITY:

Compliance Officer

POLICY DATES:

(Prior to September 2005, this policy was part of the Corporate Compliance Manual) Revised: September 2004, September 2006,

Reviewed: July 2008, July 2010, July 2012

Revised: May 2014; May 2016,

Reviewed: May 2018

Revised: May 2020, April 2022

TITLE: ANTI-HARASSMENT

POLICY:

It is the policy of NewYork-Presbyterian Hospital to maintain an atmosphere free from bias based on, among other things, an individual's race, color, religion, creed, sex, sexual orientation, gender (including gender identity and expression), national origin, citizenship status, marital status, veteran status, employment status, military status, predisposing genetic characteristics, age, disability (including pregnancy), and any reproductive health decisions and any other protected characteristics under, within the meaning and subject to the conditions of applicable federal, state, and local laws. . The Hospital has zero tolerance for harassment based on any of these protected categories, and will take appropriate and proportionate action in the event such harassment occurs. This policy also specifically prohibits sexual harassment.

PURPOSE:

- 1.** All employees are entitled to respectful treatment within the workplace. The Hospital will not tolerate job-related harassment of its employees, and others protected by law, whether committed by supervisors, staff, vendors, clinicians, patients, contractors, applicants, volunteers or visitors. Employees should avoid any action or conduct in the workplace which could be perceived as harassment or which would create a hostile working environment. A Hostile working environment may be created when unwelcome comments or behavior unreasonably alters an employee's terms or conditions of employment and may take the form of office physical, verbal or visual conduct.
- 2.** Prohibition of Sexual Harassment: Sexual harassment is a form of sex discrimination, and is unlawful under federal, New York State, and New York local law. Sexual harassment includes harassment on the basis of sex, sexual orientation, self-identified or perceived sex, gender expression, gender indemnity and the status of being transgender. Sexual harassment includes unwelcome conduct which is either of a sexual nature, or which is directed at an individual because of that individual's sex. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment, even if the reporting individuals Is not the intended target of the sexual harassment;
 - Such conduct is made either explicitly or implicitly a term and condition of an individual's employment; or

- Submission to or rejection of such conduct by an individual is used as a basis for employment decisions.
- As such, the Hospital will not tolerate threats or insinuations, either explicit or implicit, that an employee's submission to or rejection of sexual advances will in any way influence any decision regarding the terms and conditions of that employee's employment, wages, advancement, assigned duties, shifts or any other condition of employment or career development. The Hospital will also not tolerate unwanted physical or verbal conduct of a sexual nature, which may create a hostile work environment.

In addition to the foregoing, examples of conduct which may qualify as sexual harassment include but are not limited to, the following:

- A. Physical acts of a sexual nature, such as; rape, sexual battery, molestation or attempts to commit these assaults; intentional physical conduct which is sexual in nature, such as touching, pinching, patting, grabbing, brushing against another employee's body, restraining or blocking another individual or poking another individual's body.
- B. Unwanted sexual advances or propositions or other sexual comments, such as: sexually-oriented gestures, noises, remarks, jokes, or comments about a person's sexuality or sexual experience directed at or made in the presence of any employee. This includes comments, remarks or jokes made verbally or in writing, including online. .
- C. Preferential treatment or promises of preferential treatment, to an employee for submitting to sexual conduct, including soliciting or attempting to solicit any employee to engage in sexual activity for compensation or reward, or threatening negative employment conditions if such request are rejected.
- D. Hostile actions taken against an individual because of that employee's sex, sexual orientation, gender identity and/or the status of being transgender, such as interfering with, destroying or damaging a person's workstation, tools or equipment, or otherwise interfering with the individual's ability to perform the job.
- E. Sexual or discriminatory displays or publications anywhere in the workplace or to hospital employee's such as:
 - 1) Displaying pictures, posters, calendars, graffiti, objects, promotional materials, reading materials, or other materials, (either written, electronic or virtual) that are sexually suggestive, sexually demining, or pornographic, or bringing such materials into the hospital.
 - 2) Displaying signs or other materials purporting to segregate an employee by sex in any area of the workplace (other than restrooms and similar semi-private lockers/changing rooms).
- F. Use of Hospital e-mail, computers, electronic systems, or devices to obtain, view or disseminate images, pictures or other materials that are pornographic, sexual, sexually demining or harassing in nature.

A single egregious incident of the above behaviors or other inappropriate behavior may result in immediate termination of employment or other corrective action, as

may be deemed appropriate. All employees are encouraged to report any harassment or conduct that violates this policy.

- 3. Retaliation Prohibition:** The Hospital prohibits any form of retaliations against any individual for filing a bona fide complaint under this policy or for assisting in a complaint investigations. Any employee who retaliates against an individual in violation of this policy shall be subject to corrective action, up to and including termination of employment. Individuals who believe they have been retaliated against in violation of this policy should utilize the reporting procedure below.

APPLICABILITY:

This policy prohibits harassment by all persons on the Hospital's premises or connected to the Hospital including, but not limited to, employees, supervisors, clinicians, patients, physicians, contractors, applicants, volunteers and visitors.

This policy extends not only to behavior or events at the hospital, but also behavior or events outside of the workplace or working hours and the use of personal devices for the inappropriate actions outline above to communicate with individuals connected to the hospital (i.e., other staff, patients, visitors).

PROCEDURE:

1. Reporting and Investigating

- A. An employee who feels that they have been subject to sexual or other form of harassment on the basis of any protected characteristic or is aware of the harassment of another individual should immediately report their incident(s) directly to their supervisor or any member of management or administration with whom they feel comfortable, or report the matter to Human Resources.. The employee also may utilize the Hospital's toll-free Compliance Helpline, which is operated 24 hours a day, 7 days a week and can be accessed at 1-888-308-4435. The employees can also contact HR Connects at hrc@nyp.org or 646-697-4727.
- B. Reports – (either involving complaints on an employee's own behalf or on behalf of someone else) may be made verbally or in writing. A form for submission of a written complaint is available in the Human Resources office.

All complaints of harassment will be investigated thoroughly and promptly. The Hospital will keep the investigation confidential to the extent possible. Employees making such complaints or potentially having knowledge of conduct that violated this policy are expected to cooperate in good faith by providing accurate information and cooperating fully in the investigation. The Hospital will take steps to ensure the preservation of information relevant to the complaint(s).

- C. The Hospital will review relevant information, and if deemed appropriate, interview necessary/relevant parties or witnesses and document its findings. If applicable, after a decision is made the Hospital will promptly notify necessary parties and implement any corrective action deemed appropriate in the given circumstances.
- D. Retaliation, as it related to all forms of harassment, violates Hospital policy as well as federal, state and local law and will not be tolerated. No employee will suffer retaliation or intimidation as a result of engaging in protected activities, i.e., reporting or opposing prohibited conduct, cooperating in an investigation.
- E. Supervisor or managers who receive any complaint regarding harassment or who hear of or become aware of offensive conduct are required to promptly consult with Human Resources and to notify their Department Head to ensure that the Hospital's policy prohibiting harassment is enforced. The Department Head is required to immediately notify Human Resources of any complaint or report of offensive or harassing conduct.
 - 1) If a supervisor or manager witnesses or otherwise becomes aware of a complaint of harassment or becomes aware of a situation that they believe may be sexual harassment or any similar type of inappropriate behavior, they should immediately inform Human Resources. This holds true even in situations where the alleged victim requests that the complaint be kept confidential and/or that management should refrain from taking action against the alleged harasser.
 - 2) Supervisors or managers who fail to report a a complaint or suspicion of sexual harassment or otherwise knowingly allow sexual harassment to continue will be subject to corrective action up to and including termination of employment.

2. Enforcement

- A. If the Hospital determines that a violation of this policy has occurred, appropriate corrective action will be taken against the offending employee, up to and including termination of employment, for such misconduct.
- B. All employees, including Department Heads, Administrators, and Supervisors, shall cooperate fully with the Hospital's commitment to provide a workplace free from harassment in any form. Every Supervisor is responsible for enforcing this policy. Failure to do so will result in corrective action up to and including termination of employment

3. Legal Protection & Other Remedies

As noted above, harassment is not only prohibited by Hospital policy, it is also prohibited by federal, New York State and local law. In addition to the

internal complaint procedures outlined above, employees may also choose to pursue legal remedies with the following administrative agencies:

The New York Division of Human Rights (DHR)– the New York Human Rights Law (HRL) prohibits sexual harassment and protects employees, unpaid interns and non-employees, regardless of immigration status. A complaint with the DHR may be filed within 3 years of the allegedly harassing conduct and if the DHR ultimately finds probable cause, it has power to award relief which varies but may include requiring the Hospital to take action to stop the harassment or redress the damage caused (*i.e.*, monetary damages, attorney's fees or fines). Alternatively, if a complaint has not been filed with the DHR, a complaint may be filed in a state court under the HRL within 3 years of the allegedly harassing conduct. For more information, visit www.dhr.ny.gov.

The United States Equal Employment Opportunity Commission (EEOC)- enforces federal anti-discrimination laws, including title VII of The 1964 federal Civil Rights Act. An individual may file a complaint with the EEOC within 300 days of the alleged harassing conduct. After investigating the complaint, the EEOC will issue a Right to Sue letter, allowing the individual to file a complaint in federal court. For more information, visit www.eeoc.gov.

Finally, if the harassment involves physical touching, coerced confinement or coerced sexual acts, employees may want to contact Hospital security and/or the local police department.

4. Dissemination

The Hospital will disseminate this policy including, but not limited to: restating the policy in the Employee Handbook, which is available to all employees of the Hospital; reviewing the policy during new employee orientation; electronically posting the policy on the Hospital's Infonet; Annually in connection with anti-harassment training provided to all staff and contractors, as required by law; and reinforcing annually or on an ad hoc basis.

RESPONSIBILITY:

The Vice President for Human Resources or Designee

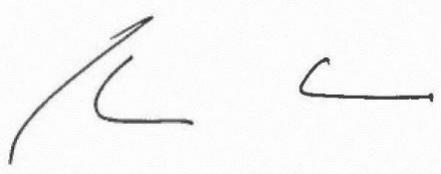
POLICY DATES:

Issued: May 2021, November 2020, October 2018, June 2018,
December 2015, August 2013,
July 2011, September 2009, supersedes: September
2007

Reviewed: May 2021, November 2020, October 2018, June 2018,
December 2015, August 2013,
July 2011, September 2009, September 2007

Revised: May 2021, November 2020, October 2018, June 2018,
December 2015, July 2011,
January 2002

Approved

A handwritten signature in black ink, consisting of a stylized 'S' followed by 'E' and 'Smith'.

Shaun E. Smith
Sr. Vice President & Chief Human Resources Office



Sites: NYP/CU: MSCHONY; NYP/AH; ACN's Uptown

Sexual Harassment Complaint Form

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form for employees to report alleged incidents of sexual harassment.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to the Hospital's Human Resources office, either electronically or in person. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the Hospital will still follow its sexual harassment prevention policy by investigating your claims. Contact your local Human Resources Department or HR Connects as follows:

NYP Columbia & NYP Morgan Stanly Children's Hospital: (212) 305-5625

NYP Allen Hospital/ACN: (212) 932-4227

HR Connects: Online; <https://hrc.nyp.org/hc> Email; hrc@nyp.org or Phone; 646-697-4727

For additional resources, visit: ny.gov/programs/combating-sexual-harassment-workplace

COMPLAINANT INFORMATION

Name: _____

Work Address: _____ Work Phone: _____

Cell Phone (optional): _____ Job Title/Dep't: _____

E-mail: _____

Preferred Communication

Method: _____

SUPERVISOR INFORMATION

Immediate Supervisor's Name: _____

Title/Dep't: _____

Work Phone: _____ Work Address: _____

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made about:

Name: _____ Title: _____

Work Address: _____ Work Phone: _____

Relationship to you: Supervisor ___ Subordinate ___ Co-Worker ___ Other ___

NewYork-Presbyterian Hospital

Sites: NYP All Sites

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TITLE: DISRUPTIVE BEHAVIOR/ BEHAVIORS THAT UNDERMINE A CULTURE OF QUALITY, SAFETY AND COMPASSIONATE CARE

POLICY:

It is the policy of NewYork-Presbyterian Hospital that all individuals within its facilities and on its property will avoid engaging in conduct that undermines a culture of quality, safety and compassionate care. NewYork-Presbyterian Hospital requires that its employees, medical staff, vendors, independent contractors, volunteers and practitioners, conduct themselves in a professional and cooperative manner while in the Hospital and while representing the Hospital in the community.

The Hospital has zero tolerance for intimidating, bullying and/or behaviors that undermine a culture of quality, safety and compassionate care. A single egregious incident of such behavior or violation of an established workplace rule may result in corrective action up to and including termination of employment, including but not limited to the following: physical or sexual harassment; assault; felony conviction(s); fraudulent act(s); stealing or damaging Hospital property; inappropriate physical behavior while on Hospital property; falsifying Hospital documentation; abusive, harassing, threatening, vulgar or otherwise grossly offensive conduct or language in patient care areas or in the presence of patients, volunteers, visitors, customers or other third parties; any incident of patient abuse; or possession of weapons, dangerous instrumentalities or illegal substances while on Hospital property.

PURPOSE:

To optimize patient care, to provide for a safe and professional work environment, and to prevent or eliminate conduct that:

- Disrupts the operations of the Hospital;
- Can lead to medical errors;
- Affects the ability of others to do their job;
- Creates a hostile work environment for Hospital employees, physicians, and others; or
- Adversely affects or impacts the community's confidence in the Hospital's ability to provide quality patient care.
- Undermines a culture of quality, safety and compassionate care

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APPLICABILITY:

This policy applies to all NewYork-Presbyterian Hospital employees, medical staff, vendors, independent contractors, volunteers and other independent practitioners.

PROCEDURE:

1. Unacceptable and disruptive workplace conduct that undermines a culture of quality, safety and compassionate care may include, but is not limited to behavior such as the following;
 - Conduct that violates the Hospital's policies; including but not limited to the EEO policy, Harassment policy, Workplace Violence policy, the Hospital's Code of Conduct or otherwise interferes with the job performance of Hospital employees;
 - Verbal abuse, threatening words/actions, sexual or racial harassment, physical threats, physical attacks – leveled at Hospital personnel, medical staff, volunteers, patients or visitors that are personal in nature, and beyond the bounds of fair professional conduct;
 - Profanity or vulgarity in patient care areas or in the presence of or directed to patients, volunteers, visitors, customers and other third parties;
 - Falsifying medical records or other official Hospital documents;
 - Including inappropriate comments or illustrations in medical records or other official Hospital documents;
 - Insubordination, including but not limited to refusing to perform assigned tasks or uncooperative behaviors and attitudes during routine assignments and activities, inappropriate reluctance or refusal to answer questions, return phone calls, email messages, or pages.
2. Some disruptive behaviors may be so serious as to warrant suspension pending a thorough review of the matter. After a thorough review, the Hospital will determine which corrective action – if any – is appropriate. Such corrective action includes, but is not limited to, termination of employment.
3. Pursuant to the Hospital's code of conduct, anyone who feels that he or she has witnessed or has been subjected to behavior that potentially undermines a culture of safety should immediately report the incident to his or her supervisor, to Human Resources, to the Service Chief, the Chief Medical Officer, to the Compliance Officer, or to any member of management or administration with whom he or she feels most comfortable.

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Such incident or conduct may also be reported to the Hospital's compliance helpline. The Hospital will not tolerate any form of retaliation against employees or faculty who report such conduct or who cooperate in an investigation of such reports in accordance with this policy.

4. Documentation of incidents is important because it may identify a pattern of inappropriate conduct. Such documentation, where appropriate, shall be prepared by the Department Head or Service Chief in consultation with Human Resources, and shall include the following;
- The date and time of the questionable behavior;
 - The circumstances that precipitated the situation;
 - A factual and objective description of the questionable behavior;
 - The consequences, if any, or the impact of the behavior on patient care or Hospital operations;
 - A record of any action taken to remedy the situation, including the date, time, place, action and names of those intervening; and depending on the circumstances,
 - An incident report may be filed with security.

For additional information, please refer to Security's departmental policy MANAGING PATIENT/VISITOR/STAFF DISTURBANCES (#99-010).

RESPONSIBILITY:

Administration
Human Resources

POLICY DATES:

ISSUED: October 2009
Revised: September 2010, June 2012, October 2012, May 2013
Reviewed: October 2009
Revised: September 2015; October 2017
Reviewed: December 2019; **January 2022**

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TITLE:

NON-RETALIATION

POLICY:

NewYork-Presbyterian ("NYP") prohibits intimidation, harassment or retaliation against any individual who participates in Compliance Program activities, including the reporting of suspected violations of the law or NYP policies, or for cooperating in a compliance investigation.

PURPOSE:

A key element of the NYP's Compliance Program is to foster a culture where employees are empowered to express problems, concerns or opinions without fear of retaliation or reprisal. Workforce members have an affirmative duty to report issues or concerns that come to their attention and to cooperate in good faith with a compliance program investigation. Reporting can be done through the appropriate channels. Individuals will be protected from retaliation, in any form, by anyone connected with NYP. Failure to report, participate or cooperate with an investigation may result in corrective action up to and including termination of employment or business relation with NYP.

DEFINITIONS:

Retaliation: Retaliation occurs when an individual is punished or suffers any adverse action for engaging in legally protected activities. Retaliation may be direct or subtle, and may include harassment, intimidation; or any negative job action, such as demotion, discipline, firing, salary reduction, job or shift reassignment.

Workforce Members:

NYP employees, affiliated medical college personnel, temporary agency personnel, vendors/contractors, volunteers.

Good Faith Cooperation and Participation:

Truthful, forthcoming with information, preservation and/or submission of documentation or records relevant to an on-going investigation, provided in the format and in a timely manner as determined by the Office of Corporate Compliance or NYP.

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APPLICABILITY:

All Hospital Staff

PROCEDURES:

Employees will be advised of the Hospital's reporting mechanisms and the Non-Retaliation policy at the time of employment, during Corporate Compliance training and at annual employee training.

Managers are to establish and maintain an environment whereby employees feel comfortable raising issues or asking questions. Managers should take appropriate steps to address concerns that are raised and communicate the results of corrective action to the reporter whenever possible or appropriate.

Suspected acts or incidents of retaliation following good faith reporting or for cooperating in a compliance investigation should be reported up the chain of command, to Human Resources or to the Compliance Office.

The Office of Corporate Compliance will be responsible for investigating allegations of retaliation. Reported incidents will be investigated expeditiously and appropriate steps will be taken to remediate any substantiated allegation. Remediation may include corrective action, up to and including termination of employment or business relationship.

1. Any resulting corrective action from a substantiated allegation will be done in conjunction with the Human Resources Department.
2. If legal, fraud or abuse issues arise the Office of Legal Affairs will be contacted immediately.
3. The Compliance Officer will provide periodic reports on retaliatory activities, as deemed appropriate, to the Audit and Corporate Compliance Committee of the Board of Trustees.

RESPONSIBILITY:

Compliance Officer

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POLICY DATES:

(Prior to September 2005, this policy was part of the Corporate Compliance Manual)

Revised: December 2004; October 2006;

Reviewed: February 2009; February 2011; February 2013; February 2015;
February 2017

Revised: February 2019; **February 2021**