

OO9 – EXEMPLARY PROFESSIONAL PRACTICE

Provide the policy or equivalent evidence, which permits and encourages nurses to:

- *Confidentially express concerns regarding their professional practice environment, without retribution.*
- *Address the identification and management of problems related to incompetent, unsafe, or unprofessional practice or conduct.*
- *Address interprofessional conflict.*

Professional Practice Environment, Without Retribution

OO9.1	Non-retaliation Policy
	Corporate Compliance Plan Policy
	NewYork-Presbyterian Corporate Compliance Helpline
	Adverse Event Reporting System for Unsafe Conditions

Management of Problems Related to Practice or Conduct

OO9.2	Disruptive Behavior Policy
	Nursing Staff By-laws Policy

Addressing Interprofessional Conflict

OO9.3	NewYork-Presbyterian Code of Conduct E-book
	Organizational Ethics Policy

NewYork-Presbyterian Hospital

Sites: All Centers

Hospital Policies and Procedures Manual

Number: C148

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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**

TITLE:

CORPORATE COMPLIANCE PLAN

POLICY:

New York-Presbyterian (NYP) aspires to the highest professional ethical standards and strives to create a culture that encourages ethical conduct and a commitment to follow federal, state and local laws and regulations that apply to the conduct of its business and to the care of its patients.

PURPOSE:

The purpose of this policy is to outline how NYP administers, enforces and implements its Corporate Compliance Plan ("Plan") its Compliance Program enterprise wide.

DEFINITION(s):

New York-Presbyterian (NYP): includes New York-Presbyterian Hospital and related entities; New York-Presbyterian Regional Hospitals, Medical Groups and all Related Entities.

Workforce Members: NYP employees, medical staff, temporary agency personnel, vendors/contractors and volunteers and individuals who are authorized to act on behalf of NYP.

APPLICABILITY:

The Compliance Program is applicable to all Workforce Members and to all NYP business practices including, but not limited to, billing, contracting, making and receiving referrals, receiving gifts, medical necessity and quality of care, and other identified compliance risk areas.

CORPORATE COMPLIANCE PLAN

The Office of Corporate Compliance is charged with creating and implementing a Corporate Compliance Plan ("Plan") that applies to all Workforce Members. Additionally, the Plan defines the compliance program operational elements and structure.

Pursuant to federal and state guidelines, the Plan incorporates elements of an effective compliance program identified by the Office of Inspector General ("OIG") in its Compliance Program Guidance for Hospitals dated February 23, 1998 and the Supplemental Guidance dated January 31, 2005.¹ These elements are:

1. See also, 18 N.Y.C.R.R. § 521.3(c); and New York Social Services Law § 363-d

1. The development and distribution of a Code of Conduct as well as policies and procedures to promote NYP's commitment to compliance;
2. The designation of a compliance officer and compliance committee charged with the responsibility of operating and monitoring the compliance program;
3. The development and implementation of a regular, effective education and training program;
4. A process to receive complaints and procedures to protect the anonymity of complaints and to protect whistleblowers from retaliation;
5. A process to respond to allegations of improper wrongdoing;
6. A process for routine identification of compliance risk areas, including audits or other evaluation techniques to monitor compliance and assist in the reduction of identified problem areas;
7. A system for responding to compliance issues as they are raised; for investigating potential compliance problems; the remediation of identified problem areas and the development of policies addressing the non-employment or retention of sanctioned individuals; and
8. A policy of non-intimidation and non-retaliation for good faith participation in the compliance program.

The policies and procedures contained in the Corporate Compliance Program are not meant to cover all situations. Any doubts about a situation or whether it is within the Corporate Compliance Program, should be submitted either to your immediate supervisor or to the Vice President, Chief Audit and Compliance Executive.

Any personnel violating any provision of the Corporate Compliance Program, including engaging in any unlawful, unethical or deceitful conduct will be subject to corrective action, up to and including termination of employment, termination of contract, or otherwise removal from any relationship or position within NYP.

I. Written Policies and Procedures

In keeping with its commitment to Compliance, NYP has developed several compliance policies and procedures to provide guidance and address specific areas of concern.

Additionally, NYP has adopted a Code of Conduct which articulates the principles that guide us and is foundational to the Plan. Laws, rules, regulations, standards and policies are constantly evolving therefore; the Plan, Code of Conduct and Compliance Policies are revised and updated as needed. Revisions are communicated in a timely manner through administrative notification.

A detailed list of NYP's compliance polices can be found in Appendix A of this document.

A. Code of Conduct

The Code of Conduct is approved by the Audit and Compliance Committee of the Board of Trustees ("Board of Trustees" or the "Board") and applies equally to every Workforce Member.

The Code is based on principles as outlined in our vision and culture and provides overall guidance to Workforce Members. It outlines the type of behaviors expected in the workplace and affirms NYP's policy of conducting our business and operations with the highest ethical standards, in accordance with federal and state and local laws and regulations.

II. Designation of a Compliance Officer

Board of Trustees

The Board of Trustees has a fiduciary responsibility to provide oversight of NYP's compliance with federal, state, and local laws that regulate the health care industry. The Board is responsible for ensuring that systems are in place to keep the Board informed of compliance issues as they arise and for

providing reasonable assurances of compliance. Every effort will be made by the Board of Trustees to assure its support and appropriate funding for the policies, and personnel described in this Plan in order to achieve effective implementation and maintenance of the Plan.

Compliance Officer

The Board of Trustees, the CEO and President appoints a Compliance Officer. The Compliance Officer has a direct reporting line to the Audit and Compliance Committee of the Board of Trustees and administrative reporting responsibility to General Counsel. The Compliance Officer is responsible for the day to day operations of the Compliance program and for the implementation and oversight of the Compliance Plan, monitoring developments and changes in relevant state and federal law, regulations, government agency guidance, and court rulings which may affect the Plan. In addition, the Compliance Officer responsibilities include:

- Consulting with hospital legal counsel if components of the Plan appear to be unclear, vague, outdated, or unworkable and determines the appropriate course of action;

- Assuring criteria and procedures for training and education programs; Communicating compliance questions and concerns, and reporting of compliance violations;
- Ensuring that monitoring and auditing processes have been developed and are in place;
- Providing timely reports to the NYP Administration and to the Board on a regular basis concerning the Plan and any significant compliance developments that may impact the Plan; and
 - Supporting efforts to keep NYP's commitment to the objectives of the Compliance Plan a priority in all NYP operations.

Compliance Committee

A Compliance Committee has been established by the Compliance Officer to provide assistance with the operations and monitoring of the Compliance Program. The Committee:

- facilitates compliance by serving as an informational and advisory resource for the Corporate Compliance Program;
- extends the presence of the compliance function beyond the Office of Corporate Compliance;
- advises the Compliance Officer and assists in the implementation of the Compliance Program; advises and makes recommendations on corrective actions as needed to prevent the occurrence of unlawful or unethical behavior and to stop such behavior as soon as reasonably possible after it is discovered;
- advises, analyzes and recommends approaches for promoting a culture of compliance throughout the Enterprise;
- supports, reviews and recommends strategy for compliance training and education, including fraud and abuse prevention, for employees;
- provides feedback to the Office of Corporate Compliance if corrective action is not implemented.

III. Training and Education

Compliance education and awareness is provided to NYP Workforce Members including the Compliance Officer, chief executives, senior administrators and members of the governing body.

Compliance education is provided to Workforce Members during orientation, annual hospital training, and department specific/focused education.

Compliance education is mandatory and is provided to reinforce and emphasize NYP's commitment to compliance with the requirements of applicable laws, rules and regulations and to bring awareness to Workforce Members' responsibilities and obligations under the Plan. Therefore, it is expected that all Workforce Members will complete compliance education during the time frame outlined by the Office of Corporate Compliance.

Attendance and participation in compliance training is a condition of continued employment. Failure to comply with training requirements may lead to corrective action.

To maintain and support a culture of compliance, department heads and managers are responsible for ensuring that Workforce Members under their supervision comply with compliance training requirements and receive appropriate training in laws, regulations and policies applicable to their responsibilities and job function.

It is the responsibility of each employee to be familiar with laws, regulations and policies pertaining to his or her job duties.

IV. Lines of Communication

Open, two-way lines of communication with the Compliance Officer are available to all Workforce Members, to allow compliance issues to be reported confidentially. This open line of communication enables NYP to investigate potential compliance issues and to take prompt action to deal with them.

Workforce Members must report, without hesitation, in good faith, and through an appropriate channel of communication, compliance issues, concerns, or violations of which they become aware, even if they only suspect that a problem exists or has occurred.

Reporting issues or concerns up the "chain of command" is encouraged. However, if an individual is not comfortable discussing their concerns with a supervisor or believes that the supervisor may not have addressed their concerns appropriately, the individual may contact the Office of Corporate Compliance, the Office of Legal Affairs and/or Human Resources.

Avenues for reporting compliance issues, concerns or violations or seeking clarification about the Compliance Program includes use of the Compliance Helpline which can be accessed either online or by telephone:

1(888) 308-4435

<https://nyp.alertline.com/gcs/welcome>

If the caller desires to remain anonymous, the caller need not provide their name. The Office of Corporate Compliance will investigate all reported

Compliance matters and initiate follow-up actions as necessary. As appropriate, legal counsel will be consulted.

Workforce Members, have certain rights provided under federal, state, and local statutes.

Confidentiality

NYP is committed to the extent reasonably requested and/or within the limits required by law to maintain the confidentiality of the identity of the individual who reports a compliance issue, concern or violation in good faith. At times it may be necessary for NYP to disclose the reporter's identity.

V. Enforcing of Standards and Disciplinary Guidelines

Corrective action may be warranted not only when an offense or violation of federal or state law, the Code of Conduct or NYP policies has occurred, but also when a violation could/should have been detected had the organization's policies and procedures been followed. This makes it very important that our workforce is familiar with the policies and procedures that affect their job.

Failure to comply with the Plan requirements may result in corrective action. This action may be taken against:

- Those involved in the non-compliant conduct/activity
- Those who fail to report known non-compliant conduct/activity
- Department Heads and/or Administrators who were aware or should have been aware of the non-compliant conduct or activity and/or failed to take necessary steps to achieve compliance with the Plan
- Supervisors who negligently fail to detect compliance violations that occur

Any corrective action taken should be consistent with NYP Human Resources policies.

Employees concerned about possible non-compliant acts on the part of any member of the Medical Staff should contact the Office of Corporate Compliance.

There are times when an individual who makes a report may also admit to noncompliance on their part. Making a report does not guarantee protection from corrective action. However, volunteering information about one's own errors, misconduct, or noncompliance will be considered, if the admission is complete and truthful and was not already known to the institution (or about to be discovered).

The act of making a report on issues that were reasonably believed to involve misconduct or a violation of the Code of Conduct, Federal and State Law or NYP policies will not be grounds for corrective action solely on this basis. However, if it is determined that the report was knowingly fabricated, distorted, exaggerated, or minimized, either to injure someone or to protect the reporter, the individual reporting may be subject to corrective action.

Corrective actions to rectify noncompliance with legal, regulatory or policy requirements will be implemented as necessary. Corrective actions up to and including dismissal will take place as warranted by the circumstances; principles of fairness will apply, including, when appropriate, review of a corrective action.

VI. Auditing and Monitoring

An important part of the Compliance Program is detecting, correcting and preventing actual or potential problems within NYP and to make certain that established policies and procedures are being followed and are effective. This is done through periodic auditing and monitoring, including but not limited to conducting risk assessments, interviews with process owners and assessments of industry risk trends, and outcomes from investigations into reported compliance issues.

Full access to all information sources shall be given to the Office of Corporate Compliance personnel as necessary. When requested, information shall be provided in the format requested in a timely manner as determined by the Office of Corporate Compliance and NYP.

The following tools are used as part of an ongoing evaluation process and to determine if the compliance plan is working.

- **Annual Risk Assessment:** An annual risk assessment will be performed, and an audit and monitoring plan will be developed. The Compliance Officer will report a summary of auditing and monitoring activities to the executive management and the Compliance Committees.
- **Periodic Audits:** The Compliance Officer will also provide periodic reporting to the Audit and Corporate Compliance Committee of the Board of Trustees on the general status and outcome of compliance auditing and monitoring activities.
- **Periodic Meetings:** as frequently as necessary, but not less than bi-annually, the Compliance Officer and General Counsel will meet to discuss to the operation and implementation of the Plan;
- **Random Audits:** Random checks will be performed to verify Plan compliance.

- **Coding Audits:** Compliance will assess whether adequate documentation exists to support services billed; procedure codes, levels of service, diagnosis codes are accurate; Medicare Secondary Payer (MSP) rules are being followed when the circumstances warrant.

If issues are identified, it will be determined whether a focused review should be conducted on a more frequent basis. When audit results reveal areas needing additional information or education of employees and/or physicians, appropriate training and education will be provided.

The Compliance Officer will evaluate, no less than annually, the effectiveness of the Compliance Plan and other compliance policies and provide the results of such evaluation to the Board of Trustees.

Based on such evaluation, the Compliance Officer will recommend to the Audit and Compliance Committee of the Board of Trustees any necessary modifications and/or updates to the Plan.

Screening for Excluded Providers

NYP will use due care not to include individuals in its workforce who are considered excluded or otherwise ineligible to work in federal or state healthcare programs. NYP will conduct exclusion screening of all current and proposed members of its workforce. Individuals being considered for NYP's direct workforce are screened for exclusion as part of the recruitment process.

The Office of Corporate Compliance contracts with a vendor who screens NYP Workforce Members against NY State and federal exclusion lists each month for the length of that individual's association with NYP.

To ensure that individuals affiliated with NYP are not excluded, debarred or suspended from participation in governmental programs, the office of Corporate Compliance investigates all workforce members name that surfaces on an exclusion list and determine if their name is listed erroneously.

On a quarterly basis, the Office of Corporate Compliance investigates positive matches identified in the vendor file for international patients, payors and donors to confirm that NYP does not accept money or do business with individuals excluded by the Office of Foreign Asset Control.

VII. Responding to Detected Offenses

Violations of the Plan, failures to comply with applicable local, state or federal laws and regulations, and other types of misconduct threaten NYP's status as a reliable, honest and trustworthy provider capable of participating in federal and state health care programs.

Detected but uncorrected misconduct can seriously endanger our mission, reputation and participation in federal health care programs. Consequently, upon reports or reasonable indications of suspected non-compliance, prompt steps to investigate the conduct in question will be initiated.

If an investigation of an alleged violation is undertaken and it is believed that the integrity of the investigation may be at stake or because the potential risk to the hospital is too great because of the presence of the employees under investigation, it may be recommended to the Human Resources Department that those employees be removed from their current work activity until the investigations is completed. Additionally, where necessary, appropriate steps will be taken to secure or prevent the destruction of documents or other evidence related to the investigation. If it is determined that corrective action is warranted it will be prompt and imposed in accordance with NYP Human Resources written corrective action standards. In the event that corrective action is warranted, an appropriate course will be followed that addresses where necessary:

- Immediate corrective of any harm resulting from the violation;
- Revisions to and/or development of systems to safeguard against future noncompliance of a similar nature;
- Necessary training or retraining regarding related standards;
- Monitoring systems and auditing tools to assure compliance going forward;

VIII. Non-Intimidation and Non-Retaliation

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.

Individuals reporting compliance issues in good faith will be protected from retaliation, in any form, by anyone connected with NYP.

The Office of Corporate Compliance is responsible for investigating allegations of retaliation; if deemed appropriate, Human Resources may be included.

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, termination of contract, or otherwise removal from any relationship or position within NYP with the consultation of Legal Affairs and the Human Resources Department.

RESPONSIBILITY:

Office of Corporate Compliance

POLICY DATES:

Revised: January 2002 (Previously Policy #L120) Reviewed: September 2005

Revised: October 2007

Reviewed: February 2010

Revised: February 2012; May 2014

Reviewed: June 2016; June 2018

Revised: October 2019; **October 2020**

Appendix A
Corporate Compliance Policies

- [Antifraud Program: Incident Identification, Reporting & Investigation - \(F140\)](#)
- [Billing and Claims Reimbursement - \(C142\)](#)
- [Code of Conduct - \(C143\)](#)
- [Compliance Helpline Operations - \(C146\)](#)
- [Conflict of Interest - \(C144\)](#)
- [Conflict of Interest - Speaking Engagements and Honoraria - \(C154\)](#)
- [Conflict of Interest Policy Statement](#)
- [Conflict of Interest Questionnaire](#)
- [Disruptive Behavior / Behaviors That Undermine A Culture of Quality, Safety and Compassionate Care - \(C155\)](#)
- [Federal Deficit Reduction Act Of 2005 Fraud and Abuse Provisions - \(D160\)](#)
- [HIPAA Breach Notification - \(L135\)](#)
- [Non-Retaliation - \(C148\)](#)
- [Possible Identity Theft: "Red Flags" Rule - \(R120\)](#)
- [Sanction Screening - \(C149\)](#)
- [Federal Deficit Reduction Act of 2005 and Fraud Waste and Abuse Provision \(D160\)](#)
- [Possible Identity Theft Red Flag Rules \(R120\)](#)

Compliance Helpline

English Español



Welcome to the NYP Helpline



Report a Concern

Follow Up on a Concern

Code of Conduct

What to Report

NYP maintains a **non-retaliation policy** that protects you from being retaliated against for reporting concerns in good faith. For additional information, please see the [FAQs](#).

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KEEPSAFE – Reviewer Reference Guide

New York-Presbyterian



Introduction

KEEPSAFE is the Adverse Event Reporting System of New York-Presbyterian.

Patient Safety Incidents, near misses (good catches), and unsafe conditions, should be reported in KEEPSAFE:

- **Incidents** – An event that reached a patient whether it resulted in no harm or harm.
- **Near Miss Events** – An event that did not reach a patient which if not discovered could have resulted in serious harm to a patient.
- **Unsafe Condition** – Circumstance or dangerous situations that increase probability of an event occurring. (Does **not** involve a specific patient).

All Patient Falls must be reported in KEEPSAFE.

CAUTI and CLASBI Mini RCA are recorded and completed via KEEPSAFE.

As a reviewer, you are responsible for addressing incidents, near misses, and unsafe conditions that occur within your scope. Depending on your role, your scope may be defined by a location, a KEEPSAFE form, or specific type of event.

This reference guide addresses the full event review process. In addition, this document includes instruction for reporting an event.



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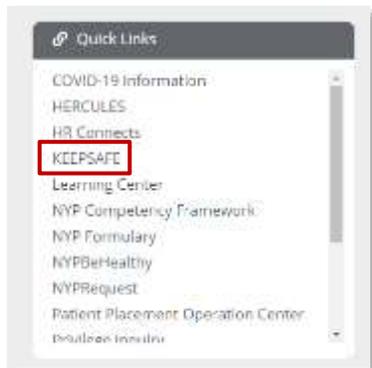


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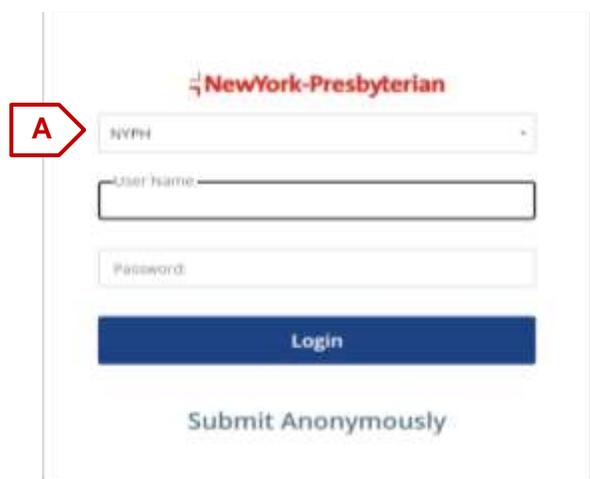


Reporting Events

KEEPSAFE can be accessed in multiple ways through the NYPH Infonet, RHN Intranets, and links in Certified Applications. KEEPSAFE is only compatible with Edge and Chrome.

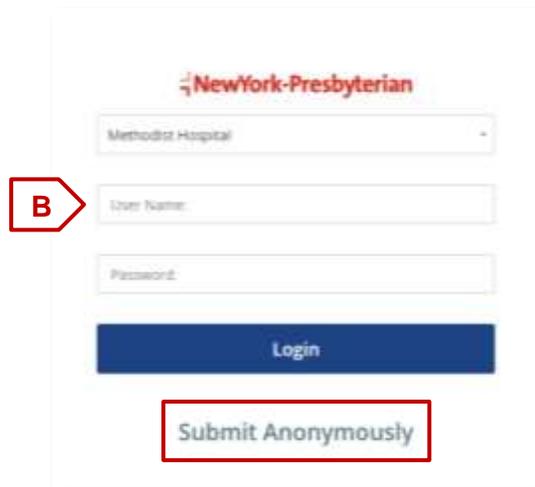


New York-Presbyterian Regional Hospital Network employees must choose the appropriate network to login. Select your campus from the drop-down list **(A)**.



Log in (B) to KEEPSAFE with your username (CWID) and password. Events may also be submitted **anonymously**.

If you choose to report anonymously, the Patient Lookup will be disabled, and you will not be able to receive feedback or access your report later.





Specific event forms (C) are available in KEEPSAFE for targeted reporting.



Select the icon that best matches the event to submit a KEEPSAFE report.

A **Keyword search (D)** field is available to help select the correct event form. Selecting the appropriate General Event form helps route the event to the appropriate reviewers and includes fields and questions important to the investigation.

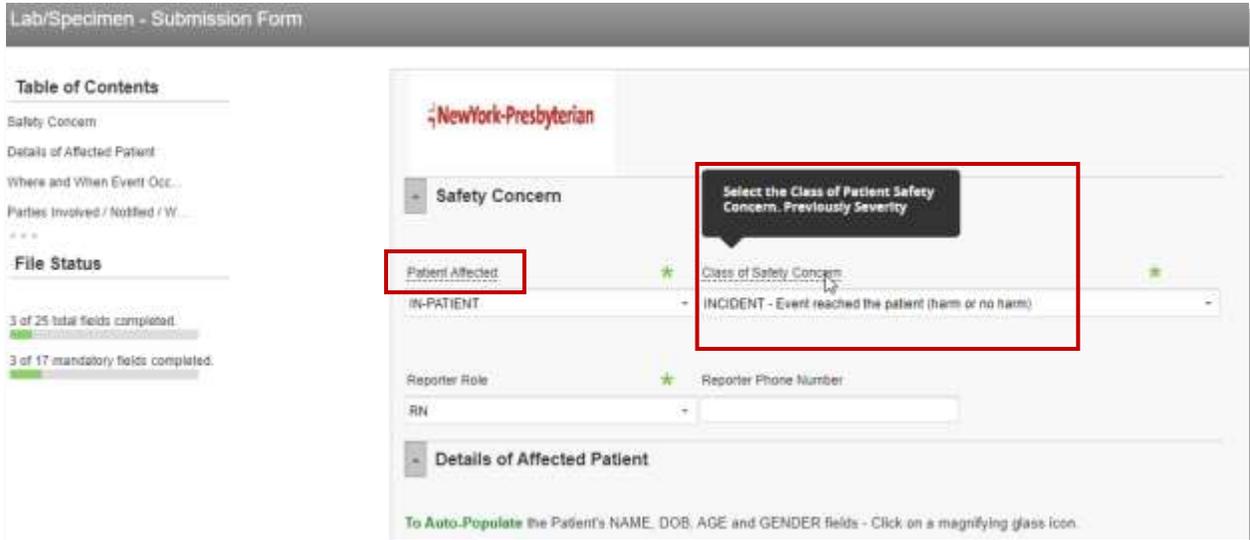
Answer items on the form, as applicable. **Required fields** * must be answered.

The screenshot shows the 'Infection - Submission Form' interface. The form is titled 'NewYork-Presbyterian' and has a 'Table of Contents' on the left. The main content area includes sections for 'Safety Concern', 'Details of Affected Patient', and 'Reporter Information'. The 'Safety Concern' section has two required fields marked with red boxes and an asterisk: 'Patient Affected' and 'Class of Safety Concern'. The 'Reporter Information' section has a required field marked with a red box and an asterisk: 'Reporter Phone Number'. The 'Details of Affected Patient' section has a required field marked with a red box and an asterisk: 'First Name'. There is also a note: 'To Auto-Populate the Patient's NAME, DOB, AGE and GENDER fields - Click on a magnifying glass icon.'

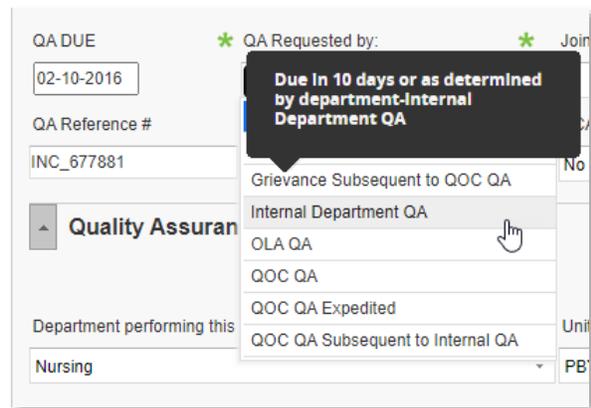
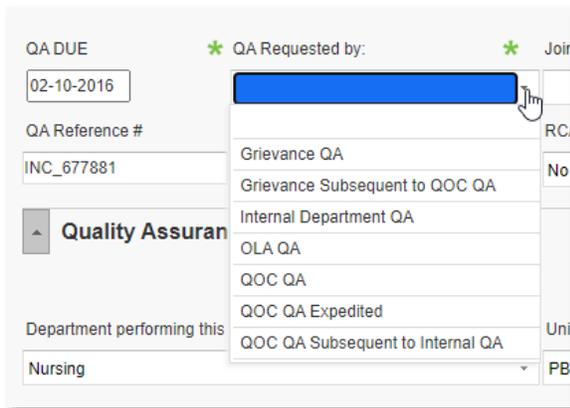


Hover to Discover is a feature that allows you to review field descriptions and definitions.

Underlined fields provide an explanation of the field. **Hover** over the underlined portion to populate the description.



Definitions for menu options are accessible by hovering the mouse over an option in the drop-down menu. The definition will appear and remain as long as the mouse remains in place.



These work throughout the system regardless of the form or window being utilized.



Lookups  are available to select patients and medications involved in events. These lookups ensure accurate information is entered in the form to support better analysis and reporting. The Patient Lookup is **not** available when the event is submitted anonymously.



This example shows how to access and use the look up to enter a medication:

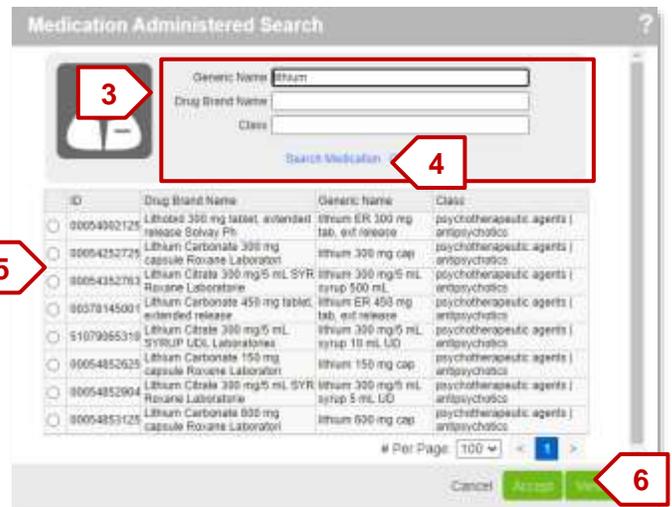
Click **Add** (1).



Click the **magnifying glass** (2).



Enter one **specific detail** (3) for the lookup.



Click **Search** (4).

Select the **medication** or **patient** (5).



Click **Accept** (6).



Most details about the medication or patient will pull forward into the **event** (7). For medications, the **Route** must be completed manually.



Click **OK** (8).



Full details about the medication or patient will now display in the KEEPSAFE event. Click **Add** and repeat the process if needed.



The **Brief Factual Description** should include a high-level description of the event. Do **not** include names, Medical Record Numbers, or other protected information in the Brief Factual Description.

In the brief description below - DO NOT include: Staff or Patient names, MRN, etc. (Personal names can be entered in the "Parties - Involved/Notified/Witnesses" section)

Brief Description

The patient had an IV infiltration in their right peripheral IV

Save as Incomplete

If you need to step away or come back to your report before it is complete, you can save the report as incomplete.

Click **More Actions (A)** and then select **Save as Incomplete (B)**.

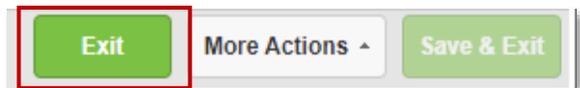


To finalize and submit, log in to KEEPSAFE and find the file in your **File Info Center**.



Exit a File

If you want to exit a file without saving any data, use the **Exit button (A)** at the bottom of the form. The Exit button returns you to the page from which the file was accessed (e.g., File Info Center or Search Page, or report, etc.)



Submit Events

Once full details about the event have been entered, including all required fields , **submit (C)** the Event. An appropriate Reviewer will be notified to review the event.

If you logged in to submit an event:

You will receive an email to acknowledge your submission.

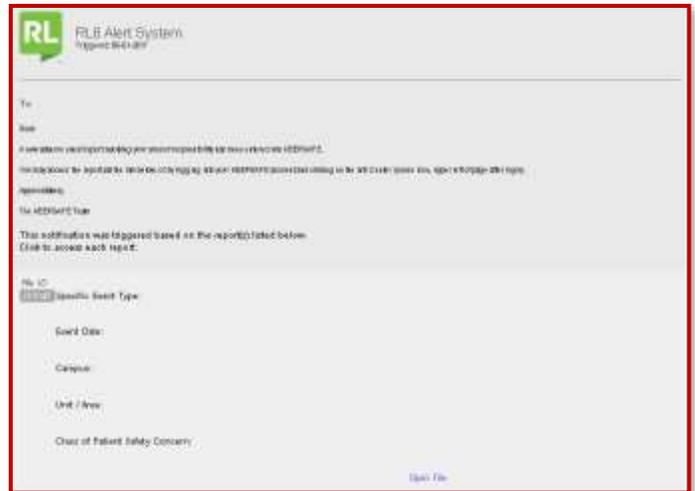
When the event is closed, you will receive an email with a **link** to the event. Log in to KEEPSAFE using the link to review the event, including who closed the event, follow-up, and outcome actions in the last section of the form.



Starting the Event Review Process

When an event is entered by a report that falls within your scope of access, you will receive an email to notify you about the event.

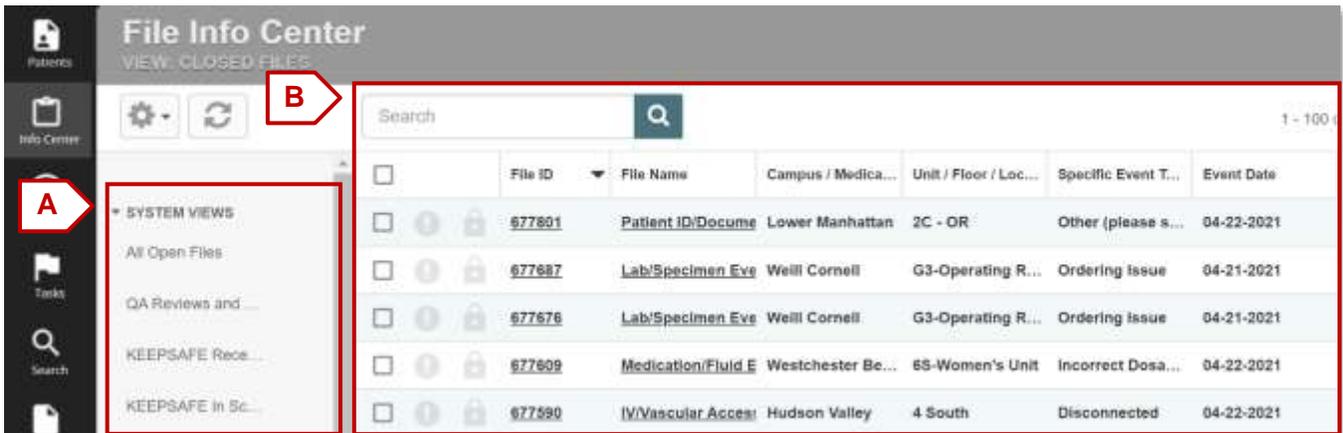
KEEPSAFE events can also be opened by clicking the link to a specific event through your email. The specific event will open in KEEPSAFE once you log in.



KEEPSAFE File Info Center



All events in your scope will display in the **Info Center**. The File Info Center includes two main sections:



- A. All **system and personal views** available will be listed. The **active view** will display in bold, and numbers next to each view identify the number of **unopened files** in that section.
- B. All **files** that match the selected view will display on the right.
 - a. **Click and drag** the line between any of the column to adjust width of any column.





KEEPSAFE

KEEPSAFE Reviewer Reference Guide

Display System and Personal Views

By default, the first **system view** on your list will display.

Click the **name (A)** of another view to display the files that meet those criteria.

A **search tool** is available to search for files by keyword or number. You can enter a unit, such as G3W, to filter your list to a single location.

Click the **X** to clear the search.

Your search will remain across any view that you select until you click the X to remove it.



A **refresh** button is also available if needed.





System and Personal Views

Although system and personal views are similar, there are some key differences:

1. **System views** are created by KEEPSAFE administrators and cannot be modified by reviewers. All reviewers will have multiple system views filtered by different criteria. The views available are based on the role of the reviewer (e.g. PCDS, Lab, or Pharmacy Managers, etc.) and contain information specific to different event types and corresponding responsibilities.
2. **Personal Views** are created by users/reviewers, and can be modified, including the format, layout, and filters for data that appear.

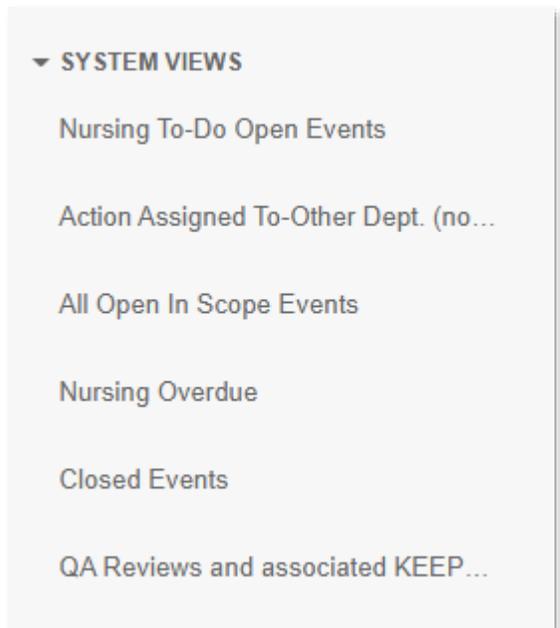
Role-Specific System Views

Role-specific views provide lists of event files for a specific department. These lists will have the department name in the title.

Example: Nursing System Views

These are views that are specific to the nursing department.

- **Nursing To-Do Open Events:** Events that require input or should be closed by the Nursing Department.
- **Action Assigned To-Other Department (not N1):** Event files that require input or should be closed by other departments.
- **All Open in Scope Events:** All events within your department’s scope and who it is assigned to. This is to avoid users closing files assigned to other departments.
- **Nursing Overdue:** These are all events that are past due for completion. The system knows the due date for each event type.



Depending on your role, the views will be named accordingly, i.e., Pharmacy will have “Pharmacy To-Do Events”, “Pharmacy Overdue”, etc.

NOTE: You can create user defined personal views to help you manage your events. For detailed instructions see the Create a Personal View section at the end of this guide.



Open a KEEPSAFE Event

1. Click the **File ID** to open an event.

Search		File ID	General Ev
<input type="checkbox"/>	!	675873	Medicatio
<input type="checkbox"/>	!	675921	Medicatio
<input type="checkbox"/>	!	675932	Medicatio

2. Clicking the box next to the File ID opens **Additional Options**. Additional options allow you to:

- Explore patient(s).
- View a **Summary** in another window.
- Print** an event file.

Search		File ID	General Event Type	Specific Event Type
<input type="checkbox"/>	!	675873	Medication/Fluid	Incorrect Dosage Form
<input type="checkbox"/>	!	675921	Medication/Fluid	Other (please specify)
<input type="checkbox"/>	!	675932	Medication/Fluid	Incorrect IV Rate
<input checked="" type="checkbox"/>	!	675937	Lab/Specimen	Results Delayed
<input type="checkbox"/>	!	43	Equipment/Medical Device	Supplies/Accessories Other

3. To mark a file as **Important**:

- Click the **(!)** icon.
- Type the **reason** in the text box.
- Click **OK**.
- The **(!)** icon turns **bold**. Notes you enter here will only be visible to you.
- When the file is no longer important, click the **(!)** icon to remove the indicator and message.

Mark file as important

Specify the reason

Cancel OK

Needs urgent update

File ID	General Event ..
675937	Lab/Specimen



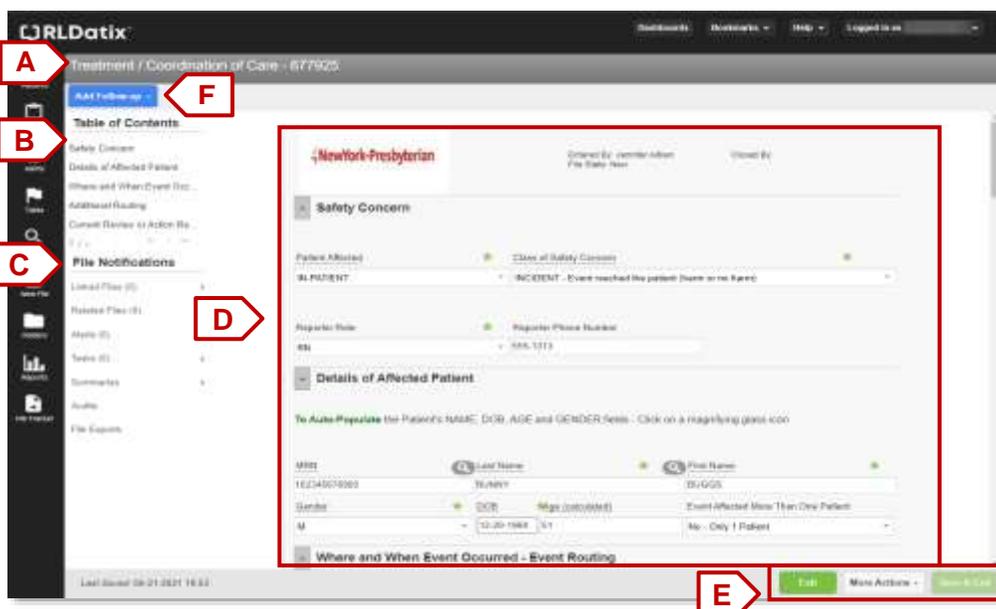
Reviewing an Event

As a KEEPSAFE Event Reviewer, you are responsible for ensuring the accuracy and completion of events in your scope.

Overview of the Event Screen

The Event Review form includes multiple sections to guide you through the event review process.

- A. The **Event Type** and **File ID** will be listed. The File ID is an easy way to search for events in KEEPSAFE.
- B. A **Table of Contents** will display the sections of the event form. Click on any heading to jump directly to that section. Hover over the TOC to populate more sections.
- C. The **File Notifications** section allows you to view information about the event, such as who received an Alert about the event or who has opened or edited the file, and the original Summary of the event. Additional information on these options is included later in this guide.
- D. **Review** information entered on the event form by the reporter and other reviewers.
- E. **Actions Options** allow you to:
 - **Exit** the form without saving changes
 - **Save & Exit**: saves the form as is and returns you to the screen (e.g., Info Center)
 - **More Actions** pop menu allows you to perform more actions such as
 - i. **Save** an update while still working in the form
 - ii. **Close** the form once your review is complete
 - iii. Changing the **File Type** or **Properties**, etc.
- F. **Add Follow-up** icon is used to request an action by another user by send a **Task** via email directly from KEEPSAFE. Add Follow-up is also accessible within the Event File. (See section [Add Follow-up: Assigning Tasks and Responding to Tasks.](#))





Review Details Submitted by the Reporter

Correct/Edit Information as needed.

Check the following fields for accuracy to ensure the event is tracked and routed correctly, and update as required:

- Location
- Class of Patient Safety Concern
- Specific Event Type

Delete Protected Health Information (PHI) from the Brief Description.

- Remove Medical Record Numbers (MRNs) and personal names (including staff).
- Add personal names to **Parties Involved/Notified/Witness** section.

In the Brief Description text box below - DO NOT include: Staff or Patient names, MRN, etc.
(Personal names can be entered in the "Parties - Involved/Notified/Witnesses" section).

Brief Description *

The patient received a duplicate dose of morphine. Two PRN orders were entered in Allscripts SCM for different pain levels. The night nurse administered the PRN for pain 7-10 at 06:55. When the day nurse went on and the patient reported a pain of 5/10, she then administered the PRN for pain 4-6 at 07:30.

Parties Involved/Notified/Witnesses

Review the Parties Involved/ Notified/ Witnesses section and enter any other pertinent individuals. This may include physicians, family members, support staff, etc.

Parties Involved / Notified / Witnesses

Click "Add" below to enter a **provider, support staff, family member, or other.**

Party Involved / Notified / Witnesses

[Add](#) [Edit](#) [Delete](#)

Role of Person Involved/Notified/Witnessed	Name	Indicate if the person was Involved/Notified/Witnessed	ID/Label (e.g. Nurse 1)	Service/Department
Not Specified				



Change the Event File Type, if the event is recorded on the wrong general event form.

Confirm that the Reporter utilized the appropriate Event File Type.

For example, if a Lab/Specimen issue is recorded on a Treatment form, it must be changed to a Lab/Specimen form to ensure the correct group reviews the event. See detailed instructions for changing the file type on page 22.

Confirm that the Reported indicated the Appropriate Specific Event Type.

If not, update as required.

A screenshot of a web form element. It shows a dropdown menu with the text "Specific Event Type" and a green asterisk icon to its right. To the right of the dropdown is a button labeled "Duplicate Order".

If the event is a Duplicate, indicate that it is a duplicate and complete the Duplicate Report section of the form.

The **Resolutions and Outcomes** section must be completed in the **Primary Event only**.

Any additional reports should be marked as a duplicate and closed with the reason **KEEPSAFE – Duplicate Report**.

Reviewers do **not** need to complete the **Resolution and Outcomes** section for additional duplicate event entries.

A screenshot of a web form section titled "Duplicate Event". It contains a dropdown menu labeled "ONLY INDICATE IF THIS IS A DUPLICATE KEEPSAFE EVENT ENTRY" with "Yes" selected. Below this is a section titled "Duplicate Report:" with a sub-heading "When Multiple Events are Submitted Describing the Same Event:". This section contains three bullet points:

- One report MUST be selected as the Primary Event and NOT marked as a Duplicate
- The Resolution and Outcome section MUST be completed for the Primary Event only
- The Additional duplicate report(s) MUST be closed with the file status **KEEPSAFE Duplicate Report**

 At the bottom of the section, there is a text input field with the label "Please enter the file number of the Primary Event report for this incident - File #:" and a green asterisk icon to its right.



Document Your Findings

The Primary reviewer and any additional reviewers must investigate, follow up with parties involved, and input findings into the Resolution and Outcomes section.

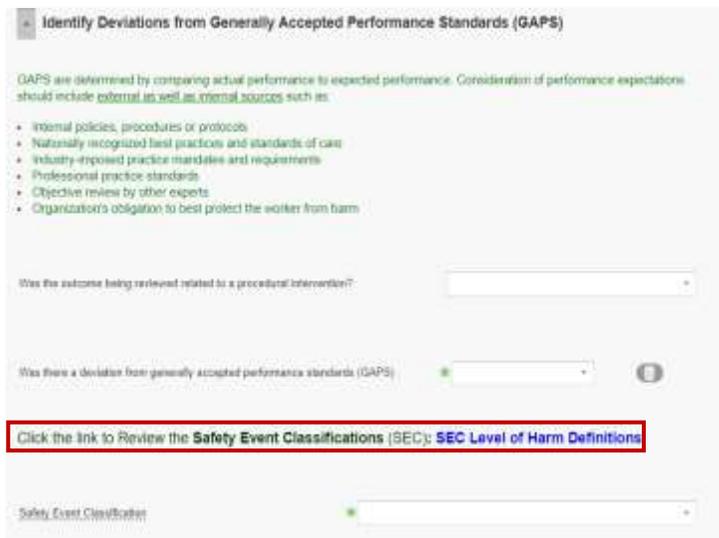
- Select all **Contributing Factors** that apply
- Record details of your review in the **Additional Findings, Summary, & Recommendations** field.



Identify Deviations from Generally Accepted Performance Standards (GAPS) and complete the section of the form.

This section is where you will determine if the event deviated from the **Generally Accepted Performance Standards** of your department. This section has cascading questions that change depending on the answers provided.

In this section there is also a link to **Safety Event Classifications**. The blue **SEC Level of Harm Definitions** link opens a document you can use to assess the level of harm for the event you are documenting.



Additional information about determining if an incident is a Safety Event is available via e-Learning modules in the NYP Learning Center.



KEEPSAFE Reviewer Reference Guide

If an event is not determined to be a safety event, the reviewer will be asked to determine the Level of Harm to the patient that may be associated with the reported issue.

The Reviewer closest to patient care (e.g. PCD vs. Lab Manager) should determine the Severity Level.

The Severity Level will also display for Medication events:

- **Medication-related event:** medication-related events are compared with an external database by the severity level scale.

Severity Level

Severity Level (Confirmed) *

Quality Validation is used only by the QPS Reviewer.

Quality Validation

QPS Reviewer Input - Safety Event Classification

Event Title



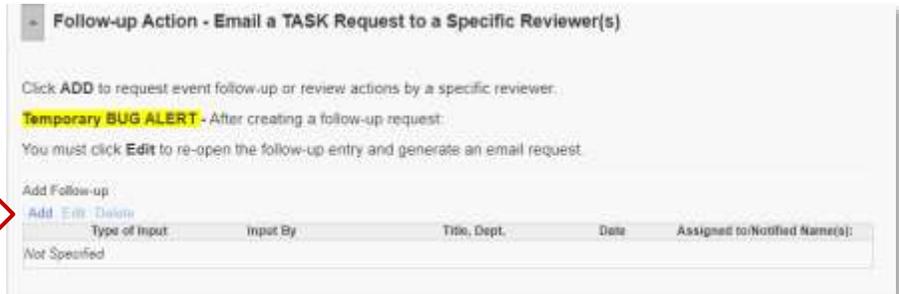
Request Follow-Up Action or Email a TASK Request to a Specific Reviewer(s)

When input is needed from another service, location, or area, use Tasks and/or Additional Routing to solicit input and feedback before closing the event.

Enter any event Follow-up requests or actions to be completed by an additional reviewer(s).

Follow-ups can be entered:

- **Add Follow-up icon** button located at top left corner of screen.
- Using the **ADD link in the follow-up section on the form.**



Note: There is a **BUG in the system** that affects users' ability to add a task to their initial action. When adding a task, users will not have the option to add an email task in that subform; they will have to exit the subform and re-open the follow-up to add the email task.

Additional information is available in this guide to discuss this process in more detail.

(See [Add Follow-up: Assigning Tasks and Responding to Tasks](#) section.)

Additional Routing

Enter additional areas (locations, division, units, areas) that need to know about the event and review the file.

See the [Additional Routing](#) section of this guide for more information on these processes.



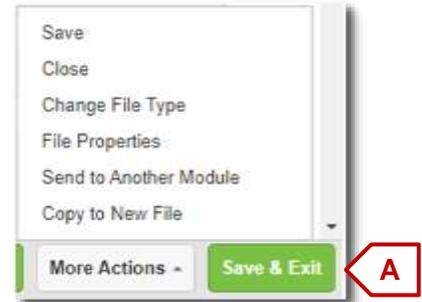


Save an Event

If you have updated an event, assigned a task, re-routed an event but are not ready to close the file, click **Save and Exit (A)** to save your changes.

The event will stay in an In Progress status and can be edited for further information.

Do not close the events until all input is complete. If you close the event, the event will close for all reviewers and will no longer display on the open and active list of additional reviewers.

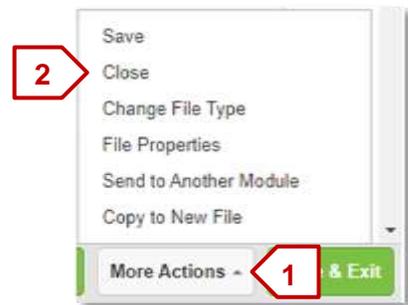


Close an Event

When all input has been received and documented in KEEPSAFE, including responses to the Resolution and Outcome section, as well as any other required fields, the event can be **Closed**.

1. Select **More Actions**.
2. Select **Close**.
3. Address any **pop-up Alerts**.
4. Select the appropriate **Status**.
Note: Always use the **KEEPSAFE** reasons to close an event.
5. Click **OK**.

Events may be updated after they are closed if additional pertinent information is obtained.



Closing the Event

- **Falls** must be closed within **3 days**.
- **All other general events** must be closed within **7 days**.
- **Mini RCAs** must be closed within **7 days**.
- **HAPI** must be closed within **14 days**.



Change Event Location

If an event has the wrong When and Where Event Occurred selected, the location can be changed by choosing the appropriate **Campus, Building, and Unit/Floor/Area**.

Location updates must be made to ensure the correct individuals are notified about the event.

1. With the KEEPSAFE event open, locate the **When and Where Event Occurred** section.
2. Remove selections from the bottom up (remove Unit/Area first).
3. Update the building location if the new unit is in another building.
4. If the event occurred at a different campus, you will have to update the campus before selecting the correct **Building**.

Once the event is saved, it will be routed to the appropriate reviewer.

You may lose access to the event once the location is updated depending on your KEEPSAFE access and scope.

Events Saved as Incomplete

If a reporter saves a report as **incomplete**, all required fields must be completed in order to submit the event. These fields may be completed by the reporter or by the reviewer.

After completing the missing information, click the green **Submit** option in the lower left corner of the form display screen, as you would submit an event.

When reports are incomplete, the **reviewer** sections will not display for the report.

Many incomplete reports are automatically saved by KEEPSAFE, and may only include a location.

If there is no critical information included in the report, you may delete the report by clicking the **Delete** option in the lower left corner of the form display screen.



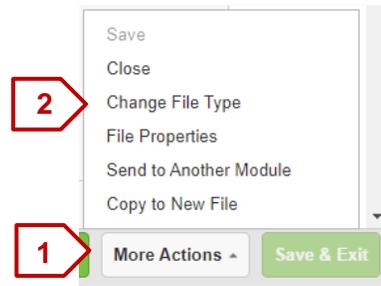
Change the Event Type

If the event is submitted on the wrong Event Form, the File Type can be changed. For example, a patient verification event that resulted in a medication error was submitted as a patient verification form can be changed to a medication error. This more accurately captures the event, and ensures that is automatically routed to the Pharmacy and other appropriate reviewers as required.

All required field must be complete before changing the Event Type.

When the Event Type is changed, there may be additional required fields that must be completed to Save the Event.

1. With the file open, click the **More Actions** button.
2. Select **Change File Type**.



3. Select **New File Type** from the drop-down menu.
4. Click **OK**.



5. **Review** the alert.
6. Click **Yes**.



Any fields that are the same in both forms, such as When and Where Event Occurred, will be copied onto the revised event. Any fields that are specific to the old event type will be lost. The pick lists for specific event types also differs between the general event type forms. The original selection should be updated. All free-text information will be saved in the revised event.

Remember: the original event will still be available through the **Event Audit** and **Original Summary**.



Alerts

All individuals who have been notified about the event will be listed in the **File Notifications – Alerts** section of the event.

1. With the file open, click **Alerts**.
2. Click **More Alerts** to view the full list of alerts, including what type of alerts were sent.

The first alert will be the **Reporter**, unless the event was submitted anonymously, and all other individuals notified will be listed.





Audit Trail

To review what has been changed in an event, KEEPSAFE provides an **Audit Trail** function that can be used to review the history of the event. In the audit trail, you can view:

- Who **submitted** the report.
- Who **opened or viewed** the report.
- Who has **edited** the report, and what was edited.
- Who **closed the event**.

Based on your role, you may or may not have access to the Audit Trail.

1. With the file open, click **Audits**.

The Audit Log will display. Each user who **viewed** or **changed** the report will be listed, with the Date and Time the changes were made or the file opened.

2. Click the **(+)** sign next to an individual's name to view the specific changes made.
3. When you are done reviewing, click the **(-)** sign to close the audit details.

The Audit Log can also be **Printed** or **Exported** as needed for review.

Audit Log of File ID: 677877

User	Action	Date/Time	IP Address
Jennifer Atken	File opened from search	05-20-2021 15:14:59	10.68.34.123
Jennifer Atken	File updated	05-20-2021 13:52:57	10.68.34.123
Jennifer Atken	File updated	05-20-2021 13:15:56	10.68.34.123
Jennifer Atken	File opened from search	05-20-2021 13:05:18	10.68.34.123
Jennifer Atken	File opened from search	05-20-2021 13:05:16	10.68.34.123
Jennifer Atken	File opened from search	05-20-2021 13:05:15	10.68.34.123
Allison Fisher	File summary viewed	05-19-2021 16:52:23	10.68.79.232
Allison Fisher	File updated	05-19-2021 16:52:16	10.68.79.232

Field Name	Action	Old Value	New Value
Specific Event Type	Updated	Other (please specify)	Order Writing
Summary Details	Updated	02/01/2016 16:40: Patient triaged 56yo F, pmhx of DM, HTN, hx of recurrent pancreatitis presents for eval of nausea, vomiting, and abdominal pain 16:43. VS Tc 36.8 HR 90 BP 135/82 RR 16 O2 96% on RA 16:54: Notable Labs: Glucose 90 CO2 25.0 anion gap 10.0 Lipase 70, Mag 2.0 Venous pH 7.35, Lactate 1.13 16:11.	02/01/2016 16:40: Patient triaged 56yo F, pmhx of DM, HTN, hx of recurrent pancreatitis presents for eval of nausea, vomiting, and abdominal pain 16:43. VS Tc 36.8 HR 90 BP 135/82 RR 16 O2 96% on RA 16:54: Notable Labs: Glucose 90 CO2 25.0 anion gap 10.0 Lipase 70, Mag 2.0 Venous



Additional Routing

When input from additional reviewers is needed for an event, you can use additional routing or assign tasks so that those reviewers can provide input.

Additional routing is designed to **provide added access to an event based on more than one location**. All reviewers whose KEEPSAFE scope of access matches either the location indicated by the reporter or the additional location indicated by a reviewer have access to the event.

If a reviewer already has access to an event based on the automatic routing when entered, or by the edits made by a reviewer, a second location/routing point will not produce a new email to the associated reviewer. These reviewers would have already received an email alert about the event.

If input is needed from a **specific individual**, assign a **Task** to that individual.

If the event involves a second unit/area (e.g. Emergency room or another Unit) **or service** follow the steps below to route the event to the additional group for input via Additional Routing.

1. In the **Additional Routing section**, select **Yes** for **Is Additional routing required**.

The section expands to allow you to document the department and instructions for them.

If you decide that additional routing is not required, change **Additional routing required** from **Yes** to **No**, and the new section and required fields will disappear.

A screenshot of the 'Additional Routing' section in the KEEPSAFE interface. The section title is 'Additional Routing'. Below the title is a dropdown menu labeled 'Is Additional Routing Required?' which is currently set to 'No'. The rest of the section is collapsed.

A screenshot of the 'Additional Routing' section in the KEEPSAFE interface. The section title is 'Additional Routing'. Below the title is a dropdown menu labeled 'Is Additional Routing Required?' which is currently set to 'Yes'. The section is expanded to show three dropdown menus: 'Campus', 'Location or Division', and 'Unit / Floor / Area'. Each dropdown menu has a green star icon to its right. Below these dropdowns is a text input field labeled 'Brief Instruction for Additional Action Review Request'.

2. Complete **all required fields** and add additional information as needed.
3. Once the form is **Saved**, additional reviewers will be notified via email that there is a new event for them to review.

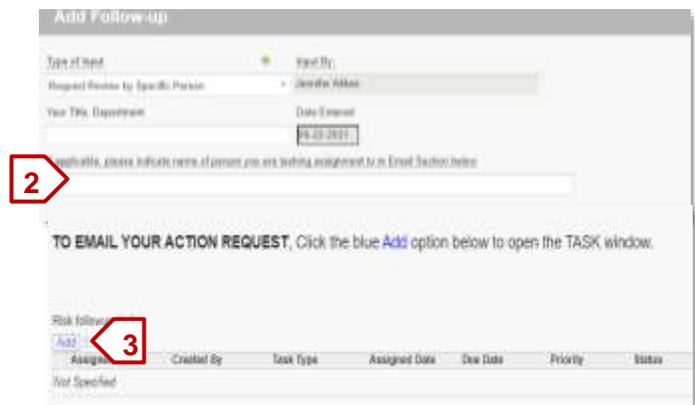


Add Follow-up: Assign and Respond to Tasks There are Two Ways to Enter an Email / TASK Action Request

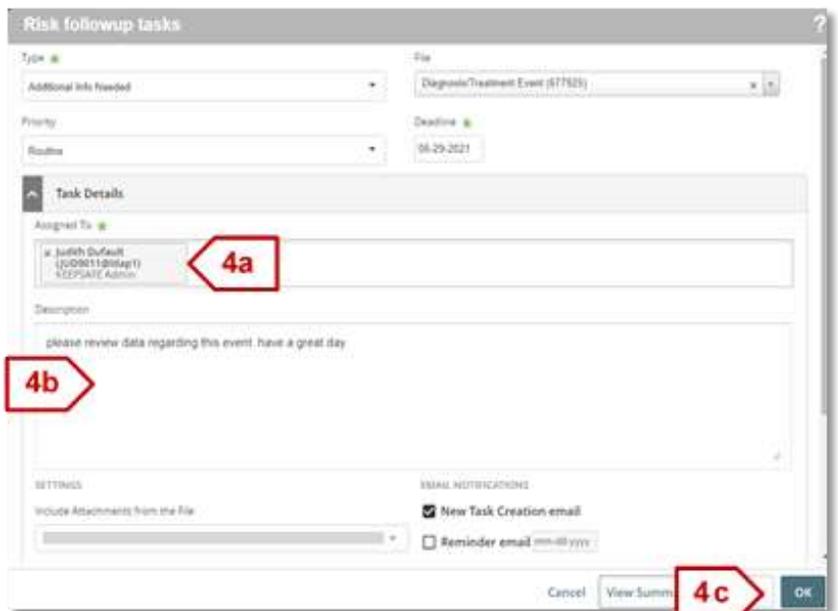
1. With the file open you can either:
 - a. Click the **Add Follow-up** icon, then select **Review**.
 - b. Click the **ADD** link in the Add Follow-up table.



2. Complete the fields in the top section of the Add Follow-Up window that are not populated.
 - a. Please include the name of the person(s) receiving action request
3. Click **Add** under the Email Your Action Request section



4. Complete the required fields in the Risk Follow-up Task window that displays.
 - a. Enter the **Reviewer** recipient, click in the box and begin typing the person's name. Select the appropriate reviewer from the list. You can add more than one reviewer in this field.
 - b. Information added in the **Description** will compose the body of the email the recipient receives.
 - c. Click **OK** when all fields are complete and an email will be sent to the TASK recipient(s) with a direct link to the event.





You are taken back to the Review Follow-up window. Information about the new task will display.

- 5. Click **Add** to save the task and send your request email. Note that **Add** in the Follow-up sub form also save all updates made to the main form.

Review Follow-up

Type of Input: Request Review by Specific Person
 Input By: Jennifer Aitken
 Your Title, Department: Nurse, 6 Garden south
 Date Entered: 06-22-2021

If applicable, please indicate name of person you are tasking assignment to in Email Section below
 Judith Dufault

TO EMAIL YOUR ACTION REQUEST, Click the blue Add option below to open the TASK window.

Risk followup tasks

Assigned To	Created By	Task Type	Assigned Date	Due Date	Priority	Status
Judith Dufault	Jennifer Aitken	Additional Info Ne...	06-22-2021	06-29-2021	Routine	Assigned

Buttons: Cancel, Copy to, Add

- 6. A list of assigned reviews and completed task will display:
 - a. In the **Follow-up** and **Sign-off** section of the event.

Click the ADD FOLLOW UP tab at top of this form to assign a Task or Sign-off

ADD FOLLOW UP and/or SIGN-OFF

Task Type	By	Staff Assigned to	Date Enter
WF Review Requested	Judith Dufault	Michael Austin	06-05-2017
WF Task Complete	Michael Austin	Judith Dufault	06-05-2017

- b. In the **Tasks** section under **File Notifications**.
- c. To see all tasks to event, click More Tasks and select All Tasks from the drop-down menu. KEEPSAFE will remember your selection moving forward.
- d. Users are able to create a task through the **Create Tasks** link.
- e. **Note:** Tasks assigned through the **Create** Task link can **only** be viewed in the **Tasks section of File** Notifications or in the **Tasks** tab on the screen Navigator. If created here, they will **NOT** update the Follow-up/Sign-off section of the event.

File Notifications

- Linked Files (0)
- Related Files (3)
- Alerts (0)
- Tasks (2)
- Summaries
- Audits
- File Exports

Attachments: Open | Add | Edit | Delete | Download | Print | Not Specified

Sign-off

All Tasks

Additional Info Needed task assigned to Jessica Cortez | Due in 1 days | Open | Complete | Reassign
 Routine Priority | 0% complete | Due on 06-24-2021

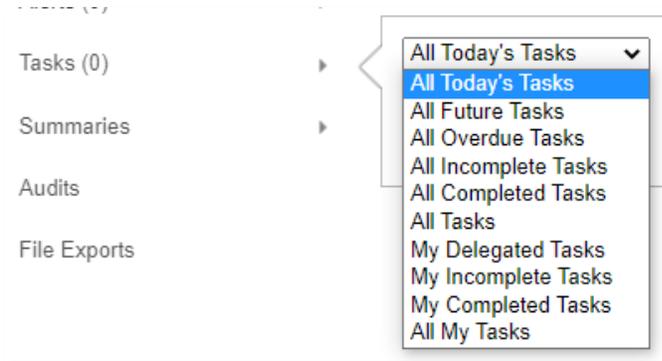
Please review this event in it's entirety.

Additional Review and Close task assigned to Judith Dufault | Due in 7 days | Open | Complete | Reassign
 Routine Priority | 0% complete | Due on 06-30-2021

Showing 2/2
 New Task | More Tasks...



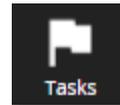
- When you click on Tasks, it has a drop-down menu where you can filter the tasks to view. To see all tasks associated with an event chose **All Tasks**. The value selected becomes your default setting for all events opened.



Open a Task

When Tasks are assigned to you, you will receive an email with brief information about the action needed. Click on the **link** in the email to launch KEEPSAFE and open the event. You will need to enter your login information to view the event.

Tasks can also be viewed through the **Task Management** view.



As with the **File Info Center**, the **Task Management view** includes multiple **Views** to help manage your tasks in KEEPSAFE.

Once the file is open, **review** and **update** the file:

- Review** the submitted event and make any changes.
- Assign Tasks** to other reviewers where their input is required.
- Save and Exit** to save your work or **Close** the event if all reviews are complete.



Complete a Task

When you have finished updating the event, and are ready to Save and/or Close the file as appropriate, the assigned task(s) can be marked as **Complete**. This must be completed before Completing or Saving and Exiting the event.

In addition to Completing the Task, be sure to **Add Follow-up: Work Done on File** and send a **task** to the person who asked you to review the event to let them know you have completed your review.

Once a task is marked as Complete and the event saved, the task will be removed from your task list and you may not be able to re-open the file if the event is not within your scope.

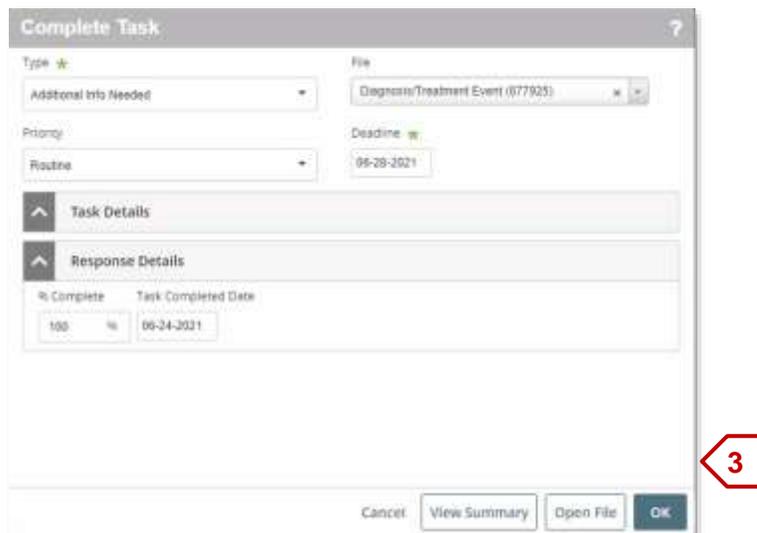
You can complete the Task from the Task Management Page or from within the file using the Tasks section under File Notifications.

Task Completion: Task Management Page

1. Select the **task** on the Task Management page. Additional actions will populate at the top.
2. Select **Complete Task**.



3. The **Complete Task window** opens. Document all necessary data, then click **OK**.





4. An alert will appear indicating the task has been successfully completed. Click **OK**.



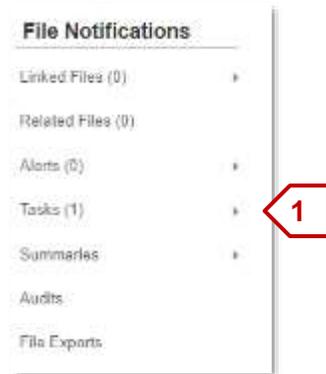
5. You are taken back to the Task Management page. The task is now in a completed status.





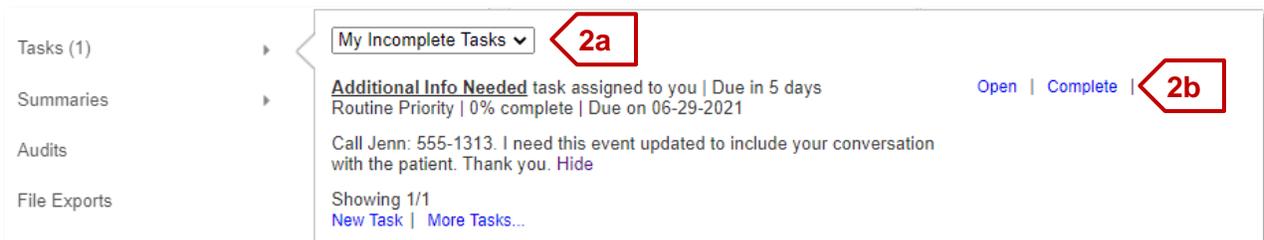
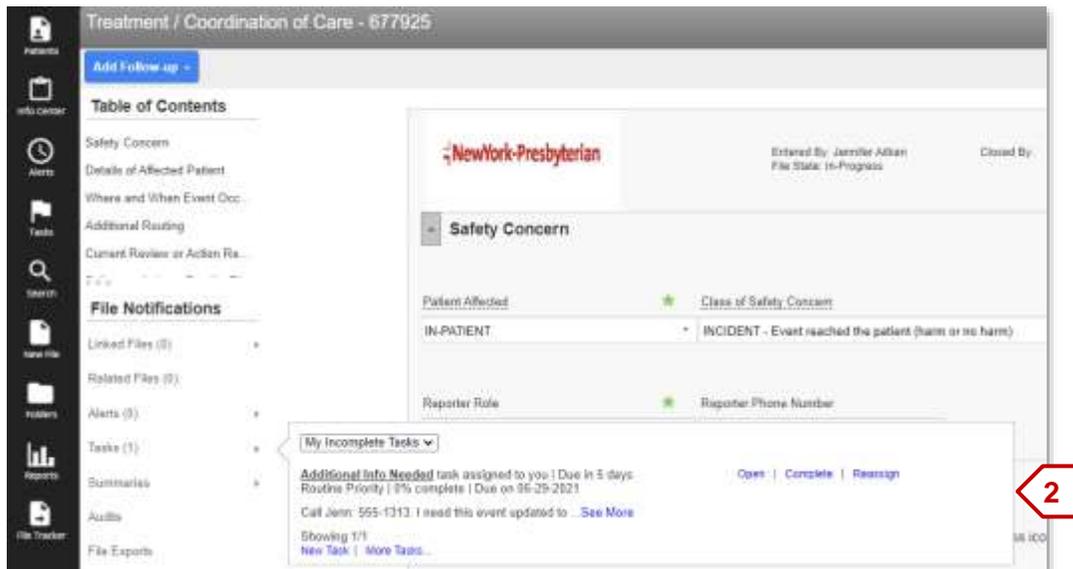
Task Completion: From within Event File

1. Within the event file under **File Notifications**, click **Tasks**.



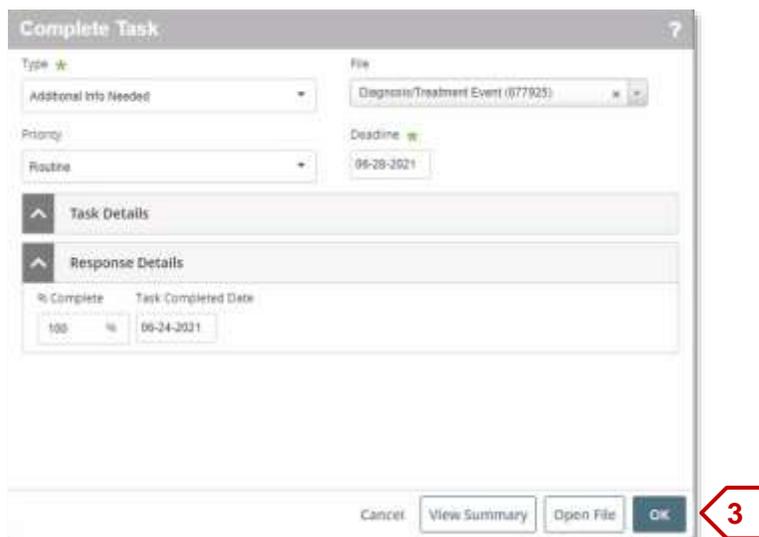
2. The Tasks box will open.

- a. Use the drop-down menu to filter the displayed results.
- b. Find the task that you have completed, and mark it as **Complete**.





3. The Complete Task window opens. Document all necessary data, then click **OK**.



4. The task should now display as **Complete**.

- a. It will no longer be listed in your **My Incomplete Task Management** view as an active task.
- b. You can see all completed tasks under the **My Completed Tasks** view.





KEEPSAFE

KEEPSAFE Reviewer Reference Guide

View Duplicate, Linked, and Related Reports

When multiple events are submitted for the same patient Medical Record Number (MRN), Name, and DOB, KEEPSAFE will display them as Related Event Entries in the File Notifications section of the event report. This may help identify duplicate event and associated files pertinent to the event file or QA review.

In the newly updated system, KEEPSAFE has separated Linked and Related files into two separate sections under File Notifications. In addition, a Patient Center has been added to the KEEPSAFE system.



Duplicate Events

When **multiple events** are submitted in KEEPSAFE describing the **same event, one event** must be selected as the **Primary Event Report**.

The **Resolution and Outcomes** section must be completed in the **Primary Event only**.

Any additional reports should be marked as a duplicate and closed with the reason **KEEPSAFE – Duplicate Report**.

Reviewers do **not** need to complete the **Resolution and Outcomes** section for additional duplicate event entries.

The **Duplicate Event** section is where you will document if the event file is a duplicate.

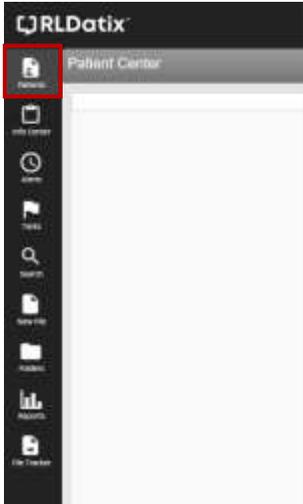
If the event is a duplicate:

1. **Duplicate Report** will open.
2. **Resolutions and Outcomes** section will close.
3. The standard questions will not display.
4. Directions for how to close the duplicate event will display in the **Duplicate Report section**.
5. **NOTE: You MUST enter the File ID # of the primary event in the Duplicate Report.**



Patient Center

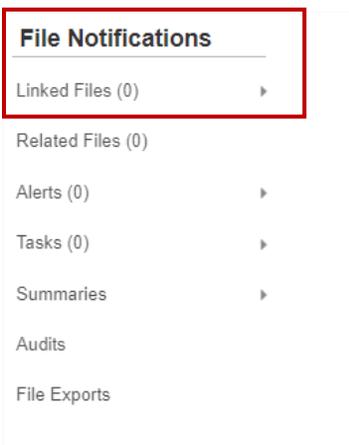
The Patient Center is located on the Navigation panel at the top. The Patient Center allows you to search for and review all files associated with a specific MRN/Name/DOB.



Linked and Related Files

When multiple events are submitted for the same patient Medical Record Number, KEEPSAFE will display them as **Related Event Entry**. This may help to identify duplicate events. In the File Notifications section of the event report.

KEEPSAFE has separated the Linked and Related Files into two different sections under **File Notifications**.



Linked Files allows you to see which files are linked to the current file and allows you to link other incident, feedback, or claims files.



Related Files

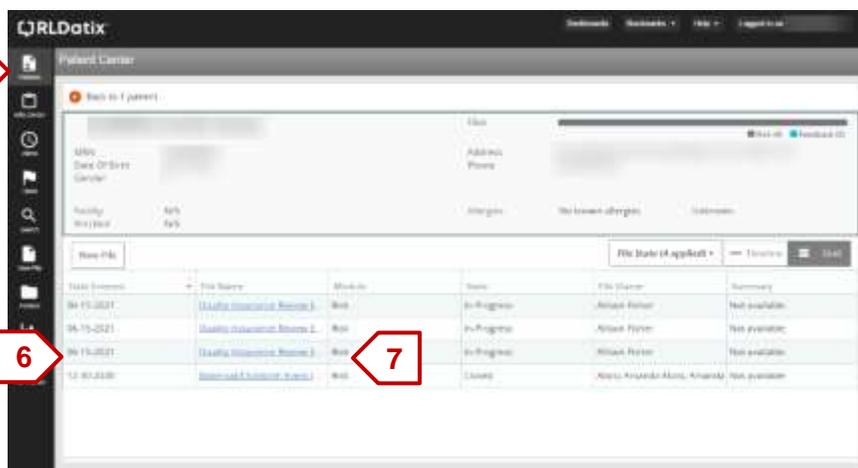
Related Files displays files that also include any of the patients listed in the current file.

To view Related Files:

1. Open Related Files by clicking the arrow next to the section.
2. The Related Files window opens.
3. Only the five most recent files are displayed in the window.
4. Click **Explore Patient(s)** to view the **Patient Center**.
(See section on Patient Center in this guide).



5. The **Patient Center** opens.
6. All files for the patient, including the file recently accessed are displayed.
7. To view another file, click on the hyperlink from the list. The file will open allowing to review the related file.
8. To review other related files for the patient:
 - a. Click on **Related Files** in the open file.
 - b. Click **Explore Patient(s)**.
 - c. Back in the **Patient Center**, select the next file to review.



Repeat these steps for each file you want to review.



Linked Files

Linked Files allows you to see which files are linked to the current file and allows certain users to link other incident or feedback files. These files are specifically linked to an event by a user in the system.

NOTE: ONLY Patient Services can link files within the KEEPSAFE System.

While Related files are every file for a specific patient, **Linked Files** are files that are specifically linked to an event. This is commonly seen with QA Reviews from multiple department involving the same incident or patient. Patient services will link these files together in the system.

NOTE: You will only have access to review QA Reviews completed by departments that are not your own at the point they are completed.

To view Linked Files:

1. From within the open event file, click on the arrow next to **Linked Files**.



2. The Linked Files window will open.



3. All files that have been linked by Patient Services will be listed here. Depending on your job role and file state, you may or may not have permission to open the file. Any file that you do not have permission to view will be listed with the File ID and a lock icon.

NOTE: QA Reviews are NOT accessible until they have been completed by the user/department conducting them. Until then, they may be listed but will not be accessible (locked icon).



Finding Associated Files

There are three main ways to search for interrelated(connectd) files in the KEEPSAFE system.

Patient Center / Related Files

In the side panel of the event, Related Files automatically links events by MRN and last name. You can access these Related Files in this panel on a form by searching the MRN in the Patient Center tab of your interface. The Patient Center and associated Related Files may exceed your direct access in the system.

Linked Files

Quality Assurance Reviews will be linked with associated KEEPSAFE events in this panel by Patient Services. The **Linked Files** panel contains active links to toggle between those files. You can access associated Quality Assurance Reviews at the point they are completed.

Search

Searching the system by patient criteria, such as MRN, in the **Search** tab of your interface will return all events you have direct access to in the system.

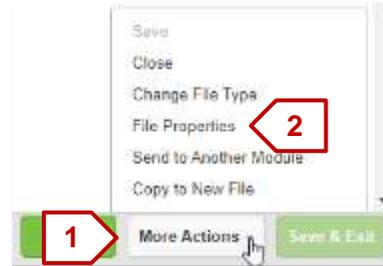
NOTE: When searching for a patient, it is best practice to use the MRN and name of the patients. With the recent Epic installation, patient records are condensed into one MRN across the enterprise. Some patient data may still be linked to an old/other MRN in the system. It is important to search both MRN and name together, to avoid missing data.



Updating the Close Status of an Event

Duplicate events must be closed with the status **KEEPSAFE – Duplicate Event**. If a file was not closed with the status KEEPSAFE – Duplicate Event, the Status can be updated as needed.

1. With the file open, select **More Actions**.
2. Select **File Properties**.



3. Select the **Status/Ownership** tab.
4. Click the **Current Status** drop-down menu and select **KEEPSAFE – Duplicate Report**.
5. Click **Save**.





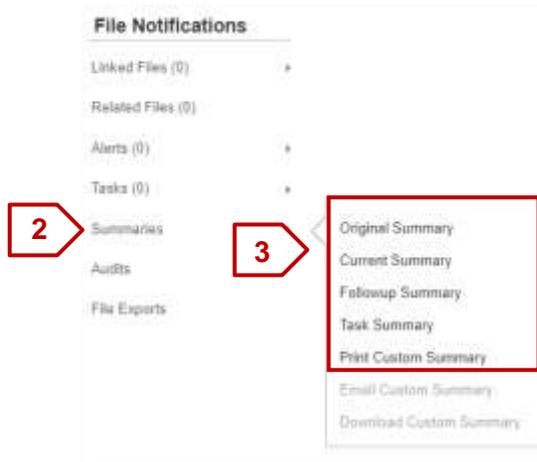
View Event Summaries

Events may include documentation of personal health information.

Follow all appropriate protocols to ensure that personal health information is kept confidential and used in accordance with HIPPA regulations.

1. **Open** the file.
2. In the file notifications section, select **Summaries**.
3. Select the **Summary** you would like to print:
 - **Original Summary:** The event as it was submitted.
 - **Current Summary:** The current version of the event including the most recent edits.

Depending on your role, you may see some or all of these summaries, among others.



4. The summary will open in a new **window** or **tab**. Be sure to close the tab once you have finished reviewing the Summary, as the summary may include PHI or other sensitive information.



Search for Events

In addition to reports, KEEPSAFE allows users to search events that have occurred within their scope.

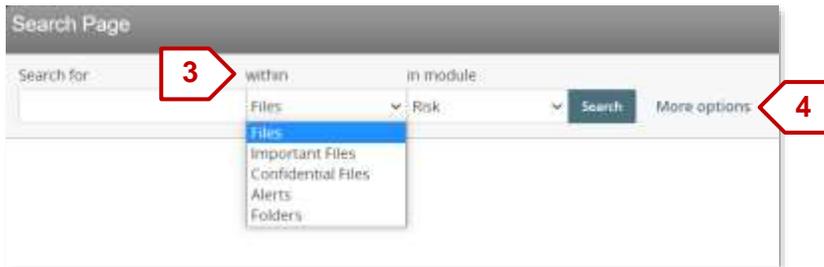
1. Select the **Search** icon.



2. The free-text box can be used for quick search, such as a particular **MRN, File Type, or Location**.



3. The new **within** feature allows you to search in specific areas for an event file.
4. Select **More options**. The detailed search options appear.

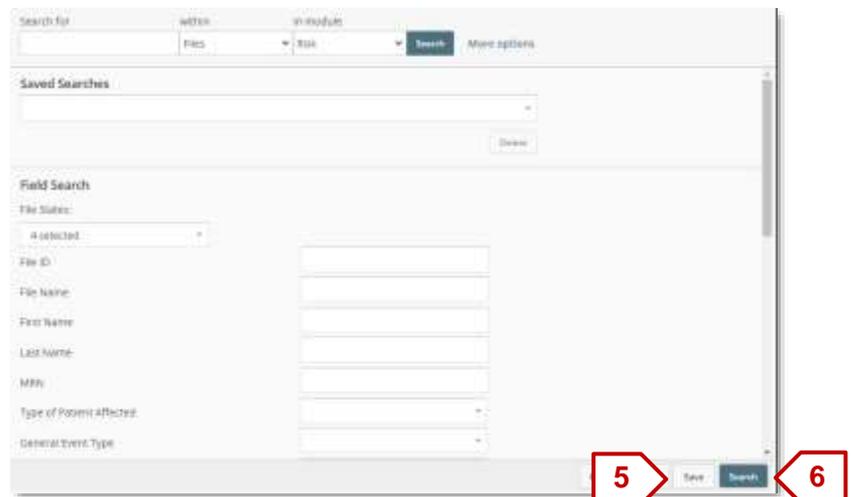


5. Select the appropriate **search criteria**. You can search **multiple fields** simultaneously to limit results.

To save the search to run it again at a later time, click **Save**.

6. To run your search, click **Search**.

A list of each event meeting the specified criteria will appear.





7. Select the file(s) you wish to review.

<input type="checkbox"/>	File ID	Campus / Medical Group	Unit / Floor / Location	File Name
<input checked="" type="checkbox"/>	677878			Quality Assurance Review Event (577878)
<input type="checkbox"/>	677881	Columbia	PBY ADULT EMERGENCY	Medication/Fluid Event (577881)
<input type="checkbox"/>	677877			Quality Assurance Review Event (577877)
<input type="checkbox"/>	507421	Columbia	PBY ADULT EMERGENCY	Medication/Fluid Event (507421)

8. Click **Open** to view the file.

9. More options are available through the **More** drop-down menu.

<input type="checkbox"/>	View Summary	Unit / Floor / Location	File Name	Specific Event Type	Event Date	MRN	Last Name	First Name	File State	Last Modified By	Last Modified Date
<input checked="" type="checkbox"/>	Important	PBY ADULT EMERGENCY	Quality Assurance Review Event (577878)	Order Writing	02-01-2018	123456789	CANE	CANDY	In-Progress	Jennifer Arken	06-09-2021
<input type="checkbox"/>	Not Important	PBY ADULT EMERGENCY	Medication/Fluid Event (577881)	Order Writing	02-01-2018	123456789	CANE	CANDY	Progress	Judith Default	05-28-2021
<input type="checkbox"/>	Change State		Quality Assurance Review Event (577877)	Order Writing	02-01-2018	123456789	CANE	CANDY	Progress	Alison Fisher	05-25-2021
<input type="checkbox"/>	File Properties	PBY ADULT EMERGENCY	Medication/Fluid Event (507421)	Order Writing	02-01-2018	123456789	CANE	CANDY	Closed	Robert Bloise	05-19-2021

10. With the file open, click **Save and Exit** to return to your search results.

If you use the back button, you will not be returned to the search page.



Report Center

KEEPSAFE includes a Report Center that is designed to share the details of events submitted and to provide a means for analysis and trending of event details.

In addition, the ability to review submitted KEEPSAFE events in aggregate helps quality teams throughout NYP use the information gleaned from event reporting to help create a safe culture for our patients and staff.

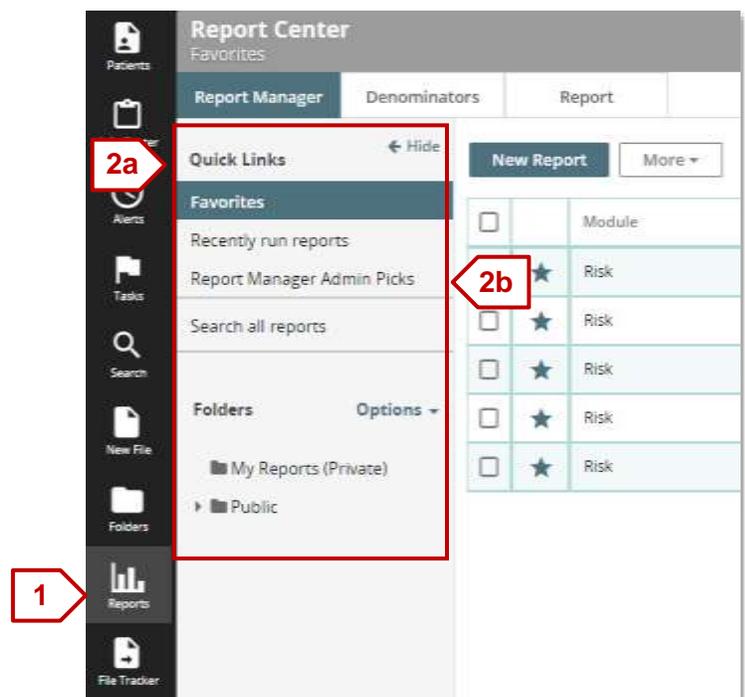
Access to the Report Center and the basic administrative reports that display for a Reviewer are determined by their role (e.g. PCD, Lab, Radiology, Pharmacy, etc.).

All reports run directly from the Report Center limit returns to files/events that are within the user's KEEPSAFE scope of access. For example, a fall report will only include falls for the units or areas included in the user's defined scope.

Using the Report Center

Newly Designed Layout

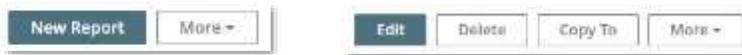
1. The **Report Center** is accessible by clicking the **Report Center icon** on the **Navigation Toolbar**.
2. The **Report Manager tab** lists reports and contains action buttons to create or manage existing reports.
 - a. The panel displays existing reports and includes a **Quick Links** and **Folders** section.
 - b. Users can find:
 - **Favorite Reports**
 - **Recently Run Reports**
 - **Report Manager Admin Picks**
 - **Search All Reports Feature**





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- 3. **Action buttons** are used to manage existing or create new reports. These buttons change based on where the user is in the Report Center.



- 4. **New Reports** can be generated by clicking the **New Report**
 - a. The New Report button will access the **Report Editor** to create reports from scratch.
- 5. **Search** is used to filter lists of items based on the search term that exists in any of the below columns.
- 6. **Columns** display the report information. Users can also sort a column by clicking on the column header.
- 7. To run an existing report, find and click on the **Report Name** or **Report ID** from the **Quick Links or Folders**.

The screenshot shows the 'Report Center' interface. At the top, there are tabs for 'Report Manager' and 'Denominators'. Below the tabs, there are 'Quick Links', 'Favorites', and 'Recently run reports' sections. A 'Report Manager Admin Picks' section is also visible. On the left, there are 'Folders' including 'My Reports (Private)' and 'Public'. The main area displays a table of reports with columns for 'Module', 'Report Name', 'Report ID', and 'Description'. A search bar is located at the top right. Callout 4 points to the 'New Report' button, callout 5 points to the search bar, and callout 6 points to the table header.

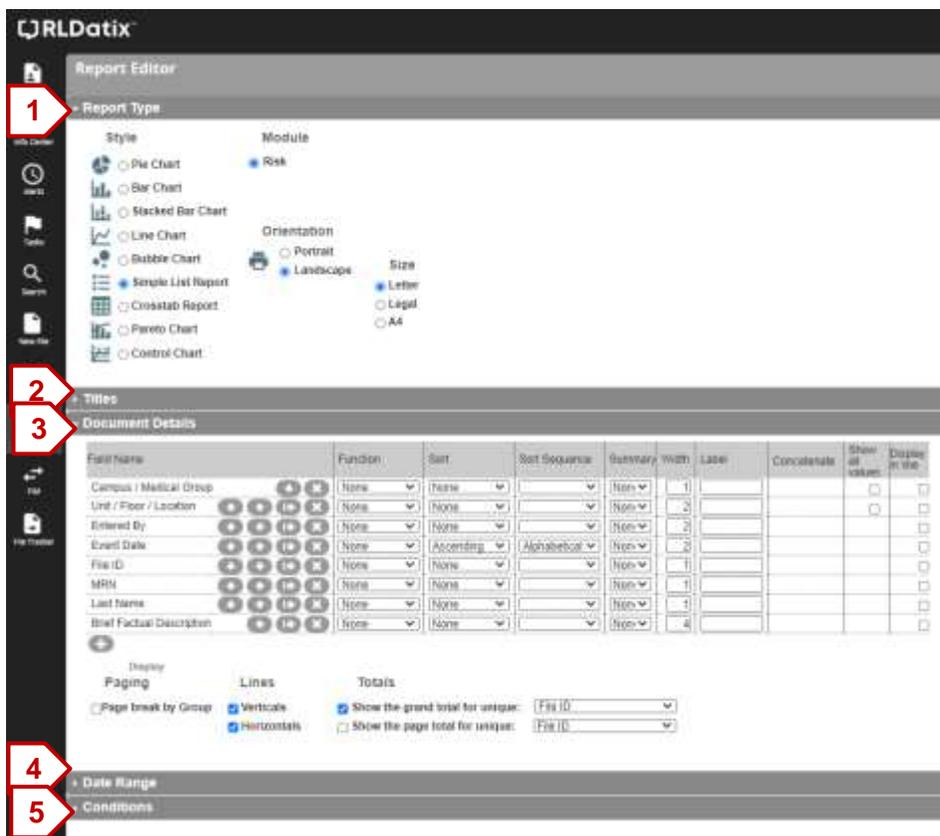
Module	Report Name	Report ID	Description
Risk	All OVERDUJE YTD	1003038	
Risk	GLBSL summary YTD	1001011	
Risk	Drilldown Text View - This Month	1000728	
Risk	Events - other specify last 7 days	1002170	
Risk	Events - Within last 24hrs	1001041	
Risk	Falls - Last Month	1000776	



Report Editor

The Report Editor allows users to create and edit reports. When editing or creating a report, the create/edit report interface includes sections that allow users to define the style and type of report to create and simple tools to control and make modifications to the report attributes:

1. **Report Type** - determine type of report (e.g pie chart, etc) and page size and layout
2. **Titles** - enter report title and header details
3. **Document details** - define fields to include or remove
4. **Date Range** - set date field and date range
5. **Conditions** - set the report filters or criteria



A more detailed guide for using the Report Center is available in the Bookmarks section of the KEEPSAFE screen.



Printing Events

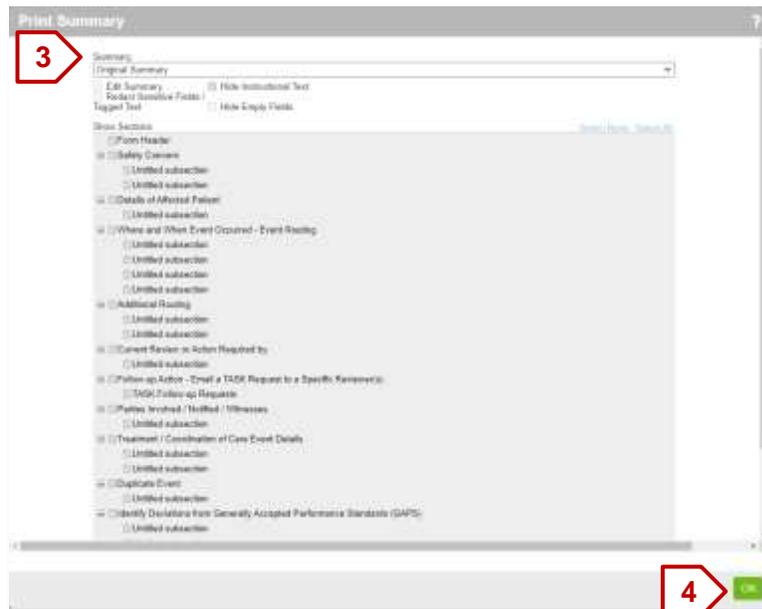
KEEPSAFE events may include documentation of Personal Health Information (PHI) or other sensitive information. If you are required to print an individual event, follow appropriate protocols to ensure that PHI is kept confidential and used in accordance with HIPPA regulations.

To print a file summary:

1. In the File Info Center, select the file and click **Print**.



2. The Print Summary window opens.
3. Select the **Summary** to print. Most often, you will use **Current Summary**.
4. Click **OK**. The file summary appears in HTML format in a separate browser tab. The summary will print using the browser's Print function.





Act As Function

A new feature in KEEPSAFE called **ACT AS** allows you to work in the system as another user. Using this feature allows you to assume another user's role and make file updates on their behalf. When acting as another reviewer you will have access to all the events included in their scope, and their screen views, and permissions as well.

Users that can ACT AS you in the system will have the same access to your files, permissions, and views. When you are out of the office, you can grant another reviewer(s) to ACT AS you to review submitted files while you are away. You can also ACT AS another user when they are out of the office.

Depending on your job role and location, your permissions grant the rights to select reviewer(s) that may act as you and the date range, or you may only be able to EDIT the date for a pre-selected reviewer(s) when you are out of the office.

Assigning Rights to another User to ACT AS You

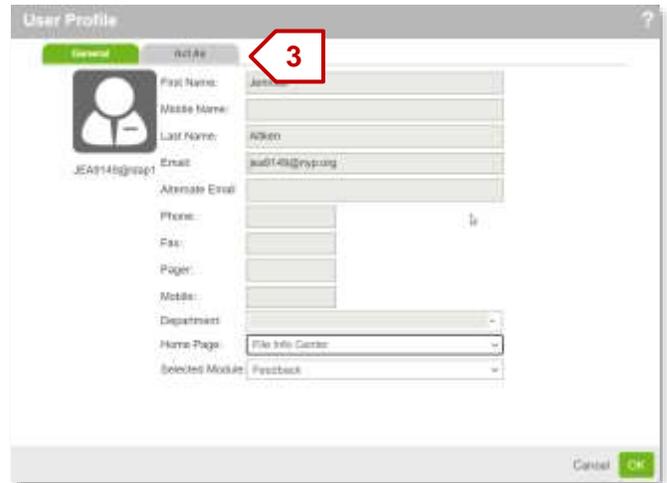
To assign another reviewer to ACT AS you:

1. Click and open the drop-down menu under **Logged In As** at the top-right.
2. Click on **Preferences**.





- 3. The **User Profile** window opens. Click the **ACT AS** tab.



- 4. Select the **module**, i.e. Risk or Feedback.
NOTE: Depending on job role/location, you will either have Add User or a pre-selected list of users.



See **Step 5** to add a user using the ADD User button.

See **Step 6** to add a user using a pre-selected list.

- 5. **Select a user with Add User button.**

- a. Click the **Add user** button.



- b. Type in the **username** and select it from the list.



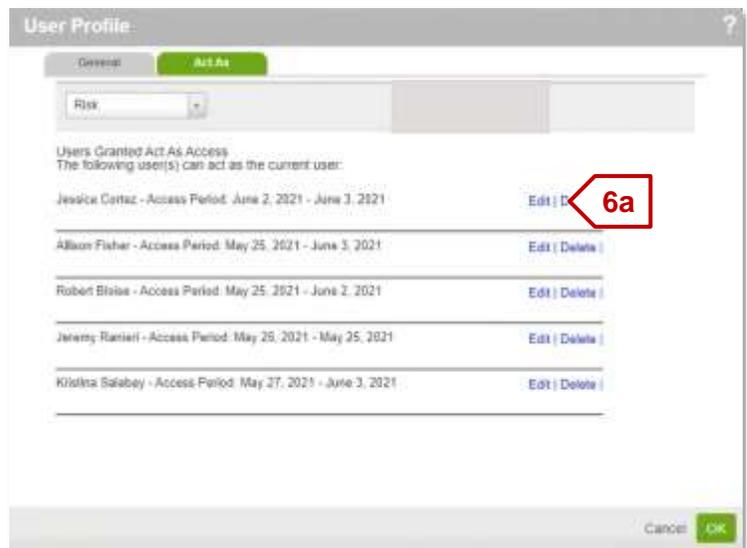


- c. Then enter the **date range** for which the user will be allowed to ACT AS you in the system.
- d. Click **Save** next to the date range.
- e. Click **OK**.



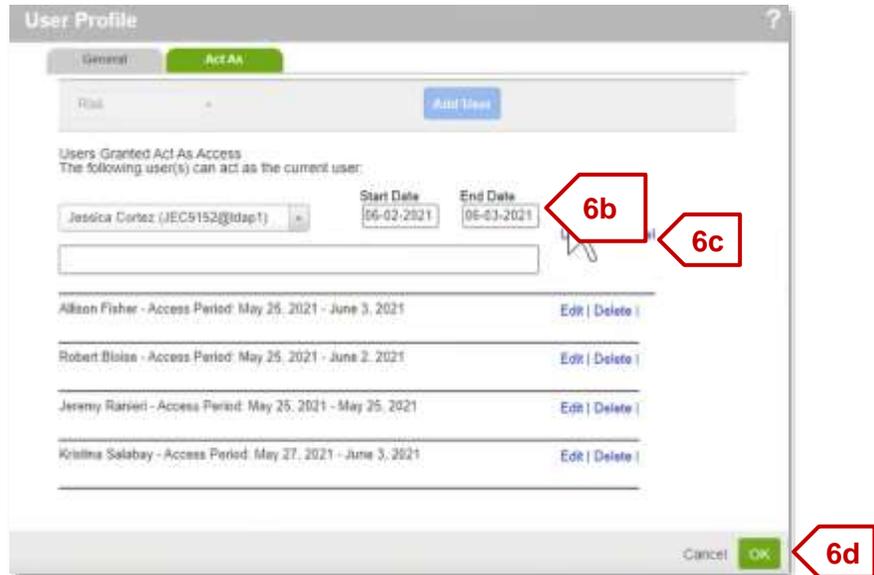
6. Select a user from a pre-selected list.

- a. From the pre-selected list, **choose the user** by clicking the **EDIT** link next to their name.





- b. Enter the **date range** the user will be allowed to ACT AS you in the system.
- c. Click **Save** to save another date range.
- d. Click **OK**.



7. The reviewer can now **ACT AS** you for the set date(s).

NOTE: The system automatically removes the other reviewer’s access to your account on the end date. The user selection will remain in your **ACT AS preferences**. You can go in at a later time and update their access by clicking **Edit** next to the name and entering a new date range for coverage.

ACT AS another User

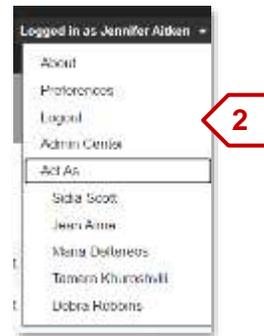
To ACT AS another user in the system.

- 1. Click and open the drop-down menu under Logged in as at the top-right.



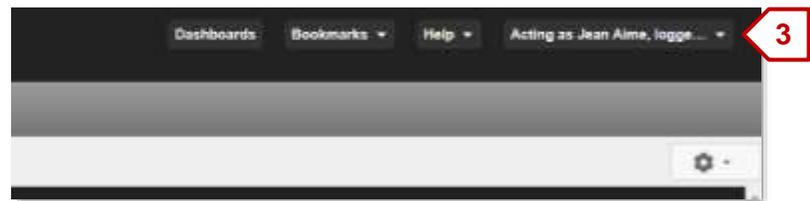


2. **Locate the ACT AS** menu option and **select** the user you have been requested to ACT AS in the system by **clicking their name**.



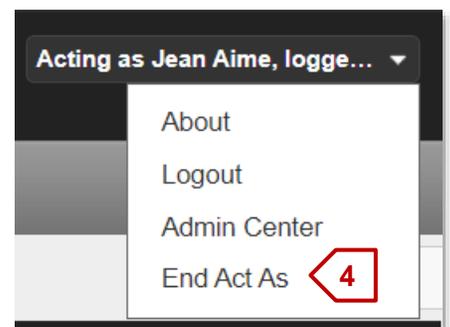
3. You will now be listed as logged into the system as the other user.

From here, anything you do in the system will be done as if that person were doing it.



IMPORTANT: Emails regarding alerts, tasks, and updates for event files assigned to the person you are acting as will **NOT** be sent to you. When acting as another user, you will need to log into their account and review their account information center periodically. If you are covering for someone who will be out for an extended leave (not a few vacation days/weeks), it may be better to add their scope of access to your account for the duration of their leave.

4. To stop acting as the other user, click on the drop-down menu under **Logged in as** and select **End Act As**.
5. To confirm you are no longer acting as the other user, check **Logged in as** to confirm your name as listed.



File Submission Tracker

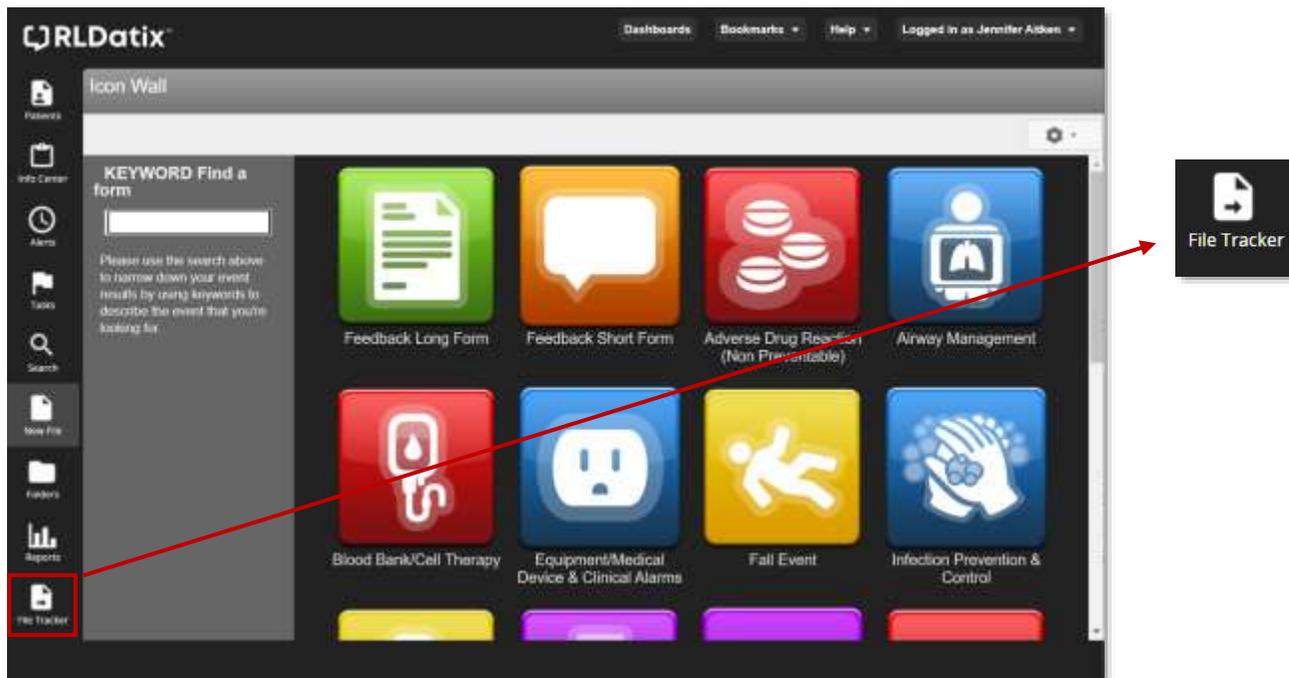
Once a file has been submitted, the reporter receives an email notification that confirms the submission and provides a direct link to the events submitted. In addition to having access to the events submitted in the reporter's KEEPSAFE File Info Center, all reporters now have access to the **File Submission Tracker** to monitor progress for all events which they submitted.

The **File Submission Tracker** is a new resource in the KEEPSAFE system that provides more information for reporters regarding the file state or progress and specifically who has opened



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and edited an event. Even after the event file has been **closed**, any updates or edits made to the event file can be monitored in the File Submission Tracker.



All users, reviewers, and entry level reporters have access to the File Tracker using the icon located at the bottom of the Navigation tool bar on the left side of the screen.

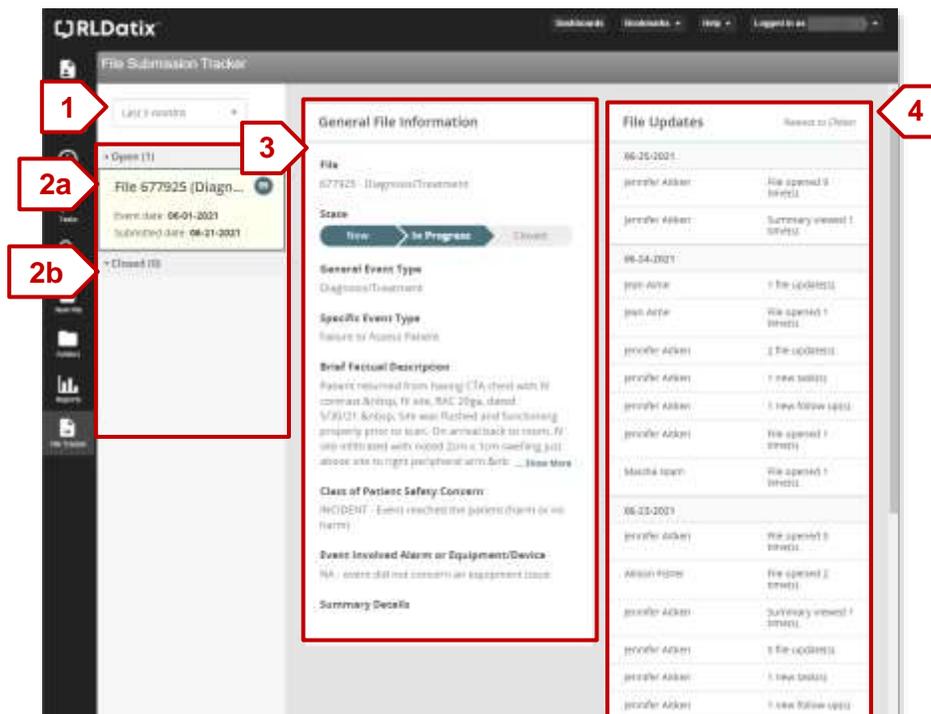
ONLY events you submit will display in your File Tracker.



Overview of the File Submission Tracker

- Date Range Filter:** Allows you to view files according to date. System defaults to files submitted or closed within last three months. Use the drop-down menu to change the date range.
- The Left Panel:** Displays files you have submitted as **cards**.
 - Each **card** shows the file number, type of event, and submission dates.
 - Displayed files are grouped into categories of **Open** or **Closed**.
 - You can click on the category heading to expand/collapse the category.
 - Files are sorted by category.
 - Open files** are sorted chronologically by the file submission date.
 - Closed files** are sorted with the most recent files on top.
- General File Information Panel:** Displays selected fields from a selected event in the left panel. In addition, the File state is indicated:
 - New:** File has not yet been edited by a reviewer(s).
 - In-Progress:** Edits have been made by reviewer(s).
 - Closed:** An initial review has been completed.
- File Updates Panel:** Displays a list of all reviewers who have opened or made edits to your event. Actions in this panel are listed in chronological order from newest to oldest.

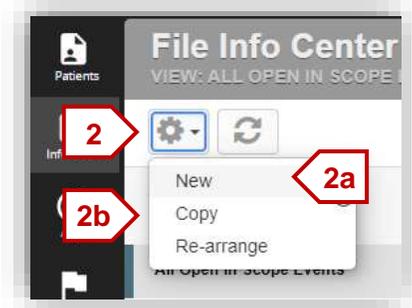
NOTE: Event Reviewers also have access to the **Audit Logs** in event files which contain more detailed information about file edits.





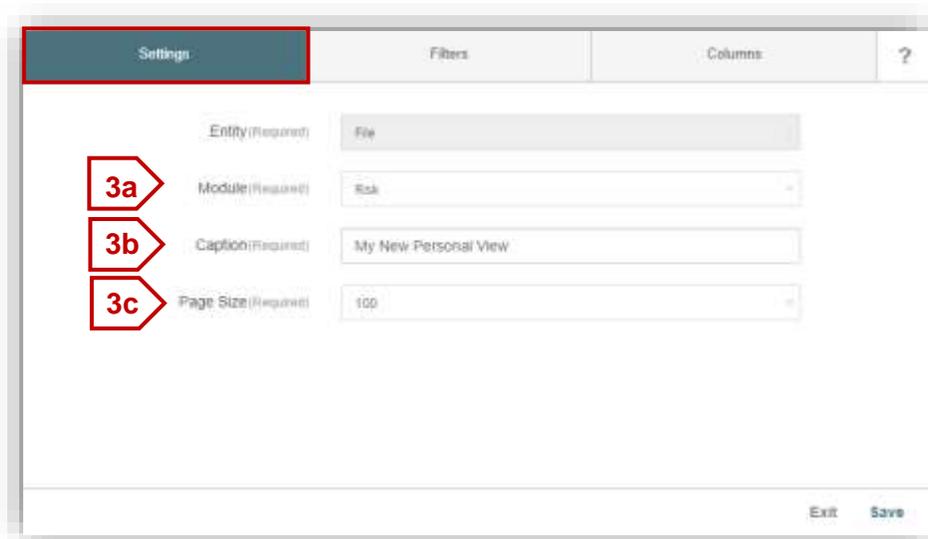
Create a Personal View

1. From the File Info Center, select a **View**.
2. Click on the **Settings (gear icon)** dropdown, and select New or Copy.
 - a. **New**: Create a brand new view.
 - b. **Copy**: Copy and modify an existing view based on user preference.



Properties Dialog Box

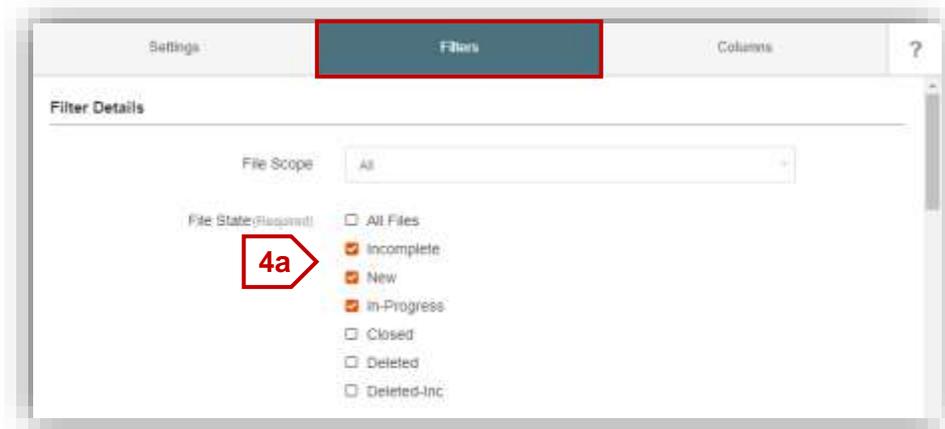
3. Complete these fields in the **Settings** tab.
 - a. **Module Field**: Select the module.
 - i. The Risk module is the required module for New views.
 - b. **Caption**: Enter a name for the Personal view.
 - c. **Paper Size**: Determine the maximum number of records to be displayed in the View.





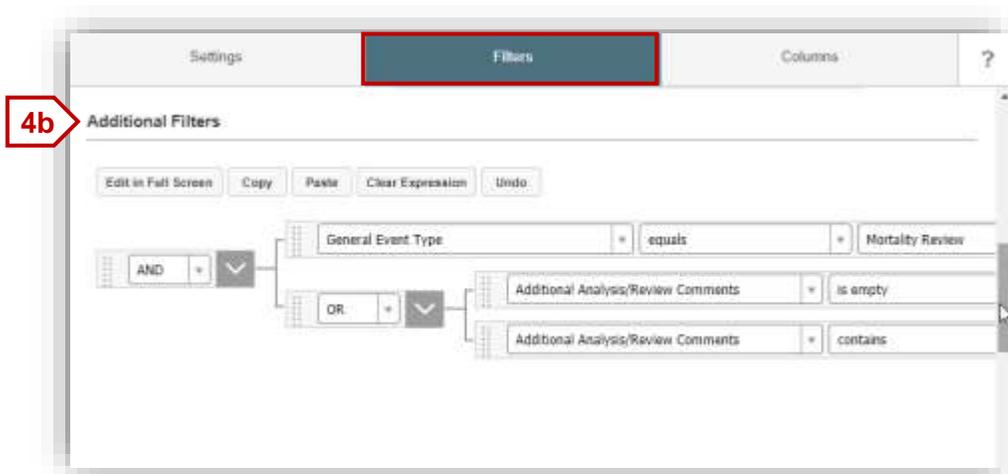
4. Complete these required fields in the **Filters** tab to specify the events or case that should display.

- a. **File State:** Choose the file states you want to appear in the Personal View as required; Closed, Open, In-Progress, etc.



- b. **Additional Filters:** Scroll down and update any additional filters needed for the Personal View.

- i. See the **Expression editor** for instructions on creating or updating expression statements.

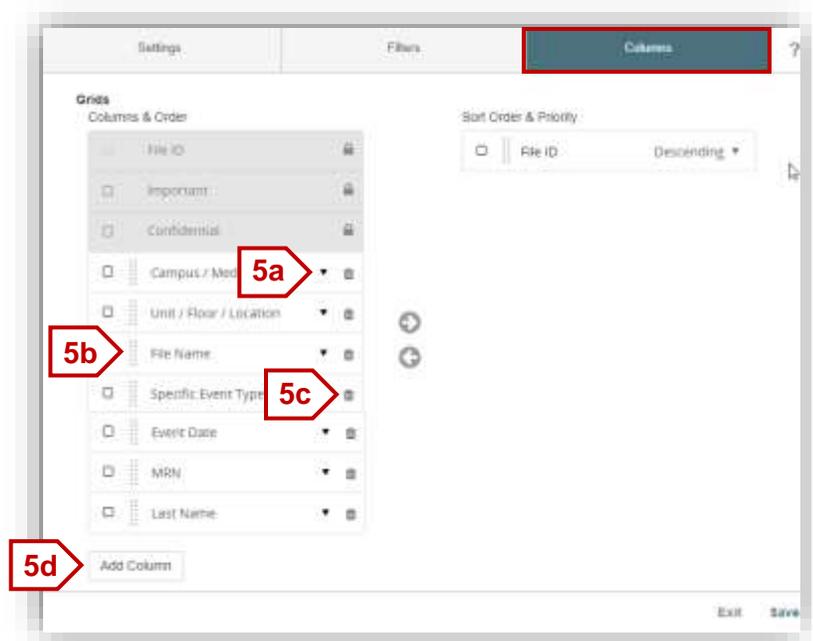




5. Complete these required fields in the **Columns** tab to specify which fields should display and the order in which the files should display.

Columns & Orders: Specify the column of the view by editing, adding, or removing the column options that appear in the list.

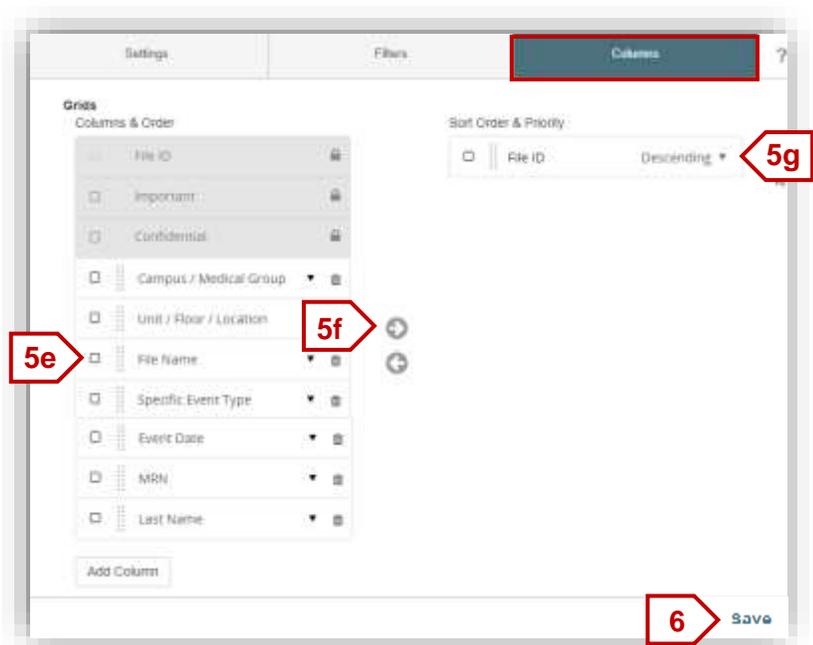
- a. **Edit Column:** Click on the arrow dropdown, type and select the desired column.
- b. **Change Column Order:** Hover over the drag handle and drag to the desired location on the list.
- c. **Delete Column:** Click the trash can icon beside the desired column.
- d. **Add Column:** Click the Add Column button, type and select the desired column.



Sort Order: Specify the sort order and priority. This will ensure the view displays data according to the fields specified in this section. **Note:** Calculated fields cannot be used to sort a list (e.g., “lasted modified by” and “days file open”). The view will fail to display open.

Example: If the Field ID is selected in ascending order, the view will order data by the File ID and sort in ascending order.

- e. Select the **checkbox** beside a column.
- f. Select the **right arrow**.
- g. Select **Ascending** or **Descending** from the dropdown.



6. Click **Save**.

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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: 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

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/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

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- 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

Policy Dates:

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Supersedes Policy Number: 104

Revised: 08/2020

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Date Approved: 08/2020

Last Approval Date: 05/2020



 **NewYork-Presbyterian**

Code of Conduct

April 2022

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Letter from the Chief Executive Officer

A special message from Steven J. Corwin, M.D., President and Chief Executive Officer, to the employees, medical staff, and others who work or do business with the NewYork-Presbyterian community.

Our goal is to be the preeminent academic integrated delivery system in the country, providing the highest quality, safest, and most compassionate care to our patients and their families. To achieve our goal, we must be true to our commitment to “We Put Patients First” and operate in a manner that satisfies regulatory requirements and social responsibility. Every employee, medical staff member, and all those doing business at or on behalf of New York-Presbyterian are expected to embrace our Culture and act with integrity, fairness, honesty, and in the best interests of our Institution and those we serve.

This is our Code of Conduct (Code), a “living document” reviewed continuously to reflect current requirements in an ever-changing regulatory environment. It was recently amended by our Board of Trustees to include language reinforcing NYP’s absolute commitment to a safe and respectful environment for all – patients, caregivers, staff members and visitors – anyone who enters our campuses or interacts with our enterprise. The Code articulates principles that guide us as we meet current, and future, challenges.” While each of us should take the time to read and familiarize ourselves with the Code, I want to emphasize the following:

1. Compliance is essential in every aspect of our business; we need to be aware of and adhere to all laws and regulations.
2. When issues or concerns are raised, they will be addressed appropriately by our management team. It is management’s job to foster an environment that facilitates problem identification and resolution. So, do not be afraid to ask.
3. Each of us has an affirmative duty to bring matters of concern to the attention of the appropriate personnel. You will be protected from retaliation or retribution for doing so in good faith.
4. The Code applies to all of us.

Please read this booklet carefully, paying particular attention to those aspects of the Code which apply to your area of responsibility. Use the information to guide your work at NYP. Thank you for your ongoing support, and for your commitment to our patients and their families.

Very truly yours,



Steven J. Corwin, M.D.
President and Chief Executive Officer

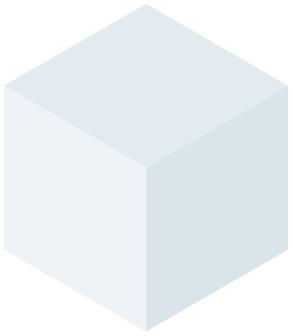
Our Culture





Our Commitment

“We Put Patients First”



Our Vision

To Be the Top Academic Integrated Delivery System in the Nation in Patient Centered Care, Research and Education.

Our Culture

Respect

Every Person Counts, Every Role Counts

Teamwork

Working Together

Excellence

Exceptional Quality and Service

Empathy

Listen, Understand and Respond

Innovation

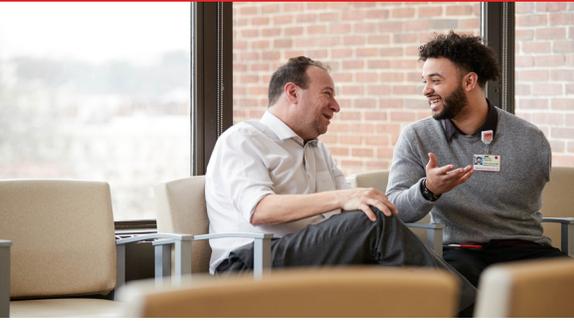
Creative Ideas, Cutting Edge Solutions

Responsibility

Honoring Our Past, Ensuring Our Future



Our CREDO



RESPECT at NewYork-Presbyterian

At NYP, every person and every role counts. We will treat everyone as a valued human being, considering everyone's feelings, needs, ideas and preferences. We will honor everyone's contributions to creating a safe healing environment for our patients, families and colleagues.

AS A MEMBER OF THE NYP COMMUNITY:

I believe

- Every individual who comes to us for care and who works here deserves my courtesy and respect.
- Every contact with a patient or co-worker is a chance to build a trusting relationship.
- It is my responsibility to honor our commitment to *We Put Patients First*.
- Teamwork and clear communication are necessary for providing the highest quality care.
- NYP is enriched by embracing our diversity and standing against racism and prejudice in all its forms.
- Every team member contributes to NYP's success and to creating an environment where everyone feels like they belong.

I will

- Treat others as they want to be treated, with kindness, courtesy, and empathy.
- Show respect in my words, actions, communication, and body language.
- Listen to and respond to patients, families, and colleagues.
- Do my best to assist a patient or colleague asking for help.
- Assume the best of others and give them the benefit of the doubt.
- Be open to the ideas of others and handle differences of opinion constructively.
- Hold myself, my colleagues, and my team accountable for our work.
- Help foster an environment of professionalism, openness, and high ethical standards.
- Uphold NYP's commitment to diversity, inclusion and belonging.

I will not

- Speak or act disrespectfully toward anyone.
- Engage in or tolerate abusive or discriminatory language and behavior in any form.
- Speak negatively about patients or colleagues, especially in front of patients and visitors.
- Create an environment in which people are afraid to bring forward concerns or issues of safety.
- Act irresponsibly with NYP resources.

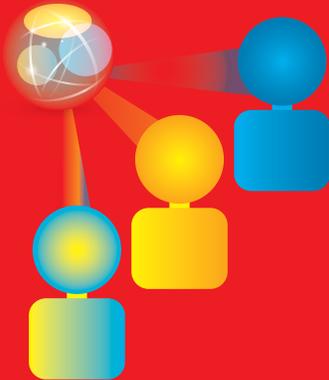


If you have a concern,
please tell us about it.

Contact the NYP Respect Office via HR Connects. Scan QR code, email hrc@nyp.org, or call **646-697-4727**

Overview and Introduction

What is NewYork-Presbyterian's (NYP) Code of Conduct?



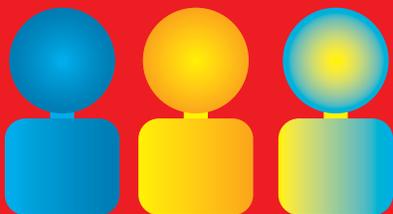
NYP's Code of Conduct clearly and concisely outlines the types of behaviors expected in the workplace. The Code of Conduct was developed to support NYP's workforce in complying with applicable laws, regulations and NYP policies and assist with making decisions that are in the best interest of the hospital and our patients.

Why is it important to have a Code of Conduct?



NYP established a Code of Conduct to reflect our culture and foster an environment that optimizes the delivery of the highest quality and compassionate, patient-centered care. We share a common commitment, vision and values, and the Code of Conduct helps us to fulfill each with integrity, fairness and in the best interest of NYP and those we serve.

Does the Code of Conduct apply to me?



Without exception, this Code applies equally to everyone at all levels of the organization across the NYP system and it is the responsibility of senior leadership, medical/professional staff, contract staff, volunteers, students, researchers and all employees of NYP to act in a manner consistent with the Code of Conduct.

Responsibility

Compliance with Rules, Regulations and Policies

Compliance with Rules, Regulations and Policies

NYP's Commitment to You

- We work every day to achieve the organization's mission, vision and values.
- We apply the Code of Conduct and other organizational standards and policies fairly and consistently.
- If these important expectations are not followed, we respond appropriately, according to the organization's discipline guidelines and, if applicable, the terms of any contracts and labor agreements.



Your Commitment

- You understand and comply with applicable rules, regulations and laws that govern NYP and its employees.
- You use the Code of Conduct and other resources from the organization to help you make the right decisions.
- You familiarize yourself and comply with the contents of the Employee Handbook as well as with the policies and procedures applicable to your employment and responsibilities at NYP. If you have questions about any of these requirements, you address them with management.
- You know that a violation of your responsibilities, as explained in the Code of Conduct, other organizational standards and policies, and applicable laws, can result in corrective action, up to and including termination. Medical staff members, because they are employed by or appointed by the medical colleges, may have additional obligations.

Reporting Expectations and Resources

NYP's Commitment to You

- We establish, maintain and make available multiple mechanisms for reporting compliance concerns, including a Compliance Helpline.
- Reports can be made through the toll-free Compliance Helpline at 1-888-308-4435 or web-based submission at nyp.ethicspoint.com, which is available 24/7. The Compliance Helpline is operated by an outside organization. Reports can be made anonymously and in both English and Spanish.



- We ensure all reports received through the Helpline are thoroughly investigated and addressed.
- We make every effort to maintain the confidentiality of the information provided to the fullest extent practical or allowed by law.
- We make sure that the information we create, maintain and report is fair, accurate, complete and timely.



Your Commitment

- You foster a culture of integrity and compliance, and model that behavior.
- You timely report any known or suspected Compliance violations.
- You understand that you cannot be retaliated against for reporting a compliance concern.
- You will not intimidate or retaliate against others for reporting compliance concerns.
- You will report all known or suspected concerns in good faith.
- If there is a question or concern about a situation that you believe may be illegal or unethical, you may first seek guidance from your manager. If you are uncomfortable addressing the issue with your manager or the manager has failed to address the issue in a timely or effective manner, you will inform one or more of the following: Senior Management, Office of Legal Affairs, Human Resources or Compliance. When managers are unsure of how to respond to an inquiry from an employee, you seek assistance through the chain of command, the Human Resources Department, the Office of Legal Affairs or the Office of Corporate Compliance
- Reporting directly to the Office of Corporate Compliance should never be discouraged.

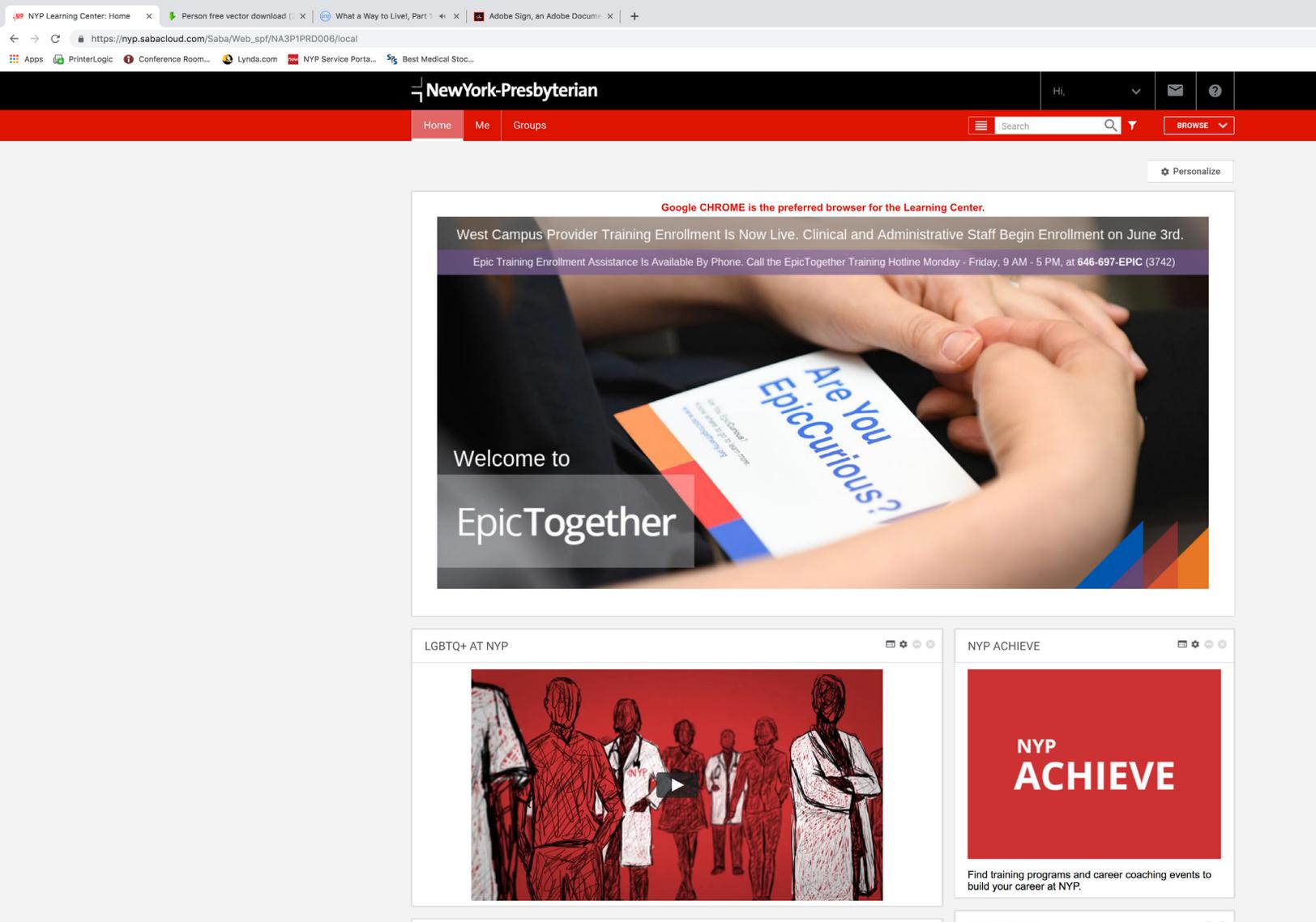
Excellence

Training and Education

Training and Education

NYP's Commitment to You

- We maintain a comprehensive, formal program of general compliance and privacy training to ensure that members of the NYP workforce are aware of their legal, moral and ethical responsibilities.
- We will prepare and periodically update the compliance and privacy training content and maintain records of training completion. Other communication and training mechanisms (e.g., specialized training and huddle messages), will be implemented at the discretion of the Office of Corporate Compliance.
- We provide training and education to new workforce members to ensure awareness of the NYP Compliance and Privacy Program expectations.



Your Commitment

- You will attend general compliance and privacy training at new hire orientation and complete a general compliance and privacy training annually thereafter online.
- You complete required education and training on time.
- You ask your manager or reach out to the Office of Corporate Compliance for help if you do not understand something that is covered in a training or educational materials.
- You reach out to the Office of Corporate Compliance if you recognize the need for specialized department-specific compliance training.

Billing, Coding and Reimbursement

NYP's Commitment to You

- We continually evaluate our coding and billing activities to identify areas for improvement.
- We will make special note of concerns identified by regulators to mitigate the risk of improper billing.
- We will properly train staff and provide them with coding and billing updates in a timely manner.
- We will ensure payers are notified of payment errors and process refunds promptly and accurately.

Your Commitment

- You will document, code and bill only for services that were actually rendered.
- You will maintain accurate, thorough and complete documentation to support coding and billing for all services.
- You will bill for services according to Federal Payer Guidelines where applicable.
- You will bill in compliance with the Teaching Hospitals Guidelines where applicable.
- You will not routinely waive patients' coinsurances and deductibles.
- If you notice a coding or billing error, you will report it to your manager or the appropriate NYP authority.



Referrals of Care and Service

NYP's Commitment to You

- It is important that patients trust that when we suggest treatment and other services, our recommendations are based on their needs and that we are providing the highest quality, safest and most compassionate care to our patients and their families. Therefore, we follow all laws, sound care, and referral practices by making sure patients receive appropriate care and service.

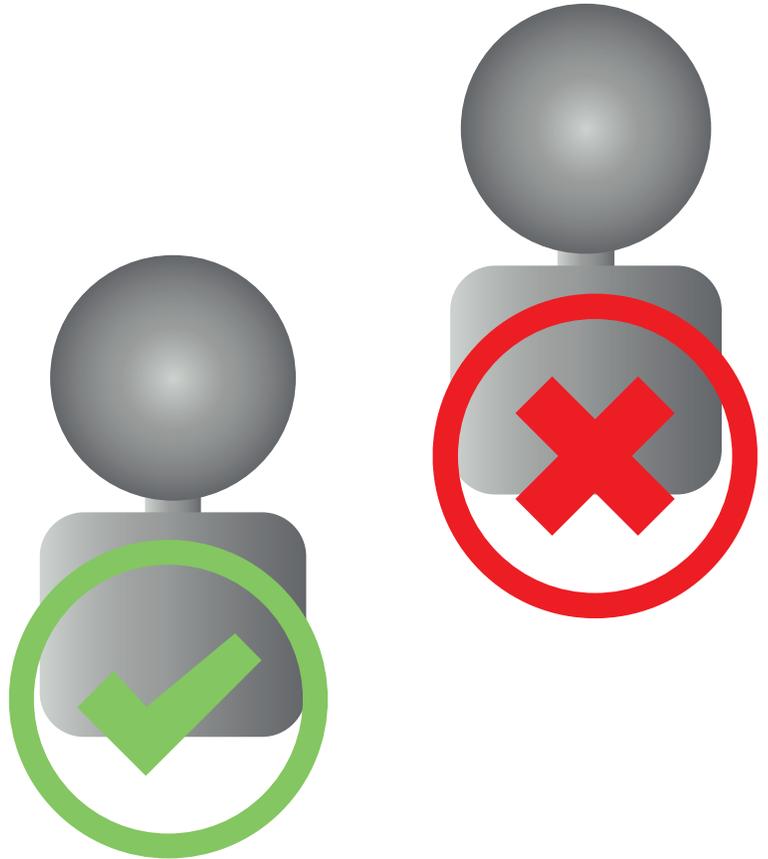
Your Commitment

- You follow all laws about referring patients to other providers, facilities, suppliers and plans. These laws, some of which are known as the Anti-kickback, Stark (or physician self-referral) and Patient Freedom of Choice laws can be complicated; consult with the Office of Legal Affairs if you are considering an arrangement with an outside provider or supplier that might affect patient or member referral patterns or choices.
- You do not directly or indirectly solicit, accept or offer anything of value in exchange for patient or member referrals.
- You do not give, offer or promise anything of value to any government official, primary contractor, subcontractor or other entity for the purpose of improperly obtaining or receiving favorable treatment for yourself or NYP.
- You do not accept, directly or indirectly, anything of value from any NYP vendor (or entity seeking to do business with NYP) in exchange for giving favorable treatment to the vendor.
- If you are a physician, you do not refer patients to other providers or facilities with which you or your family have a financial relationship.
- You do not offer special benefits or incentives to patients unless those arrangements meet very specific criteria approved in advance by the Office of Legal Affairs.

Quality of Care and Services

NYP's Commitment to You

- We screen all prospective employees, vendors and medical staff to assure that they have not been sanctioned by any regulatory agency and are eligible to provide services or perform their designated responsibilities.
- We provide high quality care and skilled, compassionate, reliable service to our patients and to our community in a safe and healing environment.
- We expect all employees and medical staff to conform to the standards of their professions and exercise appropriate judgment in the performance of their duties.
- We know that excellent patient experiences result when people are engaged and proud of their work.





Your Commitment

- You act in accordance with the provisions of the Patient Bill of Rights, as well as adhere to the following principles as applicable:
 - You honor the dignity and privacy of each of our patients and will treat them at all times with consideration, courtesy and respect.
 - You provide appropriate and timely care to all patients without regard to race, color, religion, age, gender, sex, national origin, sexual orientation, gender identity or expression, disability, military status or source of payment.
 - When a patient presents with an emergency medical condition, you provide that patient with a screening examination and stabilization of any emergency condition in accordance with applicable laws, rules and regulations, regardless of the patient's ability to pay. Patients will only be transferred after they are medically stabilized and an appropriate transfer has been arranged.
 - You ensure a qualified practitioner properly evaluates every patient before initiating a treatment plan.
 - You provide patient care that conforms to acceptable clinical and safety standards.
 - You maintain complete and thorough records of patient information to fulfill the requirements set forth in our policies, accreditation standards, and applicable laws and regulations.
- You support and promote the continuous quality and performance improvement program (s) throughout NYP.
- You continuously strive toward a culture of patient safety.
- You provide service to our patients and their families in a manner that embodies our philosophy of “We Put Patients First” and aligns with Commitment to Care service expectations for all NYP employees or medical staff.

Empathy

Harassment and Workplace Violence

Harassment and Workplace Violence

NYP's Commitment to You

- We do not tolerate any form of harassment, including verbal, physical, visual or sexual harassment, or the intent to create an offensive, hostile or intimidating environment.
- We strive to create and maintain an environment free from violence, both real and implied.



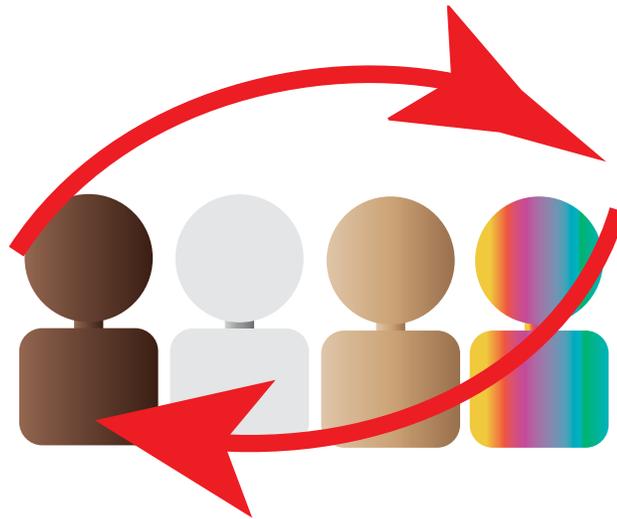
Your Commitment

- If you feel you have been the subject of harassment (verbal, physical, visual or sexual), or have witnessed or been told of an incident, report it immediately.
- If you feel you have been the subject of violence, believe you are at risk of experiencing violent behavior, or become aware of an incident of violence, report it immediately.
- You will not engage in any form of harassment, including verbal, physical, visual or sexual, or create an environment which is offensive, hostile or intimidating.

Diversity, Equal Opportunity and Inclusion

NYP's Commitment to You

- We recognize the freedom, rights and dignity to which colleagues and applicants for employment are entitled.
- We do not make employment decisions based on race, creed, color, age, sex, marital status, national origin, religion, sexual orientation, sexual and other reproductive health decisions, gender identity or expression, physical or mental disability, veteran status, or status with regard to public assistance or genetic information.



- We recognize that our greatest strength lies in the talent of our staff who create the organization's success and determine its reputation.
- We are committed to creating safe, respectful environments to support our employees, medical staff, vendors, independent contractors, volunteers and practitioners who encounter abusive and/or discriminatory behavior.
- We will not permit any act of retaliation or reprisal against an employee or medical staff member who in good faith reports a violation of law, regulation, standard, policy or the Code of Conduct.
- We encourage teamwork and create structures, processes and programs that enable a positive culture to flourish. Disruptive behavior that intimidates others and affects morale or staff turnover will not be tolerated and will be addressed appropriately.



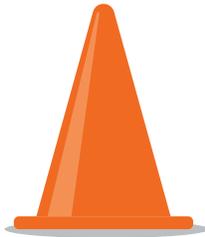
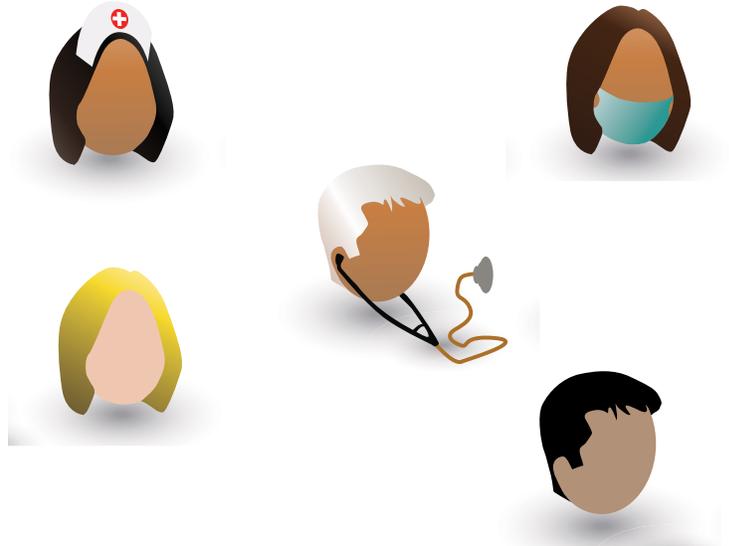
Your Commitment

- You do not discriminate based on race, creed, color, age, sex, marital status, national origin, religion, sexual orientation, sexual and other reproductive health decisions, gender identity or expression, physical or mental disability, veteran status, or status with regard to public assistance or genetic information.
- You support your colleagues, medical staff, vendors, independent contractors, volunteers and practitioners who encounter abusive and/or discriminatory behavior.
- You treat all people with respect, dignity and courtesy.

Environmental and Safety Considerations

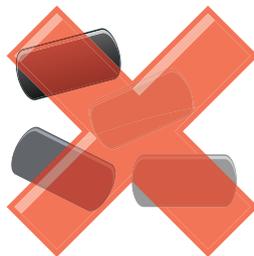
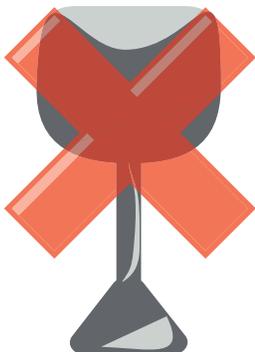
NYP's Commitment to You

- We maintain a safe, secure and healthy environment for everyone onsite, including employees, volunteers, patients and visitors.



- We make workplace safety a priority.

- We support an alcohol, drug and smoke-free workplace and abide by policies prohibiting illegal possession, distribution, use or being under the influence of illegal drugs, alcohol or other substances.





Your Commitment

- You work to provide a safe, secure, healthy and productive work environment for all colleagues.
- You make workplace safety one of your priorities.
- You follow all workplace health and safety laws and policies at your location, including Safety and Infection Control policies and procedures.
- You report unsafe work acts or conditions, accidents and environmental concerns to your manager, Safety Officer, or Corporate Compliance right away.
- You participate in safety meetings and trainings as required.
- You work in a responsible and professional manner, including exercising good judgment with regard to the environmental aspects of the use of NYP buildings, property, laboratory processes and medical products.
- NYP is a smoke-free environment, and you comply with related, applicable policies.
- You comply with all laws and regulations governing the handling, storage, use and disposal of hazardous materials, other pollutants and infectious wastes.
- You comply with permit requirements that allow for the safe discharge of pollutants into the air, sewage systems, water or land. You wear an appropriate identification card at all times while performing your duties on behalf of NYP. At any time, you may be asked to identify yourself by name and department.

Teamwork

Business Ethics

Business Ethics

NYP's Commitment to You

- We will follow all applicable laws and regulations, conduct our business ethically and honestly, and act in a manner that enhances NYP's standing in the community and is sensitive to those whom we serve.
- We work to prevent, detect and correct fraud, waste and abuse related to health care benefits paid by the government, commercial health plans and employers.
- We routinely assess the risk that illegal conduct might occur, whether in our own facilities, by subcontractors, or network providers.
- When fraud, waste or abuse is identified, we address the issue through appropriate corrective action, which may include a report of our findings to the government and a refund or repayment of any undue payment.
- We cooperate fully with regulators and law enforcement.
- We notify workforce members about federal and state laws relating to false claims, false statements and whistleblower protections in accordance with the Deficit Reduction Act of 2005.



NYP's Commitment to You (continued)

- We will procure, maintain, dispense and transport drugs and controlled substances used in the treatment of patients according to applicable laws and regulations.
- We will issue and maintain financial reports, accounting records, research reports, expense accounts, time sheets and other documents that are accurate and clearly reflect the true nature of transactions.
- We will follow the laws regarding intellectual properties, including patents, trademarks, marketing, copyrights and software.

Your Commitment

- You demonstrate honesty, integrity and fairness in the performance of your duties.
- You make every effort to prevent and detect fraudulent, wasteful or abusive activity that may affect our resources or our interactions with local, state and federal governments.
- You report any practice or condition that may violate any law, rule, regulation, safety standard, policy or the Code of Conduct to appropriate leadership, the Office of Legal Affairs or the Office of Corporate Compliance.
- You adhere to all applicable laws, regulations, and professional standards regarding financial reporting and disclosures, and submit accurate claims and reports to the federal, state and local governments.
- You will maintain the accuracy of NYP's books and records, and will not create or be a part of the creation of any records intended to mislead or to hide anything that is improper.
- You must: i) avoid agreements or understandings with competitors on how we will compete, or not compete, to provide healthcare services; recruit, employ or compensate practitioners and staff; or bid for or select vendors; and ii) not discuss or share competitively-sensitive information with competitors. Competitively-sensitive information includes pricing, reimbursement rates, discounts, wages, compensation, benefits, business plans, terms, projections, strategies, investments, and any non-public information. You will raise or report any antitrust questions or concerns to Corporate Compliance.
- You do not make verbal or written false or misleading statements to a government agency or other payer.
- You do not pursue business opportunities that require unethical or illegal activity.
- You provide truthful reports and information as required by any federal, state or local government agency on time, accurately and according to applicable laws and regulations.
- You will comply with federal regulations regarding government contracts and programs in which we participate.
- You will not engage in lobbying activities on behalf of NYP that are inconsistent with the laws, rules or regulations applicable to tax-exempt entities.
- If applicable, you will conduct fundraising in accordance with all applicable laws and regulations and policies and procedures.
- Travel and entertainment expenses should be consistent with our job responsibilities,
- NYP's needs and in accordance with policy.



CAUTION
HOT SURFACES
DO NOT TOUCH
MAINTAINANCE AND CLEANING INSTRUCTIONS

New York Precision
RICHARD NICOLLE
FOOD SERVICE

Conflict of Interest

NYP's Commitment to You

- We offer care and service to our patients and research participants that is objective and based on the best available scientific evidence.
- We use processes to make decisions about care, service, prescribing and purchasing that ensure those decisions are free from the influence (or perception) of personal gain.
- We are not influenced by gifts, entertainment opportunities, meals or other offers from the people and organizations that we do business with.
- We respond appropriately in situations where we are offered gifts or other tokens of appreciation from vendors, patients, their families, customers, competitors and others.
- We will not employ members of the same family in an organizational unit where one supervisor supervises them or where one of them supervises others in the family unit (spouse, children, parents, in-laws or siblings). NYP reserves the right to avoid the possibility of nepotism by unilateral transfer of the individuals concerned.



Personal Interests

Your Commitment

- You make decisions about your work that are in the best interests of our organization and all of the people we serve. This commitment includes those acts formalized in written contracts, as well as everyday business relationships with vendors, customers, government officials and government employees.
- You avoid personal relationships and arrangements that could interfere, or appear to interfere, with your ability to do your work objectively and with independent judgment.
- You recuse yourself from any purchasing, ordering or prescribing decision if you have a personal interest in the outcome of the decision.
- You promptly fill out all conflict of interest forms completely and honestly.
- You disclose all outside interests that involve health care, our competitors or our suppliers to your leader and as part of any organizational certification or disclosure process that applies to you. Medical staff members must complete, at a minimum, a conflict of interest form on every reappointment and will update the information as appropriate.
- You promptly disclose any material changes to your conflict of interest responses.

Examples of potential conflicts of interest that must be disclosed include:

- A significant investment in a company that may do business, seek to do business or compete with NYP.
- Conducting business on behalf of NYP with a relative or company in which you or a relative has a substantial interest.
- Employment with or providing services to a company that may do business, seek to do business or compete with NYP.
- Accepting gifts, entertainment, travel or education expenses from a company that may do business, seek to do business or compete with NYP.
- Participating on outside boards of directors/trustees of competitors or those doing business with or on behalf of NYP.
- Having a directorial, supervisory or subordinate relationship with a relative, or hiring a relative.

** Keep in mind it is not possible to define all circumstances in which a conflict of interest does or does not occur. Acting within the letter and spirit of this section in conjunction with Conflict of Interest policies is the responsibility of each individual.

Employee Relatives

Your Commitment

- You treat your family members' personal and business interests as your own, and disclose them to your leader and as part of any organizational certification or disclosure process that applies to you.
- You will disclose family relationships appropriately to management and/or the Office of Corporate Compliance in order to minimize potential conflicts.

Gifts, Gratuities and Entertainment

Your Commitment

- You do not solicit or accept gifts, entertainment opportunities, meals or favors from a vendor in appreciation for good service or as a thanks for business.
- You refuse offers from vendors to provide parties or donate food for internal functions.
- You do not solicit or accept cash or cash equivalents (such as gift cards) from vendors, suppliers, other contractors or others, including patients, unless approved by the Development Office and/or the Office of Corporate Compliance.
- You do not attempt to influence others' care or business decisions with gifts or other offers.
- You do not accept cash gifts or cash equivalents (including gift certificates, gift checks, and gift cards) in any amount, from patients, family members, or their visitors.
- You may accept a non-cash gift (retail value not exceeding \$100) in a calendar year, given on holidays when gifts are customary.
- You may accept tokens of appreciation, of nominal value (e.g., perishables, flowers, baked goods, etc.), from patients as long as the token is unsolicited and shared with the recipient's team, unit, or department.
- You are not prohibited from exchanging gifts of a personal nature with other employees, provided hospital funds are not utilized. Gifts related to a person's employment at the Hospital (e.g. for Secretary's Day, Nurses Week, etc.) are permitted, provided they are customary for the occasion.
- You are aware that gifts between managers and staff may create an appearance of favoritism.
- You disclose all gifts or gifts offered to a manager.

- If you have a question as to the value or the appropriateness of a gift, you refer to NYP's conflict of interest policies regarding Acceptance of Gifts and Honorarium and Speaking Engagements and then seek approval from your manager or the Office of Corporate Compliance.

Vendors

Your Commitment

- You will inform vendors of our policies regarding ethical business conduct and compliance with law, as well as our expectation that vendors act in accordance with such law and policies. You will inform vendors who are our business associates of their obligation requirements under HIPAA to safeguard our patients' information and immediately report any privacy and/or security breaches.
- You will avoid agreements or other actions that may unfairly restrain trade or reduce competition.
- You will avoid placing business with any vendor of NYP in which you or members of your immediate family have a direct or indirect interest, employment or other financial relationship, unless the relationship is disclosed and approved according to policy.
- You seek approval from your manager before attending vendor-sponsored events. If your manager has questions about whether a specific invitation may be accepted under this item, s/he should discuss it with the Compliance Officer.



Respect

Privacy, Security and Confidentiality

NYP's Commitment to You

- Protecting the privacy and confidentiality of all patients and workforce members is a top priority.
- We do not tolerate deliberate breaches of privacy or confidentiality.
- We are committed to maintaining the confidentiality of employees, patients and other sensitive or proprietary information in accordance with legal and ethical standards.
- We educate new workforce members on the importance of protecting and keeping confidential employee information, sensitive and protected patient information and other privileged information.



Your Commitment

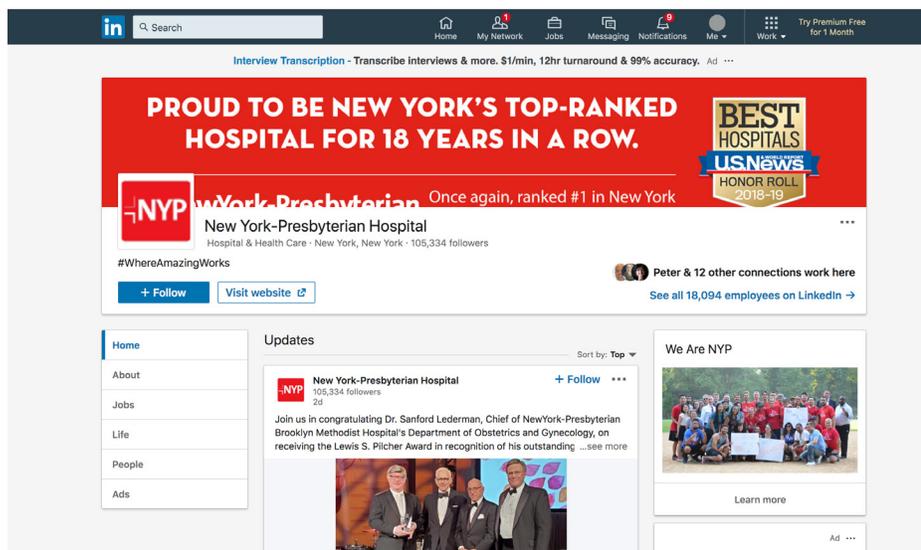
- You are committed to maintaining the confidentiality of all employees, patients and other privileged information in accordance with legal and ethical standards.
- You adhere to all established confidentiality, privacy and security policies, procedures and laws including the Health Insurance Portability and Accountability Act (HIPAA).
- You respect the privacy of our patients, fellow employees, and medical staff.
- You actively protect and safeguard patients' Protected Health Information (PHI) and patients' personal information in all forms, including paper, electronic, verbal, and telephonic.
- You only access a patient's chart or medical data when you are involved in that patient's care, or when you need access to the chart for a legitimate work-related reason such as billing, administrative, teaching or research requirements.
- When appropriately sharing patient information, you share only the minimum necessary to meet the request.
- When appropriately sharing patient information outside of the organization, you ensure that the information is shared in a secure manner.
- You secure patients' information by using encrypted and password-protected electronic devices only (i.e., flash drives, laptops, etc.) and by following all applicable NYP policies.
- You do not discuss patient information in public areas, including elevators, hallways and dining areas.
- You seek permission from the patient before discussing patient information in front of patient family members and/or friends.
- You use appropriate channels to obtain you or your family members' patient records.

Innovation

Communication, Marketing and Social Media

NYP's Commitment to You

- We communicate openly, honestly and in good faith with each other, those we serve and the community.
- We encourage colleagues to speak directly with their leaders when they have concerns about their work, their employment or any other issue related to the organization.
- In the age of social and interactive media and emerging new ways to communicate, we remain committed to the basic expectation of communicating with integrity and discretion.



Your Commitment

- When you communicate about the organization or your work in a public setting or forum, avoid using statements, images or recordings that could be viewed as unlawful, profane, discriminatory, threatening or hateful to another person or to an organization, including our organization, the people we serve, vendors, competitors or your colleagues.
- You are clear in your public communications about whether you are speaking as an individual or on behalf of the organization and only speak on behalf of the organization if you are authorized to do so as part of your job responsibilities.
- Whether you are discussing your work in a public setting, such as at a conference, or in a personal setting, such as at home, you always follow organizational policies on privacy, business confidentiality, social media, e-mail and internet usage and conflicts of interest.
- You never talk about or post PHI or any patient-related information, including images of patients, on social media.
- You only take pictures on units or in patient care areas consistent with NYP policies. You market and advertise accurately and in compliance with laws and regulations.

Information Security and the Protection of NYP Assets and Proprietary Information

NYP's Commitment to You

- Our success depends in part on the unique nature of our services, products, brand, systems and other business information. It is essential that we protect the confidentiality of our business information and respect the intellectual property rights of the organization and others.
- We will treat all personnel files and records containing personal information as confidential.





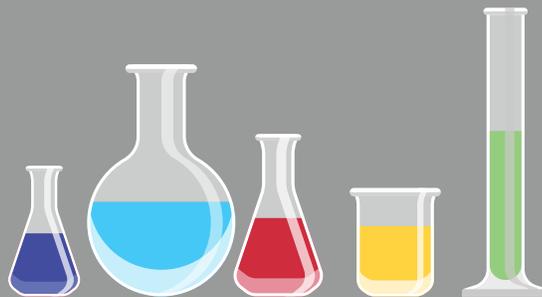
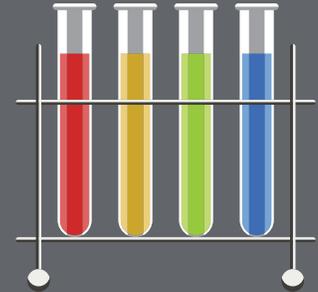
Your Commitment

- You handle all confidential business information as carefully as you would handle patient and member information and your own personal information.
- You only access patient information with a legitimate business reason using the minimum amount necessary.
- You do not share insider information, which is not otherwise publicly available, including pricing and financial information, for any direct or indirect personal gain or other improper use.
- You protect NYP assets and the assets of others entrusted to NYP against loss, theft or misuse. This includes physical and intellectual property.
- You use NYP property appropriately and take measures to prevent any loss of equipment, supplies, materials or services.
- You do not use NYP assets or property for personal use without appropriate permissions. Managers or clinical service chiefs must approve any personal use of NYP equipment, supplies, materials or services.
- You only use hospital issued and/ or approved systems and platforms for hospital business.
- You will not copy NYP computer software unless it is specifically allowed in the license agreement.
- Employees will report time and attendance accurately and will work productively while on duty.
- You only share business information outside the organization when approved.
- You encrypt all confidential information when storing or transmitting outside of NYP.
- You keep the organization's business information confidential after your association with NYP ends.
- If you are unsure if you should share the organization's intellectual property or other organizational information, ask your manager.
- You protect your User IDs, identification information and passwords.
- You lock your computer when stepping away and log off your computer at the end of each shift.
- You do not open a link or email attachment from an unknown or unexpected source.
- You do not insert a non-NYP flashdrive or other peripheral device into an NYP computer.

Research Compliance

NYP's Commitment to You

- We learn through research and innovation while honoring ethical and legal standards. Scientific truthfulness and integrity ensure that research results are useful and reliable.



- We consider protecting the rights of research participants of the utmost importance.





Your Commitment

- You ensure research projects are reviewed and approved through the research review process (Institutional Review Board) before any research begins.
- You protect the rights of research participants.
- All patients asked to participate in a research project will be advised of the risks and benefits, as well as alternative services or treatments available. In addition, a patient's refusal to participate will not in any way affect his/her access to care or services provided by NYP.
- You propose, conduct, and report research with integrity and honesty.
- You are educated on, follow, and demonstrate accountability for meeting and ensuring compliance with the requirements of sponsor's regulatory bodies, and other applicable entities.
- You faithfully describe and transmit research data and findings.
- You ensure originality of work, provide credit for the ideas of others upon which their work is built, and are responsible for the accuracy and fairness of information published.

Compliance Resources

Compliance Helpline: 1-888-308-4435

Office of Corporate Compliance Main Number: 212-746-1644

Compliance Infonet Page:

<https://infonet.nyp.org/Compliance/Pages/CompliancePrivacyAudit.aspx>

Physician Billing Compliance: pbc@nyp.org

Conflicts of Interest: coi@nyp.org

Compliance Policies

[Antifraud Program: Incident Identification, Reporting & Investigation - \(F140\)](#)

[Billing and Claims Reimbursement - \(C142\)](#)

[Code of Conduct - \(C143\)](#)

[Compliance Helpline Operations - \(C146\)](#)

[Conflict of Interest – Acceptance of Gifts - \(C144\)](#)

[Conflict of Interest Policy Statement](#)

[Conflict of Interest Questionnaire](#)

[Conflicts of Interest - Speaking Engagements and Honoraria - \(C154\)](#)

[Corporate Compliance Plan - \(L124\)](#)

[Disruptive Behavior / Behaviors That Undermine a Culture of Quality, Safety and Compassionate Care - \(C155\)](#)

[Federal Deficit Reduction Act of 2005 Fraud and Abuse Provisions - \(D160\)](#)

[Non-Retaliation - \(C148\)](#)

[Possible Identity Theft: “Red Flags” Rule - \(R120\)](#)

[Sanction Screening - \(C149\)](#)

Privacy and Information Security Policies

[Privacy and Confidentiality/Notice of Privacy Practice \(P205\)](#)

[HIPAA Minimum Necessary Standards \(L125\)](#)

[HIPAA Breach Notification - \(L135\)](#)

[Corrective Action to Deter Policy \(C140\)](#)

[Anti-Harassment Policy \(Human Resource Policy and Procedure manual 412\)](#)

[Accounting of Disclosures of Protected Health Information](#)

[Corporate Identification and Marketing Activities](#)

[Corrective Action to Deter and Sanction Breaches of Protected Health Information](#)

[Electronic Mail](#)

[Fundraising](#)

[HIPAA Business Associates](#)

[Patient Access to Medical Records](#)

[Privacy and Confidentiality/Notice of Privacy Practice](#)

[Telefax \(Fax\) Transmissions of Protected Health Information](#)

[Acceptable Use of Electronic Devices and Information - \(I205\)](#)

[Acceptable Use of Personally Owned Mobile Devices - \(I203\)](#)

[General Information Security Policy - \(I220\)](#)

[Information Access Management and Control - \(I215\)](#)

[Information Security Audit and Evaluation - \(I225\)](#)

[Information Security Management Process - \(I210\)](#)

[Information Security Variances - \(I227\)](#)

[Information Security Disaster Contingency and Recovery Plan - \(I250\)](#)

[Information Security: Device and Media Controls - \(I240\)](#)

[Information Technology Acquisition and Use - \(I200\)](#)

[Website Accessibility Policy - \(W150\)](#)

[Workforce Security Clearance, Termination and Authorization - \(I235\)](#)

[Workstation Use and Security - \(I230\)](#)



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	
Code of Conduct Compliance Plan Advance Directives Policy Conflict of Interest Policy	Patient Admission Policy Patient Complaint /Grievance Process Patients' Rights and Responsibilities
Continuum of Care Policy DNR and DNR/DNI Policy Employee Grievance Policy Employee Rules of Conduct Policy	Personnel Sexual Harassment Policy Plan for the Provision of Patient Care Withdraw/Withhold Life Sustaining Treatment 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.

<p><u>NYP-WC</u> Patient Services Administration 212-746-4293 Administrator-on-Call: 212-746-5100</p>	<p><u>NYP-LMH</u> Patient Services Administration 212-312-5034 Onsite Administrator: 212-312-5000</p>	<p><u>NYP-WBHC</u> Patient Services Administration 914-997-5920 Onsite Administrator 914-682-9100</p>
<p><u>NYP-CU & NYP- MSCH</u> Patient Services Administration 212-305-5904 Administrator-on-Call 212-305-2323</p>	<p><u>NYP-AH</u> Patient Services Administration 212-932-4321 Onsite Administrator 212-932-3906</p>	<p><u>NYP-LH</u> Patient Services Administration 914-787-3074 Onsite Administrator 914-787-1000</p>

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**

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