UMass Memorial Health

ANNUAL REQUIRED EDUCATION - *MC/MG*

Reference Documents

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UMass Memorial Health

ANNUAL REQUIRED EDUCATION

Emergency Medical Treatment and Labor Act (EMTALA)

WHAT YOU NEED TO KNOW

What is EMTALA?

The Emergency Medical Treatment and Active Labor Act defines the responsibilities of any healthcare organization and its workforce with respect to patients presenting to a UMass Memorial Health (UMMH) hospital who request examination or treatment for what may be an emergency medical condition (EMC).

How does EMTALA work?

As a workforce member of UMass Memorial Health, you are required to help patients get the help that they need. This may involve providing direct patient care via a Medical Screening Examination (MSE). It may also involve calling an ambulance to transport someone to an Emergency Department. If an individual has presented to the hospital, it is not enough to give them directions to the Emergency Department. Instead, you should escort the individual and inform a workforce member in the Emergency Department of the reason that you brought the person there.

The MSE is done to determine whether an EMC exists. The MSE must be provided to any individual regardless of their ability to pay and in a nondiscriminatory manner. If an individual asks about his or her obligation to pay for emergency services, the response from all staff should be to communicate to the patient that we are not able to provide an estimate of the patient's financial responsibility for emergency care, and that the hospital is ready and willing to provide medical screening and stabilizing treatment, if necessary, regardless of the patient's ability to pay. Workforce members may indicate that the hospital has financial counselors who can work with the patient following their visit to help the patient access insurance or financial assistance programs, should the patient need such assistance. Workforce Members should encourage all patients who believe they may have an EMC to remain for the MSE and defer further discussions of the financial responsibility until after the MSE examination has been performed.

An EMC exists when symptoms are so severe that without immediate medical attention the health of an individual (or unborn baby) would be in serious jeopardy. If an EMC is found to exist, the workforce member must provide or arrange for stabilizing treatment. EMTALA is satisfied when the patient's EMC is stabilized within the capacity and capability of the hospital. If the patient cannot be stabilized, then the workforce members must arrange for an appropriate transfer of the patient to another hospital. In the case of labor, a pregnant person is not considered stable until both the baby and the placenta are delivered.

Individuals have the right to refuse the MSE, any stabilizing treatment and/or a transfer. If a person refuses treatment after seeking care, hospital workforce members must take reasonable steps to get the person's written informed consent documenting that they were informed about EMTALA, the risks and benefits of treatment and the reason for their refusal of care. If they refuse to sign, you must document this refusal.

Documentation is a critical part of meeting our EMTALA obligation. Emergency Departments must maintain a list of on-call physicians who are available for consult to provide further evaluation and/or treatment necessary to stabilize a patient with an EMC. In addition, Emergency Departments must keep a log of all patients who presented for care, which includes the patient name and the disposition (what ended up happening to the patient - admitted, sent to another facility, etc.)

WHO TO CONTACT

If you are not sure how to handle a situation, ask your supervisor or manager on-call for help. For more specific questions, refer to the UMass Memorial Health Policy EMTALA Compliance - Medical Screening, Transfers and Refusal of Care.

Emergency Medical Treatment and Labor Act (EMTALA)

WHAT YOU NEED TO KNOW

When does EMTALA NOT apply?

- EMTALA does NOT apply to an individual who is already an inpatient at the hospital.
- EMTALA does NOT apply if an EMC does NOT exist.
- EMTALA no longer applies once the EMC is stabilized.

EMTALA Violations

EMTALA violations are subject to serious financial and operational implications including:
- Fines up to $104,826 per violation
- Loss of Medicare agreement
- Private right of action by the patient against the hospital (lawsuit)

The following activities could be considered violations under the EMTALA law:
- Failing to provide a MSE to an individual seeking emergency care.
- Failing to escort an individual who requests emergency services to the Emergency Department.
- Failing to call an ambulance for an individual seeking emergency services in a place with no Emergency Department.
- Delaying a medical screening exam because the patient is unable to pay.
- Failing to provide treatment to a patient with an EMC.
- Failing to document the reasons for a transfer or discharge.
- Failing to get patient consent for transfer.

Any UMMH Workforce Member who has questions about EMTALA obligations or who has reason to believe that a UMMH hospital has received an improperly transferred individual from another hospital must report the information to their respective manager or Medical Director. See your entity's policy for additional guidance regarding EMTALA requirements and reporting obligations.

IMPORTANT RESOURCES

- UMass Memorial Health Policy EMTALA Compliance - Medical Screening, Transfers and Refusal of Care
- State Operations Manual Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases

WHO TO CONTACT

If you are not sure how to handle a situation, ask your supervisor or manager on-call for help. For more specific questions, refer to the UMass Memorial Health Policy EMTALA Compliance - Medical Screening, Transfers and Refusal of Care.

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

General Safety - Emergency Eyewash Testing & Use

UMass Memorial Medical Center

WHO WE ARE / WHAT WE DO

The mission of Environmental Health and Safety & Life Safety is to provide a safe environment for employees, patients, students, visitors and volunteers by ensuring that the facility follows applicable municipal, state, federal and other standards of safety and minimizes the potential for unsafe events occurring at the Medical Center.

EH&S is responsible for monitoring the use of hazardous materials, ensuring that work is conducted in a safe and healthful manner, and promoting the safety of personnel and the institutional environment.

WHAT YOU NEED TO KNOW

WHERE DO THE EYEWASH REQUIREMENTS COME FROM?

- OSHA 1910.151(c) states eyewashes are necessary where injurious corrosive materials are used
- ANSI Z358.1 specifies minimum operating requirements and installation set-up requirements **PURPOSE**
- Eyewash units must be operated and tested to ensure proper operation and flushing
- Per OSHA, an eyewash is required where the eyes or body may be exposed to injurious corrosive materials

RESPONSIBILITY

- Units are responsible for assigning someone to test their eyewash(s) and document the test(s) weekly **WHY**

DO WE HAVE TO FLUSH THE EYEWASH STATIONS WEEKLY?

- ANSI Z358.1: To ensure there is flushing fluid available and to clear the lines of sediment
- UMMMC Policy 6004: Eyewash stations should be flushed for a minimum of 1-minute weekly

GENERAL REQUIREMENTS

- Must be tested weekly (weekly = once per calendar week per regulation)
- Must be flushed for no less than 1 minute
- All weekly tests must be documented

HOW TO CONTACT US

TEL: 508-856-3985 **EMAIL:** ehsgeneralrequests@umassmed.edu

VISIT US ON THE HUB: The Hub > Departments/Programs > Environmental Health and Safety & Life Safety > Hazardous Materials and Waste > Emergency Eye Wash

WHAT YOU NEED TO KNOW

WEEKLY INSPECTION PARAMETERS

- Accessibility – Is the area leading up to, and around the eyewash, clear and free of obstructions?
- Eyewash – Must be run for a minimum of one (1) minute to check:
    - Is the water clear and sediment free?
    - Are the jets working, does the water flow freely and does the pressure remain steady?
    - Does the water temperature feel tepid (cool to lukewarm) to the touch?
    - Are the eyelets/spouts clean of debris, dust or residue build up?
    - Are protective caps connected to the eyewash and closed to cover the eyelets when not in use?
    - Is the eyewash free of leaks?

CLEANING

- General housekeeping or infection control guidelines (like a sink or counter) should be followed for the specific environment in which the eye wash station is located

DEFICIENCIES

- Contact Maintenance/Facilities if performance is not satisfied to take corrective action

DOCUMENTATION

- Date of inspection, inspector initials and results must be documented on testing log
- Any deficiency that is found AND the corrective action(s) taken must be documented
- Ensure log documentation for current month and previous month are readily available

IMPORTANT RESOURCES

- Weekly Eyewash Station Inspection Log
- Emergency Eyewash Hub Page
- OSHA Medical & First Aid Standard (29 CFR 1910.151)
- Eye wash Instructions (Bradley)
- Eye wash Instructions (Guardian)
- Eye wash Instructions (Speakman)
- Eyewash Safety Chat
- Eyewash Station Test Training Video
- Eyewash Testing Tools & Tips for Compliance Pamphlet

Memorial/Hahnemann Facilities Department: 508-334-6501

University Facilities Department: 508-856-3292

HOW TO CONTACT US

TEL: 508-856-3985 **EMAIL:** ehsgeneralrequests@umassmed.edu

VISIT US ON THE HUB: The Hub > Departments/Programs > Environmental Health and Safety & Life Safety > Hazardous Materials and Waste > Emergency Eye Wash

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

General Safety – Emergency Preparedness & Management

UMass Memorial Medical Center

WHO WE ARE / WHAT WE DO

Emergency Preparedness & Management's mission is to protect our patients, staff, and visitors by coordinating and integrating all activities necessary to build, sustain, and improve our capability to mitigate, prepare, respond, and recover from threats such as natural disasters, acts of terrorism, or other man-made disasters.

WHAT YOU NEED TO KNOW

Emergency Management operates on four key, fundamental principles: Mitigation, Preparedness, Response, and Recovery.

The Emergency Operations Plan (EOP) is designed to outline the basic infrastructure and operating procedures utilized to mitigate, prepare for, respond to, and recover from disaster or emergency situations that tax the routine operating capability of UMass Memorial Medical Center and/or any of its facilities. The EOP is the end product of emergency management planning.

The Incident Command System (ICS) provides a commonly accepted management structure that results in better decisions and more effective use of available resources. Both government and private organizations have moved towards this management system with common terminology and a standard module structure. UMMMC has adopted this structure for use in the hospital's Emergency Operation Center (EOC) along with guidelines based on the National Incident Management System (NIMS). You may have heard in healthcare settings the Hospital Incident Command System (HICS) which mirrors community/state ICS structures; however, HICS has roles and designations more specific to the hospital environment and aligns with hospital operations.

HOW TO CONTACT US

VISIT US ON THE HUB: The Hub > Departments/Programs > Emergency Preparedness & Management

WHAT YOU NEED TO KNOW

Emergency Preparedness Education allows you to view educational material and videos related to active shooter situations, evacuation procedures, chemical exposure, and information related to incident management. Some of these trainings are located on the HUB while online, self-paced learning can be found on the FEMA website and training component, Emergency Management Institute (EMI).

IMPORTANT RESOURCES

- UMMMC Emergency Operations Plan (EOP)
- UMMHC Emergency Preparedness and Management
- Incident Response Guides
- Active Shooter Training
- Emergency Management Institute (EMI)
- Memorial, Hahnemann, and North Pavilion Campuses Emergency Extension: 555
- University, Lakeside, Benedict, and ACC campuses Emergency Extension: 555

HOW TO CONTACT US

VISIT US ON THE HUB: The Hub > Departments/Programs > Emergency Preparedness & Management

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

General Safety - Fire and Life Safety

UMass Memorial Medical Center

WHO WE ARE / WHAT WE DO

The Fire and Life Safety team address the risks from fire, smoke and other products of combustion. They help identify prevention strategies, fire response plans, fire drill training for department specific responses. In coordination with the OCP project managers, they suggest and review measures to implement during construction or when the Life Safety Code cannot be met. Maintenance & Engineering, not Fire and Life Safety, manages the fire detection, alarm, and suppression equipment and systems for our buildings.

WHAT YOU NEED TO KNOW

Prevention is key, some ways to do that are:

- All campuses are Smoke Free facilities, this means no smoking within any building, but also on any campus, including the use of e-cigarettes.
- Always check electrical equipment and ensure plugs and cords are not damaged, always shut off electrical equipment before plugging or unplugging, remove damaged electrical equipment from services immediately, and never “daisy chain” (plug into one another) extension cords or power strips
- DO NOT leave microwaves or toaster ovens unattended while using them
- Make sure you know where you closest fire extinguishers, pull stations, and smoke/fire barriers are, ensure you understand your Fire Response plan and where the evacuation routes/exits are, in the event evacuation must occur.
- The use of portable space heaters in patient care smoke compartments is strictly prohibited.
- Extension Cords are not permitted, for emergency use only and to be disconnected and removed after use (Joint Commission finding)
- Power strips aren’t supported if not approved prior to use, approved through facilities departments.
- No matter how large or small, always pull a pull station to active the fire alarm system which will notify the correct people and processes to take place.
- Initiate RACE in the event of a fire, smoke, or suspected fire to call facilities immediate and any smoke pull station.

HOW TO CONTACT US

TEL: 508-334-91783 **VISIT US ON THE HUB:** The Hub > Departments/Programs > Environmental Health and Safety & Life Safety > Fire and Life Safety

WHAT YOU NEED TO KNOW

- Corridors: Only items in use should be sitting in the corridors and must be kept on one side, not blocking doors or fire safety features. “In Use” means items that have been accessed within 30 minutes and under the control of the user.

  Exceptions: Emergency Medical equipment such as code carts and patient lift equipment. Workstations on Wheels (WOWs) are not included in the exception. Regardless, during a fire all items, including emergency medical equipment must be relocated out of the corridors.
- Storage rooms and Laundry rooms: Doors must never be propped open, and where storing items clearance of 20-inch down from the ceiling must remain clear, including around the perimeter of the room.
- Medical Gas and Vacuum Safety: In the event of an emergency, oxygen zone valves are operated under the direction of the Charge Nurse or designee AND Operational/Facility Engineer. In the event of a medical gas alarm, please contact Facilities

IMPORTANT RESOURCES

- Types of Fire and Extinguishers
- Evacuation and Defend in place
- Holiday Decorations Safety Chat
- Life Safety Compliance Safety Chat
- Oxygen (O2) E-Cylinder Storage Safety Chat
- Portable Space Heaters Safety Chat
- Rules for Alcohol Based Hand Rub Dispensers Safety Chat
- Trash Recycling Container Safety Chat
- To report a fire or suspected fire: Pull Closest fire pull station and dial 5-5-5 on an in-house phone at University, Benedict, ACC, Memorial, North Pavilion and Hahnemann campuses, or 9-1-1 for your local fire department for off-site locations.
- To report damaged fire safety features or electrical non-medical equipment:
  - University Facilities: 508-856-3292
  - Memorial/Hahnemann and Off-site Facilities: 508-334-6501
- To report damaged medical equipment, contact Clinical Engineering: 508-334-1111

HOW TO CONTACT US

TEL: 508-334-9178 **VISIT US ON THE HUB:** The Hub > Departments/Programs > Environmental Health and Safety & Life Safety > Fire and Life Safety

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

General Safety – Medical Equipment

UMass Memorial Medical Center

WHO WE ARE / WHAT WE DO

The Clinical Engineering Department directs a medical device management program, promoting the safe and effective use of all fixed and portable electrically powered patient care equipment used at UMass Memorial Medical Center. Through managed systems and working with you, we help create a physical environment free of hazards to ensure the safety of patients, employees, physicians/residents, students, volunteers and visitors.

WHAT YOU NEED TO KNOW

INSPECTION OF MEDICAL EQUIPMENT

- Each piece of medical equipment is labeled with an inspection tag or sticker.
- Make sure that you conduct the appropriate visual and operating inspections every time that you use a piece of equipment, and log that you did.
- If the inspection date on the sticker is overdue, do not use the equipment and call Clinical Engineering for service.
- All equipment has a preventative maintenance / service plan to make sure that it is in good working order and should have a label to indicate the maintenance plan.

DEFECTIVE MEDICAL EQUIPMENT

- Remove from service any equipment that is defective or not operating correctly.
- Secure and tag equipment so that it cannot be used by mistake.
- Defective equipment CANNOT be used even if there is no other equipment available or you are waiting for a loaner.
- Report all defective equipment to Clinical Engineering.
- When a piece of equipment becomes defective while being used on a patient, report this incident on an Occurrence/Incident Report and send to Risk Management. Stop use of the equipment and follow the steps outlined above.

HOW TO CONTACT US

VISIT US ON THE HUB: The Hub > Departments/Programs > Clinical Engineering

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

General Safety - Oxygen (O^2) E-Cylinder Storage

UMass Memorial Medical Center

WHO WE ARE / WHAT WE DO

The mission of Environmental Health and Safety & Life Safety is to provide a safe environment for employees, patients, students, visitors and volunteers by ensuring that the facility follows applicable municipal, state, federal and other standards of safety and minimizes the potential for unsafe events occurring at the Medical Center. EH&S is responsible for monitoring the use of hazardous materials, ensuring that work is conducted in a safe and healthful manner, and promoting the safety of personnel and the institutional environment.

WHAT YOU NEED TO KNOW

HOW SHOULD I STORE OXYGEN E-CYLINDERS?

- The Joint Commission expects organizations to physically segregate full from other cylinders
- Full cylinders should be placed in the full/unopened rack
- Partial and empty cylinders should be placed in the partial/opened/empty rack
- Empty cylinders need to have their valves closed and protection caps in place
- Clear labeling/signage to differentiate visually between FULL vs. PARTIAL/EMPTY is required

WHAT IS THE DIFFERENCE BETWEEN FULL, PARTIAL< IN-US AND EMPTY CYLINDERS?

- Full oxygen cylinder tanks are unopened
- Partial oxygen cylinder tanks have been opened, but contain greater than 500 psi of oxygen
- Empty oxygen cylinder tanks contain less than 500 psi of oxygen
- In-Use oxygen cylinder tanks are on gurneys, crash carts, etc. that are needed for immediate use
- Once a cylinder valve is opened, it is considered partial or empty, even if gas remains in the cylinder

WHY DO I NEED TO SEGREGATE FULL CYLINDERS FROM PARTIAL AND EMPTY CYLINDERS?

- To avoid confusion or error
- Staff members might inadvertently retrieve a partial or empty cylinder when they needed a full one

HOW TO CONTACT US

TEL: 508-856-3985 **EMAIL: ehsgeneralrequests.umassmed.edu**

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

General Safety – Pharmaceutical Waste Management

UMass Memorial Medical Center

WHO WE ARE / WHAT WE DO

The mission of Environmental Health and Safety & Life Safety is to provide a safe environment for employees, patients, students, visitors and volunteers by ensuring that the facility follows applicable municipal, state, federal and other standards of safety and minimizes the potential for unsafe events occurring at the Medical Center. EH&S is responsible for monitoring the use of hazardous materials, ensuring that work is conducted in a safe and healthful manner, and promoting the safety of personnel and the institutional environment.

WHAT YOU NEED TO KNOW

WHY A RX WASTE PROGRAM

- To comply with Federal, State and local laws & regulations (MA State Laws, EPA, DOT, DEA, etc.)
- To comply with the Joint Commission Environment of Care standards
- To protect patients and staff
- To protect the environment

RX WASTE IN PATIENT CARE AREAS

- Only when there is a pill or medication left in a vial, ampoule or IV bag, do you have to be concerned with which container to discard use
- You can continue your current practice for disposal of empty items – sharps, trash, red bags, etc.
    - The only exceptions to this are P-Listed and Chemotherapy drugs

TYPES OF RX WASTE

- Although the regulations are concerned with hazardous pharmaceutical waste, UMMMC collects all wasted medications
- Ninety-five (95%) to ninety-eight (98%) percent of medications used at the Medical Center are defined as non-hazardous
- The remaining medications fall into one of the hazardous categories

HOW TO CONTACT US

TEL: 508-856-3985 **EMAIL:** ehsgeneralrequests@umassmed.edu

VISIT US ON THE HUB: The Hub > Departments/Programs > Environmental Health and Safety & Life Safety > Hazardous Materials and Waste

WHAT YOU NEED TO KNOW

PROGRAM OVERVIEW

- Color-coded RX waste containers are strategically located in the pharmacy and nursing units through-out the hospital
- Clinical staff (nurses, pharmacists, physicians, etc.) will place RX waste in the color -coded containers, based on whether it's defined as hazardous or not
- In areas that contain collection containers to collect hazardous waste medications, EH&S conducts weekly inspections
- When any container reaches three-quarters (¾) full, notify EH&S
- Request a pick-up by calling EH&S at 508-856-3985 (63985), or by email at ehspickups@umassmed.edu
- EH&S replaces the full container with an empty container and transfer the full container to a designated central accumulation area

WHAT IS RX WASTE?

- Rx waste is generated when the decision to discard or no longer use a medication is made
- It is left over medications including:
    - Partial Vials
    - Partial IV's
    - Unused Pills
    - Aerosols
    - Topical Ointments
    - Discontinued medications
    - Un-administered medications

RX WASTE COLLECTION CONTAINERS

- Non-Hazardous Container – Blue Bin
    - The blue container is used to collect medications classified as being non-hazardous by EPA/DOT
    - This consists of 95% - 98% of all pharmaceutical waste
    - Examples would be Lidocaine, Heparin and ibuprofen

- Hazardous Waste Container – Black Bin
    - The black container is used to collect medications classified as being characteristically hazardous, or RCRA hazardous by EPA/DOT
    - Bulk chemo waste can go into this container
    - These characteristic hazards include ignitability, corrosivity, reactivity and flammability meeting the EPA thresholds
    - Examples would be Insulin, Clindamycin, Toradol, Tab-a-vite, contaminated PPE, and contents of a used spill kit

HOW TO CONTACT US

TEL: 508-856-3985 **EMAIL:** ehsgeneralrequests@umassmed.edu

VISIT US ON THE HUB: The Hub > Departments/Programs > Environmental Health and Safety & Life Safety > Hazardous Materials and Waste

WHAT YOU NEED TO KNOW

- P-Listed (Acutely Toxic) Container – Clear Container with Black Lid
  - The clear container with a black top is used to collect medications classified as being acutely hazardous, or p-listed, due to toxicity by EPA/DOT
  - The medications that go into this container are opened or unused Nicotine patches/gum, etc., Warfarin/Coumadin, Physostigmine

- Controlled Substances Container – Rx Destroyer
  - An Rx Destroyer is a product that efficiently, safely and easily renders drugs non-retrievable per the Disposal of Controlled Substances Act
  - Any leftover or unused controlled substance will be wasted in Rx Destroyer with witness visualizing the placement in the Rx Destroyer
  - Wasted medications must be documented in Pyxis with a witness
  - The patented formula neutralizes the controlled substances rendering it non-retrievable or unavailable/unusable
  - Place tablets, lozenges, patches (except nicotine), capsules, and liquids into this bin
  - Do NOT place vials, syringes, glass, needles, hazardous waste pharmaceuticals such as warfarin, nicotine, and/or effervescent gas-producing medications such as antacids into this bin

- Yellow Container – Trace Chemo Bin
  - Trace chemo should be collected in a yellow container, and includes all empty (less than 3%) chemotherapy drug containers and non-contaminated PPE
  - The Housekeeping Department should be notified when trace chemo containers are full
  - Yellow chemo containers can be ordered through the Medical Center's supply ordering system

RX WASTE NOT COLLECTED

- No sharps (all sharps, even if it contains meds, goes into red sharps container)
- No regulated medical waste (RMW) or biohazard bags
- No PPE (except chemo, and p-Listed)
- No dispensing cups
- No free or loose liquids (except in Rx Destroyer container)
- No needles or butterfly needles
- No plain IVs (saline, dextrose, electrolytes & lactated ringers
- Any items, except for P-Listed waste and chemotherapy waste, that are empty (less than 3 percent) can still be disposed of according to current practice:
  - Empty IVs, Vials, Packages = Trash
  - Empty Syringe = Sharps

HOW TO CONTACT US

TEL: 508-856-3985 **EMAIL:** ehsgeneralrequests@umassmed.edu

VISIT US ON THE HUB: The Hub > Departments/Programs > Environmental Health and Safety & Life Safety > Hazardous Materials and Waste

IMPORTANT RESOURCES

- 6029 Chemical and Pharmaceutical Waste Disposal and Spill
- Collection, Storage, Transport and Disposal of Pharmaceutical Waste Procedure
- Pharmaceutical (Rx) Waste Program Video
- Pharmaceutical Waste Container Storyboard
- Pharmaceutical Waste Program Pamphlet

HOW TO CONTACT US

TEL: 508-856-3985 **EMAIL:** ehsgeneralrequests@umassmed.edu

VISIT US ON THE HUB: The Hub > Departments/Programs > Environmental Health and Safety & Life Safety > Hazardous Materials and Waste

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

General Safety – Respiratory Protection (Fit Testing)

UMass Memorial Medical Center

WHO WE ARE / WHAT WE DO

The mission of Environmental Health and Safety & Life Safety is to provide a safe environment for employees, patients, students, visitors and volunteers by ensuring that the facility follows applicable municipal, state, federal and other standards of safety and minimizes the potential for unsafe events occurring at the Medical Center. EH&S is responsible for monitoring the use of hazardous materials, ensuring that work is conducted in a safe and healthful manner, and promoting the safety of personnel and the institutional environment.

WHAT YOU NEED TO KNOW

MEDICAL CLEARANCE

- Medical Clearance to wear a respirator must occur prior to your initial fit test and/or PAPR training
- You may be cleared to use both an N95 and a PAPR, only one, or neither
- It is not required each year, but should be repeated if your health changes in a way that may affect your ability to wear a respirator
- Contact Employee Health Services to schedule a medical clearance appointment

REASON FOR RESPIRATORY PROTECTION/FIT TESTING

- To provide employees with the necessary protective equipment to perform the functions of their job
- N95 respirators and PAPRs are designed for situations needing filtration of airborne particles
- Required by OSHA before first use
- Required by OSHA annually

INSPECTION

- Always visually inspect the N95 respirator and/or PAPR prior to putting it on, making sure all pieces are in place and functioning properly

WHAT YOU NEED TO KNOW

DONNING & DOFFING

- Always put the N95 respirator and/or PAPR on and take off in a clean, uncontaminated environment
- N95: There must be nothing that comes between the face and face-piece seal or that interferes with the function of the respirator valves (i.e. stubble beard growth, beard, mustache, sideburns, hair, eyeglass frames, clothing, etc.) Ensure proper strap placement

- PAPR: Facial hair is permitted, but the facial hair cannot be long enough to block the air coming out of the bottom of the hood, and it should be trimmed so not to interfere with the air flow as the positive air flow will be their protection

N95 FIT CHECK & PAPR FLOW CHECK

- N95: A fit check must be performed every time you put the respirator on to ensure proper fit. To perform a fit check: Once respirator is on press and smooth around the nose with both index and middle fingers. (Never pinch as this could create a gap in the seal). Once sealed check for any penetrations around the edge of the respirator. This can be accomplished by placing both hands over the respirator and forcefully exhaling out. If any air is noted leaking out, adjust respirator until no obvious air leakage is noted.
- PAPR: Prior to putting a PAPR on a flow check must be performed. This must be done every time you turn the PAPR on to ensure proper operation of the battery and filter

LIMITATIONS

- Particulate N95 respirators and PAPRs should only be used to protect against airborne particulates
- Particulate N95 respirators and PAPRs are only effective as long as the filter media is kept in good condition
- Particulate N95 respirators and PAPRs do not protect against chemical exposure
- Particulate N95 respirators and PAPRs should not be used in IDLH environments, such as confined spaces, potentially explosive or flammable situations, visible clouds, areas where biological indicators such as dead animals or vegetation are seen, and areas which are oxygen deficient

WHAT YOU NEED TO KNOW

N95 vs. PAPR

- N95 is the first choice for respiratory protection
- PAPR training will only occur for:
    - Procedures that require a PAPR
        - A caregiver that does not fit to any of the N95s provided
        - A documented medical or religious exemption presented to HR or Employee Health

HOW TO CONTACT US

TEL: 508-856-3985 **EMAIL:** ehsgeneralrequests@umassmed.edu

VISIT US ON THE HUB: The Hub > Departments/Programs > Environmental Health and Safety & Life Safety > Fit Testing

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

General Safety – Security and Workplace Violence Prevention

UMass Memorial Medical Center

WHO WE ARE / WHAT WE DO

Public safety's mission is to ensure that our caregivers, patients and visitors are free from concern for their own safety and security. Public Safety services are provided 24/7 by Campus Police at University, Memorial, North Pavilion and Hahnemann Campuses. For offsite properties, the primary public safety resource is the local police department, with some support from our Campus Police.

UMMMC's Workplace Violence Prevention (WPVP) Program is intended to prevent workplace violence incidents, prevent injuries to patients, caregiver, or visitors resulting from workplace violence, and foster a culture of zero tolerance for workplace violence.

WHAT YOU NEED TO KNOW

Safety begins with all of us: Safety at UMass Memorial Medical Center is a shared responsibility that extends one of us. By remaining vigilant, following protocols, and being mindful of our surroundings, we can all contribute to a secure environment where everyone feels protected and cared for. Our collective efforts ensure that all campuses of UMass Memorial Medical Center remain safe havens for healing and support. If you have any questions reach out to your manager or public safety.

Workplace Safety: To help keep your workplace safe from violence, recognize aggressive behavior and warning signs of potential violence, respond appropriately to the level of aggressive behavior and report all unsafe situations immediately.

Security and Identification badges: All caregivers at UMass Memorial Medical Center must wear Identification badges. Check your ID badge to ensure it's not worn or damaged, and ensure your name is legible. No one should enter an authorized area without their Identification Badge.

Behavioral Health/Locked Units: Managing ligature and self-harm risks is essential to ensuring patient safety while receiving care at UMass Memorial Medical Center. We don't want to do anything to contribute to a patient causing themselves or others harm.

HOW TO CONTACT US

VISIT US ON THE HUB: The Hub > Departments/Programs > Workplace Violence Prevention

The Hub > My HR > Employee Health > Workplace Violence Prevention

The HUB>Departments/Programs>Environmental Health and Safety & Life Safety>Ligature Risk (Environmental)

WHAT YOU NEED TO KNOW

Workplace Violence is an act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors.

Zero Tolerance is any violation of the workplace violence prevention program will result in disciplinary action up to and including termination/request to leave the grounds.

De-escalation is a behavior that is intended to prevent escalation of conflicts. It may also refer to approaches in conflict resolution. People may become committed to behaviors that tend to escalate conflict, so specific measures must be taken to avoid such escalation.

Patient and Visitor Code of Conduct is an important part of WPVP Program and is a set of boundaries on behavior that provides a safe and healing environment for patients, families and caregivers. It lays out the specific verbal and physical behaviors that are unacceptable at UMass Memorial Health.

Workplace Violence Prevention Reporting is crucial in ensuring that the WPVP resources and countermeasures are being resourced accordingly.

IMPORTANT RESOURCES

- Memorial and Hahnemann Campuses
    - Emergency: Extension 555 OR Information and Services: Telephone: 508-334-8568”
- University/Lakeside/Benedict/ACC Campuses
    - Emergency: Extension 555 OR Information and Services: Telephone: 508-856-3296
- Photo ID badge and access control policy
- Ligature risk (Environmental)
- Workplace Violence Prevention Program and Workplace Violence Prevention Resources
- Code of Ethics and Business Conduct and Patient and Visitor Code of Conduct
- Security Management Plan
- 6018 Hostility and Violence in the Workplace
- Reporting and Investigation of events, allegations and complaints
- 2531 Search Policy Patients and Visitors
- The Joint Commission R3 Report – Requirements, Rationale, reference for Workplace Violence Prevention

HOW TO CONTACT US

VISIT US ON THE HUB: The Hub > Departments/Programs > Public Safety

The Hub > My HR > Employee Health > Workplace Violence Prevention

The HUB>Departments/Programs>Environmental Health and Safety & Life Safety>Ligature Risk (Environmental)

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

General Safety – Safety Data Sheets & Chemical Inventory

UMass Memorial Medical Center

WHO WE ARE / WHAT WE DO

The mission of Environmental Health and Safety & Life Safety is to provide a safe environment for employees, patients, students, visitors and volunteers by ensuring that the facility follows applicable municipal, state, federal and other standards of safety and minimizes the potential for unsafe events occurring at the Medical Center. EH&S is responsible for monitoring the use of hazardous materials, ensuring that work is conducted in a safe and healthful manner, and promoting the safety of personnel and the institutional environment.

WHAT YOU NEED TO KNOW

DIFFERENCE BETWEEN CHEMICAL INVENTORY AND SAFETY DATA SHEETS

- Your chemical inventory is simply as stated: It's an inventory list of those chemicals that are used and/or stored in your department.
- A Safety Data Sheet is a comprehensive document created by chemical manufacturers, distributors, or importers, to communicate the hazards of hazardous chemical products.
- The SDS specifies the hazards of and proper use/storage of one particular chemical that is listed on your inventory.
- You should have an SDS for each hazardous chemical listed on your inventory.

CHEMICAL INVENTORY

- Each department is responsible for notifying Environmental Health & Safety when new chemicals are introduced or old chemicals are discontinued.
- Each department is responsible for notifying Environmental Health & Safety when new chemicals are introduced.
- Unit specific chemical inventories can be found on the UMMMC Safety Data Sheet Database.

HOW TO CONTACT US

TEL: 508-856-3985 **EMAIL:** ehsgeneralrequests@umassmed.edu

VISIT US ON THE HUB: The Hub > Departments/Programs > Environmental Health and Safety & Life Safety > Hazardous Communication and Right to Know

WHAT YOU NEED TO KNOW

SAFETY DATA SHEET DATABASE

- UMMMC will provide access to SDS for each chemical product used or stored on the premises
- SDS are readily accessible to employees in their work area and can be obtained through an online database which can be accessed through the Hub
- Contractors are required to maintain up to date SDS and have them available while they are working for UMMMC on property owned or leased by UMMMC

HOW TO FIND A SAFETY DATA SHEET

- The Medical Center uses an online, electronic database that you can access at any time to read, save or print an SDS.
- Access the online SDS database.
- If you have difficulty obtaining an SDS, Environmental Health & Safety is a secondary resource.

USING THE SDS DATABASE

- SDS Quick Reference - Finding Your Chemical Inventory
- SDS Quick Reference - Searching for SDS

IMPORTANT RESOURCES

- Hazard Communication and Right to Know Hub Page
- Written Hazard Communication Program
- SDS Database
- Chemical Labeling Hub Page
- Safety Data Sheet Hub Page
- Pictogram Hub Page
- HazCom GHS Safety Chat
- UMMMC Policy 6022
- UMMMC HazCom Right to Know Procedure
- OSHA 29 CFR 1910.1200 Hazard Communication Standard

HOW TO CONTACT US

TEL: 508-856-3985 **EMAIL:** ehsgeneralrequests@umassmed.edu

VISIT US ON THE HUB: The Hub > Departments/Programs > Environmental Health and Safety & Life Safety > Hazardous Communication and Right to Know

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

General Safety – Slips, Trips and Falls

UMass Memorial Medical Center

WHO WE ARE / WHAT WE DO

The mission of Environmental Health and Safety & Life Safety is to provide a safe environment for employees, patients, students, visitors and volunteers by ensuring that the facility follows applicable municipal, state, federal and other standards of safety and minimizes the potential for unsafe events occurring at the Medical Center. EH&S is responsible for monitoring the use of hazardous materials, ensuring that work is conducted in a safe and healthful manner, and promoting the safety of personnel and the institutional environment.

WHAT YOU NEED TO KNOW

PREVENTION

- Slips, trips and falls in the workplace can cause injury or death
- To help prevent this, follow these tips:
    - Report a hazard as soon as you see it
    - Keep floors clean, dry and uncluttered
    - Wear appropriate footwear
        - Soft rubber shoes grip the floor well
        - Shoes with flat soles have more contact with the floor (no high heels)
        - Patterned soles increase friction, so you don’t slip
    - Report uneven flooring
    - Use proper lighting (not too bright and not too dim)
    - When using the stairs, keep one hand free to hold the handrail
    - Hold onto the side rails with both hands while climbing up or down a ladder
    - Never stand on the top step of a ladder

HOW TO CONTACT US

TEL: 508-856-3985 **EMAIL:** ehsgeneralrequests@umassmed.edu

VISIT US ON THE HUB: The Hub > Departments/Programs > Environmental Health and Safety & Life Safety

WHAT YOU NEED TO KNOW

MINIMIZING RISK

- When conditions are hazardous (icy sidewalks, wet floors), avoid slipping and falling by walking like a duck
    - Keep your feet flat and slightly spread apart
    - Point your toes slightly outward
    - Take slow, short steps keeping your center of balance underneath you
    - Make wide turns at corners
    - Keep your arms at your sides giving you additional balance while keeping your arms ready to support you if you fall
- Be cautious about texting and walking

LADDER SAFETY

- Visually inspect ladders before each use (cracks, broken rungs, etc.)
- Make sure ladders have an anti-slip grip or coating on the base(s) of the ladder
- Place ladders on dry, level surfaces
- Make sure the tops of extension ladders are always 36 inches above the support point (e.g., the space between each rung is typically 12 inches)
- Maintain three points of contact when climbing or descending (two hands, one foot)
- Always face your body towards the ladder
- Do not climb or stand on the top step or cap
- Do not overextend or overreach
- Make sure step stools have anti-slip feet and are positioned on dry, level surfaces
- Do not reach or extend too far when using step stools

HOW TO CONTACT US

TEL: 508-856-3985 **EMAIL:** ehsgeneralrequests@umassmed.edu

VISIT US ON THE HUB: The Hub > Departments/Programs > Environmental Health and Safety & Life Safety

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

Active Shooter Response

UMass Memorial Health

WHAT YOU NEED TO KNOW

Active Shooter: an active shooter is an individual(s) actively engaged in killing or attempting to kill people in a confined and populated area. Active shooter situations are unpredictable and evolve quickly. Victims are most always selected at random.

Active Shooter Response

Run: Have your escape route and plan in mind, leave your belongings behind, help others escape if possible and prevent them from entering an area where the shooter may be, follow instructions from law enforcement, keep your hands visible, and call for help when it's safe to do so.

Hide: If running is not possible, find a place to hide out of the shooter's view, lock or barricade the door with something heavy, shut off lights, silence your cellphone/pager, and block windows if possible.

Fight: As a last resort, and only if your life is in imminent danger, attempt to incapacitate the shooter by acting as aggressively as possible against the shooter, throw items or use improvised weapons, yell at the shooter and commit to your actions.

When law enforcement arrives

Remain calm and follow officer's instructions, keep your hands empty and visible by raising them over your head, avoid yelling, pointing, screaming or making quick movements towards the officers.

IMPORTANT RESOURCES

- Workplace Violence Prevention Resources
- FBI Active Shooter Resources
- Memorial and Hahnemann Campuses
  - Emergency: Extension 911
  - Information and services: Telephone: 508-334-8568
- University Campus
  - Emergency calls: Extension 911 or 6-3311
  - Information and services: Telephone: 508-856-3296
- Workplace violence prevention: 508-793-6400

HOW TO CONTACT US

VISIT US ON THE HUB: The Hub > Departments/Programs > Public Safety
The Hub > My HR > Employee Health > Workplace Violence Prevention

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

Interpreter Services

WHO WE ARE / WHAT WE DO

The **Interpreter Services Department** provides qualified medical interpretation to caregivers, patients, and family members who choose to receive their care in a language other than English. Our services include in-person, telephonic, and video interpretation, as well as document translation, conference calls, medical interpreter training, and education for all UMass Memorial Health departments.

WHAT YOU NEED TO KNOW

- Interpreters are available 24/7 through on-site, video, and telephonic interpreters. For same day requests, after hours, and weekends, contact our team.
- Not using qualified medical interpreters has a direct negative impact on overall quality of service, length of stay, readmission rates, and provider satisfaction. Avoid using family members, friends, or other bilingual staff as a means of language access for Limited English Proficient (LEP) patients.
- The use of qualified medical interpreters is mandated by federal and state law, Joint Commission standards, and hospital policy.
- Providers are responsible for documenting the use of medical interpreters. The patient Story Board in Epic displays the preferred language and interpreter services needs.
- UMass Memorial's patient population is incredibly diverse. Each week, we're likely to see patients who prefer to have their care delivered in over 100 languages.

Interpreter Services also offers training and resources for staff on topics such as Epic Job Aids and Documentation, Video Interpreting Training, Cultural Diversity and Barriers to Healthcare, as well as educational programs and opportunities for students.

HOW TO CONTACT US

The Hub > Departments/Programs > Interpreter Services

Medical Center
Main Line: **774-441-6793**
Supervisor: **774-441-8610**

HealthAlliance-Clinton
Main Line: **978-466-4077**
Supervisor: **978-833-4460**

Marlborough Hospital
Main Line: **508-486-5830**
Supervisor: **508-486-5831**

VISIT US ON THE HUB FOR ENTITY SPECIFIC INFO: The Hub > Department/Programs > Interpreter Services Department

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

Infection Prevention and Control

Medical Center/Medical Group

WHO WE ARE / WHAT WE DO

Infection prevention and control is the discipline that supports preventing infections such as catheter associated urinary tract infections, central line associated infections, surgical site infections and antibiotic associated diarrhea, improving quality, influencing practice, promoting patient safety and implementing adverse health-event reduction programs. We are an essential part of the infrastructure of hospital.

Infection prevention and control addresses factors related to the spread of infections within the healthcare setting, whether among patients, from patients to staff, from staff to patients or among staff. This includes preventive measures such as hand washing, cleaning, disinfecting, sterilizing, and vaccinating. Other aspects include epidemiological surveillance, monitoring, training/educating, developing and implementing policies, monitoring antibiotic resistance and investigating any suspected outbreaks of infections and its management.

WHAT YOU NEED TO KNOW

Infection Prevention and Control is included under Center for Quality and Safety. The Infection Control team consists of:

- Hospital epidemiologist
- Associate Hospital epidemiologist
- Executive Administrative Assistant
- Infection Control Director
- 7 Infection Preventionists (IP)

Key Points to Remember:

- Hand hygiene – Use either hand-rub (with 0.65% alcohol) or hand wash (soap & water); Use Soap and water when visibly soiled. Complete hand hygiene when entering and exiting a patient room and when going from one patient to another in a semi-private room
- Safe management of equipment, environment and linen
- PPE for isolation, standard precautions and performing procedures (ie. Performing Lumbar punctures includes wearing a surgical mask AND eye protection
- Use one needle and syringe for each puncture. ALWAYS use safety needles/sharps

HOW TO CONTACT US

TEL: 774-441-8772 **EMAIL:** Deborahann.mack@umassmemorial.org

VISIT US ON THE HUB: The Hub > Departments/Programs > Infection Control

WHAT YOU NEED TO KNOW

Additional Key Points to Remember:

- Wipe all debris from instruments at the point of use, spray with an enzymatic agent and transport in the red latched container to soiled utility room/Sterile Processing Department
- Use disposable instruments if possible
- Know when to use low level disinfect
- Use Contact Plus precautions for Clostroidides Difficile whether colonized or infection
- ESBL no longer requires precautions or private room.
- PPE prevents contact with an infectious agent or blood /body fluid that may contain an infectious agent, by creating a barrier between the potential infectious material and the health care worker
- Additional isolation categories include: Strict Airborne, Airborne, Contact, Contact- Plus Neutropenic, VZV, Droplet, Strict, and Special Precautions, Some diseases/infections will need a combination of categories.
- The modes of transmission include: direct, indirect , airborne, fomites and vectorborne

IMPORTANT RESOURCES

- UMass Memorial Health Infection Control Policies & Procedures
- Centers for Disease Control and Prevention
- Massachusetts Department of Public Health
- Each department and unit have an assigned IP. The IPs have shared their phone numbers and means of contact with their areas of responsibility
- Hospital Main Office – 774-441-8778
- Director – 774-441-8772
- After Hours Support: Contact Nursing Supervisor or check the Infection Control On-Call schedule posted on the HUB

HOW TO CONTACT US

TEL: 774-441-8772 **EMAIL:** Deborahann.mack@umassmemorial.org

VISIT US ON THE HUB: The Hub > Departments/Programs > Infection Control

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

Information Security

WHO WE ARE / WHAT WE DO

Our team manages technology risk for the organization and implements tools and processes to prevent, detect, and respond to cybersecurity related incidents. We strive to enhance the organization's reputation as a trusted health care provider to our patients and community.

WHAT YOU NEED TO KNOW

To help protect UMass Memorial Health from phishing emails please continue to report phishing emails via the report phishing email button within Outlook and OWA. If you become aware of a potential cybersecurity related incident, contact the Ethicspoint hotline at 844-44-9212.

Social Engineering & Security Essentials

Social engineering is when someone tries to trick you into sharing information or giving access by pretending to be someone you trust (like IT, a coworker, or a vendor). In a healthcare environment, this can put patient information, systems, and safety at risk.

Common Examples

- Emails asking you to click a link or provide login information (phishing).
- Phone calls claiming to be IT or a vendor needing urgent access.
- Text messages with links or requests for information.
- Someone asking to use your badge or follow you into a secure area.

Red Flags to Watch For

- Urgent or high-pressure requests ("I need this right now").
- Requests for passwords, codes, or patient information.
- Messages from unknown or unusual senders.
- Requests that seem unusual for the situation.

WHAT TO DO

- Stop and think before responding.
- Do not click links or open attachments that seem suspicious.
- Never share your password or badge access with anyone.
- Verify the request using a trusted method (e.g., call IT directly).
- Report it using the Report Phishing button or contact IS/security.

IMPORTANT RESOURCES

- Privacy and Information Security Handbook
- Acceptable Use Policy
- Ethicspoint Anonymous and Confidential Reporting or call 844-744-9212

HOW TO CONTACT US

EMAIL: IS.Security@umassmemorial.org

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

National Performance Goals (NPGs)

WHAT YOU NEED TO KNOW

Each year, The Joint Commission gathers input from recognized experts and stakeholders to identify emerging patient safety issues. This information (previously “National Patient Safety Goals” forms the basis of the, now, National Performance Goals® (NPSGs), which help guide standards, performance measures, survey processes, and educational resources across healthcare settings.

The Annual Required Education assigned to caregivers is one component of supporting these goals and helping meet Joint Commission expectations related to patient safety, quality, and regulatory compliance.

WHY THIS MATTERS

Supporting these expectations helps strengthen our culture of safety and advances our True North goal to become the best place to give and get care.

Goal 1: The hospital ensures that the correct patient receives the correct care at the correct time.

Goal 2: The governing body and leadership team foster a culture of safety.

Goal 3: The hospital has an emergency management program.

Goal 4: The hospital prioritizes excellent health outcomes for all.

Goal 5: The hospital prioritizes infection prevention and control.

Goal 6: The hospital prioritizes pain management and safe prescribing practices.

Goal 7: The hospital respects the patient’s right to safe, informed care.

Goal 8: The hospital reduces the risk for suicide.

Goal 9: The hospital develops and implements safe transplant practices.

Goal 10: The hospital performs waived testing in a safe and consistent manner.
Note: The FDA approved waived tests are categorized by CLIA as “simple laboratory examinations and procedures that have an insignificant risk of an erroneous result.” The Food and Drug Administration (FDA) determines which tests meet these criteria when it reviews a manufacturer’s application for test system waiver.

Goal 11: The hospital maintains workplace and patient safety.

Goal 12: The hospital is staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care.

Goal 13: The hospital safely performs imaging services.

Goal 14: The hospital has a medication management program that focuses on safety.

IMPORTANT RESOURCES

- The Joint Commission – NPSG 2024
- The Joint Commission (if Chain of Command has been utilized and not responding) – 1-800-994-6610

UMass Memorial Health - Medical Center/Medical Group
- AVP of Clinical Regulatory and Public Reporting - 508-421-1662

UMass Memorial Health – Marlborough Hospital
- Director of Quality, Patient Safety, and Regulatory Affairs - 508-486-5723

UMass Memorial Health – HealthAlliance-Clinton
- Senior Director, Quality, Safety, and Regulatory Affairs – 978-466-2441

UMass Memorial Health – Harrington Hospital
- Director of Quality Assessment - 508-765-3155

HOW TO CONTACT US

Harrington	**TEL:** 508-765-3155	**EMAIL:** William.Heckendorf@umassmemorial.org
Medical Center/Medical Group	**TEL:** 508-421-1662	**EMAIL:** Ellen.Brennan-Felkel@umassmemorial.org
Marlborough	**TEL:** 508-486-5723	**EMAIL:** Padma.Bheri@umassmemorial.org
HealthAlliance-Clinton	**TEL:** 978-466-2441	**EMAIL:** mtuomi@healthalliance.com

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

Risk Management

WHO WE ARE / WHAT WE DO

The Risk Management Department focuses on supporting patient safety initiatives by identifying and investigating safety events, tracking, and trending data to focus risk mitigation efforts and as a resource to front line staff and providers. Our highly skilled staff has extensive clinical backgrounds as well as strong investigation and risk analysis expertise.

WHAT YOU NEED TO KNOW

- Every safety event report that is entered into our Safety Intelligence System (SI) is reviewed by a risk manager.
- There are several ways you can reach us:
    - During business hours, Monday-Friday; 8:00am-5:00pm, you can reach the Risk Management Department by calling: 774-443-7475
    - After hours by calling the UMMMC hospital operator at 508-334-1000 and asking for the Risk Manager on-call.
    - By email at: RiskManagement@umassmemorial.org

WHAT SHOULD YOU REPORT?

- Patient Harm Events – falls, pressure injuries, medication errors, or any event resulting in patient harm
- Events resulting in a delay of diagnosis or treatment
- Patient Identification Errors
- Defective Equipment – IV pumps, beds, wheelchairs, lights, operative equipment such as clamps, guide wires, cautery machines, etc.

HOW TO CONTACT US

TEL: 774-443-7475 **EMAIL:** RiskManagement@umassmemorial.org

VISIT US ON THE HUB: The Hub > Departments/Programs > Risk Occurrence Reporting > Risk Management

WHAT SHOULD YOU REPORT? cont.

- Sterility issues – unsterile equipment, bioburden left on equipment, sterile package indicators missing or not working
- Medication events – omissions, errors, allergy events
- Operative Issues – unintended punctures, lacerations, burns
- Surgery or invasive procedure done on the wrong side/site, on the wrong patient
- Unintended retention of a foreign object during surgery
- Adverse events related to labor and delivery
- Mislabeling of Specimens
- Visitor Events – falls, rapid responses, negative interactions
- Behavioral Issues – colleague and patient
- Near Miss (a situation that could have resulted in an injury or illness, but did not, either by chance or through timely intervention)
- Environmental Issues – fires, flooding, slippery floors, unclean surfaces, chemo spills, unusual smells, mold or mildew on surfaces

OTHER GUIDANCE

- We are a system level department providing alignment and support to both inpatient and outpatient locations.
- We align with departments to provide support and resources on a more personal level.
- We work collaboratively with various departments such as Regulatory, Privacy, Compliance, Education, Claims, Legal and Patient Advocates.
- We help caregivers in addressing complex clinical issues
- We report/assist with reporting to a variety of public agencies
- We conduct investigations through various methods such as medical record review, staff interviews and root cause analysis
- We provide direction and support to all care givers dealing with adverse events.

HOW TO CONTACT US

TEL: 774-443-7475 **EMAIL:** RiskManagement@umassmemorial.org

VISIT US ON THE HUB: The Hub > Departments/Programs > Risk Occurrence Reporting > Risk Management

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

AN ACT RELATIVE TO ALZHEIMER'S AND RELATED DEMENTIAS IN THE COMMONWEALTH H.4116

WHO WE ARE / WHAT WE DO

The Alzheimer's and Related Dementia Steering Committee is an interdisciplinary committee of caregivers committed to meeting the needs of our patients with Alzheimer's and Related Dementia (ADRD) as we ensure compliance with the ADRD legislation.

WHAT YOU NEED TO KNOW

The goals of this legislation include promoting early detection and diagnosis of Alzheimer's and Related Dementias, optimizing care for individuals living with dementia, and supporting caregivers.

The legislation requires that Physicians/Advanced Practice Providers (APP), upon diagnosing a person with ADRD report the diagnosis to the family and/or legal representative, after obtaining consent from the patient or if the patient is incapacitated. The APP must provide the patient, family and/or legal representative with information about ADRD, treatment and supports for living with ADRD.

Legislation also mandates that all Massachusetts hospitals develop and implement a hospital operational plan for the care of patients with ADRD. Elements of the plan include recognition of dementia and delirium in the care of the hospitalized patient, a dementia friendly environment and consideration of dementia and/or delirium upon care transitions and discharge.

IMPORTANT RESOURCES

- Session Law - Acts of 2018 Chapter 220 (malegislature.gov)
- Dementia Care Toolkit

HOW TO CONTACT US

VISIT US ON THE HUB: dementia-support-resources-caregivers (umassmemorialhub.org)

NAME OF ARE TOPIC: AN ACT RELATIVE TO ALZHEIMER'S AND RELATED DEMENTIAS IN THE COMMONWEALTH

Advance Care Planning

- Providers engage with patients diagnosed with Alzheimer's and Related Dementia (ADRD)to create Advanced Care Plans

Staff Training

- ADRD content training for all caregivers is available in EL4U
- Information about Commonwealth H.4116 included in annual education
- Department meetings
- Licensure requirements

History & Screening

- Epic patient centered electronic health record contains the diagnosis and history of ADRD across encounters

Dementia-Capable Environment

- Be aware of your department's physical environment and adapt as needed to ensure safety for patients with ADRD

Treatment & Management

- Tools are available in Epic to document treatment and specific assessments for dementia/delirium.

Transfer & Discharge

- Tools exist to note cognitive dysfunction on the Ticket to Ride. ADRD Patient education can be added to discharge instructions.

Communication with patient who have ADRD – Why?

- The person with ADRD loses ability to communicate which can cause distress

Communicating with patient who have ADRD – How?

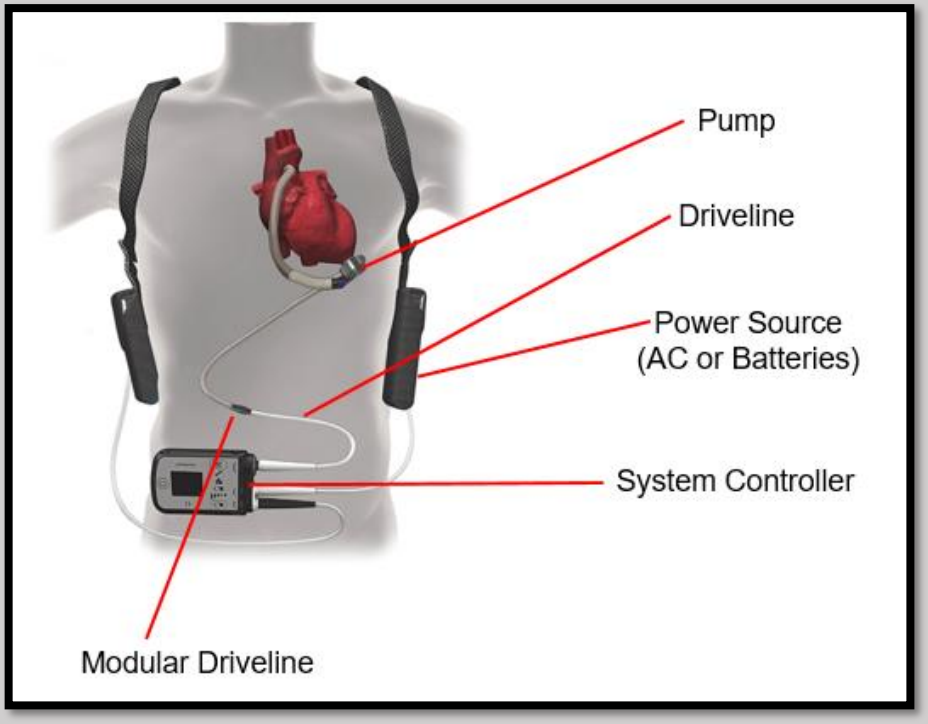
- Speak slowly and clearly
- Use short simple words and sentences
- Use hand gestures and visual cues
- Remind the patient of who you are and that you will take care of them
- Keep calm; keep your voice relaxed
- Turn negatives into positives: change "Don't go there" to "Lets' go here"

What is a Ventricular Assist Device (VAD)?

A VAD is a surgically implanted heart pump

VAD.UMASSMEMORIAL.ORG

Heartmate 3



- VAD patients will have their equipment in a shoulder bag or waist pack and carry back-up equipment (controller and 2 batteries).
- Primary resources for VAD patient support**:** VAD Coordinators, Heart Failure Cardiologists, and Cardiac Surgery.
- You can call a **VAD Code at 12345** if you find a patient unresponsive – it is OK to do CPR and defibrillate.
- If the pump is not running, or you're unsure if it's working appropriately, conduct CPR.
- DO NOT disconnect or change power sources.
- VAD patients may have good perfusion even though they do not have a palpable pulse.

BEING VAD AWARE IS RECOGNIZING A VAD PATIENT

Updated 1/2023

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

M.G.L. c. 112, §5F Provider Attestation

WHAT YOU NEED TO KNOW

Massachusetts regulations require that hospitals inform health care providers annually of the obligation under Massachusetts General Laws chapter 112, section 5F, to report to the Board of Registration in Medicine if they have a reasonable basis to believe that a physician has violated Massachusetts General Laws chapter 112, section 5 or any regulation of the Board. There is no obligation to report if another law says that the report should not be made, or if the physician's participation in a Physician Health Services program meets the criteria for an exemption from reporting.

Hospitals are prohibited from firing, refusing to hire or in any other manner discriminating against an individual because the individual has made such a required report to the Board. Hospitals are also prohibited from discriminating against an individual because the individual has testified or in any manner cooperated with an inquiry or proceeding based on such a report, unless the individual knowingly participated in a fraudulent proceeding.

A copy of Massachusetts General Laws chapter 112, section 5F can be accessed by clicking here. A copy of Massachusetts General Laws chapter 112, section 5 can be accessed by clicking here.

UMass Memorial Health

Laura's Law

Massachusetts passed a new law to ensure patients and their families can find the Emergency Department at a hospital

In 2016, Laura Levis died of cardiac arrest following an asthma attack outside of an entrance to Somerville Hospital. Laura was unable to get inside of Somerville Hospital for treatment because:

- There was no signage around the hospital that showed where the Emergency Department entrance was located
- A well-lit entrance Laura approached to get inside the hospital was locked, and no one was stationed at the security desk next to the entrance
- Laura tried to get the attention of people inside, but no one was visible and there was no emergency call box at the entrance
- 911 responders had difficulty finding Laura as they were sent to a mailing address and not the Emergency Department

Laura's Law was enacted to improve Emergency Department wayfinding in Massachusetts and prevent a tragedy like Laura's death from happening again

Emergency Department Access to Care

Patients with physical, developmental, intellectual, and/or behavioral disabilities or patients who are deaf/hard of hearing/deaf blind may arrive at the Emergency Department in need of emergency care.

- All employees must follow protocols for communicating with patients with disabilities in the Emergency Department
- Emergency Department employees will work to reunite patients with disabilities and their companions in the Emergency Department
- Communication support is always available in the Emergency Department
- Interpreter Services and on-site interpreters are available
- If you are unable to communicate with a patient with disabilities in need of Emergency Care, immediately contact your supervisor

Emergency Department Way Finding

Patients and families who come to UMMH may need emergency care but are not able to find the Emergency Department.

- Provide patients and families with **clear directions to the Emergency Department**
- If patients and families are not able to understand the directions, **immediately notify your supervisor for assistance**
- If your supervisor is not available, immediately **contact Public Safety for assistance**
- If anyone is having a medical emergency **INSIDE** the main hospital buildings at Memorial or University campus, **DIAL 12345** and a Rapid Response/ Code Blue team will be activated to quickly assess and transport to the Emergency Department (or appropriate medical area) for ongoing evaluation.
- If anyone is having a medical emergency **OUTSIDE**, **DIAL 911** for a medical response. IF ABLE, also notify Public Safety either by dialing 508-334-8568 at Memorial Campus OR 508-856-3296 at University Campus or by using a Blue Call Box

RR/Code Blue is for *any* *Inpatient, Visitor, Employee or Outpatient* in need of emergent medical attention, (excludes ICU or ED patients)

RR/Code Blue is for patients/*persons* who show new signs/symptoms of clinical deterioration and need interventions and expert consultation ASAP

ANY CAREGIVER may render basic life support care to a person having a medical emergency while waiting for a medical team to arrive

Don't wait….. ACTIVATE!

To Report a Medical Emergency* Rapid Response or Code Blue (Policy 2218 Triage and Treatment Med. Emerg.)

Hahnemann Campus
Memorial Campus: Levine Building, South Bunker
University Campus: ACC Building

Dial 911

from an internal phone or mobile device

University Main Campus: including Benedict Building

Memorial Main Campus, including Jaquith Building (except South bunker)

Dial 12345

from an internal phone

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

Aligning Annual Education with a Competency Framework: A Strategic Imperative

📣 *"By aligning our internal education with nationally recognized standards like NAHQ, we're reinforcing our commitment to quality excellence and giving our caregivers the tools to thrive."*

WHAT YOU NEED TO KNOW

In today's rapidly evolving healthcare landscape, ensuring our workforce possesses the precise knowledge, skills, and abilities required for optimal performance is paramount. This is why we are strategically aligning our annual education programs with the **NAHQ Healthcare Quality Competency Framework.**

A **competency** is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles successfully. The NAHQ Healthcare Quality Competency Framework provides a standardized, comprehensive definition of these essential elements needed for success across various roles within our organization. It acts as a blueprint, outlining what "good" looks like at different proficiency levels. By integrating this framework into our annual education, we move beyond generic training to a targeted, impactful learning strategy.

Why This Alignment Matters: Key Benefits

1. Strategic Skill Development:

Clarity and Focus: The NAHQ Framework clearly defines the critical competencies required for each role, allowing us to design education that directly addresses specific skill gaps and development needs. This means our caregivers will have a precise understanding of the knowledge, skills, and behaviors essential for their daily tasks and responsibilities.

Future-Proofing the Workforce: By understanding current and future demands as outlined by NAHQ, we can proactively build the capabilities necessary to adapt to new technologies, regulations, and care models. This ensures caregivers stay current with the latest best practices.

WHAT YOU NEED TO KNOW

2. Enhanced Performance and Quality Outcomes:

Improved Patient Safety: Competency-based training, guided by NAHQ standards, ensures our staff are equipped with the most current best practices, directly contributing to safer patient care and reduced errors. For caregivers, this means they are better prepared to prevent harm and ensure patient well-being.

Consistent High Quality: It promotes a unified standard of excellence across all departments, leading to more consistent and reliable service delivery, aligned with NAHQ's vision for healthcare quality.

Operational Efficiency: When individuals and teams are highly competent, they work more efficiently, reducing waste and improving processes.

3. Individual and Professional Growth:

Clear Career Pathways: Employees gain a transparent understanding of the skills needed for advancement, empowering them to take ownership of their professional development. Caregivers will see clear opportunities for growth based on defined competencies.

Increased Engagement: Learning becomes more relevant and purposeful, boosting employee engagement and job satisfaction as they see how their education directly contributes to their success and the organization's goals. This makes learning more meaningful for caregivers.

Personalized Learning: The framework allows for more tailored educational paths, recognizing that different roles and individuals have unique learning requirements.

4. Organizational Effectiveness and Accountability:

Data-Driven Decisions: We can measure the impact of our education programs more effectively, identifying areas of strength and areas needing further investment, leveraging the structure provided by the NAHQ Framework.

Optimized Resource Allocation: Training resources are directed where they will have the greatest impact, ensuring a strong return on investment.

Stronger Culture of Quality: This alignment fosters a culture where continuous learning and competence are valued and actively pursued, reinforcing our commitment to excellence. This means caregivers will be part of an environment that prioritizes ongoing development and high-quality care, consistent with industry best practices.

Conclusion

Aligning our annual education with the NAHQ Healthcare Quality Competency Framework is not merely an administrative task; it is a strategic investment in our most valuable asset: our people. It ensures that every educational hour contributes to building a highly skilled, adaptable, and engaged workforce, ultimately driving superior patient outcomes, operational excellence, and a sustainable future for our organization.

ALIGNING ARE WITH A COMPETENCY FRAMEWORK: A STRATEGIC IMPERATIVE

NAHQ Competency Domain	Aligned ARE Course(s)	Competency Focus
Quality Leadership	• HIPPA Basics • Rights and Responsibilities Basics • Workplace Safety Basics • Social Engineering • Security Essentials • Wage and Hour • LGBTQ+ • AVADE/Active Shooter • Compliance/Privacy • Code of Ethics and Business Conduct • Corporate Compliance Module • Privacy Module	Vision setting, strategic influence
Health Data Analytics	• Medication Reconciliation • Patient Identification and Verification • Compliance/Privacy • Corporate Compliance Module	Data-driven decision making, predictive analytics
Performance & Process Improvement	• Patient Identification and Verification • Medication Safety Basics • Infection Control and Prevention	Efficiency, continuous improvement practices
Patient Safety	• Bloodborne Pathogens and Standard Precautions • Emergency preparedness • Emerging Infections • Tuberculosis • Suicide Risks and Prevention • Workplace violence • Employee and Patient Safety • Infection Control • Medication Safety • Patient Safety Basics • Anticoagulant Therapy and Risk Reduction • Clinical Alarm Safety • Patient Identification	Risk mitigation, safety culture

ALIGNING ARE WITH A COMPETENCY FRAMEWORK: A STRATEGIC IMPERATIVE

NAHQ Competency Domain	Aligned ARE Course(s)	Competency Focus
Regulatory and Accreditation	• Stark Law • Anti-Kickback • Corporate Compliance • Emerging Infections • Infection, Tuberculosis • Fire Safety • Emergency Preparedness	Focus on compliance with regulations
Population Health & Care Transitions	• Medication Reconciliation • Anticoagulant Therapy and Risk Reduction	Coordinated care, transitions support
Quality Review & Accountability	• Compliance/Privacy Module • Code of Ethics and Business Conduct • Corporate Compliance Module • Stark Law Module • Anti-kickback Module	Standard adherence, accountability structures
Professional Engagement	• Social Engineering • Security Essentials • LGBTQ+ • AVADE/Active Shooter • Wage and Hour	Collaboration, advocacy for quality care

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

An Introduction to Artificial Intelligence (AI)

What is Artificial Intelligence (AI)?

Artificial Intelligence, or AI, is when computers can do things that usually need a human brain—like learning new things, solving problems, and finding patterns.

Imagine you have a super-organized assistant who never gets tired. They don't make decisions for you, but they're great at keeping track of things—like supply levels, appointment times and important tasks – to help you stay on top of your day. Just like a good assistant, AI helps you focus more on caring for patients or clients by handling the busywork in the background.

AI helps by doing the boring, repeat tasks so we can focus on the work that really matters. But even when we use AI, we're still the ones in charge of the choices we make and how we use it.

Artificial Intelligence (AI) is Aligned with our Strategic Goals

We're using AI, to help us become a more connected and creative healthcare system. When used the right way, AI can help us take better care of patients and clients, make work easier for caregivers, and help our whole community. It can also help us save time and money by making our work more efficient.

At UMass Memorial Health, we're already using AI in many ways, like:

- Helping clinicians decide where patients should go next in the hospital
- Finding important results in X-rays and setting up follow-up tests for doctors to check
- Creating billing codes more accurately and quickly
- Reading patient insurance cards and putting the information into our systems

We Take Responsible Artificial Intelligence (AI) Use Seriously

At UMass Memorial Health, we have a careful process to evaluate every AI tool we use. A team of experts—including clinicians and technical staff along with legal, compliance and safety teams—work together to make sure each tool is safe and helpful.

Before we use any AI tool or program, we ask – Is this tool fair? Does it work well? And is it safe to use?

Using Artificial Intelligence (AI) with Care and Confidence

AI can be very helpful in healthcare, but we need to use it carefully—just like any other tool. Before using AI, it's important to follow our organization's rules, like the Acceptable Use of Electronic Resources Policy.

Some information is private and must be protected. This includes:

- Patient health information
- Business and financial records
- Research and employee information

You can use this kind of private information only in AI tools that are approved by UMass Memorial Health. You should not use it in public tools like ChatGPT or other apps that haven't been approved.

Why? Because using private information in tools that aren't approved could accidentally share or save that information in ways we don't want.

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

Disability Competent Care

WHAT YOU NEED TO KNOW

Disability-Competent Care (DCC) is an individual-centered model of care designed to treat the whole personð not just their diagnosis or condition. It focuses on supporting maximum function, health, and community participation based on each individualôs goals and preferences.

Key Mindset Shift
The disability itself is not the barrierð barriers within environments, systems, communication, and attitudes often create the greatest challenges to care and outcomes.

Core Principles

- Care is guided by the individual's goals and preferences
- Respect for choice and dignity of risk
- Reduction of medical and institutional bias
- Inclusive, accessible, team-based care

Common Barriers
Individuals with disabilities may experience:

- Bias or assumptions
- Inaccessible environments or equipment
- Communication challenges
- Limited awareness of services or supports

These barriers can lead to delayed care, reduced access, and poorer health outcomes.

Bias & Accessibility
Implicit bias can affect communication, trust, and treatment decisions.

Accessibility includes:

- Accessible equipment and environments
- Communication supports and interpreters
- Flexible appointment needs
- Documentation of accommodation needs

WHAT TO DO

- Build trust through listening and partnership
- Ask about accommodation and communication needs
- Avoid assumptions about abilities or preferences
- Identify and remove barriers proactively
- Use an interdisciplinary, team-based approach to care

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

Compliance - Federal Anti-Kickback Statute (AKS)

WHO WE ARE / WHAT WE DO

Corporate Compliance partners with caregivers throughout UMass Memorial Health to ensure compliance with laws and regulations covering health care systems such as ours, and to monitor the integrity of our operational and billing information.

WHAT YOU NEED TO KNOW

The Federal anti-kickback statute prohibits entities involved in Federal health care program business from engaging in some practices that are common in other business sectors, such as offering or receiving gifts to reward past or future referrals. As a general matter, the Federal anti-kickback statute is an intent-based, criminal statute that prohibits remuneration, whether monetary, in-kind, or in other forms, in exchange for referrals of Federal health care program business. – U.S. Department of Health and Human Services, Office of the Inspector General, General Compliance Program Guidance, November 2023

The Anti-Kickback Statute (AKS):

- Prohibits the knowing and willful offering, paying, soliciting, or receiving anything of value to induce or reward referrals or generate federal health care program business
- Applies to referrals from anyone
- Applies to any items or services
- Applies to all federal health care programs
- There are voluntary safe harbors for arrangements with referral sources that protect against AKS violations
- There must be knowing and willful intent to induce referrals to violate the AKS, however, if even *one* purpose of an arrangement includes the intent to induce referrals, an arrangement that does not squarely fit within a safe harbor may violate the AKS

WHAT YOU NEED TO KNOW

- Violations may result in:
  - Criminal fines up to $100,000 per violation
  - Up to a 10 year prison term per violation
  - Civil False Claims Act liability
  - Civil monetary penalties and program exclusion
  - Civil assessment of up to three times the amount of the kickback

- When the AKS applies, generally compensation must satisfy the “Big Three” requirements
  - Compensation is fair market value
  - Compensation is not determined in a manner that takes into account the volume or value of referrals or other business generated
  - Arrangement is commercially reasonable, meets a legitimate business purpose of the parties, and is sensible

- **For any and all arrangements with referral sources contact your Compliance Officer and the Office of the General Counsel before proceeding**

WHAT YOU NEED TO KNOW

- Anti-Kickback Safe Harbors:

(a) Investment interests
(b) Space rental
(c) Equipment rental
(d) Personal services and management contracts and outcomes-based payment arrangements
(e) Sale of practice
(f) Referral services
(g) Warranties
(h) Discounts
(i) Employees
(j) Group purchasing organizations
(k) Waiver of beneficiary copayment, coinsurance and deductible amounts
(l) Increased coverage, reduced cost-sharing amounts, or reduced premium amounts offered by health plans
(m) Price reductions offered to health plans
(n) Practitioner recruitment
(o) Obstetrical malpractice insurance subsidies
(p) Investments in group practices
(q) Cooperative hospital service organizations
(r) Ambulatory surgical centers
(s) Referral arrangements for specialty services
(t) Price reductions offered to eligible managed care organizations
(u) Price reductions offered by contractors with substantial financial risk to managed care organizations
(v) Ambulance replenishing
(w) Federally Qualified Health Centers
(x) Electronic prescribing items and services.
(y) Electronic health records items and services.
(z) Federally Qualified Health Centers and Medicare Advantage Organizations.
(aa) Medicare Coverage Gap Discount Program.
(bb) Local Transportation.
(cc) Point-of-sale reductions in price for prescription pharmaceutical products.
(dd) PBM service fees.
(ee) Care coordination arrangements to improve quality, health outcomes, and efficiency.
(ff) Value-based arrangements with substantial downside financial risk.
(gg) Value-based arrangements with full financial risk.
(hh) Arrangements for patient engagement and support to improve quality, health outcomes, and efficiency.
(ii) CMS–sponsored model arrangements and CMS–sponsored model patient incentives.
(jj) Cybersecurity technology and related services.
(kk) ACO Beneficiary Incentive Program.

- **For any and all arrangements with referral sources contact your Compliance Officer and the Office of the General Counsel before proceeding**

IMPORTANT RESOURCES

- See the “Health Care Laws and Regulations” section of the Code of Ethics and Business Conduct
- See the “Health Care Laws and Regulations” section of the Policy Links

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

Compliance - Federal Physician Self-Referral Law (Stark Law)

WHO WE ARE / WHAT WE DO

Corporate Compliance partners with caregivers throughout UMass Memorial Health to ensure compliance with laws and regulations covering health care systems such as ours, and to monitor the integrity of our operational and billing information.

WHAT YOU NEED TO KNOW

The Stark Law:

- Prohibits a physician from referring Medicare patients for designated health services to an entity with which the physician (or immediate family member) has a financial relationship, unless an exception applies
- Prohibits the designated health services entity (i.e., UMass Memorial) from submitting claims to Medicare for those services resulting from a prohibited referral
- There is no intent standard required to violate the law; financial relationships must fall within Stark exceptions
- Violations may result in:
    - Overpayment/refund obligations
    - False Claims Act liability
    - Civil monetary penalties and program exclusion for knowing violations
    - Civil assessment of up to three times the amount claimed
- When the Stark Law applies, generally compensation must satisfy the “Big Three” requirements
    - Compensation is fair market value
    - Compensation is not determined in a manner that takes into account the volume or value of referrals or other business generated
    - Arrangement is commercially reasonable, meets a legitimate business purpose of the parties, and is sensible
- Various exceptions have additional requirements (such as signed contracts and compensation set in advance)

WHAT YOU NEED TO KNOW

- Designated health services covered by the law:
  - Clinical laboratory services
  - Physical therapy services
  - Occupational therapy services
  - Outpatient speech-language pathology services
  - Radiology and certain other imaging services
  - Radiation therapy services and supplies
  - Durable medical equipment and supplies
  - Parenteral and enteral nutrients, equipment, and supplies
  - Prosthetics, orthotics, and prosthetic devices and supplies
  - Home health services
  - Outpatient prescription drugs
  - Inpatient and outpatient hospital services
- Stark Law exceptions:

(a) Rental of office space
(b) Rental of equipment
(c) Bona fide employment relationships
(d) Personal service arrangements
(e) Physician recruitment
(f) Isolated transactions
(g) Certain arrangements with hospitals
(h) Group practice arrangements with a hospital
(i) Payments by a physician
(j) Charitable donations by a physician
(k) Nonmonetary compensation
(l) Fair market value compensation
(m) Medical staff incidental benefits
(n) Risk-sharing arrangement
(o) Compliance training
(p) Indirect compensation arrangements
(q) Referral services
(r) Obstetrical malpractice insurance subsidies
(s) Professional courtesy
(t) Retention payments in underserved areas
(u) Community-wide health information systems
(v) Electronic prescribing items and services
(w) Electronic health records items and services
(x) Assistance to compensate a nonphysician practitioner
(y) Timeshare arrangements
(z) Limited remuneration to a physician
(aa) Arrangements that facilitate value-based health care delivery and payment
(bb) Cybersecurity technology and related services

- **For any and all arrangements with physicians contact your Compliance Officer and the Office of the General Counsel before proceeding**

IMPORTANT RESOURCES

- See the “Health Care Laws and Regulations” section of the Code of Ethics and Business Conduct
- See the “Health Care Laws and Regulations” section of the Policy Links

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

Compliance – Conflicts of Interest

WHO WE ARE / WHAT WE DO

Corporate Compliance partners with caregivers throughout UMass Memorial Health to ensure compliance with laws and regulations covering health care systems such as ours, and to monitor the integrity of our operational and billing information.

WHAT YOU NEED TO KNOW

A conflict of interest can occur when outside interests interfere with our ability to perform our duties objectively on behalf of UMass Memorial:

- Conflicts do not always have to be eliminated but they must always be managed to protect the interests of our patients and the reputation of UMass Memorial.
- In many instances, conflicts can be avoided or managed if certain steps are followed.
- Be proactive and whenever possible, avoid situations that can lead to even the appearance of a conflict.
- If you find yourself in a potential conflict of interest, talk with your manager or the Compliance Office. Depending on the circumstances, some conflicts may be resolved if they are proactively disclosed and handled properly.

IMPORTANT RESOURCES

- See the “Conflicts of Interest” section of the Code of Ethics and Business Conduct
- See the “Conflicts of Interest” section of the Policy Links

VISIT US ON THE HUB: The Hub > Departments > Corporate Compliance

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

Compliance – False Claims Act

WHO WE ARE / WHAT WE DO

Corporate Compliance partners with caregivers throughout UMass Memorial Health to ensure compliance with laws and regulations covering health care systems such as ours, and to monitor the integrity of our operational and billing information.

WHAT YOU NEED TO KNOW

The False Claims Act makes it illegal to knowingly bill the government (including Medicare and Medicaid) for something that wasn't done or wasn't needed. It is important that:

- Services provided are medically necessary, and the need for a service is documented.
- Documentation is accurate and complete.
- Items billed are supported by the documentation.
- The bill is correct.
- If we get paid too much, we pay it back.
- Documentation is kept as long as required by law.
- We never engage in unlawful or inappropriate practices that could result in a false claim being made. This may include misrepresenting a diagnosis to obtain payment or unbundling charges to enhance payment.

WHAT YOU NEED TO KNOW

Filing false claims may result in liability of up to three times the programs' loss plus an additional penalty per claim filed [currently up to $27,018 per claim]. Under the False Claims Act, each instance of an item or a service billed to Medicare or Medicaid counts as a claim, so liability can add up quickly. A few examples of health care claims that may be false include claims where the service is not actually rendered to the patient, is already provided under another claim, is upcoded, or is not supported by the patient's medical record. A claim that is tainted by illegal remuneration under the Federal anti-kickback statute or submitted in violation of the [Stark Law] is also false or fraudulent, creating liability under the civil False Claims Act. – U.S. Department of Health and Human Services, Office of the Inspector General, General Compliance Program Guidance, November 2023

IMPORTANT RESOURCES

- See the "Health Care Laws and Regulations" section of the Code of Ethics and Business Conduct
- See the "Health Care Laws and Regulations" section of the Policy Links

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

Compliance – Fraud, Waste and Abuse

WHO WE ARE / WHAT WE DO

Corporate Compliance partners with caregivers throughout UMass Memorial Health to ensure compliance with laws and regulations covering health care systems such as ours, and to monitor the integrity of our operational and billing information.

WHAT YOU NEED TO KNOW

It is the policy of UMass Memorial Health (UMMH) to provide and to maintain a culture characterized by integrity, responsible behavior and a commitment to legal and ethical standards consistent with our Compliance Program and the Code of Ethics and Business Conduct. All UMMH workforce members, Board members, medical staff, vendors and contractors share responsibility for ensuring that UMMH conducts its activities in a manner that complies with all applicable federal and state laws. This includes ensuring the integrity of all claims, reporting of inappropriate conduct, and protecting the rights of any individual who reports concerns. UMMH is committed to preventing and detecting fraud, waste and abuse and to educating its workforce members, Board members, medical staff, vendors and contractors about the federal and state laws that prohibit the making of false claims or statements in connection with the submission of a claim for payment to the government.

Fraud is intentional deception or misrepresentation made with the knowledge that the deception could result in some unauthorized benefit. Examples of fraud include billing for services never rendered or altering a diagnosis to receive payment.

Waste is related primarily to mismanagement, inappropriate actions and inadequate oversight leading to the misuse of resources. Waste includes ordering excessive diagnostic tests (e.g., pregnancy tests on all patients regardless of age, or daily complete blood counts on all inpatients) or prescribing 90 days of medication when only seven days is needed.

Abuse relates to practices that are inconsistent with sound fiscal, business or medical practices and which result in unnecessary costs. Abuse examples include charging excessively for services or supplies or providing treatment to a patient that is inconsistent with their diagnosis.

WHAT YOU NEED TO KNOW

Every UMMH workforce member, Board member, medical staff member, vendor and contractor is expected to report known or suspected inappropriate conduct or non-compliant practices, including but not limited to fraud, waste and abuse, that might involve the making of false claims or statements in connection with the submission of a claim for payment to the government, to enable UMMH to address potential issues promptly and thoroughly.

While it is expected that workforce members, contractors and others will make any questions or concerns known to UMMH (their supervisor, manager, or the Compliance Office), there are state and federal laws that allow workforces members, agents and contractors to bring their concerns to an outside regulatory agency. The agency may investigate the matter and bring suit against UMMH. If UMMH is found to have violated the law, the agency may impose civil or criminal fines and penalties.

Any workforce member who perceives or learns of non-compliant activity is responsible for: speaking to their supervisor, calling their Chief Compliance Officer or reporting the matter to EthicsPoint, UMMH's Confidential Reporting System. Reports to EthicsPoint may be made anonymously if the reporter so desires, although providing a name and phone number may expedite the investigation and communication with the reporter.

UMMH investigates all reported instances of potential non-compliance in accordance with internal investigation guidelines. UMMH will promptly report to a Medicare Plan Sponsor suspected or detected noncompliance or potential fraud, waste or abuse related to UMMH's services to that Medicare Plan Sponsor if reported to UMMH.

IMPORTANT RESOURCES

- See the "Health Care Laws and Regulations" section of the Code of Ethics and Business Conduct
- See the "Health Care Laws and Regulations" section of the Policy Links

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

Compliance – Gifts to and from patients and to or from vendors or health care professionals or entities

WHO WE ARE / WHAT WE DO

Corporate Compliance partners with caregivers throughout UMass Memorial Health to ensure compliance with laws and regulations covering health care systems such as ours, and to monitor the integrity of our operational and billing information.

WHAT YOU NEED TO KNOW

We are **not** allowed to personally **accept** gifts such as money, gift certificates, or other items of value **from patients or their family members**:

- We would never want patients to get the impression that they must offer a gift in order to receive appropriate care.
- Gifts, such as flowers or cookies, given by patients or family members in appreciation may be accepted and shared with coworkers.
- If you become aware of a grateful patient or family who wants to make a donation to UMass Memorial Health (or one of our hospitals), please contact the Office of Philanthropy.

In general, we may **not provide** gifts or free or discounted items and services to **patients** unless:

- Specifically permitted by UMass Memorial policies, such as those that address financial assistance, waiving patient financial obligations, patient transportation and programs intended to improve patient access to care.

VISIT US ON THE HUB: The Hub > Departments > Corporate Compliance

WHAT YOU NEED TO KNOW

We **cannot accept** gifts (e.g. pens, pads, computers) or entertainment (e.g. sporting events) from our **vendors or health care professionals or entities**:

- Doing so could make us choose their products for the wrong reasons.
- We must make our purchasing decisions based on product effectiveness, quality, and price, and not because we received a gift or something else of value.
- UMass Memorial generally prohibits the receipt of gifts or items of value from vendors or health care professionals and entities, such as meals or entertainment, unless specifically permitted by UMass Memorial policies, such as those that address vendor relationships and financial relationships with practitioners and other referral sources.

In general, we will **not provide** gifts or items of value to **vendors or health care professionals or entities** unless UMass Memorial would be permitted to accept the same gifts or items of value from the vendor or health care professionals and entities.

UMass Memorial **does not offer to pay**, solicit or accept money, gifts or services or any other form of remuneration in return **for the referral of patients**.

IMPORTANT RESOURCES

- See the “Gifts and Entertainment” section of the Code of Ethics and Business Conduct
- See the “Gifts and Entertainment” section of the Policy Links

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

HIPAA Privacy Office – Corporate Compliance

WHO WE ARE / WHAT WE DO

The HIPAA Privacy Office is responsible for the maintenance and oversight of the UMass Memorial privacy program. The program is both a requirement and a commitment to promoting a culture of privacy and security by safeguarding our patient's protected health information. We serve as the point of contact and subject matter experts for all issues related to HIPAA privacy.

WHAT YOU NEED TO KNOW

1. We are all responsible for protecting patient information and can do so by understanding what that information is and recognizing various security threats.

2. HIPAA consists of the Privacy, Security and Breach Notification Rules. The Privacy Rule protects and allows for the flow of the health information while the Security Rule addresses safeguards to protect electronic health information. We are required to notify patients and the Office for Civil Rights of breaches of PHI.

3. Protected Health Information, or PHI, is any information created, transmitted or received by our organization that can identify an individual. PHI takes many forms (paper, verbal, electronic) and can be almost anything; it is very difficult to anonymize an individual.

4. The HIPAA Minimum Necessary Standard requires us to limit access, use or disclosure of PHI to only the minimum necessary needed to accomplish the intended job purpose.

5. Accessing PHI without a work-related purpose is a HIPAA violation that carries disciplinary action up to and including termination. You should not access PHI of a family member, friend, coworker, VIP, etc.

HOW TO CONTACT US

Privacy Hotline Phone: 508-334-5551
Email: privacy@umassmemorial.org
Ethicspoint Anonymous and Confidential Reporting Online or call (844) 744-9212
Visit Us on the Hub: The HUB> Departments/Programs> Corporate Compliance> HIPAA Privacy Compliance

Information Security: Service Now

UMass Memorial Health

ANNUAL REQUIRED EDUCATION

HIPAA Privacy Office – Corporate Compliance

WHAT YOU NEED TO KNOW

6. When emailing PHI outside our organization for an approved business-related purpose, encrypt by including the word 'SECURE' in the subject line. Be aware of the signs of social engineering, like "phishing", and use caution when clicking links or providing private information via email, text or phone. Texting PHI is prohibited and never share PHI on social media.

7. Besides protecting patient information, HIPAA also provides specific rights for patients. For a full listing of these rights, refer to the "Patient Rights and Responsibilities under the Health Insurance Portability and Accountability Act" policy or a copy of the Joint Notice of Privacy Practices.

8. If you become aware of any potential or actual misuse of or unauthorized access to PHI, you must report it. There are many options to report:

- To your supervisor or senior leader
- To the Privacy or Compliance office
- To Human Resources
- To the EthicsPoint website or phone number (there is an anonymous option)

10. The HIPAA Privacy Office is your resource. We are here to answer any questions, provide guidance, and present training and education. Our contact information is below and also on The Hub. Please reach out!

HOW TO CONTACT US

Privacy Hotline Phone: 508-334-5551
Email: privacy@umassmemorial.org
Ethicspoint Anonymous and Confidential Reporting Online or call (844) 744-9212
Visit Us on the Hub: The HUB> Departments/Programs> Corporate Compliance> HIPAA Privacy Compliance

Information Security: Service Now

HOW TO CONTACT US

RESOURCE:	CONTACT:
EthicsPoint, UMMH's confidential reporting system	844-744-9212 umassmemorial@ethicspoint.com
Privacy Office	508-334-5551 privacyandsecurity@umassmemorial.org
UMass Memorial Health Interim Vice President, Chief Compliance Officer	774-442-9450 Richard.King@umassmemorial.org
UMass Memorial Health Chief Privacy Officer	774-823-0093 Kristen.Eversole2@umassmemorial.org
Associate Compliance Officer – Privacy	508-801-1986 Jennifer.Hall3@umassmemorial.org
UMass Memorial Health Revenue Cycle Chief Compliance Officer	508-334-8974 MaseQua.Pina@umassmemorial.org
Associate Compliance Officer	508-334-5593 Karen.Baker@umassmemorial.org
UMass Memorial Accountable Care Organization Chief Compliance Officer	508-334-2108 Jennifer.Heil@umassmemorial.org
UMass Memorial Health – Community Healthlink Chief Compliance and Privacy Officer	508-438-5578 Donald.Smith2@umassmemorial.org
UMass Memorial Health – Harrington/Milford Chief Compliance and Privacy Officer	774-622-5953 Andrew.Glosenger@umassmemorial.org
UMass Memorial Health – HealthAlliance-Clinton Chief Compliance and Privacy Officer	978-660-9619 WChartrand@healthalliance.com
UMass Memorial Health Laboratory and Pharmacy Compliance Officer	508-334-8976 Noelia.Santillan@umassmemorial.org
UMass Memorial Health – Marlborough Hospital Chief Compliance and Privacy Officer	508-486-5720 WChartrand@healthalliance.com
UMass Memorial Medical Center/UMass Memorial Medical Group - Interim Chief Compliance Officer	508-334-1693 Lisa.McCusker@umassmemorial.org
Associate Compliance Officer	248-343-7325 Jennifer.Munro@umassmemorial.org