EINSTEIN MEDICAL CENTER-HEMATOLOGY

SUBJECT: HEMATOLOGY STAFF MEETING

ATTENDEES: DAVID HINKLE

DATE: DECEMBER 28, 2016

AGENDA

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION

TECHNICAL HEME	1. Cellavision 2. Inspections 3. MCV Delta 4. Media Lab 5. Biennial Procedure	• Cellavision interface 95% complete. Testing resumed week of 12-19-16. Pending Platelet Est and Morphology.
		 • CAP window opens January 8, 2017 and closes April 8, 2017.
		   o Please make sure that all reagents are properly labeled, and that all paperwork is initialed.
		   o Use proper PPE
		   o Check areas for cleanliness including the hallways by the store rooms.
		   o All job aids (not Document controlled are to be disposed of prior to window opening)
		 • Make sure all med training assignments are completed
		 • MCV delta of 5fl delta implemented. All MCV deltas are to be investigated and comment the finding not just "specimen checked."
		 • Media Lab will go live 1-2-17. No policies will be available on the H drive. In June 2017 no paper manuals will be in the lab. Please sign up if you have not completed the training already.
		 • On December 15th we will be rolling out our Biennial Procedure review. Each procedure binder will have all changes that have been made in the past two years. Each tech will need to sign off on this document for CAP compliance. Sheets are hanging on the white board.
			• Discussed. New Face shields hanging in the lab.
			 • Documentation is a Must – we should not have to track anyone down to sign off on duties that you performed. This is part of your job.
			 • FAQ to prepare for CAP hung on Studer board.
			 • Attached to MTS meeting minutes.
			 • Biennial Procedure review sheets hung on whiteboard by Chem. 6 sheets to sign (1 per manual)

General Hematology Updates	1. Cleanliness 2. Lunches and breaks 3. Restocking bench 4. Reagent	• Please make sure to clean up after yourself. There have been disposable pipettes and aliquots of protocol water found in the special area. Please discard after use. • Lunch times- Dayshift please follow the CBC/Cancer center schedule. Other areas to be scheduled. Breaks are to be 15 mins. • Restock benches for the next shifts. If something is out please restock the shelves. • If you receive reagents, please use the log book over the clean sink. Also make sure reagents	• Techs also noted they have found lots mixed in chemistry. Jennifer and Dave notified staff this

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION

Goals	• Hematology Goals
	• Administration Goals
	
	5. receipt
	6. Inventory
	   Maintenance logs
		are being put in the storeroom and initial the sheets.
		• If you see we are running low on supplies, please continue to notify myself or Ashley.
		• Maintenance logs continue to be an issue. All paperwork has been consolidated to make it easier. Make sure to properly document all maintenance as well as corrective actions.
		
		GOALS FOR OUR DEPARTMENT INCLUDE THE FOLLOWING:
		• **Goals for Hematology Department**
		  • ED Coag TAT – Target 90% RESULTED WITHIN 45 MINUTES
		  • Stat Coag (Hospital) TAT – Target 90% RESULTED WITHIN 55 MINUTES
		  • ED CBC Stat TAT – Target 90% RESULTED WITHIN 45 MINUTES
		  • Stat CBC (Hospital) TAT – Target 90% RESULTED WITHIN 55 MINUTES
		  • Stat Hepnomo TAT – Target 90% RESULTED WITHIN 50 MINUTES
		  • Stroke Stat CBC TAT- 92% RESULTED WITHIN 30 MINUTES
		  • Stroke Stat Coag TAT- 92% RESULTED WITHIN 30 MINUTES
		  • Correlation of Body Fluid to Cytology – Target 100% CORRELATION
		  • Critical Results Called – 100% COMPLIANCE WITHIN 60 MINUTES
		  • Corrected Reports – 98 % COMPLIANCE
		  • CAP – 100% COMPLIANCE
		
		• **Admin Goal: Tracking ER cancellation times. ER specimens should be cancelled within 60 min of receipt.**
			• is cannot occur.

EMPLOYEE ISSUES/ Competency	1. EMCP competency	**Hematology met all goals for 1st quarter. Thank you for prioritizing all STATS.** • You are responsible to provide the supervisor with all necessary documentation for your competency the month it is due. • Lead techs will provide unknown specimens. Please complete the tests ASAP for time sensitive specimens. • Competency form is available on the bottom shelve by the schedules. • You may save paperwork throughout the year not just the month prior to competency. • If you are over 60 days non-compliant you cannot be scheduled in the overdue department and must complete ASAP.	•
HOSPITAL NEWS	1. Overtime Approval 2. Overtime forms 3. Healthcare Business Briefing	• You need a supervisor's approval to work over your scheduled time. This is even if it is 15 minutes. You also need to get approval for missed meals. **You need to request approval prior to staying/ missing a meal**, do not come and let us know that you stayed and it is after your scheduled time. • Employees must complete a Voluntary Overtime Acknowledgment Form for each voluntarily worked shift that they accept that is outside of the agreed to, predetermined and regularly scheduled work shift. (Appendix A). Managers must retain the completed Voluntary Overtime Acknowledgment Form for three (3) years. Sheets will be located by	• Don't wait for someone else to finish their work so you can go to break together. This causes a delay

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
	4. Please review policy HR140 Social Media 5. Nursing Negotiations	the schedules in a separate bin. For those of you that are helping pick up shifts please remember to complete the voluntary overtime form. ● Healthcare Business Briefings: All staff are required to attend the Healthcare Business briefings. ● Please review attached policy HR140 Social Media ● Nursing union contract has been ratified. Please check the board for updates and feel free to ask any questions you may have regarding the updates.	in the breaks. Dayshift should not be going to break after 2pm. ● Discussed 2nd shift already schedule for 2/8 for business briefing. ● Next dayshift briefing is on 1/5 at 9am, and 1/19 at 12 noon ● Next 3rd shift briefing is on 1/26 at 7am.
SAFETY	1. Ergonomics assessment	Ergonomic assessment will take place on Jan 3rd at EMCP	● You might see someone walking around the lab on 1/3 accessing the work areas.
HUMAN RESOURCES	1. Open Positions Vacancies 2. Closed Vacancies 3. Attendance Policy 4. Holiday schedule	Open Positions- ● Req# 12746 21408-QA Manager Laboratory Lab Administration replacing Jaclene Kokoszka ● Req#-21420-PRN-Lab technologist replacing Terence Loughran ● Req#-21400-FT Administrative Coordinator replacing Sharon Shavro-Sharon will remain as a PRN employee ● Req #21406 PRN night shift ● Req # 21406-PRN night shift Lab – Open Requisitions OPEN REQS – EMCP/FP ● Req #-21420-Lab Clerk replacing Amy Green-PRN ● Req #21406-Lab technologist replacing Shiji Johnson ● Doug A position for CPA to be posted.	● PRN to train in 1 core lab department.

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
		Closed Positions- • Req #14698-21404-Lab technologist replacing Maria Torres-75 hrs. 12-8pm-Awarded to Debbie Pommels. Debbie will move to this position once her position has been filled • Req#14989-21404-Lab technologist replacing Deborah Pommels-Awarded to external Aileen Chua • Req #14697-21404-Lab technologist replacing Michelle Mckenna-64hrs-Awarded to internal Duanea Hicks	
SLR	1. SLR 2. Studer	**Reminder any clock in <u>over the one-minute start time is still considered late.</u>** If you have not already done so, please sign up for your 2017 holidays. Reminder you are obligated to the shift you were hired to first and may then sign up for additional holidays. What tools do you need to do your job? Work order to be entered for shelving. We will be working on an appreciation/recognition initiative. Any volunteers to create a board for recognition? With staffs' permission we would like to also recognize individuals who receive recognition during staff meetings.	• Staff Requested more pens. • No other requests noted • Asked for volunteers to help with the board. Jenny V. might be willing to help.
SEVERE WEATHER	• Cots • Review HR02.09 staffing emergency plan	Lab has purchased cots for staffing emergencies. • Please review the attachment HR02.09 staffing emergency plan. Lab staff are considered level 1. If you do not show to work, you will not be paid. • Would staff agree to support flex time to allow for the next shift to make it in without penalty of lateness?	• Review page 6 of the attached procedure regarding unscheduled absence. • Staff is willing to have the flex time, amount of time TBD.

Possible Inspector Questions	Possible answers
How do you respect patient confidentiality?	Patient data access is limited through appropriate authorization and password protection Monitors turned away from public view Do not discuss PHI in public areas, elevators, hallways, cafeteria, etc Documents that contain PHI are placed in shredding containers
What two patient identifiers do you use?	Name and MRN or Name and DOB For BB it includes the FIN number
What would you do if a patient falls or sustains an injury?	Attend to patient and call for medical assistance Notify supervisor Complete an event report- DDR & Hospital Event Report
What is the process for verbal orders?	No verbal orders taken in the lab.
What are the CDC hand washing guidelines?	Wash with soap for 15 seconds
What types of PPE do you use?	gloves mask disposable lab coats shields/goggles
What do you do when you get a needle stick?	Wash hands immediately Report occurrence to supervisor immediately Complete DDR & Hospital Event Report
What is the labs internal reporting system called?	Deviation Discovery Reports (DDR)
What is the hospital event reporting system called?	Patient Safety Net (PSN)
Where are they both located?	DDR- Located on the H drive and paper copies in all departments. PSN on the desktop.
What is considered biohazardous waste?	human blood human waste specimens
What do you do in case of a fire?	RACE (rescue, alarm, contain, extinguish) PASS (pull, aim, squeeze, sweep) call 6-6911
How do you know equipment is safe to use?	Biomedical engineering label with asset tag number and date last checked
What Quality Improvement projects are done in the lab?	Monitoring of specimen TAT, Blood culture contamination rates, Unacceptable specimens, event reporting, improvements in service dashboard, etc

What are the National Patient Safety Goals? JCAHO	1. Improve the accuracy of patient identification - use two identifiers 2. Improve the effectiveness of communication among caregivers - critical test read-back, timeliness of reporting and receipt of critical values

CAP	1. Improve patient and sample identification
	    a. At the time of specimen collection
	    b. At the time of analysis
	    c. At the time of results delivery
	2. Improve the verification and communication of life threatening or life altering information regarding
	    a. Malignancies
	    b. HIV and other infections
	    c. Cytogenetic abnormalities
	    d. Critical values
	3. Improve the identification, communication and correction of errors
	4. Improve coordination of the laboratory patient safety role within healthcare organizations
	(nursing, administration, POCT personnel, providers)

What is the process for reporting critical test values?	Critical values are called to the Nursing unit or physician Read back is solicited Document in the LIS that results was call to and read back by...with date, time
What do you do if you have an unacceptable specimen?	Call the caregiver and notify them of the cx and cx the specimen in AeCIS.
Are countertops need to be clean and free of clutter?	All areas should be free of clutter.
Are all materials 18 inches from ceiling to top of supplies etc?	All materials should be 18 inches or more from the ceiling.
Are there any boxes on the floor?	Floors should be free of clutter and items should be propped off the ground.
Are computers signed off when unattended?	They should always be signed off when unattended.
Where the fire extinguishers, RED (Fire) pull boxes AND emergency telephone numbers are located?	The fire pull is located by the BB entrance, the fire extinguishers are located in every lab and the emergency numbers are located on a list on every telephone.
Where can you find the SDS?	It is an icon on the desktop looks like a Rubics cube.
Is there any FOOD or DRINK IN LABORATORY?	There should not be any food or drink in the lab.
Are gloves and/or PPE discarded within the lab into the regular trash if not soaked with body fluids when exiting the lab?	All PPE should be removed prior to exiting the lab. Anything soiled with bodily fluid should go in the Biohazard waste, everything else goes into the municipal waste.
Are ID cards on everyone and above the waist?	All ID cards should be on every employee and above the waist.

Where can you find hospital policies and procedures as well as the Guide to Laboratory Services?	E-net has hospital, ED policies and the Guide to Laboratory Services.
Where can Lab policies and procedures and forms be found other than the paper copies in each department?	H Drive has laboratory policies, procedures, safety inspections, quality data and forms.
How are specimens transported to the lab?	All specimens are to be transported in a primary and secondary receptacle to the lab.
What type of waste goes in each type of container?	Unless it is sharps it goes into the red sharps container. All waste that is not soiled goes into municipal waste. Soiled waste goes into the Biohazard trash cans.
Are all reagents in the morgue properly labeled?	All Morgue reagents are labeled properly.

Einstein Healthcare Network

Memorandum

To: Einstein Healthcare Network Employees

From: Patrice Haverstick, Associate Vice President of Human Resources

Date: December 27, 2016

Subject: Benefit Improvements

We have made several pay increases across our network for specific positions in recent months. We also have introduced benefit improvements, including the pediatric healthcare enhancement that begins January 1, 2017. I'm pleased to announce additional improvements to Einstein's benefit programs.

These new changes include the following improvements:

Benefit	Change
Health Benefits	Effective July 1, 2017 coinsurance for the Personal Choice Basic Benefit Plan network benefit will change from 40% to 30%.
Holiday Premium	Starting in 2019 employees who work Christmas Eve and New Year's Eve will receive a holiday premium starting for hours at 7 pm.
PTO	You will receive one additional PTO day if you joined Einstein on or after September 1, 2003.

We have long believed that Einstein employees should be treated equally, and we remain committed to providing comprehensive, market-competitive compensation, including wages and benefits. We will continue to review our compensation relative to the area market and make further changes as necessary.

Thank you for your ongoing commitment to provide safe, quality care and service to our patients and visitors in their time of greatest need.

Best wishes for safe, happy holidays.
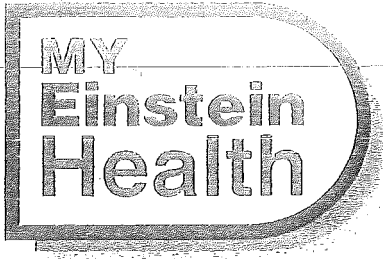
What Is a MY Einstein Health Patient Portal?

A free and secure, password-protected, web-based site called a "portal" that gives you access to your Einstein Healthcare Network medical records including:

- your recent visits
- prescriptions
- lab results
- conditions
- immunization records
- medical procedures and discharge instructions

Why Is Using MY Einstein Health Important?

- Patient portals are now a standard practice at all major health systems.
- Accessing your personal medical records can help you to be more actively involved in your own health care.
- Having access to your family members' health information may help you take care of them more easily.
- Patients can communicate with Einstein Physicians and Office Staff through secure messaging

How Do I Get Access to MY Einstein Health?

To get started with enrollment to your **My Einstein Health**, ask your health care provider to register you at your next appointment or admission to an Einstein facility. Currently, **My Einstein Health** registration requires an in-person visit to an Einstein Healthcare facility (hospital, doctor offices, out-patient centers, etc.) for security purposes. Creating your account will give you secure, password protected access to your health information and medical records.

Once you complete the portal registration, you can install the "HealtheLife" app to easily access your MY Einstein Health portal by smartphone.

Your Health Information is Private, Secure, and Protected

The **MY Einstein Health** patient portal is a private and secure site. We have safeguards in place to protect your health information.

To make sure that your private health information is safe from unauthorized access:

- **MY Einstein Health** is hosted on a secure connection and accessed via an encrypted, password-protected login
- We have an auditing feature that keeps a record of who accessed your information, what changes were made, and when.

Please remember YOU need to follow safety tips when accessing the patient portal too. Always remember to protect your username and password from others, and make sure to only log on to MY Einstein Health from a personal or secure computer.

Einstein
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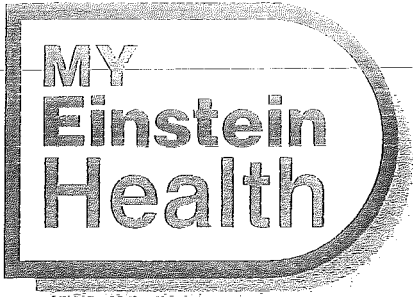
MY Einstein Health

How to complete access to your MY Einstein Health patient portal?

1. After you have registered, you will receive an email invitation with further instructions to complete your MY Einstein Health account.

   The email you receive will look like this:

   IQHealth.com < noreply@iqhealth.com > Important Einstein Network Health account information for: YOUR NAME **

   If you do not see the email, be sure to check your SPAM folder!

2. Click on the link in the email to take you to the final steps of creating your account.

3. First, confirm your identity by choosing YOUR NAME on this page.

4. Then, verify your identify by completing your information. You need to remember your security question and answer you created, and confirm that you have read the Terms of Use and Privacy Policy.

5. Once completed, you will be on the first page of your **MY Einstein Health** patient portal.

6. Please bookmark the link below to continue accessing Einstein Healthcare Network's online services:
   https://einstein.iqhealth.com/login/cerner-health **

   We look forward to providing you with better access to your healthcare information through this convenient and secure tool.

7. **If you have any questions in signing up or accessing your secure MY Einstein Health patient portal, please call 215-456-4747.**

   *** Einstein Healthcare Network's electronic medical record vendor, Cerner Corporation, uses IQ Health to provide*

   MY Einstein Health

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Supersedes No. HR021.8 Date: 12/11/2013	POLICY AND PROCEDURE MANUAL	No. HR021.9 Eff. Date 12/1/2014 Page: 1 of 9
DEPARTMENT: Human Resources		SUBJECT: Staffing Emergency

I.   PURPOSE

The purpose of this policy is to define a staffing process and procedure that safeguards the comfort and safety of patients and staff in the event of circumstances that prevent or impede staff from reaching work for their regularly schedules shift(s). Circumstances that may give rise to a staffing emergency include, but are not limited to weather, civil disruptions/disturbances, and/or other internal/external circumstances that threaten safe staffing and patient care.

II.   SCOPE

This policy and procedure applies to all Einstein Healthcare Network ("Einstein") employees and physicians.

III.   POLICY

The Chief Executive Officer (CEO) of Einstein Healthcare Network, Healthcare Services Executives, Chief Operating Officers and/or the Administrator On Call (AOC) of Einstein Medical Center Philadelphia ("EMCP"), Belmont Center for Comprehensive Treatment ("Belmont"), Willowcrest, MossRehab, Einstein Medical Center Elkins Park ("EMCEP"), Einstein Medical Center Montgomery ("EMCM") or his/her designee may declare a staffing emergency when any condition seriously impedes, prevents or threatens to impede the travel or arrival of staff to or from an entity of Einstein Healthcare Network.

IV.   DEFINITIONS

A. *Staffing Emergency:* A state of crisis declared by the appropriate designee as outlined by this policy which alters normal staffing processes and procedures but aims to safeguard the comfort and safety of patients and staff in the event of circumstances that prevent or impede staff from reaching work for their regularly scheduled shift(s). Circumstances that may give rise to a staffing emergency include, but are not limited to weather, civil disruptions/disturbances, and/or other internal/external circumstances that threaten safe staffing and patient care.

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B. *Staffing Emergency Types:*

1. *Type A* addresses short-term emergent situations and/or staffing emergencies of less than five (5) days.

2. *Type B* addresses emergent situations and/or staffing emergencies that are anticipated to extend beyond a five (5) day duration.

3. *Type C* addresses pandemic or emergent situations, usually involving staffing resources beyond Einstein's capabilities, as well as local and state governmental support. A Type C Staffing Emergency may be called when the organization activates the emergency operations plan and the organization is unable to meet immediate patient needs.

C. *Emergency Staffing Levels:* Address the level of position that is required to report during the staffing emergency.

V.   CAMPUS OPERATIONS DURING A STAFFING EMERGENCY

The CEO of Einstein Healthcare Network, Healthcare Services Executives, Chief Operating Officers and/or the Administrator On Call (AOC) of EMCP, Belmont, Willowcrest, MossRehab, EMCEP, EMCM or his/her designee will determine any deviation from normal operations (e.g. changes in Operating Room schedule, restrictions on admissions, clinic cancellations, transfer of patients to another facility, etc). The CEO or his/her designee is responsible for assuring proper notification of affected departments.

VI.   COMMAND CENTER

The CEO, Health Care Services Executive, COO or AOC will establish a Command Center in each entity where a staffing emergency has been declared. The location of the Command Center will be determined at the time the staffing emergency is declared. Members of the Command Center will include the AOC or Healthcare Services Executive (on-site or off-site), Chief Executive of Nursing and her/his designee, Environmental Services director/supervisor, Protective Services director/supervisor, Director of Facilities/designee, Representative from Corporate Marketing and Communications and Human Resources Manager. These individuals will be responsible for coordinating staffing to meet patient care and staff needs. In the event National Guard resources are mobilized, the Command Center will assume responsibility for determining if the National Guard can assist in transporting staff to their assigned Einstein entity.

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In the event of a Staffing Emergency Type C, the Command Center will have the authority to change any and all staffing policies as deemed necessary.

VII. NOTIFYING EMPLOYEES OF THE START/TERMINATION OF A STAFFING EMERGENCY

At the time a staffing emergency is declared, the AOC/Healthcare Services Executive will assess available staffing resources with regard to patient care requirements, e.g. census, acuity, etc., in order to determine appropriate emergency staffing levels.

The AOC/Healthcare Services Executive will initiate voice mail or phone tree notification to all department directors to inform all that a staffing emergency has been declared/terminated. Based on the scope and locations of the staffing emergency this will include the following individuals/departments:

- Telecommunications
- Department Directors
- Human Resources Leadership
- Vice President, Information Systems
- EMCP Administrator-On-Call
- MossRehab Administrator-On-Call
- Belmont Administrator-On-Call
- Willowcrest Administrator-On-Call
- EMCM Administrator-On-Call
- Vice President, Facilities Management

Each of the above-mentioned leaders will inform his/her staff through phone tree or voice mail relay mechanism to respond to the emergency according to the staffing emergency level called. Any and all staff contacted and asked to come to work will be expected to make every effort to reach their assigned destination.

Immediately following the declaring of a staffing emergency, the AOC/Healthcare Services Executive will establish a voice mail message notification via Einstein's telecommunication system announcing the staffing emergency type and staffing level(s) required to report/remain to/at work. All employees will be required to call into the voice mail "command center" two (2) hours before the start of his/her scheduled shift to learn of their specific reporting requirements and instructions.

EINSTEIN HEALTHCARE NETWORK

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The Command Center Emergency Staffing Voice Mail Phone Number is
(215) 456-4545. When an employee calls, s/he will be prompted to select his/her
work location to receive specific instructions for different campuses/locations.

A. Emergency Staffing Levels

1. Level 1
   a. Employees who are required to provide direct patient care in an
      inpatient setting (i.e. RNs, PCAs, physicians, etc.)

   b. Employees whose job it is to support direct patient care in an inpatient
      setting, e.g. Laboratory, Pharmacy, Respiratory Therapy, Food and
      Nutrition, etc.

   c. Employees that are required to maintain/safeguard the continued
      operations of Einstein hospitals (physical plant) and without whose
      presence, patient care would/could suffer, e.g. Facilities Management:
      Maintenance & Engineering/Environmental Services, Protective
      Services, and Telecommunications.

2. Level 2

   a. Employees who are required to provide direct patient care in an
      outpatient or outpatient typesetting, e.g., outpatient therapists.

3. Level 3

   a. Employees whose absence from work would have no adverse affect on
      patient care or the physical operations of an Einstein entity.

   See Appendix A (Departmental Level Assignments)

4. Emergency staffing levels may change if Staffing Emergency Types B
   and/or C are called. The Command Center or their designee will
   communicate changes to staffing levels if necessary.

VIII. PROVISIONS FOR STAFFING

1. Once appropriate emergency staffing levels are determined
   detained/required staff will remain for assignment (within or outside of
   their normal department assignment) until released by the Command
   Center.

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2. Department directors will inform all employees at the time of hire of the emergency staffing level requirement associated with their position. Staffing Emergency levels will be reinforced annually during departmental staff meetings.

3. During a staffing emergency, the AOC/Healthcare Services Executive may establish a supplemental staffing pool, delegating the responsibility for coordination to the most appropriate on-site department director. In collaboration with the Command Center, that manager will have authority to temporarily reassign staff. The AOC/Healthcare Services Executive will communicate that manager's name to the appropriate Network/Entity authorities. Department directors/designees in those areas will be responsible for communicating with and consulting with that manager regarding staffing needs.

4. Persons on duty or arriving for duty who are assigned to the supplemental staffing pool will be released when the staffing emergency is terminated or when released by the Command Center.

IX.   VOLUNTEER PRACTITIONERS

During a staffing emergency, the Network may use volunteer practitioners to help with staffing needs. Please see Volunteer Practitioner Policy (HR125) for procedure and specifics on volunteer practitioner requirements.

X.   EMPLOYEE ABSENCES/PAY

A. After consultation and with the concurrence of the Command Center, a department director/designee may authorize the early release of employees based upon staffing emergency level policy requirements.

B. Staffing Emergency Type A

1. In departments where the staff do not comply with emergency staffing level requirements by staying will be subject to appropriate disciplinary action according to Einstein's progressive disciplinary guidelines.

2. In departments where emergency staffing is not required, employees may leave at their designated departure time unless released early. If an employee leaves early, s/he must be paid using Paid Time Off ("PTO"). The absence will be considered excused and not an occurrence under Einstein's Standard of Attendance.

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3. When an employee whose emergency staffing level has been called is unable to report to work, s/he must notify his/her department director or most senior person in the department at least two (2) hours in advance if his/her shift is scheduled to begin between 4:00am and 9:00am (or as soon as his/her department opens). Employees will **not be paid** for unscheduled absences (an absence not previously approved by the department director) during a staffing emergency. The employee may not be paid with PTO, however the episode of absence **will not** be considered an occurrence under Einstein's Standard of Attendance.

4. An employee whose emergency staffing level has not been called may report to work as scheduled. S/he must notify his/her supervisor or department director or the most senior person in the department of his/her intentions of reporting to work. If unable to report s/he may use PTO. The absence **will be** considered an occurrence under Einstein's Standard of Attendance.

5. An employee who reports that s/he cannot report to work due to illness during a staffing emergency in which their emergency level has been called will be required to present a detailed doctor's note documenting his/her illness and inability to report to work in order to receive sick time pay. Those whose emergency staffing level has not been called are also required to present a physicians note. In either case, the employee's negative time record **will** be charged and the absence will be considered an occurrence under Einstein's Standards of Attendance.

6. A non-exempt employee who is required to remain on duty at any Einstein entity will be paid for all hours worked according to Einstein's time and attendance guidelines (appropriate overtime rules will be applied for hours worked in excess of forty (40) per week).

7. An employee who is delayed and reports to work late and works at least two thirds (2/3) of his/her regularly scheduled shift and works until the end of their regularly scheduled shift will be paid for the entire shift. The lateness will not be considered an occurrence under Einstein's Standards of Attendance.

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8. Staff will be assigned to down/sleep time for a minimum of 4 hours for every 16 worked hours. Down/sleep time will be paid at the non-exempt employee's base rate. Down/sleep time will be paid **only** when the employee is **required** to remain on campus by his/her Department Director and/or Administrator on Call or designee.

9. Down/sleep time paid will be considered in determining hours worked in excess of forty (40) per week. All non-exempt employees shall be eligible for overtime for all hours worked in excess of forty (40) hours in a work week. Such overtime will be compensated at the rate of one and one-half (1 ½) times the employee's regular hourly rate for all hours worked in excess of forty (40) in the work week. For more information on overtime, please see Einstein's Overtime Policy (HR037.1).

10. The department director/designee or supplemental staffing pool manager will be responsible for accurately recording the name, employee number, worked hours and down/sleep hours for all departmental employees required to remain on campus during a staffing emergency. Time may be recorded on the Kronos Adjustment Form or the department of nursing sleep log for appropriate timekeeping/tracking

C. Staffing Emergency Type B

1. The same provisions apply as outlined in Section X (B) above with the following exceptions:

   a. Employees may not be mandated to stay beyond their normal shift.

   b. An employee whose staffing level has been called but who is unable to work may be allowed to utilize sick time with proper medical documentation for sick absences during the staffing emergency. If the employee is unable to provide medical documentation, PTO may be used.

D. Staffing Emergency Type C

1. The same provisions apply as outlined in Sections X (B) and (C). In addition, the Command Center has authority to change all staffing emergency policies and procedures, as it deems necessary.

Supersedes		No. HR021.9
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XI.   PROVISIONS FOR PERSONAL NEEDS OF STAFF DURING A
      STAFFING EMERGENCY

A. Food Services

1. Whenever possible, employees **required** to remain on campus for a
    minimum of four (4) hours beyond their scheduled shift will be given a
    ticket for a "meal" in the cafeteria.

2. Shift supervisors may obtain meal tickets through the Command
    Center. Department directors or Command Center staff will inform
    staff of the cafeteria operating hours. The normal hours of operation
    of the cafeteria may be modified based upon available food supplies
    and staffing resources.

3. Meal tickets will be valid for only one (1) meal. They will be dated
    and will be valid only on the date indicated. The composition of the
    meal will be at the discretion of the Director of Food and Nutrition or
    his/her designee.

B. **Medications**

Employees who are required to remain at work that require medication(s)
to which they have no access, may obtain a written prescription from an
Emergency Department physician or the Resident-on-Call (for Belmont)
for the required medication(s). Only a twenty-four (24) supply of
formulary prescriptions will be filled. Employees may fill the prescription
at a patient pharmacy window where such services are available 24 hours/
7 days a week/ 365 days a year. For employees working on a campus
where pharmacy services are not available at all times, such employees
should contact the nursing supervisor who will try to secure the needed
medications.

C. **Sleeping Facilities and Linen**

The Command Center will assign sleeping facilities for staff required to
remain at work after their regularly assigned shift. The Command Center
may delegate the responsibility for allocation of sleeping facilities to the
appropriate department director/supervisor available. The responsible
manager will coordinate utilization of patient rooms with the Healthcare
Access Department (bed-board) at each entity and the Emergency
Department to assure adequate beds for patients at all times.

EINSTEIN HEALTHCARE NETWORK

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D. Personal Hygiene Needs

Materials Management will supply a toothbrush, toothpaste, shaving supplies, shampoo and soap to any detained employee that requests such supplies.

XII.   HUMAN RESOURCES DISASTER PLAN

The Human Resources Disaster Plan provides guidelines for consideration at each staffing emergency type. The Human Resources Disaster Plan is attached as Appendix B.

XIII.   CIRCUMSTANCES

Each staffing emergency is unique. Leaders may decide to deviate from these guidelines based upon the type of emergency or the circumstances at hand.

APPROVED:_____DATE:___12/1/2014___

APPROVED:_____DATE:___12/1/2014___

To be reviewed annually

ALBERT EINSTEIN HEALTHCARE NETWORK
Emergency Staffing Policy
Departmental Level Assignments

Level 1
    a. Employees who are required to provide direct patient care in an
          inpatient setting (i.e. RNs, PCAs, physicians, etc.) and/or
    b. Employees whose job it is to support direct patient care in an inpatient
          setting, e.g. Laboratory, Pharmacy, Respiratory Therapy, Food and Nutrition, etc.
    c. Employees that are required to maintain/safeguard the continued
          operations of Einstein hospitals (physical plant) and without whose presence, patient care
          would/could suffer, e.g. Facilities Management:
          Maintenance & Engineering/Environmental Services, Protective Services, and
          Telecommunications

Level 2
        Employees who are required to provide direct patient care in an outpatient or outpatient
        setting, e.g., outpatient therapists

Level 3
        Employees whose absence from work would have no adverse affect on patient care or the
        physical operations of an Einstein entity

Department Name	Division/Department/Campus	Administrator/Director	Emergency Level	HR
Academic Affairs	EMCP	Whalen, Marlene	3	Mike N
Access/Crisis Center	Belmont	Cantwell, Angela	1	Jenna
Accounting/Budget and Reimbursement	Corporate	Wyatt, Walt	3	Lori/Kim
Accounting/Patient Financial Services	Corporate	Hoffman, Guy	3	Lori/Kim
Accounting/ Revenue Costs	Corporate	Nuccio, Michael	3	Lori/Kim
Accounting/Finance	Corporate	Nearing, Steve	3	Lori/Kim
Administration	EMCM	AOC	2	Denise
Administration / Executive	Behavioral Health Service Line	AOC	3*	Jenna
Administration / Executive	Willowcrest	Seminara, Peggy	3*	Vonna
Administration / Executive	EMCP	AOC	3*	Mary
Administration / Executive	EMCEP	AOC	3*	Mary

Department Name	Division/Department/Campus	Administrator/Director	Emergency Level	HR
Administration / Executive	Einstein Physicians Montgomery	Duffy, Beth	2	Janine
Administration / Executive	MossRehab Tabor	AOC	3*	Mary
Anesthesiology	EMCP	Wambold, Chris	1	Mike N
Anesthesiology	EMCEP	Wambold, Chris	1	Loren
Anesthesiology	EMCM	Wambold, Chris	1	Mike N
Antenatal Testing Unit	EMCM-Medical Arts Building	Mo, Marie	1	Maureen
Aria Health	MossRehab Aria Health Unit	Smith, Tom	1	Mary
Belmont Residence (LTSR)	Behavioral Health/Germantown	Cipriano, Joanne	1	Jenna
Brain Injury Center	MossRehab Tabor	Smith, Tom	2	Mary
Cancer Center	EMCP	Minnick, Chris	2	Vonna
Cardiac Cath Lab	EMCM	Gaylets, Tom	1	Maureen
Care Management	EMCEP	Sperling, Renee	1	Loren
Care Management	EMCP	Mahan, Kathy	1	Vonna
Care Management	EMCM	White, Maria	1	Janine
Care Management/Social Services	EMCEP	Hensler-Cullen, Julie	1	Loren
Case Management	Belmont	Barnette, Eve	1	Jenna
Central Sterile Supply	EMCM	Radatti, Kathleen	1	Maureen
Central Supply	EMCEP	Cook, Laura	1	Loren
Central Supply	EMCP	Cook, Laura	1	Mike N
Central Transportation Services	EMCP	Sawycky, Tina	1	Mike W
Central Transportation Services	EMCM	Smith, Suzanne	1	Janine
Chaplaincy	AEHN	Romano, Laura	1	Loren
Children's and Adolescent Units	Belmont	Munsey, Dan	1	Jenna
Clerical Administrative	MossRehab Tabor	Gleason, Kathy	3	Mary
Clerical/Administrative	Belmont	Bergen, Sharon	3	Jenna

Department Name	Division/Department/Campus	Administrator/Director	Emergency Level	HR
Clerical/Administrative	Willowcrest	Seminara, Peggy	3	Vonna
Clerical/Administrative HB5	EMCP	Kornblatt, Lynne	3	Lori/Kim
Clerical/Administrative	EMCEP	Gleason, Kathy	3	Mary
Corporate Planning	AEHN	James, Dixie	3	Loren
CPR Training	EMCM	Karis, Claire	3	Maureen
Dental Medicine	EMCP	Cohen, Gary	2	Mike N.
Development	AEHN	Prushan, Carol	3	Lori/Kim
Diabetes Educator	EMCP	Stine, Terry	1	Vonna
Drug Program	Belmont	McGrath, Jackie	2	Jenna
ED Registration	EMCM	White, Maria	1	Janine
Einstein Neighborhood Healthcare	ECHA	Trainer, Luann	2	Suzanne
Einstein Practice Plan Inc.	EPPI	Trainer, LuAnn	2	Suzanne
Electrophysiology Lab	EMCM	Gaylets, Thomas	1	Maureen
Emergency Medicine	EMCEP	Jackson, Teri	1	Loren
Emergency Medicine	EMCP	Steven Chapman	1	Mike W
Environmental Services	EMCEP	Talamona, Mark	1	Loren
Environmental Services	Belmont	Buckley, Paul	1	Jenna
Environmental Services	EMCP	Buckley, Paul	1	Loren
Environmental Services	Einstein at Germantown	Buckley, Paul	1	Loren
Environmental Services	EMCM	Pfleiger, Dennis	1	Janine
Ethics & Health Policy	EMCP	Phipps, Etienne	3	Lori/Kim
Executive Office	AEHN	Becker, Mollie	3	Lori
Family Planning	EMCM	Mo, Marie	1	Maureen
Financial Counseling	EMCM	White, Maria	3	Janine
Food & Nutrition	EMCEP	Radziak, Karina	1	Loren

Department Name	Division/Department/Campus	Administrator/Director	Emergency Level	HR
Food & Nutrition	Belmont	Gruber, Ken	1	Jenna
Food & Nutrition	EMCP	Puodziunas, Peter	1	Loren
Food Services	EMCM	DiMascia, Patricia	1	Janine
Einstein Physicians Montgomery	Einstein Physicians Montgomery	Jones, Maria	2	Janine
Einstein Physicians Montgomery/ Billing	Einstein Physicians Montgomery Professional Building	Eichenberg, Debbie	3	Janine
Geriatric Medicine	EMCP	Minnick, Chris	2	Vonna
Health Information Mgmt	Belmont	Davis, Gloria	2	Jenna
Health Information Mgmt	EMCM	McGee, Kevin	2	Janine
Health Information Mgmt.	EMCP	Carr, Barbara	2	Mike N
Health Information Mgmt.	EMCEP	McGinn, Frank	2	Loren
Healthcare Access	EMCEP	Troy, Jackie	1	Mary
Healthcare Access	MossRehab Tabor	Troy, Jackie	1	Mary
Healthcare Access	EMCP	Bell, Jacquie	1	Mike N
Heart Center	EMCP	Sample, Sue	1	Marsha
Heart Center	Einstein at Germantown	Sample, Sue	1	Marsha
Hospice and Homecare(Post Acute Services)	EMCM	Sullivan, Becky	1	Janine
Infection Control	EMCP, EMCEP	Borton, Dottie	3 (1 as needed)	Vonna
Infection Control	EMCM	Romano, Kelly	3 (1 as needed)	Maureen
Human Resources	AEHN	Haverstick, Patrice	3*	Jenna
Information Desks	EMCM	Smith, Suzanne	3	Janine
Information Services	AEHN	West, Brenda	2	Mike W
Inpatient Critical Care Nursing	EMCP	Rodzen, Lisa	1	Loren
Inpatient Therapies	EMCP	Hartranft, Eileen	1	Mary
Inpatient Therapies	MossRehab Tabor	Hartranft, Eileen	1	Mary
Inpatient Therapies	EMCEP	Hartranft, Eileen	1	Mary

Department Name	Division/Department/Campus	Administrator/Director	Emergency Level	HR
Inpatient Therapies	Willowcrest	Hartranft, Eileen	1	Mary
Inpatient Therapies	EMCM	Pittenger, Anne M.	1	Maureen
Inpatient Therapies	Doylestown	Hartranft, Eileen	1	Mary
Interpreters	AEHN	Romano, Laura	2	Loren
Interventional Radiology	EMCM	Brandi, Maureen	1	Maureen
Laboratory	EMCEP	Voce, Sasha	1	Loren
Laboratory	EMCP	Voce, Sasha	1	Marsha
Laboratory	EMCM-All Services	Wilmore, Beverly L	1	Janine
Legal	AEHN	Rezet, Penny	3	Mike W
Library	AEHN	Brazin, Lillian	3	Lori/Kim
Linen	EMCM	Harris, Joseph	1	Janine
Linen/Storeroom	EMCP	Ward, John	1	Loren
Linen	EMCEP	Woern, Joanne	1	Loren
Long Term Care	Willowcrest	Seminara, Peg	2*	Vonna
Maintenance	EMCM	Wilson, Michael	1	Janine
Maintenance / Engineering	EMCEP	Linder, Rich	1	Loren
Maintenance / Engineering	Belmont Plant Operations	Manherz, Jay	1	Jenna
Maintenance / Engineering	EMCP	Pierce, Steven	1	Loren
Maintenance / Engineering	Einstein at Germantown	Pierce, Steven	1	Loren
Marketing	EMCM	Cannon, Colleen	3*	Denise
Marketing & Communications	AEHN	Gubernick, Joan	3*	Lori/Kim
Materials Management	EMCP	Piraino, Steve	3	Mike W
Materials Management	EMCM	Watt, James	1	Janine
Medical Oncology	EMCM	Schaller, Marc	2	Janine
Medical Staff	EMCM	Papa, AnneMarie	3	Maureen
Medicine	AEHN	Flynn, Kevin	2	Marsha
Neurology	EMCP	Lubiski, Tom	2	Mike N
Nursing	Belmont	Munsey, Dan	1	Jenna
Nursing	Behavioral Health EMCP	Stine, Terry	1	Jenna

Department Name	Division/Department/Campus	Administrator/Director	Emergency Level	HR
Nursing	Willowcrest	Seminara, Peg	1	Vonna
Nursing	EMCEP	McCulley, Sue	1	Loren
Nursing	MossRehab Tabor	McCulley, Sue	1	Loren
Nursing	Doylestown	McCulley, Sue	1	Loren
Clinical Nursing	EMCM	Papa, AnneMarie	1	Maureen
Nursing Administration	EMCP	Pollock, Marilyn	1	Vonna
Nursing Administration	EMCM	Papa, AnneMarie	1	Denise
Nursing Ed & Prof Development	EMCM	Papa, AnneMarie	1	Maureen
Nursing Ed & Prof Development	EMCP	White, Patricia	1	Vonna
Nursing Med Surg	EMCP	Stine, Terry	1	Vonna
Occupational Health	EMCM/EMCP	Luschini, Maureen	2	Jenna
Operating Room	EMCP	Schwartz, Karen	1	Mike N
Operating Room	EMCEP	Schwartz, Karen	1	Loren
Operating Room	EMCM	Brandi, Maureen	1	Maureen
Optical & Vision	EMCP	Lubiski, Tom	2	Mike N
Orthopedics	EMCP	Naab, George	2	Mike W
Outpatient Drug/Alcohol Program	Belmont	Boyd, Paul	2	Jenna
Outpatient Programs	Belmont	Kleven, Pat	2	Jenna
Outpatient Psychiatry	Behavioral Health	Shapiro, William	2	Jenna
Outpatient Registration	Belmont	McGrath, Jackie	2	Jenna
Outpatient Registration	EMCP	Bell, Jaquie	2	Mike N
Outpatient Therapies	MROC	Gleason, Kathy	2	Mary
Outpatient Therapy	EMCEP	Gleason, Kathy	2	Mary
Patient Access/Central Scheduling	EMCM	White, Maria	1	Janine
Patient Services	EMCP	Jones, Russell	3	Loren
Patient Services	EMCM	Smith, Suzanne	3	Janine
Pre-Op/Post-OP PACU	EMCM	Radatti, Kathleen	1	Maureen
Belmont Northeast Administration	Belmont	Koschin, Michelle	3	Jenna

Department Name	Division/Department/Campus	Administrator/Director	Emergency Level	HR
Belmont Northeast Outpatient/Partial	Belmont	Koschin, Michelle	2	Jenna
Pediatrics	EMCP	Conti, Rita	2	Mike W
Perf Measure & Quality Imp	EMCM	Robin, Ryan	3	Maureen
Pharmacy	EMCP	Young, David	1	Mike W
Pharmacy	Belmont	Keiper, Carol	1	Mike W
Pharmacy	Outpatient/Employee	Hauser, Deborah	1	Mike W
Pharmacy	EMCEP	Kavanagh, Tom	1	Mike W
Pharmacy	EMCM	Mihalic, David	1	Janine
Pre Admission Testing	EMCM	Wambold, Chris	3	Maureen
Premier Years	EMCP	Verbitsky, Ashley	3	Mike N
Protective Services	Belmont	Manherz, Jay	1	Jenna
Protective Services	EMCP	Jones, Russell	1	Loren
Protective Services	Einstein at Germantown	Jones, Russell	1	Loren
Protective Services	EMCEP	Jones, Russell	1	Loren
Protective Services	EMCM	Harris, Joseph	1	Janine
Quality Management	Belmont	Lavery, Alison	3	Jenna
Quality Management/Patient Safety and Performance Improvement	AEHN	Zuckerman, Jerry	3	Lori/Kim
Radiation Oncology	EMCM	Bailey, Amber	2	Janine
Radiation Therapy	EMCP	Bell, Jackie	2	Vonna
Radiology	EMCP	Sawycky, Tina	1	Vonna
Radiology	Center One	Buckley, Jill	2	Vonna
Radiology	EMCEP	Velasco, Leslie	1	Loren
Radiology-Diagnostic Testing	EMCM	Cleveland-Stewart, Cheryl	1	Janine
Rehab Services	Belmont	Reid, Virginia	1	Jenna
Research	MossRehab	Whelihan, Kevin	3	Loren
Respiratory	EMCEP	Vizak, Teresa	1	Loren
Respiratory	EMCP	Vizak, Teresa	1	Marsha
Respiratory Therapy	EMCM	McCormick, Grant	1	Janine
Risk Management	EMCM	Clark, Carol	3	Denise

Department Name	Division/Department/Campus	Administrator/Director	Emergency Level	HR
Sacred Heart	MossRehab Sacred Heart	Hartranft, Eileen or Roma-Fisher, Tina	1	Mary
Safety Services	AEHN	Ward, John	1	Loren
School of Anesthesia	EMCM	Kost, Michael	3	Maureen
Sleep Lab	EMCM	Rowland, Mark A.	2	Janine
Storeroom	EMCM	Watt, James	1	Janine
Surgery	AEHN	Law-McLaughlin, Dorlyn	2	Mike N
Telecommunications	EMCEP	Young, David	1	Mike W
Telecommunications	EMCM	Smith, Suzanne	1	Janine
Telecommunications - Operations	AEHN	West, Brenda	1	Mike W
Telecommunications – Technical	AEHN	West, Brenda	1	Mike W
Therapies	EMCM	Pittenger, Anne M.	1	Maureen
Transportation	Belmont	Barnett, Eve	1	Jenna
Volunteers	AEHN	Romano, Laura	3	Loren
Volunteers	EMCM	Smith, Suzanne	3	Janine
Women and Children's	EMCP	Faust, Judith	1	Lori/Kim
Women Center (MLSaltzman)	EMCP	Sawycky, Tina	2	Vonna
Women's Center	EMCM	Cleveland-Stewart, Cheryl	1	Janine
Wound Care Center	EMCM	McCormick, Grant	2	Janine

* = **Except Command Center Responsibilities**

Human Resources Disaster/Pandemic Planning

The following provides suggestions regarding actions toward disaster/pandemic planning based on the different periods. The actions are recommendations for the periods and/or phases and may need to be instituted earlier or later depending on the severity of the pandemic.

Period	Phase	Action
Prior to Staffing Emergency; Inter-pandemic	1	• Conduct research for creation/addition of pandemic planning to crisis management plan • Create Pandemic Committee; consider succession planning for committee members in the event of illness during pandemic • Consult with appropriate experts o Infection control experts o Other medical professionals o Crisis management consultants o Employee assistance professionals o Technology consultants o Public health authorities o Legal counsel • Initial communication to staff regarding pandemic planning • Create system to monitor/track absenteeism. In the event of pandemic, need baseline to determine if increased absenteeism. Consider process for monitoring of symptoms. System may include: o Managers asking symptoms when employee calls out o Setting up central phone number or "hotline" for employees to call and leave message • Develop system for rapidly delivering vaccine or antiviral to appropriately identified healthcare personnel o Determine if system will be centralized or decentralized o Decentralized system to include: ▪ Determining team to distribute vaccine to individual healthcare departments ▪ Establish point person(s) within individual departments to administer vaccine o Antiviral prophylaxis – determine if will use standing order o Involve Protective Services/ Security in distribution process o Create consent form for those that accept vaccine and declination forms for those that decline vaccine

Prior to Staffing Emergency; Inter-pandemic	2	- Develop system detecting symptomatic personnel before they report to duty (See below Phases 3, 4, 5 and 6) - Gather and create list of alternative sources of labor (See **Alternative Sources for Staff attached**) - Employee Support – gather list and secure support resources - Employee Housing - Secure employee housing on-site or near site for those that are required to stay or wish to stay on-site because they are fearful of exposing family members upon return home - Employee housing may be limited; identify employees eligible for on-site housing - Child and Elder Care - Provide on-site child and eldercare - Research locations and personnel resources - Employee Transportation to and from work - Psychological support - EAP - Internal resources (Chaplaincy, Behavioral Health) - Contact volunteers from community to provide employee support - Test all processes during non pandemic influenza season – conduct drill - Union concerns with schedule changes and position realignment– talk with union in discuss partnership - Third Party vendors – talk with vendors regarding resources; will they have the resources to support you as a customer? - Conversation with psychological support vendors (EAP, community resources) to ensure they can accommodate needs in event of pandemic
Possible Staffing Emergency Type A; Pandemic Alert	3	- Communicate regularly with staff regarding; level of fear/concern should guide frequency and topics of communication; Topics should include: - Phases of pandemic - Modes of transmission - Warning signs and symptoms - Infection control - General staff concerns - Heightened alert and monitoring of absenteeism - Utilize Passive surveillance – employees report symptoms - When monitoring for influenza like illness (ILI) consider temperature greater than 100.4 F and cough or sore throat - Monitor additional symptoms for call out surveillance - Unscheduled absences still handled under normal attendance policies
Possible Staffing Emergency Type A	4 4A	- At any point during Phase 4 and beyond, consider social distancing and other methods to limit exposure: - No shaking hands

or B	4B	- Standing three (3) feet apart - No more than three (3) people at a table - Cancel non-essential events (holiday parties, social events) - Cancel essential events; alternatives conference calls, web conferences - Provide alternative break areas for staff providing direct care to influenza patients
	4C	- Stagger break times • Institute use of personal protective equipment • Communication messaging should address the potential need for Work Quarantine (WQ); explain requirements • Encourage sick staff members to stay home - Allow employees to use sick time with appropriate medical documentation - Excuse all unscheduled absences from normal attendance policies
Possible Staffing Emergenc y Type A, B or C	5 5A 5B	• Institute Active surveillance – active surveillance includes: - Monitoring employees when they arrive at workplace and sending employees home who are symptomatic - Set up occupational health "stations" staffed with healthcare personnel to conduct monitoring • Based on staff shortages, initiate Work Quarantine • Even if no WQ, consider restricting staff from working at other facilities to prevent spread • Reassignment of high-risk personnel (immunocompromised, pregnant employees, etc.) - Encourage self disclosure of high risk to managers - Explain risks but make reassignment voluntary - For those that decline reassignment, create declination form that explains risk and ask for employee's signature • **Operational Staffing Adjustments** - Consider what are essential services and what can be discontinued - Implement alternative sources of labor (**See Alternative Sources for Staff attached**) - Implement process for collecting of appropriate license/certification & verifying license/certification on temporary emergency staff; Human Resources Representative assigned to Command Center will be responsible for assigning license/certification collection & verification responsibilities - Consider telecommuting – (* ADA Warning -when considering positions that are available for telecommuting, detail that telecommuting for a particular position is in the event of an emergency situation and will only be considered in a short, temporary capacity) - Redistribution of current workers and schedule changes - Third Party vendors – what support can they provide - Do not allow staff who care for influenza patients to work in other areas of the hospital

		● Identify large, offsite area to triage large numbers of patients
		
		● **Return to work** - Personnel returning to work after having pandemic influenza
		   ○ Personnel must be fever free for 24 hours and must have appropriate medical clearance
		   ○ Employees will be required to provide clearance note from healthcare provider or depending on phase and impact, set up clearance "stations" to assess personnel and determine reassignment locations
		   ○ Regardless, assessment must be conducted of symptoms to ensure employee had suffered from pandemic influenza.
		
		● Allow employees to use sick time without appropriate medical documentation -- consider limits
		
		● Continue to excuse all unscheduled absences from normal attendance policies

Possible Staffing Emergenc y Type A, B or C; Pandemic	6
	
	6A
	
	6B
		Employee Support (May need to be implement in Phase 5)
		● Implement Employee Housing
		   ○ Housing on-site or near site for those that are required to stay or wish to stay on-site because they are fearful of exposing family members upon return home
		● Child and Elder Care
		   ○ Provide on-site child and eldercare
		● Employee Transportation
		● Psychological support
		   ○ EAP
		   ○ Internal resources (Chaplaincy, Behavioral Health)
		   ○ Volunteers from community to provide employee support
		
		● **Payment/Employee Relations issues**
		   ○ Consider non-exempt/exempt payment issues
		   ○ Consider hazard or bonus pay
		   ○ Consider implication for FMLA and how to secure appropriate paperwork

Alternative Sources for Staff

- Contact recent retirees for return to work.
- Supplement staffing with students from all clinical programs.
  - Determine scope of practice for students prior to pandemic situation.
- Establish contracts with additional staffing agencies for expanded pool of agency nurses.
- Utilize volunteers for clinical and non-clinical roles.
  - Partner with Philadelphia Chapter of the Red Cross for volunteers.
  - Discuss ability to utilize volunteers and non-bargaining unit employees in bargaining unit positions in emergency situations.

Increased Usage of Current Staff

- Discuss full-time commitments with per diem staff.
  - Consider asking them to commit solely to Einstein to prevent exposure from other healthcare facilities if going to be working with non-exposed populations.
- Use clinical staff in administrative positions to provide patient care.
- Volunteer or mandatory cancellation of vacations for caregivers.
- Determine essential functions that can be performed through telecommuting, and ensure that applicable employees have appropriate equipment/access prior to pandemic situation.
- Call in only personnel needed to address the situation to preserve staff reserves for the long term. Assess availability of clinical staff to work overtime and extra shifts, but ask that staff not "show up" to reduce exposure of staffing resources.
- Eliminate or reassign the non-essential functions of clinical staff.

Utilize emergency credentialing/employment procedures for clinical staff. Contact applicants in the pre-employment process for early start dates.

- Establish minimum documentation required to establish licensure and eligibility for work/payroll.
- Contact Department of Health to determine any pre-employment requirements that may be waived in emergency hiring. (ex: 2 step PPD, out-of-state licenses)

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DEPARTMENT: Human Resources   **SUBJECT:** Social Media

I. PURPOSE

The purpose of this policy is to set forth the guidelines and responsibilities associated with the use of social media as an employee or covered individual of Einstein Healthcare Network ("Einstein").

II. POLICY

At Einstein, we understand that social media has become an integral part of everyday life. Einstein has established these guidelines for personal use of social media and appropriate use of social media at work to ensure compliance with legal and regulatory restrictions and privacy and confidentially laws and regulations.

III. WHO IS COVERED

This policy applies to all employees, members of the Medical Staffs and Allied Health Professional Staffs at Einstein Healthcare Network Hospitals, students, volunteers and temporary/contracted employees. For purposes of this policy, these individuals will be referred to as "covered individuals".

IV. GUIDELINES

A. In the rapidly expanding world of electronic communication, *social media* can mean many things. *Social media* includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with Einstein, as well as any other form of electronic communication.

B. The same principles and guidelines found in Einstein policies apply to your activities online.

   1. Ultimately, you are solely responsible for what you post online.

   2. Keep in mind that any of your conduct that affects your job performance, the performance of fellow employees or otherwise affects people who work on behalf of Einstein or Einstein's legitimate business interests may be addressed under Einstein's Performance Accountability Program up to and including termination.

C. Know and follow the rules

   1. Carefully read these guidelines as well as the Einstein policies listed below to ensure your postings are consistent with Einstein's guiding principles.

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DEPARTMENT: Human Resources   SUBJECT: Social Media

Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and will be addressed under Einstein's Performance Accountability Program.

    a) Equal Employment Opportunity and Nondiscrimination (HR009.1)
    b) Sexual Harassment (HR077.1)
    c) Code of Conduct (HR135)
    d) Performance Accountability Program (HR133.1)
    e) Violations of Information Security and Privacy Policy (HR121)
    f) Workstation Use & Security (A0219.1)
    g) Confidentiality of Health Care Information (A0151)

D. Be respectful

1. Always be fair and courteous to fellow employees, patients, customers, vendors/suppliers or people who work on behalf of Einstein.

2. Keep in mind that you are more likely to resolve work related complaints by speaking directly with your co-workers than by posting complaints to a social media outlet. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating, that disparage employees or patients, or that might constitute harassment or bullying. Examples of such conduct might include offensive posts meant to intentionally harm someone's reputation or posts that could contribute to a hostile work environment on the basis of race, sex, disability, religion or any other status protected by law or Einstein policy.

E. Be honest and accurate

1. Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly.

2. Consider your content carefully as a posting on the Internet lives forever. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched. Never post any information or rumors that you know to be false about Einstein, fellow employees, patients, and people working on behalf of Einstein or competitors.

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F. Post only appropriate and respectful content

1. Maintain the confidentiality of Einstein private, confidential, or proprietary information. Do not post internal reports, policies, procedures or other internal business-related confidential communications. Do not disclose any personal information obtained through records or documents viewed or obtained though the normal course of business at Einstein.

2. Maintain consistency with the requirements of HIPAA and other applicable privacy laws. Covered individuals may not use or disclose any patient identifiable information of any kind on any social media without the express written permission of the patient. Even if an individual is not identified by name within the information you wish to use or disclose, if there is a reasonable basis to believe that the person could still be identified from that information, then its use or disclosure may constitute a violation of HIPAA, other applicable privacy/confidentiality laws and Einstein policy.

3. Do not create a link from your blog, website or other social networking site to an Einstein website without identifying yourself as an Einstein employee.

4. Express only your personal opinions. Never represent yourself as a spokesperson for Einstein. If Einstein is a subject of the content you are creating, be clear and open about the fact that you are an employee and make it clear that your views do not represent those of Einstein, fellow employees, patients or people working on behalf of Einstein. If you do publish a blog or post online related to the work you do or subjects associated with Einstein, make it clear that you are not speaking on behalf of Einstein. It is best to include a disclaimer such as "The postings on this site are my own and do not necessarily reflect the views of Einstein."

G. Using social media at work

1. Refrain from using social media while on work time unless it is work-related as authorized by your manager and consistent with the Workstation Use & Security Policy (A0219.1).

2. Do not use Einstein email addresses to register on social networks, blogs or other online tools utilized for personal use.

V. RETALIATION IS PROHIBITED

Einstein prohibits taking negative action against any employee for reporting a possible deviation from this policy or for cooperating in an investigation. Any employee who

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retaliates against another employee for reporting a possible deviation from this policy or for cooperating in an investigation will be addressed under Einstein's Performance Accountability Program. Any non-employed members of the Medical Staffs and Allied Health Professional Staffs (NPs, PAs) who violate this policy will be addressed under the appropriate Medical Staff policies.

VI. POLICY ENFORCEMENT

Employees who believe internal adherence to the Social Media Policy is not being followed correctly are encouraged to discuss their concerns with their supervisor/manager and their Human Resource Service Specialist.

VII.   MEDIA CONTACTS

Employees and other covered individuals are not permitted to represent Einstein as a spokesperson without the consent of the Corporate Marketing and Communications Department. All media inquiries should be directed to the Director of Public Relations.
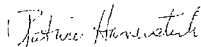
VIII.   RELATED POLICIES AND REFERENCES

A. Equal Employment Opportunity and Nondiscrimination (HR009.1)
B. Sexual Harassment (HR077.1)
C. Code of Conduct (HR135)
D. Performance Accountability Program (HR133.1)
E. Violations of Information Security and Privacy Policy (HR121)
F. Workstation Use & Security (A0219.1)
G. Confidentiality of Health Care Information (A0151)

IX. MORE INFORMATION

If you have questions or need further guidance, please contact your manager or Human Resources Service Specialist.

Approved by: _____ Date: _____6/6/2013_____

Approved by: _____ Date: _____6/6/2013_____