

# EINSTEIN MEDICAL CENTER-CHEMISTRY

**SUBJECT:** CHEMISTRY STAFF MEETING

**ATTENDEES:** JENNIFER LORE

**DATE:** JANUARY-FEBRUARY 2017

## AGENDA

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
TECHNICAL CHEM	<ul style="list-style-type: none"> <li>• CAP Inspection Window</li> <li>• Urine QC</li> <li>• Urine Reagent Roll/ Lot to Lot</li> <li>• Biennial</li> <li>• Procedure Review</li> <li>• PCT Interfacing/ Auto Verification</li> <li>• PCT aliquoting</li> <li>• Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Just a reminder that we are in our CAP window until April 8th. We should be CAP ready at all times.               <ul style="list-style-type: none"> <li>○ All checklist and logs should be updated in real time.</li> <li>○ If you have paperwork from prior to 2015 please make sure it is removed from the laboratory.</li> <li>○ Please do not print out procedures or Job Aids and leave them in the drawers or laying around.</li> <li>○ If you preprint forms and hoard them, please go through your paperwork to ensure they have the updated form number to match the H drive. All others discard immediately.</li> </ul> </li> <li>• Urine QC must be run at the start of every shift. It is not acceptable to wait till the end of shift to perform QC. QC is required every 8 hours</li> <li>• Documentation of new Atlas Reagent Roll is mandatory. This gets documented on UA01-016 Form A1 under the "When Loading Atlas Reagent Roll", we typically change the reagent 3-4 times a month.</li> <li>• When a new lot of Atlas reagent strips are put into use on the instrument you all MUST perform a lot to lot. This should be documented on the new lot to lot form and should be ~ 1X a month based on our volume and inventory.</li> <li>• If you perform QC and after running it realize that it had already been ran, you must document the results in Cerner, if an assay is out it must be repeated. No exceptions!</li> <li>• On December 15<sup>th</sup> 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 and must be signed by all staff. Please double check that you have signed all necessary places.</li> <li>• PCT Interfacing went live on 12/27/2016 and we started working on auto verification.</li> <li>• PCT don't forget to print an extra label and aliquot the serum and save in the freezer.</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed</li> <li>• Spoke of CAP inspection and what to expect for new employees who have not participated in them before.</li> <li>• Media Lab training discussed</li> <li>• PCT is live</li> <li>• 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.</li> </ul>

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
		<p>The original sample can be disposed of after aliquoting.</p> <ul style="list-style-type: none"> <li>Documentation is a MUST! Not signing off on maintenance, daily checks or QC is unacceptable. We should not have to follow behind techs or tracking down for signatures. Documenting patient results is a requirement! If you perform a Competency Sample, you must leave the original in the patient log book and photocopy the result for your competency records.</li> </ul>	
General Chemistry Updates	<ul style="list-style-type: none"> <li>Cleanliness</li> <li>Lunches and breaks</li> <li>Restocking bench</li> </ul>	<ul style="list-style-type: none"> <li>Please make sure to clean up after yourself. Lunch times- Dayshift please follow the schedule. Breaks are to be 15 mins and only if work and staffing allows. Please review HR policy about breaks/lunches. If you do not get a lunch/dinner break you are responsible to enter it in the Kronos log book with the reason why no lunch/dinner allowed. Remember no breaks should be approved by a Supervisor prior to not taking a break. Also a break schedule is posted on the board in Chem and it should be followed.</li> <li>Restock benches for the next shifts. If something is out, please restock the shelves.</li> <li>If you receive reagents, please use the log sheets in the bin across from the walk in fridge. Expiration dates, lot numbers and quantity are a must. Also make sure reagents and supplies away. Do not leave anything in the hallways.</li> <li>If you see we are running low on supplies, please continue to notify myself or Chanh.</li> <li>New eye protection is available in both Heme and Chem.</li> <li>CAP window – PPE, no cheat sheets. FAQ review have been emailed to all staff and have been posted on the board for your review.</li> </ul>	<ul style="list-style-type: none"> <li>Make sure all areas are covered during breaks. Special/Float or Lead Techs should be helping to cover breaks. Don't wait for someone else to finish their work so you can go to break together. This causes a delay in the breaks. Dayshift should not be going to break after 2pm.</li> </ul>
DDR	<ul style="list-style-type: none"> <li>Review of DDRs</li> </ul>	<ul style="list-style-type: none"> <li>Each month I will provide you with an overview of the DDRs that were submitted for the Chemistry department.</li> <li>January 2017 <ul style="list-style-type: none"> <li>1 miss labeled by floor</li> <li>2 critical values not called and documented</li> <li>3 wrong results released</li> <li>2 pt results not recorded on log (hcg, osmo)</li> <li>4 QC not run (negtox, ha1c, myoglobin, pct)</li> <li>1 QC (UA) performed but out, pt results released</li> <li>1 Urine and serum osmo QC not in cerner, 1 mnot on log sheet</li> <li>1 UA qc not entered into Cerner</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Discussed</li> </ul>

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
		<ul style="list-style-type: none"> <li>● February 2017               <ul style="list-style-type: none"> <li>○ 8 hr lytes not performed</li> <li>○ 1 QC out of range and not fixed over 2 shifts</li> <li>○ 1 QC not performed</li> <li>○ 1 test added to wrong tube as add on</li> <li>○ 2 times specimens found in centrifuge in CP</li> <li>○ 1 QC not in Cerner Osmo</li> </ul> </li> </ul>	
Goals	<ul style="list-style-type: none"> <li>● Chemistry Goals</li> </ul>	<p><b>GOALS FOR OUR DEPARTMENT INCLUDE THE FOLLOWING:</b></p> <ul style="list-style-type: none"> <li>● <b>Goals for Chemistry Department</b> <ul style="list-style-type: none"> <li>○ Troponins are now <u>&gt;88% within 55 minutes</u></li> <li>○ Screen8 &gt;88% <u>within 55 minutes</u></li> <li>○ <u>BNP &gt;88% within 60 minutes</u></li> <li>○ <u>PCT &gt;88% within 45 minutes</u></li> <li>○ <u>Time to cancel samples after they reach the lab for hemolysis, QNS is now being tracked.</u></li> </ul> </li> </ul> <p>What can we do to make these goals? What are your suggestions? What are the issues you are seeing?</p>	<ul style="list-style-type: none"> <li>● Discussed</li> </ul>
EMPLOYEE ISSUES/ Competency	<ul style="list-style-type: none"> <li>● EMCP- employees due for competency Evaluations</li> </ul>	<ul style="list-style-type: none"> <li>● Please remember it is your responsibility to provide the supervisor with all necessary documentation for your competency. Chanh, Loretta and Chris will still provide staff with the unknown samples. Anyone who is competent may observe and sign you off on the duties. It does not have to be Chanh, Loretta or Chris.</li> <li>● We will be using the MedTraining.org website. Competency quizzes will be assigned at the beginning of your competency month. You will have till the end of the month to complete the quiz and be competent.</li> </ul>	<ul style="list-style-type: none"> <li>● Discussed</li> </ul>
GOOD NEWS SECTION	<ul style="list-style-type: none"> <li>● L&amp;D</li> <li>● Bathrooms</li> <li>● WiFi Upgrade</li> </ul>	<ul style="list-style-type: none"> <li>● Private rooms in L&amp;D now available, we are the 2<sup>nd</sup> city hospital in the city to have private rooms. There are an additional 9 private rooms.</li> <li>● Gender restroom signage available</li> <li>● Einstein is replacing all switches, wires, etc for all campuses except Front and Onley</li> </ul>	

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
HOSPITAL NEWS	<ul style="list-style-type: none"> <li>• Overtime Approval</li> <li>• Overtime forms</li> <li>• Healthcare Business Briefing</li> <li>• ED Throughput</li> <li>• Please review policy HR140 Social Media</li> <li>• Nursing Negotiations</li> </ul>	<ul style="list-style-type: none"> <li>• Remember you need a supervisor's approval to work over your scheduled time. This is even if it is 15 minute. <b>You need to request approval prior to staying</b>, do not come and let us know that you stayed and it is after your scheduled time.</li> <li>• Employees must complete a Voluntary Overtime Acknowledgment Form for each voluntarily worked shift that they accepted 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 the schedules in a separate bin. For those of you that are helping pick up shifts please remember to complete the voluntary overtime form.</li> <li>• Healthcare Business Briefings: Over the next few months All staff will be required to attend the Healthcare Business briefings. Please stay tuned for the assigned days. Mandatory "Healthcare Business Literacy Training" - all full time/part time employees must attend.</li> <li>• Committee that is reviewing the patient progression throughout the organization; It was suggested that a patient tracker be done where someone sits with a patient and time everything that is done. The purpose of this is to show bottle necks and identify opportunity for improvement. STAT-TAT is 60 min once the specimen is received in the lab. Make sure you are canceling in a timely manner (hemolysis, QNS)</li> <li>• Please review attached policy HR140 Social Media</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed</li> <li>• 2<sup>nd</sup> shift already schedule for 2/8 for business briefing.</li> <li>• Next dayshift briefing is on 1/5 at 9am, and 1/19 at 12 noon</li> <li>• Next 3<sup>rd</sup> shift briefing is on 1/26 at 7am.</li> <li>• See HR140 Social Media attached.</li> <li>• See Communicati on board in core lab for Nursing union contract details.</li> </ul>
SAFETY	<ul style="list-style-type: none"> <li>• What to do if you develop Influenza or GI symptoms?</li> <li>• Flu Vaccination</li> </ul>	<ul style="list-style-type: none"> <li>• Please review the attached memo from HR regarding the Flu/GI protocol</li> <li>• Employees with the following flu-like symptoms <b>should not report to work.</b> <ul style="list-style-type: none"> <li>◦ fever (T° &gt; 100.0° F) and a cough or sore throat</li> </ul> </li> <li>• Employee with the following GI symptoms <b>should not report to work</b> Unexplained vomiting and/or diarrhea</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed</li> </ul>
HUMAN RESOURCES	<ul style="list-style-type: none"> <li>• Benefits Improvement</li> </ul>	<ul style="list-style-type: none"> <li>• See attached memo on Surgical Face Masks for Influenza Season Please review the attachment on Benefits Improvements.</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed</li> </ul>

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
	<p>Memo</p> <ul style="list-style-type: none"> <li>• Pay for Performance Increase</li> <li>• Mileage</li> <li>• Electronic W-2s</li> <li>• Open Positions Vacancies</li> <li>• Closed Vacancies</li> <li>• Attendance Policy and PSL</li> </ul>	<p>Please see the memo on 2017 and 2018 Pay for Performance Increases.</p> <p>Please see change in Mileage Reimbursement Memo.</p> <p>See memo on Electronic W-2's  <u>Lab - Open Requisitions. – EMCPEP</u></p> <p><u>Open Positions-</u></p> <ul style="list-style-type: none"> <li>• Req#15685- Medical secretary II replacing J. Baker 21400-FT</li> <li>• Req #15354 21406-PRN night shift</li> <li>• Req #15393-21420-Lab Clerk replacing Amy Green-PRN</li> <li>• Req # (waiting for req #) 21406FT-Lab technologist replacing Shiji Johnson</li> <li>• Req #15656 21406-PRN Tech replacing Dueana Hicks</li> <li>• Req #15577-21404-PRN replacing Carmalita Dennis</li> <li>• Req #15655-21404-PRN replacing Karen Hendricks</li> <li>• Req #15806-21410-General Lab Supervisor Blood Bank replacing Pettina Walton</li> </ul> <p><u>Closed Positions-</u></p> <ul style="list-style-type: none"> <li>• Req 12746 21408-QA Manager Laboratory Lab Administration replacing Jaclene Kokoszka- awarded to internal Pettina Walton-start date 2/19/17</li> <li>• Req#14391-21420-PRN-Lab technologist replacing Terence Loughran awarded to internal Shiji Johnson</li> <li>• Req #15355-21406 PRN night shift-Awarded to external Jonathan Lam-start date 3/6/17  HEME ONLY</li> </ul> <p>As you are aware the new attendance policy has been removed and the point system has been canceled. Unscheduled absences, early departures, and lateness will be tracked as occurrences/episodes of absences under the previous Attendance &amp; Punctuality Policy (HR025.2). In addition, as of right now anything <u>over the one-minute start time</u> is still considered late.</p>	
STUDER	<ul style="list-style-type: none"> <li>• Satisfaction Results</li> <li>• SLR</li> </ul>	<ul style="list-style-type: none"> <li>• See Internal Customer Satisfaction Results</li> <li>• What tools do you need to do your job?</li> <li>• We are working on an appreciation/recognition initiative. Dan from micro has been</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed</li> </ul>

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
	<ul style="list-style-type: none"> <li>• Studer</li> </ul>	<p>working on the recognition board in the hallway between core lab and Admin offices.</p> <ul style="list-style-type: none"> <li>• New postings on the Studer board: <ul style="list-style-type: none"> <li>◦ Einstein offering HIV screening to the uninsured</li> <li>◦ September 2016 ACT 87 all Pa physicians must offer Hepatitis C screening for individuals born between 1945 and 1965.</li> <li>◦ Internal customer satisfaction survey. Scores improved to 90% satisfaction.</li> <li>◦ Tower 8 noted things were getting better.</li> </ul> </li> <li>• 2017 pillar goals are posted</li> </ul>	
SEVERE WEATHER	<ul style="list-style-type: none"> <li>• Cots</li> <li>• Review HR02.09 staffing emergency plan</li> </ul>	<p>Lab has purchased cots for staffing emergencies.</p> <p>Please review the attachment HR02.09 staffing emergency plan. Lab staff are considered level 1. See Attached HR procedure.</p>	<ul style="list-style-type: none"> <li>• Discussed</li> </ul>
ADMINISTRATIVE POLICY REVIEW	<ul style="list-style-type: none"> <li>• Cell Phone policy-A0181</li> <li>• Lab PTO</li> <li>• Call out before or after a holiday</li> </ul>	<ul style="list-style-type: none"> <li>• Cell phone usage is unacceptable in the lab during work hours.</li> <li>• Submission date of February 28th for personal time off from April 1st through September 30th.</li> <li>• Submission date of August 31st for personal time off from October 1st through March 31st.</li> <li>• If you call out before or after a legal Holiday, you will not be paid for the holiday.</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed</li> </ul>



To: All Einstein Employees

From: Jerry M. Zuckerman, MD  
Chief Quality and Patient Safety Officer

Re: What to Do If You Develop Influenza or GI Symptoms

Date: January 5, 2017

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At Einstein we are committed to preventing the spread of influenza or GI infections to our patients, our visitors, our families and one another. I would like to provide you with some important reminders about symptoms and what to do should you become ill.

### **Employees Who Become Ill**

Please remember that employees who are ill with influenza or GI symptoms must **not** report to work.

- Employees with the following flu-like symptoms **should not report to work**.
  - fever ( $T^{\circ} > 100.0^{\circ} F$ ) and a cough or sore throat
- Employee with the following GI symptoms **should not report to work**
  - Unexplained vomiting and/or diarrhea

### **Call-Out Procedures**

- If you are ill and need to call out from work, you must follow the normal call-out procedures for your department. At this time, we believe it is important to ask our employees to provide information on unscheduled absences with specific symptoms to assist us in our infection prevention and staffing efforts.
- The Centers for Disease Control consider certain individuals –such as those over age 65, pregnant women and those with a chronic medical illness – to be at a high risk for developing flu-related complications. If you are in one of these groups and develop flu-like symptoms, we encourage you to consult with a healthcare provider.

### **Illness at Work**

- If you come to work ill or develop flu-like/GI symptoms while at work, you will not be permitted to work. You will be given a surgical mask and sent home.

### **Return to Work Clearance**

- If you have exhibited the symptoms of influenza (a fever of 100.0 **with either** a cough or sore throat), you may return to work after being fever-free for 24 hours without the use of antipyretic medications/fever-reducing medicines, such as Tylenol® (acetaminophen), aspirin or Motrin® (ibuprofen).
- Employees with GI symptoms may return to work 48 hours after symptoms resolved.

## 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

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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:

<b>Benefit</b>	<b>Change</b>
<b>Health Benefits</b>	Effective July 1, 2017 coinsurance for the Personal Choice Basic Benefit Plan network benefit will change from 40% to 30%.
<b>Holiday Premium</b>	Starting in 2019 employees who work Christmas Eve and New Year's Eve will receive a holiday premium starting for hours at 7 pm.
<b>PTO</b>	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.





### Other Concerns

- If you have no influenza symptoms but a member of your household does, you may come to work but should monitor your temperature twice a day for seven (7) days.
- For those employees who have been granted accommodation/exempted from receiving the flu vaccine, the requirement to wear a surgical mask has been initiated. Please remember that you must wear a mask throughout the flu season whenever you in a patient care area, for your own safety and that of our patients
- Temporary staffing employees, contractors, students and volunteers, etc. with influenza symptoms will not be permitted to work. They may return to work after being fever-free for 24 hours without the use of antipyretic medications/fever-reducing medicines, such as Tylenol® (acetaminophen), aspirin or Motrin® (ibuprofen).
- Employees with family members who have GI symptoms should practice diligent hand hygiene and should not come to work if they start to experience vomiting or diarrhea.
- As caregivers we must continue to provide care to our patients and ourselves by following necessary precautions to prevent the spread of illness.

If you have any questions, please contact your manager or Human Resources Service Specialist.

Thank you.



**Offices of Human Resources**

**Memorandum**

To: Employees not vaccinated against influenza (flu)

From: Patrice Haverstick  
Associate Vice President, Human Resources

Date: January 5, 2017

**Subject: Surgical Face Masks for Influenza (flu) Season**

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The following is a follow up regarding the surgical face mask requirement during influenza season. Your unvaccinated status requires that you wear a surgical face mask throughout flu season, whenever you are in a patient care area. **The mask requirement is now in effect, until further notice.** Specific information is detailed below:

**Who is required to wear a mask?**

- Employees with an approved or pending accommodation from receiving the flu vaccine are required to wear a mask when in a patient care area, which is defined as any area where in-patient or out-patient diagnostic or clinical care is rendered, including but not limited to laboratories, radiology units, clinics, clinical practices, and all in-patient units and corridors, except designated Behavioral Health units.
- Please note that certain areas of Behavioral Health may be exempted from the mask requirement. Behavioral Health employees should contact their manager or Human Resources Service Specialist for more information.
- Employees who are not yet compliant for the annual flu vaccination requirement.

**When and how long will this requirement be in place?**

- The requirement to wear a mask is now in place because the Philadelphia Department of Public Health (PDPH) and the Pennsylvania Department of Health (PA DOH) have advised of widespread local influenza activity. Positive lab specimens have been identified in Einstein facilities, reports of influenza-like illness (ILI) at emergency departments and pediatric clinics have increased.
- This requirement will remain in place as long as local flu infections are occurring.
- You will receive notice when the mask requirement ends.

**Auditing of Mask Requirement**

In order to ensure the effectiveness of our mask program, Einstein's Flu Vaccination Committee will be implementing audits of the mask requirement.



You continue to have the opportunity to receive the flu vaccination by calling either LiveWell Employee Health Center at (215) 456-8484 or (484) 622-7084. If you receive the flu vaccine, you will no longer be required to wear a face mask during flu season.

In addition, please remember if you develop a fever and flu-like symptoms (sore throat, cough), you must stay home and not report to work until you are fever free for at least twenty-four (24) hours. These measures are necessary to prevent the possibility of spreading flu.

If you have any questions, please contact your manager or Human Resources Service Specialist. Thank you for your commitment to protecting our patients, your loved ones, and yourself.

## Einstein Healthcare Network

### Memorandum

To: Eligible Einstein Employees

From: Patrice Haverstick, Associate Vice President of Human Resources

Date: December 28, 2016

Subject: 2017 and 2018 Pay for Performance Increases

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As previously announced last week by Barry Freedman, in July 2017 and July 2018 we will provide a pay for performance increase to our eligible employees and managers as a way of recognizing and thanking you for your continued hard work and dedication to our patients.

The pay-for-performance pool will be **3.0%**. This means that the average of ALL employee increases throughout the Einstein network will be **3.0%**. Each employee's specific, actual pay increase will depend upon their performance rating and where their current salary is in relation to the pay range for their job.

#### **Eligibility Criteria**

To be eligible for this salary increase, an employee must be a regular employee<sup>1</sup> who is not covered under an employment agreement or a collective bargaining agreement, and must meet the following requirements:

- Received an overall rating of "Meets Requirements" or "Outstanding" on the most recent performance review
- Be aligned with Einstein's Code of Conduct as reflected on the employee's most recent performance review
- Is current with all compliance requirements
- Any employee who received a rating of "Development Required" or "Unsatisfactory" for either their overall performance evaluation rating or Code of Conduct section rating will not be eligible for an increase.

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<sup>1</sup> Regular employee does not include employees who are not actively working while they are receiving Long Term Disability payments or Worker's Compensation payments. Their salary increases or bonuses, as applicable, are paid upon return to active status. Regular employee does not include Per Diems, Temporary Employees, contractual employees and those covered by other compensation agreements. Regular employee also does not include those employees in certain grant-funded positions.

Employees who are at the top of their pay range at the time of this salary increase and meet all other eligibility criteria will receive a one-time bonus rather than an increase to their pay. Employees at the top of their pay range who received a “Meets Requirements” rating will receive a \$500 bonus. Employees at the top of their pay range who received an “Outstanding” will receive the *greater* of a \$600 bonus or up to 3% of their base pay.

The compensation of employees covered by collective bargaining agreements will continue to be governed by those agreements and these increases will not apply to them.

We have been working hard for many months to raise the competitiveness of the pay we provide. The pay for many positions in the area market has risen quickly. As you know, we are committed to providing fair, market-based wages and benefits. We believe these changes will help to properly position us in the marketplace, and provide proper recognition for all that you do.



Memorandum

DATE: January 1, 2017  
TO: All AEHN Entities  
FROM: Gerard F. Blaney, Vice President for Finance  
SUBJECT: CHANGE IN MILEAGE REIMBURSEMENT RATE

*Gerard Blaney  
12/29/16*

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Effective January 1, 2017 through December 31, 2017, AEHN has amended the mileage reimbursement rate cited in the Network Travel Policy #A0008.2 on Personal Automobile Usage. This rate is being changed to the mileage rate as allowed by the Internal Revenue Service.

AEHN employees who submit eligible mileage expenses, and receive the appropriate approvals for reimbursement, will receive **53.5 cents per mile**. If you are not sure if this policy pertains to you, please check with your department administrator.

Please pass this information along to all employees who may be impacted by this change.

Thank you

## Electronic W-2's & 1095-C

Einstein Healthcare Network is required by the IRS to furnish all employees with a form W-2 for each calendar year. The form W-2 and form 1095-C details the employee's compensation and tax withholding amounts for the year. You must "OPT IN" by using Einstein Healthcare Network Document Self Service in Prism. If you have "Opted IN" in previous years, action is not necessary to receive them electronically when they become available January 26<sup>th</sup>. If you choose to "OPT out", the printed W2's and 1095-C will not be mailed out until January 31<sup>st</sup> the IRS deadline to have them in the mail.

### **Benefits of Receiving Form W-2 and Form 1095-C Electronically**

- Online delivery provides access to the W-2 and 1095-C statements earlier than the traditional mail process
- Online delivery eliminates the chance that the W-2/1095-C statement will get lost, misdirected or delayed during delivery or misplaced after the employee receives it
- Access is available at the same secure Web site at which an employee can access wage and direct deposit information.
- Employees can retrieve their W-2/1095-C statements through Einstein Document Self Service
- Employees can print multiple copies at their convenience
- Employees are contributing to cost savings (forms, printing and postage expense) for the Network

**Federal regulations require that employees give their consent to receive the W-2 and 1095-C via electronic format.** Once consent is given it carries forward each year and does not need to be repeated. The process for requesting the electronic version is quick and easy. Just follow these steps:

- Log on to PRISM
- Select ***Employee Self Service***
- Select ***Pay***
- Select the ***EHN Document Self Service***
- Under ***My Delivery Settings section***
- Select ***W-2***
- Select ***click here to get authorized***
- Read the compliance Message
- Select ***Print Test***

- Select "Tax document in PDF format" the sample W-2 will be displayed on the screen.
- Click the printer icon to print the sample W-2. The sample W-2 will be printed.
- Exit out of the sample tab
- Answer the question "Were you able to print it successfully"
- Select ***I agree***
- Select ***Submit***

You will receive confirmation via e-mail that you authorized to receive your W2 via Einstein Healthcare Network Document Self-Service.

Repeat the above steps and Select ***1095-C***.

**You must agree to receive your 2016 W-2 online, and give your consent by January 16<sup>th</sup>, 2017.**

The process to view and print the electronic version is simple. Just follow these steps:

- Log on to PRISM
- Select ***Employee Self Service***
- Select ***Pay***
- Select the ***EHN Document Self Service***
- Under ***View my Documents section***
- Select ***My W-2 or 1095-C***
- Select "magnifying glass" for the year that you want to print

Should you have any questions or needs assistance in registering, please contact Payroll at 215.465.2800 or Einstein\_Payroll\_Off@einstein.edu.

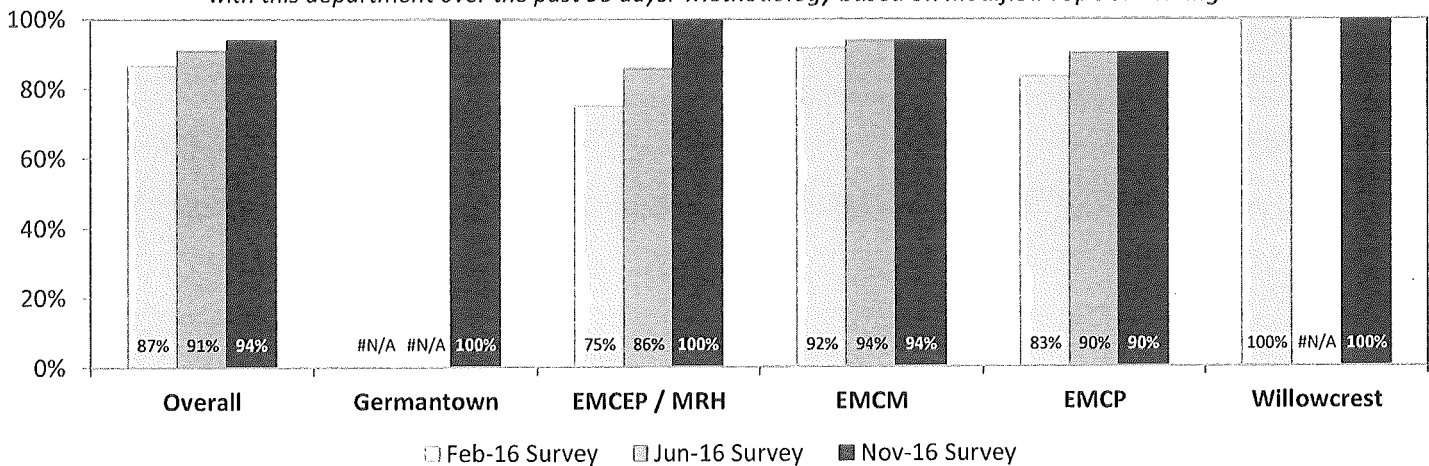


## Department Results Summary - % of Positive Ratings

Select Department:

Laboratory

On a scale of 1-10, with 1 being the worst and 10 being the best, please rate your customer service experience with this department over the past 90 days. Methodology based on modified Top Box scoring.



	Overall		Germantown		EMCEP / MRH		EMCM		EMCP		Willowcrest	
	%	#	%	#	%	#	%	#	%	#	%	#
<b>Feb-16 Survey</b>	86.7%	30		0	75.0%	4	91.7%	12	83.3%	12	100.0%	2
<b>Jun-16 Survey</b>	90.9%	33		0	85.7%	7	93.8%	16	90.0%	10		0
<b>Nov-16 Survey</b>	93.9%	33	100.0%	2	100.0%	3	93.8%	16	90.0%	10	100.0%	1

### Comments from Most Recent Survey

3 Comments

From Department	Facility	Comment
Nursing Administration - MG	Einstein Medical Center Montgomery	Chris and Kathy are excellent
Nursing Administration - MG	Einstein Medical Center Montgomery	Many STAT's are not run STAT and delay's OR
Tower 8-Onc-Transplant - TB	Einstein Medical Center Philadelphia	Getting better

# EINSTEIN HEALTHCARE NETWORK

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

SUBJECT: Staffing Emergency

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## 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 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.

## 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.

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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.

## EINSTEIN HEALTHCARE NETWORK

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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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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.



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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.

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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

## Appendix A

# 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

## Appendix A

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
	EMCM			Maureen
Central Sterile Supply		Radatti, Kathleen	1	
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

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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

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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

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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

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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



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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

## Appendix A

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

## Appendix B

### 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	<ul style="list-style-type: none"> <li>• Conduct research for creation/addition of pandemic planning to crisis management plan</li> <li>• Create Pandemic Committee; consider succession planning for committee members in the event of illness during pandemic</li> <li>• Consult with appropriate experts               <ul style="list-style-type: none"> <li>○ Infection control experts</li> <li>○ Other medical professionals</li> <li>○ Crisis management consultants</li> <li>○ Employee assistance professionals</li> <li>○ Technology consultants</li> <li>○ Public health authorities</li> <li>○ Legal counsel</li> </ul> </li> <li>• Initial communication to staff regarding pandemic planning</li> <li>• 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:               <ul style="list-style-type: none"> <li>○ Managers asking symptoms when employee calls out</li> <li>○ Setting up central phone number or “hotline” for employees to call and leave message</li> </ul> </li> <li>• Develop system for rapidly delivering vaccine or antiviral to appropriately identified healthcare personnel               <ul style="list-style-type: none"> <li>○ Determine if system will be centralized or decentralized</li> <li>○ Decentralized system to include:                   <ul style="list-style-type: none"> <li>▪ Determining team to distribute vaccine to individual healthcare departments</li> <li>▪ Establish point person(s) within individual departments to administer vaccine</li> </ul> </li> <li>○ Antiviral prophylaxis – determine if will use standing order</li> <li>○ Involve Protective Services/ Security in distribution process</li> <li>○ Create consent form for those that accept vaccine and declination forms for those that decline vaccine</li> </ul> </li> </ul>

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<p>Prior to Staffing Emergency; Inter-pandemic</p>	<p>2</p>	<ul style="list-style-type: none"> <li>● Develop system detecting symptomatic personnel before they report to duty (See below Phases 3, 4, 5 and 6)</li> <li>● Gather and create list of alternative sources of labor (<b>See Alternative Sources for Staff attached</b>)</li> <li>● Employee Support – gather list and secure support resources             <ul style="list-style-type: none"> <li>○ Employee Housing                 <ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ Employee housing may be limited; identify employees eligible for on-site housing</li> </ul> </li> <li>○ Child and Elder Care                 <ul style="list-style-type: none"> <li>▪ Provide on-site child and eldercare</li> <li>▪ Research locations and personnel resources</li> </ul> </li> <li>○ Employee Transportation to and from work</li> <li>○ Psychological support                 <ul style="list-style-type: none"> <li>▪ EAP</li> <li>▪ Internal resources (Chaplaincy, Behavioral Health)</li> <li>▪ Contact volunteers from community to provide employee support</li> </ul> </li> </ul> </li> <li>● Test all processes during non pandemic influenza season – conduct drill</li> <li>● Union concerns with schedule changes and position realignment– talk with union in discuss partnership</li> <li>● Third Party vendors – talk with vendors regarding resources; will they have the resources to support you as a customer?</li> <li>● Conversation with psychological support vendors (EAP, community resources) to ensure they can accommodate needs in event of pandemic</li> </ul>
<p>Possible Staffing Emergency Type A; Pandemic Alert</p>	<p>3</p>	<ul style="list-style-type: none"> <li>● Communicate regularly with staff regarding; level of fear/concern should guide frequency and topics of communication; Topics should include:             <ul style="list-style-type: none"> <li>○ Phases of pandemic</li> <li>○ Modes of transmission</li> <li>○ Warning signs and symptoms</li> <li>○ Infection control</li> <li>○ General staff concerns</li> </ul> </li> <li>● Heightened alert and monitoring of absenteeism</li> <li>● Utilize Passive surveillance – employees report symptoms             <ul style="list-style-type: none"> <li>○ When monitoring for influenza like illness (ILI) consider temperature greater than 100.4 F and cough or sore throat</li> <li>○ Monitor additional symptoms for call out surveillance</li> </ul> </li> <li>● Unscheduled absences still handled under normal attendance policies</li> </ul>
<p>Possible Staffing Emergency Type A</p>	<p>4 4A</p>	<ul style="list-style-type: none"> <li>● At any point during Phase 4 and beyond, consider social distancing and other methods to limit exposure:             <ul style="list-style-type: none"> <li>○ No shaking hands</li> </ul> </li> </ul>

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or B	4B  4C	<ul style="list-style-type: none"> <li>○ Standing three (3) feet apart</li> <li>○ No more than three (3) people at a table</li> <li>○ Cancel non-essential events (holiday parties, social events)</li> <li>○ Cancel essential events; alternatives conference calls, web conferences</li> <li>○ Provide alternative break areas for staff providing direct care to influenza patients</li> <li>○ Stagger break times</li> </ul> <ul style="list-style-type: none"> <li>● Institute use of personal protective equipment</li> <li>● Communication messaging should address the potential need for Work Quarantine (WQ); explain requirements</li> <li>● Encourage sick staff members to stay home               <ul style="list-style-type: none"> <li>○ Allow employees to use sick time with appropriate medical documentation</li> <li>○ Excuse all unscheduled absences from normal attendance policies</li> </ul> </li> </ul>
Possible Staffing Emergency Type A, B or C	5 5A 5B	<ul style="list-style-type: none"> <li>● Institute Active surveillance – active surveillance includes:               <ul style="list-style-type: none"> <li>○ Monitoring employees when they arrive at workplace and sending employees home who are symptomatic</li> <li>○ Set up occupational health “stations” staffed with healthcare personnel to conduct monitoring</li> </ul> </li> <li>● Based on staff shortages, initiate Work Quarantine</li> <li>● Even if no WQ, consider restricting staff from working at other facilities to prevent spread</li> <li>● Reassignment of high-risk personnel (immunocompromised, pregnant employees, etc.)               <ul style="list-style-type: none"> <li>○ Encourage self disclosure of high risk to managers</li> <li>○ Explain risks but make reassignment voluntary</li> <li>○ For those that decline reassignment, create declination form that explains risk and ask for employee’s signature</li> </ul> </li> <li>● <b>Operational Staffing Adjustments</b> <ul style="list-style-type: none"> <li>○ Consider what are essential services and what can be discontinued</li> <li>○ Implement alternative sources of labor (<b>See Alternative Sources for Staff attached</b>)                   <ul style="list-style-type: none"> <li>▪ Implement process for collecting of appropriate license/certification &amp; verifying license/certification on temporary emergency staff; Human Resources Representative assigned to Command Center will be responsible for assigning license/certification collection &amp; verification responsibilities</li> </ul> </li> <li>○ 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)</li> <li>○ Redistribution of current workers and schedule changes</li> <li>○ Third Party vendors – what support can they provide</li> <li>○ Do not allow staff who care for influenza patients to work in other areas of the hospital</li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>● Identify large, offsite area to triage large numbers of patients</li> <li>● <b>Return to work</b> - Personnel returning to work after having pandemic influenza             <ul style="list-style-type: none"> <li>○ Personnel must be fever free for 24 hours and must have appropriate medical clearance</li> <li>○ 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</li> <li>○ Regardless, assessment must be conducted of symptoms to ensure employee had suffered from pandemic influenza.</li> </ul> </li> <li>● Allow employees to use sick time without appropriate medical documentation – consider limits</li> <li>● Continue to excuse all unscheduled absences from normal attendance policies</li> </ul>
Possible Staffing Emergency Type A, B or C; Pandemic	6 6A 6B	<p><b>Employee Support (May need to be implement in Phase 5)</b></p> <ul style="list-style-type: none"> <li>● Implement Employee Housing             <ul style="list-style-type: none"> <li>○ 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</li> </ul> </li> <li>● Child and Elder Care             <ul style="list-style-type: none"> <li>○ Provide on-site child and eldercare</li> </ul> </li> <li>● Employee Transportation</li> <li>● Psychological support             <ul style="list-style-type: none"> <li>○ EAP</li> <li>○ Internal resources (Chaplaincy, Behavioral Health)</li> <li>○ Volunteers from community to provide employee support</li> </ul> </li> <li>● <b>Payment/Employee Relations issues</b> <ul style="list-style-type: none"> <li>○ Consider non-exempt/exempt payment issues</li> <li>○ Consider hazard or bonus pay</li> <li>○ Consider implication for FMLA and how to secure appropriate paperwork</li> </ul> </li> </ul>

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### 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)