

EINSTEIN MEDICAL CENTER-CHEMISTRY

SUBJECT: CHEMISTRY STAFF MEETING

ATTENDEES: JENNIFER LORE

DATE: APRIL-MAY 2017

AGENDA

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
	Mission Story	<ul style="list-style-type: none"> Does anyone have a story they would like to share that connects to Einstein's Mission Statement? 	<ul style="list-style-type: none"> No one had any stories to share today.
TECHNICAL CHEM	CAP Inspection Results Weekly Audits on Expiration Dates	<ul style="list-style-type: none"> CAP Inspection went very well. Thank you for all that helped to prepare for the inspection and for performing your daily duties. The Chemistry department had one deficiency that was in regards to the maintenance performed on the Abbott Analyzers not being consistent. When the instrument flags you that weekly or monthly maintenance is needed this must be completed on the day it indicates. The C8000 and i2000 procedures were updated to reflect this an was rolled out via medialab on 4/15/17. Everyone should have had the time to go into medialab and review this procedure by this point. We will be conducting weekly audits on Reagents/supplies in the lab. Currently Chanh is completing this starting in April when she performs inventory. I am looking for a backup for weeks when Chanh is not here. As of June 2017 we will no longer be updating the procedure manuals in the lab. All procedures will be viewed on MediaLab. Tested a new driver for Instrument Manager to fix the QC label printing. Driver has to be tested at EMCM and hopefully will be placed into production soon. Remember Critical values on the Abbott do not need to be repeated unless it fails delta also. Critical values are being held up and delayed due to techs repeating. It is in the procedure that we do not need to repeat on the Abbott. <u>Basic steps to a good run</u> – this needs to be followed. It prevents specimens from running around the track and not being tested. <ul style="list-style-type: none"> At the start of your shift you should review the IOM test maps to ensure that all tests are enabled for each analyzer. (Reference guide of what is on each 	<ul style="list-style-type: none"> Reviewed CAP results. Discussed the updated procedures in Media Lab that are still pending for some to review. Does this include students also? Yes – students will have a generic username and password to access the website.

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
		<p>instrument is located on the IOM).</p> <ul style="list-style-type: none"> ○ Check analyzers to ensure enough reagent is on board. ○ Check calibration and QC ○ If a test is disabled at the IOM but the specimen gets to the instrument and the test is available (not disabled for patients) it will perform patient testing but the IOM does not know it picked up that test also. The sample will go back to lane 5 and not be completed. <ul style="list-style-type: none"> ● When you cancel a test in Cerner or result a critical value in Cerner don't forget to reject the result in Instrument Manger. Make sure the test center is cleaned up at all times. This will help reduce the potential of releasing a result that should not be resulted. ● All shifts when you get in at 7:15/3:15/11:15pm one of the two techs need to sign into Instrument Manger immediately and start reviewing the work list to reduce the delay of results being released between the changeover of shifts. ● Documentation on maintenance/check off sheets is still an issue. Make sure before you leave for the day everything has been double checked. ● Calibration logs are still an issue. You must document your calibrations; this is not optional. Lot to lots must be performed. QC is acceptable only when patient samples are not available. Do not record QC as the lot to lot on assays that patient samples are available. 	
General Chemistry Updates	<p>Cleanliness</p> <p>Lunches and breaks</p> <p>Restocking bench</p>	<ul style="list-style-type: none"> ● Please make sure to clean up after yourself. Lunch times- Dayshift please follow the schedule. Schedule is posted on the board above the Chemistry daily checklist binder. Breaks are to be 15 mins and only if work and staffing allows. Lunches are 45 minutes. 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. ● Restock benches for the next shifts. If something is out, please restock the shelves. ● 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. ● If you see we are running low on supplies, please continue to notify myself, Chanh, and Phyllis. ● 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. 	<ul style="list-style-type: none"> ● Discussed
DDR	Review of DDRs	<ul style="list-style-type: none"> ● Each month I will provide you with an overview of the DDRs that were submitted 	<ul style="list-style-type: none"> ● Discussed

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
		<p>for the Chemistry department.</p> <ul style="list-style-type: none"> • April 2017 <ul style="list-style-type: none"> ○ 6 Criticals not called/documentated properly (2 CAP Samples) ○ 1 Osmo not documented ○ 1 U Osmo documented in Cerner incorrectly ○ 1 Creat. Clearance miscalculated ○ 1 QC not performed A1AT ○ 1 hcg not recorded on patient log ○ 1 Hep QC not performed ○ 1 patient not documented on hcg log 	
Goals	Chemistry Goals GPS	<p>GOALS FOR OUR DEPARTMENT INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> • Goals for Chemistry Department <ul style="list-style-type: none"> ○ Troponins are now >88% within 55 minutes ○ Screen8 >88% within 55 minutes ○ BNP >88% within 60 minutes ○ PCT >88% within 45 minutes ○ Time to cancel samples after they reach the lab for hemolysis, QNS is now being tracked. <p>What can we do to make these goals? What are your suggestions? What are the issues you are seeing?</p> <p>GPS – stands for Growth, Professionalism, Service</p> <ul style="list-style-type: none"> • This is how we project ourselves to our clients (Critical care and ED floors) 	<ul style="list-style-type: none"> • Discussed • Posting a sign on the Track for PCT not to be placed on • Posted a sign in central processing that all Chemistry specimens should be spun on the track or on the centrifuge near the Abbott resulting bench.
EMPLOYEE ISSUES/ Competency	EMCP-employees due for competency Evaluations	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Discussed

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
HOSPITAL NEWS	ED Throughput Hospital Rating & Quality Update Anatomical Donations Mileage Reimbursement Top Docs	<ul style="list-style-type: none"> 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. 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) Philadelphia hospitals are rated under 80%. The goal is to increase the rating. In March the ED earned a 64% patient satisfaction reaching their goal. Rate the Hospital data is now available. See attached (also on Board in Core Lab) You can see the overall rating of the Hospital and Network Scores. Gift of Life will at times ask for samples from the lab. This is acceptable. See hospital Policy A0047.0 attached. For employees eligible for reimbursement of gas due to work related travel the rate is 53.4 cents per mile. 34 Einstein Doctors have been awarded the Top Doc status. 	<ul style="list-style-type: none"> Discussed
HOSPITAL SAFETY	Fire Drills	<ul style="list-style-type: none"> There will be a new fire drill procedure that will be practiced soon. 	<ul style="list-style-type: none"> Discussed
HEALTHCARE BUSINESS LITERACY TRAINING	Classes	<ul style="list-style-type: none"> 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. There are a few individuals that still haven't attended. Please log on to the E2 and register for a future class. 	<ul style="list-style-type: none"> Discussed
HUMAN RESOURCES	Benefits Open Positions Vacancies	<p>Open enrollment for Benefits stated on May 15th 2017.</p> <p style="text-align: center;"><u>Lab - Open Requisitions OPEN REOS. – EMCPEP</u></p> <p><u>Open Positions:</u></p>	<ul style="list-style-type: none"> Discussed

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
	Closed Vacancies	<ul style="list-style-type: none"> • Req #15656 21406-PRN Tech replacing Duceana Hicks • Req #15806-21410-General Lab Supervisor Blood Bank replacing Pettina Walton • Req# 0-21404-PRN Med Tech-replacing Chizoba Stake • Req# -21406-PRN Med Tech replacing Nana Degraft • Req#-21400-FT-Histotechnologist replacing Paule Cham 	
	Attendance Policy and PSL	<p><u>Closed Positions:</u></p> <ul style="list-style-type: none"> • Req # 15930 21406FT-Lab technologist replacing Shiji Johnson-Awarded to external Peter Zagoreos start date 4/17/17 • Req #15577-21404-PRN replacing Carmalita Dennis Awarded to external Julie Andrews start date 4/17/17 • Req #15655-21404-PRN replacing Karen Hendricks- Awarded to external Josette Gustilo start date 5/15/17 • Req# 0-21406-FT Med Tech-replacing Atkia Abdullah- Awarded to external Phuong Troung start date 4/17/17 	
	Salary range increases	<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 & Punctuality Policy (HR025.2). In addition, as of right now anything <u>over the one-minute start time</u> is still considered late.</p>	
	Incidental OT	<ul style="list-style-type: none"> • Remember you need a supervisor's approval to work over your scheduled time. This is even if it is 15 minute. You need to request approval prior to staying, 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 the schedules in a separate bin. For those of you that are helping pick up shifts please remember to complete the voluntary overtime form. • Maximum salary has increased for those who have reached the max for their job code please review the attached memo which has been distributed by email to all. 	
	Missed Swipes		
	HR Kiosk		
	Benefits enrollment		

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		<ul style="list-style-type: none"> • Unless approved by a supervisor you may only click in 6 mins prior or 6 min after your scheduled shift. • You must have your id at all times. If you fail to swipe twice in one month it will be a verbal warning. Three times will result in a first step write up. • Please review the attached memo that was distributed via email regarding HR Kiosk dates and locations. 	
STUDER	SLR Studer 4 th Quarter Goals	<ul style="list-style-type: none"> • What tools do you need to do your job? • Rounding – does everyone know what Rounding is? This is where your leaders (lead techs, supervisors, managers) ask you how everything is going, what is going well, what tools or supplies you need to do your job, any improvements you would like to suggest, and if there is anyone you would like recognize. • Lab Leadership is rounding on Mariann Whittman (Tower 5 N&S) and Mary Ann Malloy (Mother Baby and L&D) as well as Francis Thomas (CCU) to address issues that staff have brought up. • Dr. Young and Sasha's 90 Day plan is available for the 4th Quarter. 	<ul style="list-style-type: none"> • Discussed
EMPLOYEE RECOGNITION	Employee of the Month Days to Days	<ul style="list-style-type: none"> • Congratulations to Ethel and Hannah for achieving employee of the month. All please continue to nominate your coworkers for jobs well done. Ballots are available in the admin office. • If you see a coworker deserving of a day to day for going the extra mile, please notify the supervisors the person and what they did that was extraordinary. 	<ul style="list-style-type: none"> • Discussed

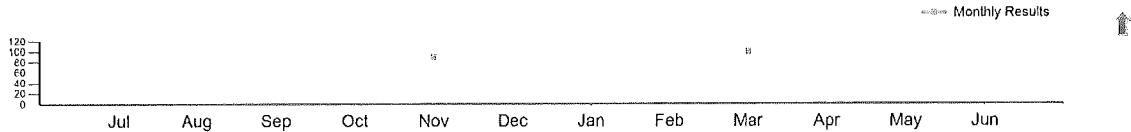
Name	Leader	Department	Division	Job Title	Year Ending
Voce, Sasha	Jordan, Maureen# Law, Dorlyn	Lab-Administration - TB	Einstein Philadelphia (EMCP)	Director-Labs	2017

Service | 10.0%

Goal : Increase the percent of EMCP Laboratory on the Internal Customer Survey by 2% from 90% to 91.8% as measured by the Inter-departmental Customer Satisfaction Survey. The ICS Survey is administered in October, February, and June. Survey questions aligned with Standards of Behavior. Rating scale finalized.

Goal Created From Template : Internal Customer Satisfaction - EMCP Laboratory

Aligned with Operational Goal :
- NULL



Rating : Higher is better | 5: 93.6 and above | 4: 92.7 to 93.5 | 3: 91.8 to 92.6 | 2: 90.1 to 91.7 | 1: 90 and below **Current Score : 5**

90-Day Goal : Continue to round with nurse managers and discuss issues.

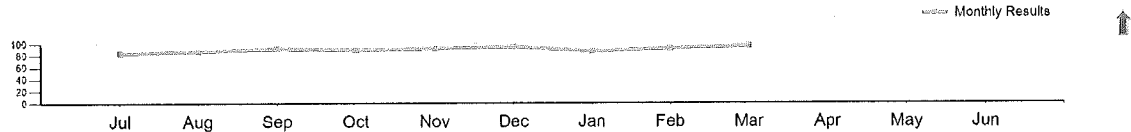
90 Day Goal Result :

Action Steps	Level Results	Status
Sasha and Supervisors will reach out to three more nurse managers whom Sasha did not have a chance to round on last quarter		On track

Quality | 15.0%

Goal : Increase Admit MRSA TAT to >90% of samples from the ED to be resulted within 90 minutes or less. Current FY16 statistics indicate 87% of admit MRSA samples from the ED are resulted within 90 min.

Aligned with Operational Goal :
- NULL



Rating : Higher is better | 5: 95 and above | 4: 88 to 94 | 3: 85 to 87 | 2: 80 to 84 | 1: 79 and below **Current Score : 4**

90-Day Goal : Result > or = 88% of samples within 90 min or less

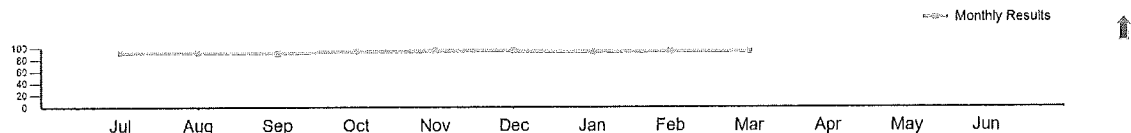
90 Day Goal Result :

Action Steps	Level Results	Status
Continue to monitor use of the Central Processing log book to document receipt of specimen, drop off and receipt in micro		In progress

Quality | 15.0%

Goal : Increase TAT of ED STAT samples resulted within 55 min of specimen receipt in the lab. Current FY16 data indicates 93% of samples were resulted within 60 min or less.

Aligned with Operational Goal :
- NULL



Rating : Higher is better | 5: 93 and above | 4: 85 to 92 | 3: 77 to 84 | 2: 69 to 76 | 1: 68 and below **Current Score : 5**

90-Day Goal : Result > or = 88% of samples within 55 min or less

90 Day Goal Result :

Action Steps	Level Results	Status
Continue to monitor statistics		On track
Continue to meet with ED leadership regarding proper collection of specimens. to decrease the time it takes with having lab personnel reprint labels, and avoid hemolysis, clotted samples, QNS, etc.		In progress
Sasha to put on the next meeting agenda the onboarding process and maintenance of competency for the Collect task to make sure this skill is not forgotten when new nurses come on board.	Discussion of training and competency for ED staff on phlebotomy took place on 4/13/17. Chuck felt that the training that new staff members receive, e.g. performing at least 30 sticks per day during their orientation period is sufficient.	On track

Monitor PPID collection rate for the ED, current percentage is zero. This will document that nurses are using the collect task AND from a regulatory perspective will show that nurses are collecting the specimen rather than lab personnel. Also, it will allow for training at a granular level when there is an issue and we need to know who collected the specimen.

In progress

Follow up with Steve Chapman about putting printers in the ED capital budget for Care mobile use by each nurse.

In progress

Sasha will put on the next meeting agenda with the ED what is their training and competency process for phlebotomy and if the lab can potentially assist such as rotations through Klein 100.

Discussion regarding training/competency on issues such as use of ED Lab Labels and Completing a Task will be done by the Lab with assistance from IT. We will coordinate with Carla Cleary for scheduling.

On track

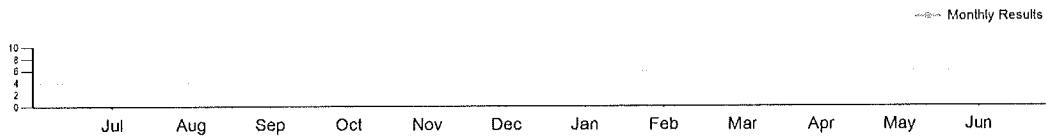
People | 10.0%

Goal : Create an approved 90 Day Action Plan for Quarter 4 including the Engagement Key Driver(s) you are actively working on. Plan must be approved by March 31, 2017. Approved plans are scored a 1 and earn a LEM rating of 3 (Goal/Target). Unapproved plans are scored a 0 and earn a rating of 1 (Baseline or Worse). (Ratings 2, 4 and 5 will not be used.)

Goal Created From Template : EHN Increase Employee Engagement

Aligned with Operational Goal :

- NULL



Rating : Higher is better | 5: 2 and above | 4: 1.5 to 1.9 | 3: 1 to 1.4 | 2: 0.5 to 0.9 | 1: 0.4 and below

Current Score : 0

90-Day Goal : Implement at least one strategy to improve the overall engagement for lab employees

90 Day Goal Result :

Action Steps

Level Results

Status

Implement employee of the month. Employees participate in selecting the employee of the month. Winner receives flowers, day to day cards, an email on why they were selected, and their picture hanging in the hallway for all to see. Winner also receives a pin that says " WE CAN'T SPELL SUCCESS WITHOUT U

On track

Continue the process of supervisors recognizing staff at their monthly meetings.

On track

Dr. Young to make sure Supervisors and Pathologists are aware of letting Janice know when we have recognized a staff member by either day to day or thank you card so that Janice can create a thank you list that will be posted monthly on our recognition board.

In progress

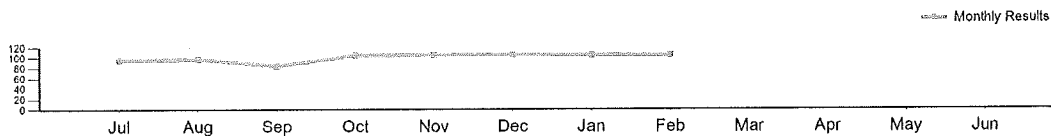
Finance | 40.0%

Goal : Achieve budgeted operating expenses as measured by internal financial reports where the budget, or level 3, on the rating scale would equal 100%. Rating scale finalized.

Goal Created From Template : Achieve budgeted operating expenses

Aligned with Operational Goal :

- NULL



Rating : Lower is better | 5: 98 and below | 4: 99 to 98.01 | 3: 100 to 99.01 | 2: 102 to 100.01 | 1: 102.01 and above

Current Score : 1

90-Day Goal : Try to meet operating budget

90 Day Goal Result :

Action Steps

Level Results

Status

Have supervisors Monitor FTEs with special attention to night shift and Anatomic Pathology

On track

For Anatomic Pathology, have a 12 noon cut off time by which autopsies will be delayed to the next day to avoid overtime for the autopsy attendant

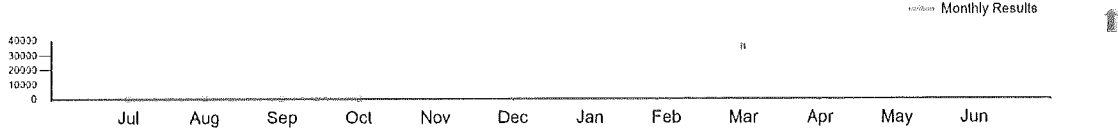
In progress

Growth | 10.0%

Goal : Increase potential revenue from physician practices within the network. Revenue will be based on P&L. Baseline data not available.

Aligned with Operational Goal :

- NULL



Rating : Higher is better | 5: 25000 and above | 4: 15000 to 24999 | 3: 5000 to 14999 | 2: 0 to 4999 | 1: -1 and below **Current Score : 5**

90-Day Goal : Acquire specimens from OB and Urology

90 Day Goal Result :

Action Steps	Level Results	Status
Change bi-directional interface to make it easier for clinicians to submit anatomic pathology by removing unnecessary required fields.		In progress
Juanita to present changes on the banner bar to the rapid decision team.		In progress
Once banner bar changes approved, meet with Dr. Jaspan and team to work on the work flow		In progress
Once we work with Dr. Jaspan on work flow, we will reach out to Beth LaPienne to change work flow for Urology specimens.		In progress

**EINSTEIN HEALTHCARE NETWORK
POLICY AND PROCEDURE**

Supersedes: No.: A0047.0
Dated 10/1/00

A0047.1
Effective Date: 2/15/12
Page 1 of 5

DEPARTMENT/DIVISION: Administration

SUBJECT: Anatomical Donations

I. POLICY STATEMENT

In accordance with Pennsylvania's Uniform Anatomical Gift Act as amended, December 1994 (PA Act 102), all acute care hospitals are required to develop policies and procedures to ensure the routine referral of all deaths or pending deaths to their regional organ procurement organization (OPO) for the determination of medical suitability for organ, tissue, and eye donation in conjunction with the attending physician or his/her designee. Gift of Life Donor Program is the regional organ procurement organization for this area. It is further required that only OPO personnel or those trained and certified by OPO personnel, known as "Designated Requestors" initiate the request of donation to the patient's attorney-in-fact or legal next-of-kin.

Anatomical gifts of all or any part of the decedent's body may be made for the purposes of education, research, therapy, or transplantation. Transplantable organs currently include but may not be restricted to: heart, intestine, kidneys, liver, lungs, pancreas and small bowel. Transplantable tissues currently include, but are not limited to: bone, bone marrow, dura, eyes, fascia, heart valves and vessels.

This policy assures that all potential organ, tissue and eye donors are identified, and that all potential donor families are provided the option of donation in conformance with Act 102. This policy provides a mechanism for all acute care hospitals to document each referral in accordance with federal and state requirements such as Health Care Financing Administration, the Pennsylvania Department of Health, Joint Commission on Accreditation of Healthcare Organizations, and the American Osteopathic Association. Adherence to this policy also provides a permanent record for the purpose of quality assurance and quality improvement.

II. PROCEDURE

It is the responsibility of the pronouncing physician or other responsible clinician (RN, RN Supervisor) to contact the Organ Procurement Organization (OPO), Gift of Life (1-800-KIDNEY1) upon pronouncement of death for all patients regardless of diagnosis or cause of death.

Along with the certificate of death the pronouncing physician must also complete the Certificate of Anatomical Donations Referral/Request Form. (AEMC Form # 0.00873-11)

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Page 2 of 5

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II. PROCEDURE (cont'd.)

In the event of Non- Recoverable Neurologic Injury, the Gift of Life Donor Program must be contacted to determine a patient's suitability for anatomical donation in conjunction with the attending physician and his/her designee. The Gift of Life Donor Program must be called prior to terminating life-sustaining measures. All patients must be evaluated for donor suitability by the Gift of Life Donor Program prior to the patient's attorney-in-fact or legal next-of-kin being approached about donation. Any clinician responsible for the care of the patient will be responsible for contacting the Gift of Life Donor Program at 1-800-KIDNEY-1 (1-800-543-6391).

The referring person shall have the following information available prior to making the contact:

- (1) The Patient's Identified Number (Medical Record Number)
- (2) The Patient's Age
- (3) The Patient's Cause of Death
- (4) Any Available Past Medical History
- (5) Date and Time of Death

The Gift of Life Donor Program, in consultation with the patient's attending physician or his/her designee, will make the preliminary determination of suitability for donation. If the Gift of Life Donor Program, in consultation with the patient's attending physician or his/her designee, determines that donation is not appropriate based on established medical criteria, the Certificate of Referral/Request Form shall be completed by the hospital designee and placed with the patient's medical record. No further action is necessary.

If the Gift of Life Donor Program, in consultation with the patient's attending physician or his/her designee, makes a preliminary determination that the patient may be a suitable donor, Einstein Healthcare Network shall initiate the process for requesting donation. The actual request will only be made by the Gift of Life Donor Program staff.

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Page 3 of 5

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II. PROCEDURE (cont'd.)

1. In those instances where Einstein Healthcare Network's administrator or his/her designee has received actual notice of opposition for donation from the patient, (e.g., notation in an advance directive), attorney-in-fact, as applicable, or legal next-of-kin and the patient was not in possession of a validly executed donation document, a request will not be made. The Certificate of Referral/Request Form will be completed and placed with the patient's medical record. No further action is necessary. (NOTE: For purposes of this policy, an attorney-in-fact refers to a person authorized by the patient in a power of attorney document to make decisions regarding anatomical donations.)
2. If the patient is a candidate for vital organ donation, the Gift of Life Donor Program coordinator will travel to the hospital prior to the patient's attorney-in-fact, as applicable, or legal next-of-kin being approached about donation. Upon arrival the Gift of Life Donor Program coordinator will conduct additional screening and assist in coordinating an appropriately timed discussion with the patient's attorney-in-fact or legal next-of-kin, as applicable, about the option of organ and tissue donation.
3. If the patient is suitable for tissue or eye donation only, the Gift of Life Donor Program may elect not to send a representative to the hospital, but may coordinate the donation process by phone. Einstein Healthcare Network will inform the patient's attorney-in-fact, as applicable or legal next-of-kin that a representative will be calling them to discuss options regarding the patient. The Gift of Life Donor Program will coordinate the request, consent and donation process with the appropriate tissue and eye banks.
4. Consent from the patient's legal next-of-kin is not necessary if a validly executed document of gift, including a donor card, donor driver's license or living will, evidencing a gift of organs, tissue or eyes has been executed by the donor or attorney-in-fact. However, the patient's legal next-of-kin will be fully informed about the patient's, or attorney-in-fact's, as applicable, decision regarding donation, prior to the recovery of any organs, tissue or eyes. Objections expressed by legal next-of-kin regarding donation will be taken into consideration, and the final determination to proceed with the donation will be jointly made by the Gift of Life Donor Program and the attending physician or his/her designee. The document evidencing the gift shall be made available to the Gift of Life Donor Program coordinator. A copy of the document shall become part of the patient's medical record.

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Page 4 of 5

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5. If a document of gift has not been executed, the option of donation shall be presented only by OPO personnel or "Designated Requestors" and explained in a manner that is discreet and sensitive to family circumstances. The Pennsylvania Uniform Anatomical Gift Act (UAGA) provides that any of the following persons, in order of priority stated, when persons in prior classes are not available at the time of death, and in the absence of actual notice of contrary indications by the decedent or actual notice of contrary notice of opposition by a member of the same or prior class, may give all or any part of the decedent's body for anatomical donation:
- a) Spouse
 - b) Adult son or daughter
 - c) Either parent
 - d) Adult brother or sister
 - e) Guardian
 - f) Any other person authorized or under obligation to dispose of the body

In the absence of a document of gift, consent from the legal next-of-kin must be secured prior to the donation of organs, tissue or eyes. Consent may be obtained before or after death. Consent shall be obtained either in writing, telegraph/fax, recorded telephonic consent, or through other recorded message. A copy of the consent will become part of the patient's medical record. In addition, the Certificate of Referral/Request Form shall be completed and placed in the patient's medical record.

6. In the event the patient's death falls within the jurisdiction of the medical examiner or coroner, consent shall also be obtained from the medical examiner or coroner prior to the recovery of organs or tissue. Consent from the medical examiner or coroner shall be the responsibility of the Gift of Life Donor Program coordinator.
7. Prior to recovery of organs, tissue, or eyes, death must be pronounced and documented in the patient's medical record. In cases of organ recovery, the pronouncement of death using established medical criteria to determine total cessation of all brain function, including the brain stem (brain death), must be documented in the patient's medical record by a licensed practicing physician according to Einstein Healthcare Network procedures prior to surgical recovery. The time of death must be recorded in the patient's medical record and a death certificate completed. In the event the death falls under the jurisdiction of the medical examiner or coroner, the death certificate will be completed by the medical examiner or coroner.

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Page 5 of 5

DEPARTMENT/DIVISION: Administration

SUBJECT: Anatomical Donations

8. To facilitate vital organ recovery, the donor must be maintained on a ventilator and hemodynamically supported for organ perfusion throughout the recovery process. The Gift of Life Donor Program coordinators will be onsite to provide suggestions for optimal donor management. The Gift of Life Donor Program coordinators will work in conjunction with the hospital medical staff to request medical consultations and laboratory studies to determine the suitability of the organs for transplantation.

9. For vital organ recovery, a scrub nurse, circulating nurse and anesthesia support will be required, as well as an operating room and preoperative ordering privileges for the Gift of Life Donor Program recovery teams. For tissue recovery, an operating room will be required but no operating room personnel are required for tissue recovery. For eye recovery, an operating room is not required.

III. RESPONSIBILITY

It is the responsibility of each attending physician and nurse manager to enforce this policy.

APPROVED: _____

DATE: _____

APPROVED: _____

DATE: _____

APPROVED: _____

DATE: _____

APPROVED: _____

DATE: _____

TO BE REVIEWED: Every Three Years
Policy Owner : Mary Beth Kingston

Overall Rating of Hospital

EMC-Philadelphia

EMC-Philadelphia ED

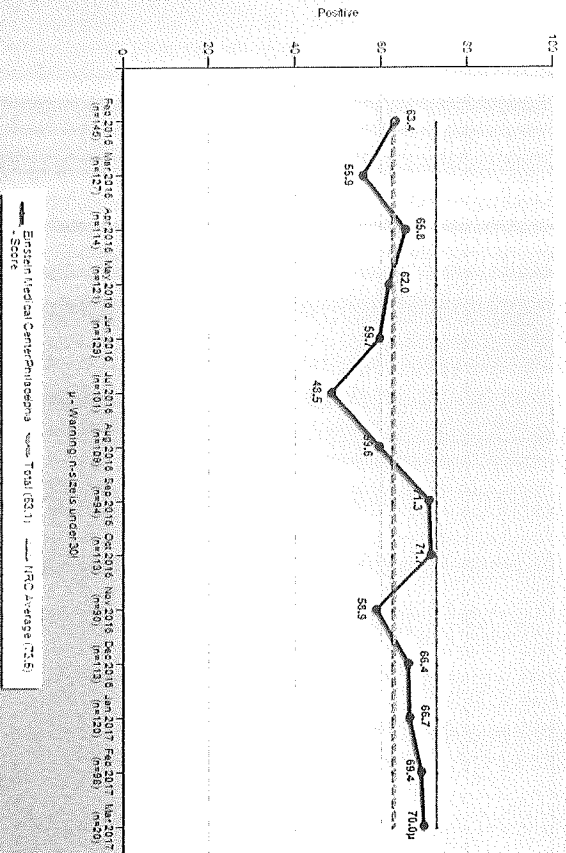
Catalyst Trend

Apr 09, 2017

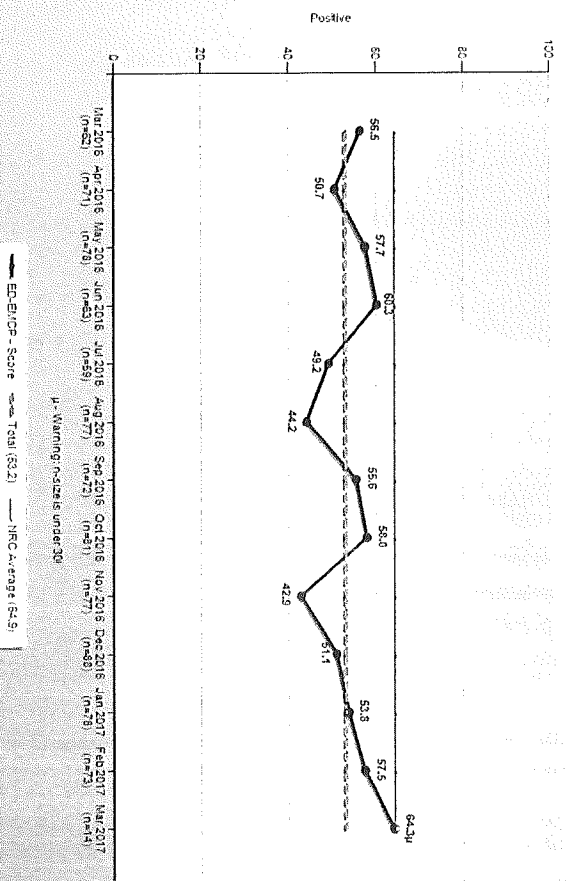
Catalyst Trend

Apr 08, 2017

CAHP S-IP-A: Overall Rating of Hospital

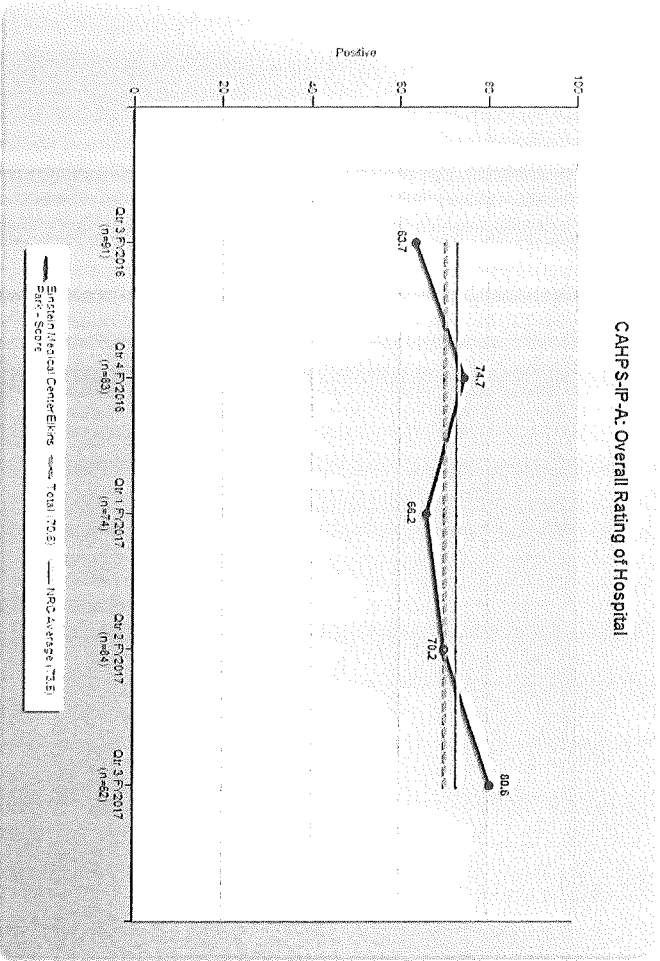


Picker-ED-A: Overall Rating of Facility

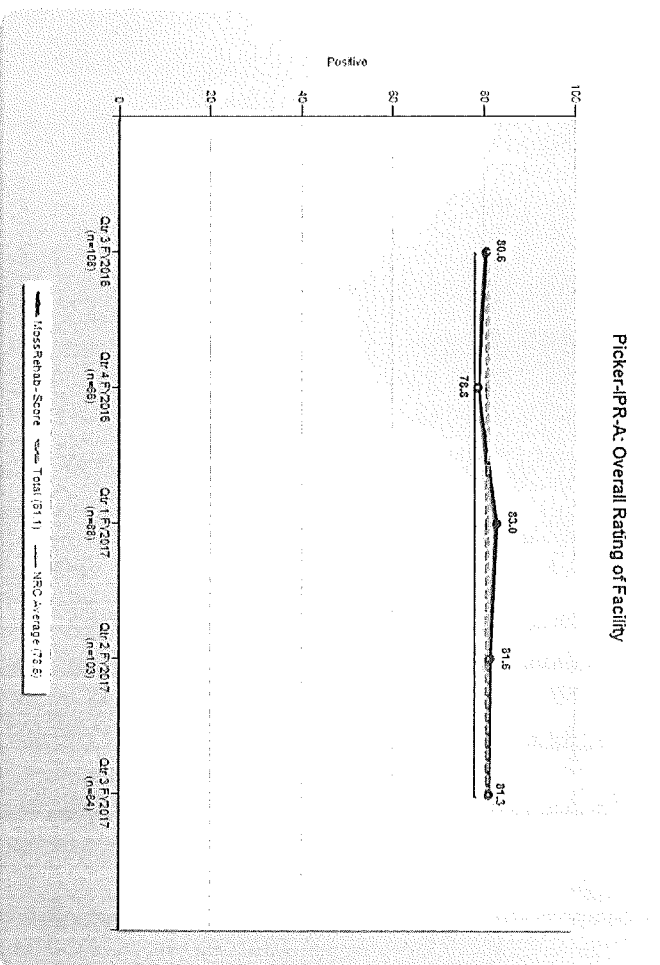


Overall Rating of Hospital

EMC-Elkins Park



MossRehab



Einstein Medical Center - Philadelphia

	Period	Baseline	Threshold	Target	Stretch	Year-to-Date	Through
▼ Total Safety Score - Philadelphia ¹	July - June	20.3	19.3	18.3	17.3	16.1	Feb-17
▼ 30-day All-cause Readmissions (EMCP/EP) ²	July - June	12.9%	12.5%	12.3%	12.0%	11.8%	Jan-17
▼ 30-day All-cause Readmissions (Medicare)(EMCP/EP) ²	July - June	16.7%	16.2%	15.9%	15.5%	15.8%	Jan-17
▲ Sepsis Bundle ACM - (EMCP/EP) ³	July - March	14.8%	24.8%	34.8%	44.8%	30.9%	Dec-16
▲ Patient Experience - EMCP Overall Rate	July - June	62.7%	64.7%	66.7%	68.7%	64.7%	Feb-17

Einstein Medical Center - Elkins Park

	Period	Baseline	Threshold	Target	Stretch	Year-to-Date	Through
▼ Total Safety Score - Elkins Park ¹	July - June	11.5	11.2	10.9	10.6	9.9	Feb-17
▲ Patient Experience - EMCP Overall Rate	July - June	71.1%	72.6%	74.1%	75.6%	71.0%	Feb-17

MossRehab

	Period	Baseline	Threshold	Target	Stretch	Year-to-Date	Through
▼ Total Safety Score - MossRehab ¹	July - June	32.9	31.3	29.6	28.0	27.4	Feb-17
▼ Unplanned Transfers to Inpatient Acute Care ⁵	July - June	1.52%	1.50%	1.49%	1.47%	1.56%	Feb-17
▲ Discharge to Community ⁵	July - June	2.70%	2.73%	2.75%	2.78%	0.06%	Feb-17
▲ Patient Experience - MossRehab Overall Rate	July - June	82.1%	83.1%	84.1%	85.1%	81.9%	Feb-17

Willowcrest

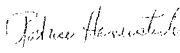
	Period	Baseline	Threshold	Target	Stretch	Year-to-Date	Through
▼ Total Safety Score - Willowcrest ¹	July - June	31.6	30.0	28.4	26.9	21.0	Feb-17
▼ Unplanned Patient Transfers to ED, then Admitted	July - June	14.6%	14.3%	14.0%	13.7%	14.8%	Feb-17
▲ Patient Experience -WCB Overall Rate ⁶	July - June	60.0%	61.5%	63.0%	64.5%	42.9%	Feb-17

100 fewer patients harmed FY17 through February

Einstein Healthcare Network

Memorandum

To: Einstein Employees

From: Patrice Haverstick 
Associate Vice President, Human Resources

Date: February 23, 2017

Subject: Salary Range Increase

I'm pleased to announce that as part of our ongoing effort to provide competitive pay and benefits and keep pace with the Philadelphia-area healthcare market, Einstein's salary ranges will be increasing by 3% effective this July. Positions are assigned to a salary range and each salary range has a minimum, midpoint and maximum. This increase in the salary range means that the minimum, midpoint and maximum of each range will increase by 3%. Most non-bargaining unit employees who were at the top of their salary range now will have the opportunity to participate in the previously announced pay-for-performance increase in July 2017 rather than being limited to a lump sum bonus.

For many months, we have been reviewing the pay we provide for numerous positions with that of other healthcare systems and hospitals in our region. When we have found a gap between what we pay and the pay in the market, we have made changes. We will continue to monitor wages, as well as other parts of our compensation program, to ensure they are competitive.

This salary range increase is the latest in a series of efforts to ensure that we are paying competitively within the market. Over the last year, Einstein has provided a 2% pool increase in July 2016, a 1% 150th Anniversary Thank You increase in August 2016, as well as equity increases for various positions throughout the Network. You also may recall that in December 2016, we announced pay-for-performance increases for July 2017 and July 2018. The pool increase for July 2017 will be 3%, and the pool increase for July 2018 will be similar.



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

Thank you for your continued hard work, and for your commitment to safe, quality care and service to our patients.



Patient Label Changes – Effective April 3, 2017

The patient (sticky) labels are changing. The patient's name will now be split into two lines, this will allow the maximum number of characters to display and prevent truncation of the name. To accommodate the changes to the name we have removed the Attending Field (ATT:;) from the bottom row of labels.

Before:

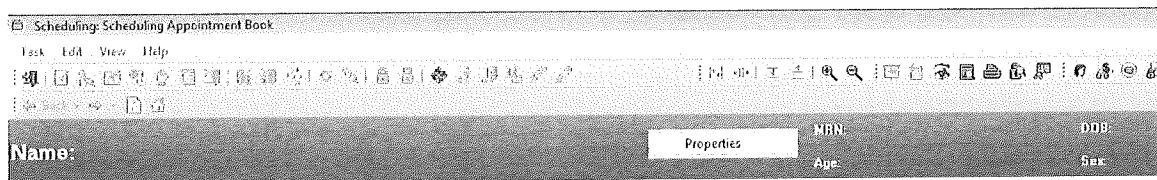
 <p>TESTPATIENT, ELIZABETHGIR DOB: 10/25/2016 00:16 F DOS: 10/25/2016 ATT: MASSEY MD, JULIE S FIN: 77777778</p>	<p>TESTPATIENT, ELIZABETHGIR DOB: 10/25/2016 00:16 F DOS: 10/25/2016 ATT: MASSEY MD, JULIE S FIN: 77777778</p>	<p>TESTPATIENT, ELIZABETHGIR DOB: 10/25/2016 00:16 F DOS: 10/25/2016 ATT: MASSEY MD, JULIE S FIN: 77777778</p>
<p>TESTPATIENT, ELIZABETHGIR DOB: 10/25/2016 00:16 F DOS: 10/25/2016 ATT: MASSEY MD, JULIE S FIN: 77777778</p>	<p>TESTPATIENT, ELIZABETHGIR DOB: 10/25/2016 00:16 F DOS: 10/25/2016 ATT: MASSEY MD, JULIE S FIN: 77777778</p>	<p>TESTPATIENT, ELIZABETHGIR DOB: 10/25/2016 00:16 F DOS: 10/25/2016 ATT: MASSEY MD, JULIE S FIN: 77777778</p>
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After:

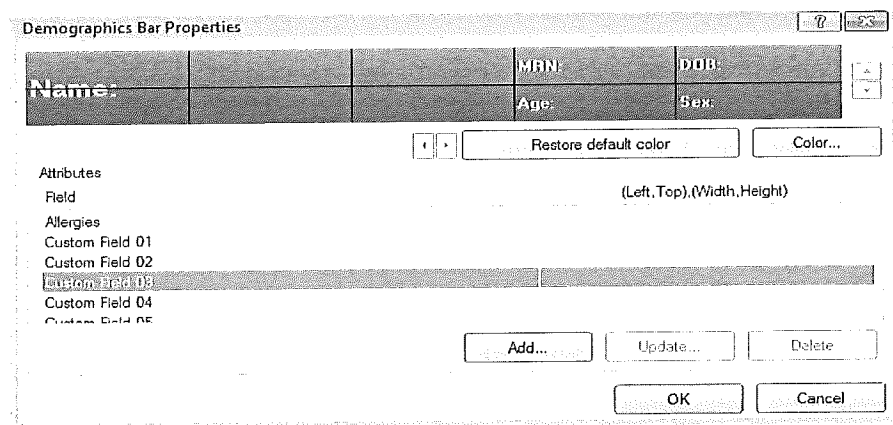
 <p>TESTPATIENT, ELIZABETHGIRL DOB: 10/25/2016 4 M F DOS: 10/25/2016 ATT: MASSEY MD, JULIE S FIN: 777777779</p>	<p>TESTPATIENT, ELIZABETHGIRL DOB: 10/25/2016 4 M F DOS: 10/25/2016 ATT: MASSEY MD, JULIE S FIN: 777777779</p>	<p>TESTPATIENT, ELIZABETHGIRL DOB: 10/25/2016 4 M F DOS: 10/25/2016 ATT: MASSEY MD, JULIE S FIN: 777777779</p>
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Copay Field available in the Scheduling Banner Bar

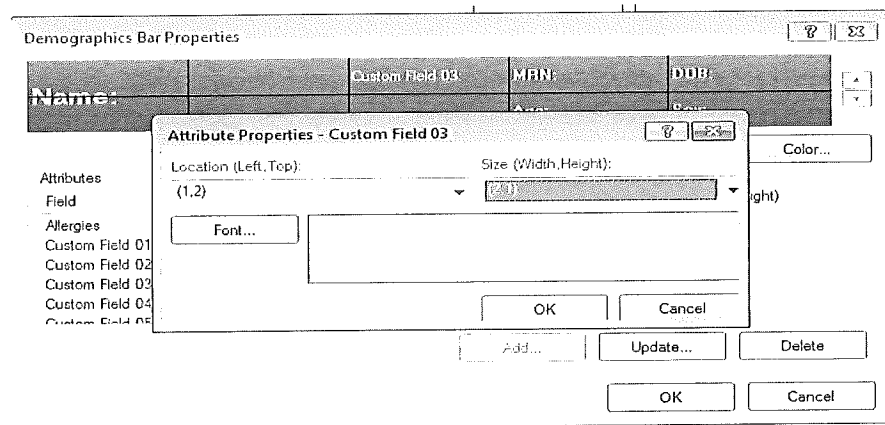
To add the “**Expected Copay**” field to your banner bar, right click on the banner and select “**Properties**”:



Highlight “**Custom Field 03**” and click the “**Add**” button:



Position the field’s location and size to where you’d like and click “**Ok**”:



The field will display the amount entered in the Copay field of the encounter attached to the appointment. You will only see an amount next to Expected Copay if one has been entered on the patient's encounter:

Name: ZZTESTPATIENT, KEITH
EXPECTED COPAY: \$10.00



Einstein Healthcare Network

Memorandum

To: Einstein Medical Center Philadelphia Employees

From: Lori Pisarski, Human Resources Director

Re: Human Resources Support

Date: May 9, 2017

Based on your feedback, Human Resources is taking steps to improve the service you receive from us. We are committed to providing you with great support and to be a timely, knowledgeable resource that can help address your questions and concerns for employment-related matters.

Human Resources Service Specialist

Each EMCP employee has a designated Human Resources Service Specialist (HRSS). This person can help you with questions or support with such matters as pay and benefits (healthcare, retirement, tuition reimbursement). She or he also can help if you are having any challenges in your department.

You can learn who your HRSS is by visiting *PRISM, Employee Self Service, Employment, My HRSS*. Or, you can contact the main HR Office at (215) 456-8055. We will be happy to put you in touch with the right person who supports you.

Human Resources Kiosk

Beginning in May 2017, Human Resources will open an HR Kiosk. Our kiosks will be set up at locations across the EMCP campus during shift changes and lunch hours so we are more accessible for you. **The first Kiosk will be on May 16, 2017 in the EMCP Cafeteria from 11:30AM to 1:00 PM.** Please see the attached schedule for additional dates in May and June.

We worked with the Employee Advisory Group to identify what information may be most helpful for HR to provide to our employees through the HR Kiosk. The HR Kiosk is a concept we are piloting, and we look forward to your feedback about whether the availability and accessibility of the HRSS through this effort are helpful for you or if you have other ideas for us to improve our ability to help you.

Increased Rounding and Attendance at Staff Meetings

To be more visible and accessible for you, our HRSSs have been rounding more frequently and regularly in departments across our campus. We also have been attending staff meeting to make it more convenient for you to get information about benefits and other HR-related topics.

We will continue to round on all shifts, including on nights and weekends. We look forward to having the opportunity to meet with you.

Please do not hesitate to contact your HRSS or me with any questions.

Thank you.

Human Resources Kiosk Schedule

May 2017

May 16, 2017	11:30 AM to 1:00PM	EMCP Cafeteria
May 25, 2017	6:30 PM to 8:00 PM	Braemer, Heart Center Entrance

June 2017

June 13, 2017	6:30AM to 8:00AM	Braemer, Heart Center Entrance
June 20, 2017	11:30 AM to 1:00 PM	EMCP Cafeteria
June 27, 2017	6:30 PM to 8:00 PM	Tower Lobby