

# EINSTEIN MEDICAL CENTER-MICROBIOLOGY

SUBJECT: APRIL/MAY MICROBIOLOGY STAFF MEETING

ATTENDEES: DAVE, MICROBIOLOGY STAFF

DATE: 5-24-17

## AGENDA

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
Mission Stories	1. Mission Story	1. Does anyone have a story they would like to share that connects to Einstein's Mission Statement?  Einstein's Mission: With humanity, humility and honor, to heal by providing exceptionally intelligent and responsive healthcare and education for as many as we can reach	Mission Stories
TECHNICAL	1. CAP Inspection Results  2. Weekly Audits on Expiration Dates  3. Occult blood  4. MRSA testing	<ul style="list-style-type: none"> <li>• CAP inspection went very well. Thank you for all that helped to prepare for the inspection and for working together on a successful inspection. The Microbiology department had four deficiencies. The entire lab received 11 deficiencies out of nearly 1500 requirements.</li> <li>• We will be conducting weekly audits on Reagents/supplies in the lab. Currently lead techs will be completing this starting in April when they perform inventory. If you find expired reagents, please notify your Supervisor/Lead techs, and remove the products from the shelves.</li> <li>• When performing Inventory- please note any items that will expire within 2 weeks.</li> <li>• Occult blood will continue to be performed at EP until Lisa Returns.</li> <li>• New MRSA testing recommendations as per the ID team:               <ul style="list-style-type: none"> <li>○ MRSA PCR testing will be done for nursing home patients and patients who have been hospitalized within 6 months or have been transferred from another facility.</li> <li>○ If previously hospitalized within 6 months and known as positive testing is not necessary</li> <li>○ MRSA screen (Chrom Agar) testing will be performed only on Moss patients</li> <li>○ ALL ED order sets will have admit MRSA = MRSA screen to be removed for ED</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
QUALITY PROGRAM	1. Policies and Procedures	<ul style="list-style-type: none"> <li>• Forgetting your badge/missed swipes: too many in the last few months and it does not look good to Administration. The expectation is that you have and use your</li> </ul>	<ul style="list-style-type: none"> <li>• Security will no longer give a temporary badge</li> </ul>

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
		<p>badge every day. When you forget your badge, fill out the proper paperwork and have someone verify your times.</p> <p>New bench responsibilities:</p> <ul style="list-style-type: none"> <li>-Bloods will log in their own specimens and load into BacTec</li> <li>-Bloods will be responsible for Cepheid Flu/RSV</li> <li>-Bloods will be responsible for inventory on the weekend unless they are also doing TB. In that case, virology responsible for inventory</li> </ul> <p><i>How is this working for everyone?</i></p> <ul style="list-style-type: none"> <li>Thank you all who have attended the "Business Literacy Training"</li> <li>Per Sasha, cell phone usage in unacceptable in the lab during working hours.</li> <li>Discuss faxing CT/NG reports to the city-Help Desk ticket open to install new Fax machine</li> <li>If a test needs to be cancelled for any reason and it is discovered in the lab. We are to cancel the test(s) and notify the floors. The floor will not cancel our tests for us.</li> </ul>	<ul style="list-style-type: none"> <li>New badges will not work for two days</li> <li>Is this for clocking out too?</li> </ul>
SCHEDULE ISSUES	1. Shortages	<ul style="list-style-type: none"> <li>Lisa and Tanya both out. Please continue working together in their absence.</li> <li>Duanea and Aileen are fully trained. Duanea will be trained on other benches as time permits.</li> <li>Emily to be trained on bloods in April</li> <li>Sani is almost trained in TB</li> <li>Phuong will begin training in micro for third shift.</li> <li>Peter also scheduled for training</li> <li>Administration is looking very closely at staff hours and FTE's. Incidental OT is not acceptable. You MUST leave at your designated time- no exceptions.</li> </ul>	<ul style="list-style-type: none"> <li>Updates on both? Both completed</li> <li>Will be short staffed in June</li> </ul>
HUMAN RESOURCES	1. Open Positions Vacancies 2. Closed Vacancies 3. Salary range increases 4. Incidental OT 5. Missed Swipes 6. HR Kiosk 7. Benefits enrollment	<p><u>Open Positions:</u></p> <ul style="list-style-type: none"> <li><b>Req #15656</b> 21406-PRN Tech replacing Duanea Hicks</li> <li><b>Req #15806</b>-21410-General Lab Supervisor Blood Bank replacing Petina Walton</li> <li><b>Req# ()</b>-21404-PRN Med Tech-replacing Chizoba Stake</li> <li><b>Req#</b> -21406-PRN Med Tech replacing Nana Degraft</li> <li><b>Req#</b>-21400-FT-Histotechnologist replacing Paule Cham</li> </ul> <p><u>Closed Positions:</u></p> <ul style="list-style-type: none"> <li><b>Req # 15930</b> 21406FT-Lab technologist replacing Shiji Johnson-Awarded to external Peter Zagoreos started in Blood Bank 4/17/17</li> <li><b>Req #15577</b>-21404-PRN replacing Carmalita Dennis Awarded to external Julie Andrews start date 4/17/17</li> <li><b>Req #15655</b>-21404-PRN replacing Karen Hendricks- Awarded to external Josette Gustilo start date 5/15/17</li> <li><b>Req# ()</b>-21406-FT Med Tech-replacing Atkia Abdullah- Awarded to external Phuong Truong started in Hematology 4/17/17</li> </ul> <p><b>Maximum salary has increased for those who have reached the max for their job code please review the attached memo which has been</b></p>	<ul style="list-style-type: none"> <li></li> </ul>

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
		<p><b>distributed by email to all.</b></p> <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 minutes. <b>You must request approval prior to staying.</b></li> <li>Unless approved by a supervisor you may only clock in 6 mins prior or 6 min after your scheduled shift.</li> <li>If approved 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).</li> <li>Managers must retain the completed Voluntary Overtime Acknowledgment Form for three (3) years. You must have your Id always. If you fail to swipe twice in one month it will be a verbal warning. There times will result in a first step.</li> <li>Committee that is reviewing the patient progression throughout the organization</li> <li>Please review the attached memo that was distributed via email regarding HR Kiosk dates and locations.</li> <li><b>Benefits enrollment has started as of 5-15-17</b></li> </ul>	
DDR's		<p>April DDR</p> <ul style="list-style-type: none"> <li>1 test reported as strep b corrected to strep a</li> <li>1 Crypto reported as positive corrected to negative</li> <li>1 RPR test reported as non-reactive corrected to reactive</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Studer		<ul style="list-style-type: none"> <li>Does anyone have a story to share?</li> <li>10/5 rule: Remember when you are in the Halls to make eye contact and say hello</li> <li>Dr. Young and Sasha's 90 Day plan is available for the 4<sup>th</sup> Quarter. Please see attached</li> <li>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 to recognize.</li> <li>Lab Leadership is rounding on Mariann Whittman (Tower 5 N&amp;S) and Mary Ann Malloy (Mother Baby and L&amp;D) as well as Francis Thomas (CCU) to address issues that staff have brought up.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
HOSPITAL NEWS	<ol style="list-style-type: none"> <li>ED Throughput</li> <li>Hospital rating</li> <li>Mileage reimbursement</li> <li>Top Docs</li> </ol>	<ul style="list-style-type: none"> <li>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 45 min once the specimen is received in the lab. Make sure you are canceling in a timely manner (hemolysis, QNS)</li> <li>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.</li> <li>For employees eligible for reimbursement of gas due to work related travel the rate is 53.4 cents per mile.</li> </ul>	

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
HOSPITAL SAFETY	1. Fire Drills	<ul style="list-style-type: none"> <li>34 Einstein Doctors have been awarded the Top Doc status.</li> <li>There will be a new fire drill procedure that will be practiced soon.</li> <li>Environmental services personnel were injured in Micro 5-22-17 due to a scalpel not in the proper container. Please make sure all sharps from the hoods are placed in the sharps bin only.</li> </ul>	
Education	<ol style="list-style-type: none"> <li>HEALTHCARE BUSINESS LITERACY TRAINING</li> <li>Continuing ED board</li> </ol>	<ul style="list-style-type: none"> <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. There are a few individuals that still haven't attended. Please log on to the E2 and register for a future class.</li> <li>Please review the continuing ed board in the hallway by the quality dashboards.</li> <li>Also Education available at the academic's section by the Studer Board.</li> </ul>	<ul style="list-style-type: none"> <li>Dave will be handing out Day to Days to the Micro Staff for their teamwork during the difficult times.</li> </ul>
Employee recognition	<ol style="list-style-type: none"> <li>Employee of the month</li> <li>Employee of the year</li> </ol>	<ul style="list-style-type: none"> <li>Congratulations to Ethel and Hannah for achieving employee of the month.</li> <li>All please continue to nominate your coworkers for jobs well done. Ballots are available in the admin office.</li> <li>Please join me in congratulating Jennifer our employee of the year.</li> <li>I would like to recognize all micro staff for their hard work during Lisa, and Tanya's absence. You all make a great team.</li> </ul>	

CAP Deficiencies:

MIC.21540	II	Y	Deficiency	[Lisa Provost] Sasha, Kim, & Tonya		Gram stain QC- no record of quality control performed by night shift	Modify procedure, develop form, train staff on third shift- Sasha revised QC form indicating which shift will perform QC per week & sop revised. [see what sop currently states]. Kim and Tonya to follow up with Sasha to finalize form and sop.
MIC.21943	II	Y	Deficiency	[Lisa Provost] Dr. Mick		Selection of antimicrobial agents to report for streptococcus pneumonia must follow CLSI guidelines, which require 2 cut offs for non-meningitis.	Dr. Mick to revise the sop to contain the CLSI 100 guidelines and implement the reporting of 2 cut offs for non-meningitis.
CDM.30300	II	Y	Deficiency	[Lisa Provost] Tina		Alpha naphthol reagent on the microscan expired, no preparation date and no new date after reconstitution on bottle	Process will be developed regarding expired/labeling of supplies within the laboratory- Development a form for each section to perform weekly inspections for expired supplies and add to sop.
CDM.3044	II	Y	Deficiency	[Lisa Provost] Tina		Two reagents found on the microbiology bench that were expired	Process will be developed regarding expired/labeling of supplies within the laboratory- Development a form for each section to perform weekly inspections for expired supplies and add to sop.



## Einstein Healthcare Network

### Memorandum

To: Einstein Medical Center Philadelphia Employees

From: Lori Pisarski, Human Resources Director

Re: Human Resources Support

Date: May 9, 2017

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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

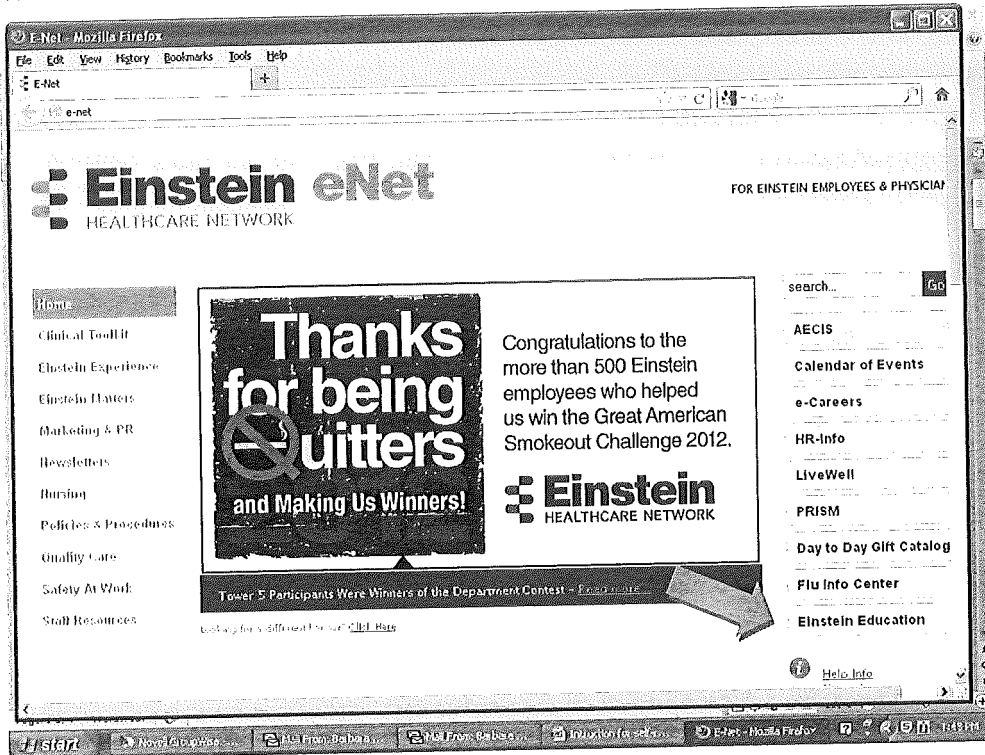
May 16, 2017	11:30 AM to 1:00PM	EMCP Cafeteria
May 25, 2017	6:30 PM to 8:00 PM	Braemer, Heart Center Entrance

### 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

# Instructions to self register online through <http://education/>

1. From the e-Net home screen, click on Einstein Education.

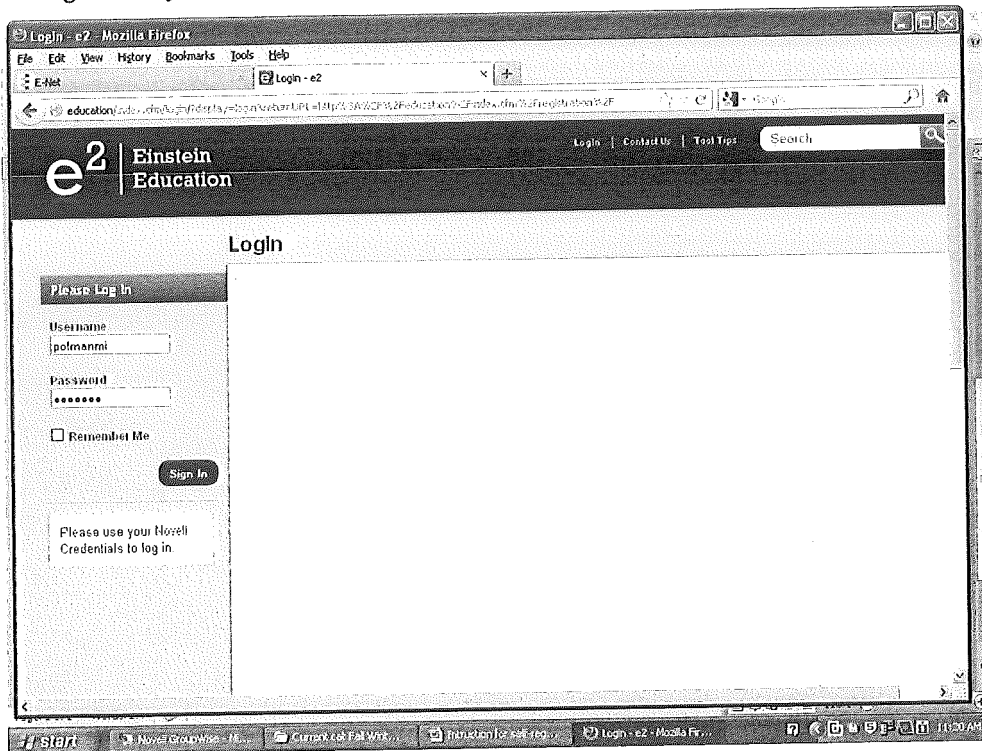


2. Click on the 'Register for Classes' link on the left side of the page.

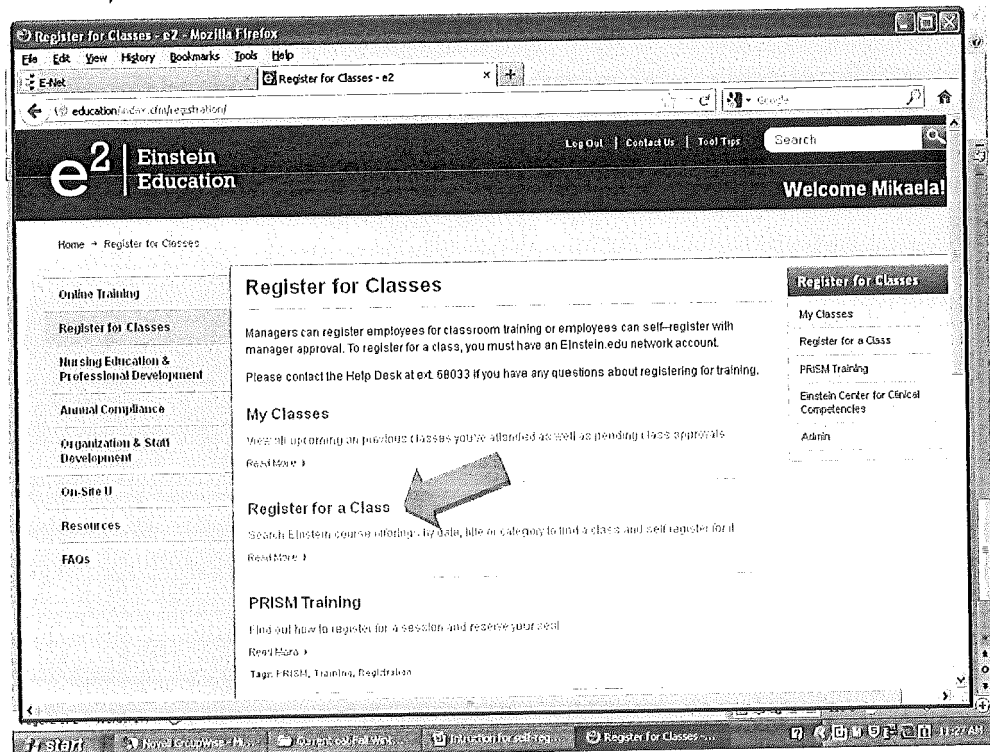




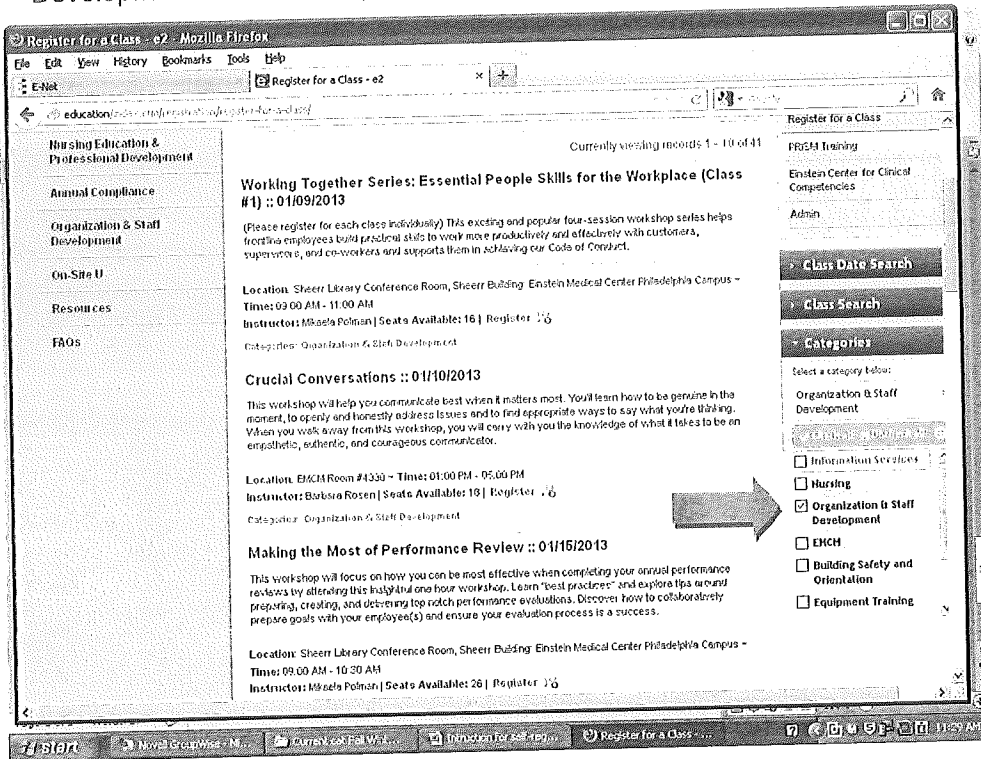
3. Login with your Novell login and password.



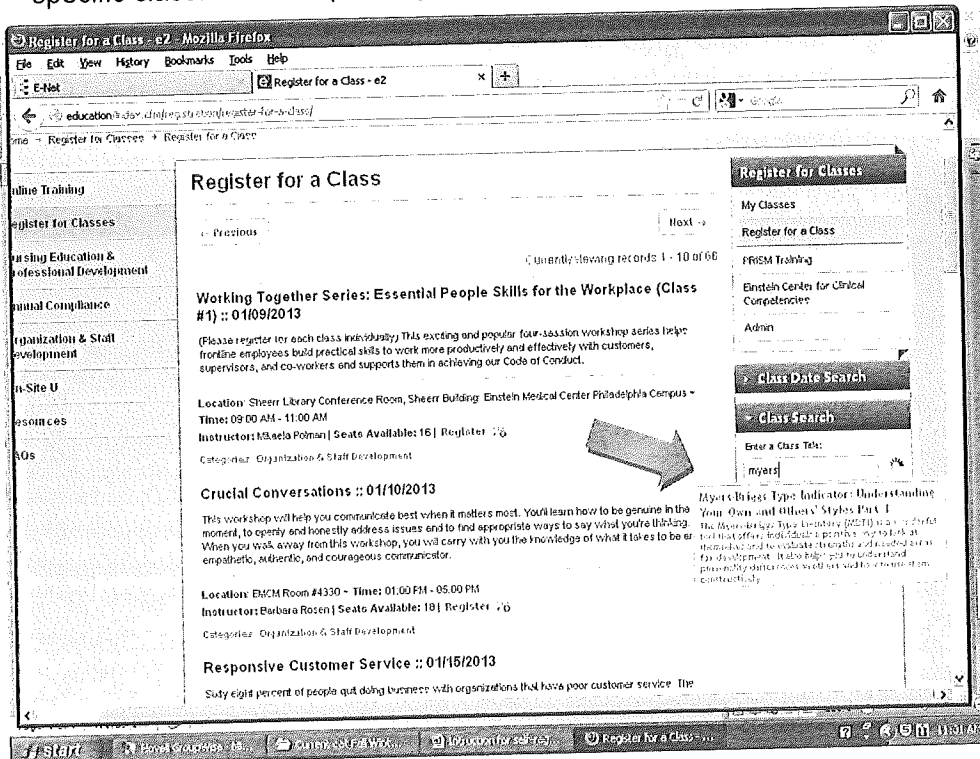
4. Click on 'Register for a Class' in green text on the main section of the screen (not on the left hand side of the screen).



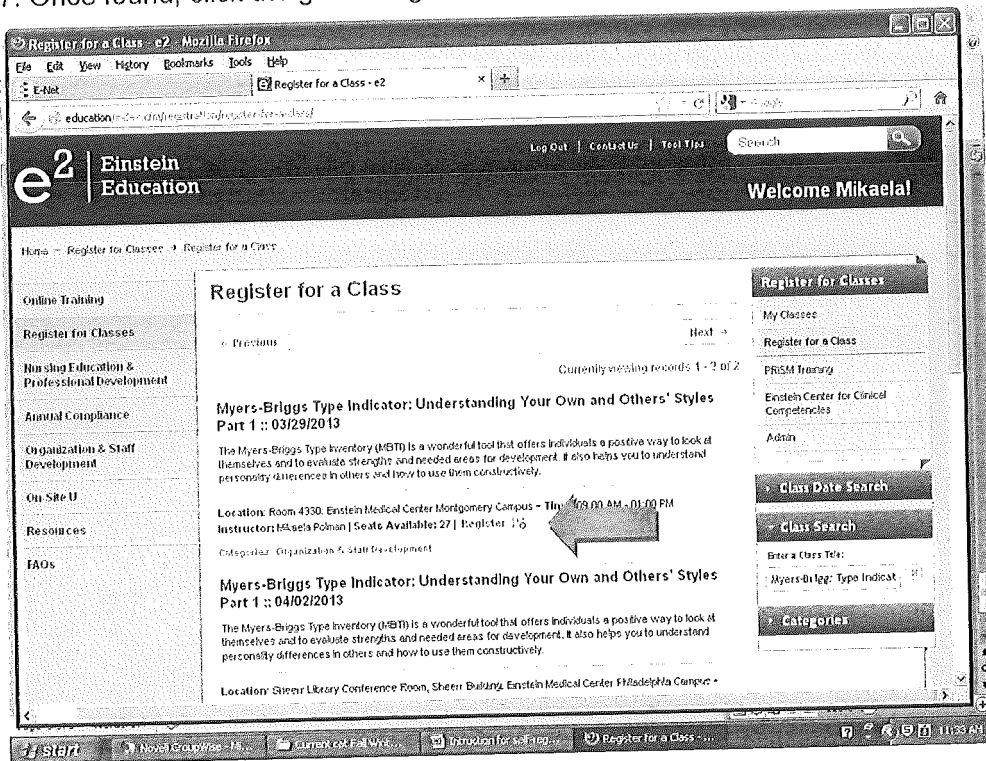
- Under 'Categories' on the bottom right hand side of the screen select 'Organization & Staff Development' from the drop down menu.



- Use the 'Class Search' area on the bottom right hand side of the screen to help find the specific class. For example: "Myers Briggs" or "Working with Stress".



7. Once found, click the green 'register' button next to the class.



8. A confirmation e-mail will be sent to you and your supervisor. Upon the approval from your supervisor, you will officially be registered for the class. If your manager does not approve your request within 72 hours you will be removed from the class. You will be notified through e-mail regarding your supervisors' approval or denial of the class request.

# VENDOR FILE MAINTENANCE REQUEST

**Requester Information**

Name: Sasha Voce Phone: 215-456-6152  
 Request Date: 4/19/2017 Email: vocesash@einstein.edu  
 Requesting Location: Laboratory Accounting Unit: 21410

Product or Service desired from this vendor \_\_\_\_\_ Expected Annual Spend ---> 20000 annually

**Instructions to Requesters**

Completely fill out all requested information in Sections I, II, III and IV.  
 Fax or E-mail this form to Supply Chain Management Dept Attention: Patricia Smith, Fax: (215) 456-8802 [SmithP@einstein.edu](mailto:SmithP@einstein.edu)  
 \*\*\*You will be notified when the vendor has been added and is available for ordering.

**Section I - General Information**

Lawson Number: \_\_\_\_\_  
 EIN/SSN: \_\_\_\_\_

ADD  CHANGE  INACTIVATE   
 1099 Vendor: Yes:  No:   
 W-9 Submitted: Yes:  No:

Vendor Name: Genesis BioPharma Services  
 Search Name: \_\_\_\_\_  
 Legal Name: \_\_\_\_\_

\*Name appearing on Vendor Checks  
 \*Name used to look up vendor in Lawson  
 \*Name to appear on 1099s sent to vendor

Customer Service:  
 Phone: 1800-828-6941 Ext: 720  
 Fax: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 URL: \_\_\_\_\_

**Vendor Diversity**  
 Small Business  Large Business   
 Minority Owned  Woman Owned   
 Disadvantaged   
 Certifying Agency: \_\_\_\_\_  
 Certification #: \_\_\_\_\_

**Section II - Accounts Payable: VENDOR REMIT TO INFORMATION**

Note: This is where Einstein needs to send payments  
 Bill To Account Number: \_\_\_\_\_  
 Remit to Address 1 Street - PO BOX: 465 State Route 17  
 Remit to Address 2 Attention: \_\_\_\_\_  
 Remit to Address 3 Suite - Bldg #: \_\_\_\_\_  
 Remit to City: Ramsey  
 Remit to State: NJ Zip Code---> 7446  
 AR Contact Name: Jerry Kaplan  
 Remit to Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Remit to Fax: \_\_\_\_\_  
 Email: info@genesishbio.com

**Section III - Purchasing: VENDOR PURCHASE ORDER INFORMATION**

Note: This is where and how Einstein needs to send Purchase Orders  
 Ship To Account Number: \_\_\_\_\_  
 Address 1 Street - PO BOX: \_\_\_\_\_  
 Address 2 Attention: \_\_\_\_\_  
 Address 3 Suite - Bldg #: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code---> \_\_\_\_\_  
 Sale Rep Contact name: \_\_\_\_\_  
 Customer Service Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Fax # for Purchase Orders: \_\_\_\_\_  
 E-mail for Purchase Orders: \_\_\_\_\_

**Section IV - Einstein Healthcare Network Corporate Purchasing and Accounts Payable Terms**

Minimum Order?  Minimum Order Amount \_\_\_\_\_ Freight Terms: \_\_\_\_\_

**Einstein Healthcare Network standard payment terms are NET 75 Days. If alternative payment terms are required please provide copy of contractual agreement or provide justification below as well as required approval signatures.**

Requester Signature: Sasha Voce Date: 4/18/17 Approved Payment Terms \_\_\_\_\_  
 Director Signature: Sasha Voce Date: 4/18/17 Corp. Purchasing \_\_\_\_\_ Date: \_\_\_\_\_  
 VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Accounts Payable \_\_\_\_\_ Date: \_\_\_\_\_

90-Day Plan - 2017

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%**

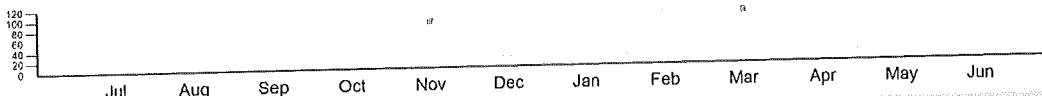
**Goal :** Increase the percent of EMCP Laboratory on the Internal Customer Survey by 2% from 90% to 91.8% as measured by the Inter-departmental Customer Satisfaction Survey. The ICS Survey is administered in October, February, and June. Survey questions aligned with Standards of Behavior. Rating scale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

**Goal Created From Template :** Internal Customer Satisfaction - EMCP Laboratory

**Aligned with Operational Goal :**

- NULL

Monthly Results



**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**  
On track

Sasha and Supervisors will reach out to three more nurse managers whom Sasha did not have a chance to round on last quarter

**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

Monthly Results



**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**  
In progress

Continue to monitor use of the Central Processing log book to document receipt of specimen, drop off and receipt in micro

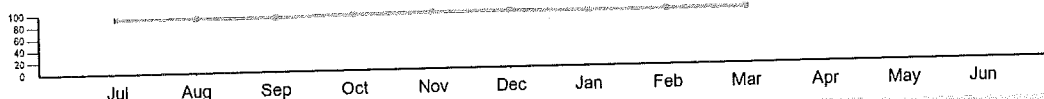
**Quality | 15.0%**

**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

Monthly Results



**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**  
On track  
In progress

Continue to monitor statistics  
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.

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

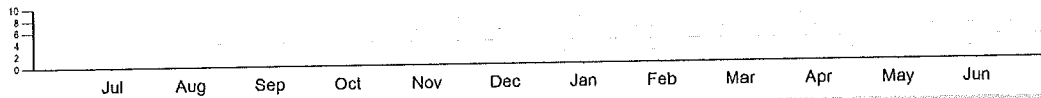
Sasha will put on the next meeting agenda with the ED what is their training and competency process for phlebotomy and if the lab can potentially assist such as rotations through Klein 100.

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

Monthly Results



**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**

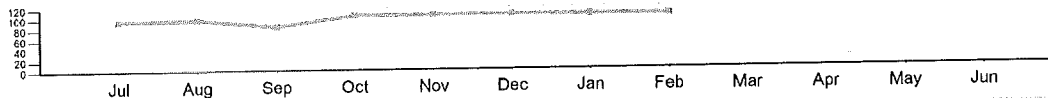
**90-Day Goal :** Implement at least one strategy to improve the overall engagement for lab employees

**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

Monthly Results



**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

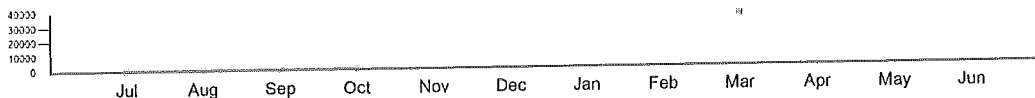
Growth | 10.0%

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

Monthly Results



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

Change bi-directional interface to make it easier for clinicians to submit anatomic pathology by removing unnecessary required fields.

Juanita to present changes on the banner bar to the rapid decision team.

Once banner bar changes approved, meet with Dr. Jaspan and team to work on the work flow

Once we work with Dr. Jaspan on work flow, we will reach out to Beth LaPienne to change work flow for Urology specimens.

Level Results

Status

In progress

In progress

In progress

In progress

**EINSTEIN HEALTHCARE NETWORK  
POLICY AND PROCEDURE**

Effective Date: April 1, 2017

No.: A0197.3

Page 1 of 3

Supersedes: A0197.2

DEPARTMENT: EOC – Life Safety

SUBJECT: Fire Alarm Drills

**PURPOSE**

To establish a policy and procedure for fire alarm drills at Einstein Healthcare Network.

**POLICY**

It is the policy of Einstein Healthcare Network to require unannounced fire alarm drills in all of its buildings to comply with Federal, State, City, CARF, and Joint Commission Fire Safety Standards.

**PROCEDURE FOR FIRE ALARM DRILLS**

- A. At the time of the fire drill, the Protective Services, Engineering and Maintenance or Safety Services representative, will contact the individual responsible for the area of the drill.
- B. The conductor of the drill may make arrangements for someone from the specific area of the fire drill to activate a hospital fire alarm box and to phone in the fire alarm drill to the appropriate emergency number, if applicable. Refer to emergency phone label.
- C. Fire alarm drills shall not be postponed unless the fire drill facilitator determines that specific circumstances justify a delay of the fire alarm drill. It is the responsibility of the fire drill facilitator to relay the drill delay to the scheduler in a timely manner so rescheduling can be accomplished without compromising regulatory standards.
- D. Drill education will be performed by the fire drill facilitator per the EHN Alarm Event Report.
- E. After a hospital employee activates the hospital fire alarm box; the employee shall then give the Operator/Dispatcher the following information.
  1. Name of Person Calling
  2. Building in Which the Fire Drill is Located
  3. Floor on Which the Fire Drill is Located
- F. When the fire drill is in an inpatient occupied building, the Dispatcher/Operator /Self-Annunciating System shall announce over page, the location of the drill.
- G. When the specific area of the drill has activated a Code Red Drill condition, the area shall activate their specific "Code Red" procedures located at their EPI center.
- H. The Operator/Dispatcher shall notify, via beeper and phone calls, specific hospital personnel designated by the Director of Protective Services and the Director of Engineering and Maintenance.
- I. All hospital personnel designated to respond to actual fire situations shall respond to a fire drill situation.
- J. After the drill has been completed, the Protective Services/Engineering and Maintenance representative shall terminate same and notify the Operator/Dispatcher of the "All Clear". Upon receipt of the "All Clear" (for drills in an inpatient occupied building) the Operator/Dispatcher shall re-notify the designated hospital personnel. Then the Operator/Dispatcher shall announce "Code Red Drill - All Clear."



**EINSTEIN HEALTHCARE NETWORK  
POLICY AND PROCEDURE**

Effective Date: April 1, 2017  
Page 2 of 3

No.: A0197.3  
Supersedes: A0197.2

DEPARTMENT: EOC – Life Safety

SUBJECT: Fire Alarm Drills

**RESPONSIBILITIES**

- A. Network Safety Services - Shall review all fire drills, and initiate any corrective action necessary to conform with this and any other related policies. They shall also be responsible for scheduling all fire alarm drills, ensuring that official reports are completed, and following up on corrective actions as necessary.
- B. Department Directors/Division Chairmen - Shall be responsible for providing employees to assist in conducting a fire alarm drill and for initiating the necessary corrective action, which is noted as a problem during a fire drill.
- C. Switch Board Operator – Shall be responsible for making all necessary telephone notification calls on drills and “All Clear” calls.
- D. Protective Services - Shall be responsible for announcing the drills and "All Clear" notification over the Hospital Public Address System (inpatient occupied buildings only).
- E. Fire Drill Facilitator – shall complete the Fire Drill Alarm Event report for the event area.

For all fire drills in patient occupied buildings, the fire drill facilitator shall appoint fire drill observers. For drills in non-patient occupied buildings the facilitator shall arrange for building occupants to act as fire drill observers.

Upon completion of the fire drill, all fire drill observers shall complete a Fire Alarm Event Report for their respective areas. Observation forms will be picked up by the fire drill facilitator immediately following the drill.

If any corrective action is necessary, the Fire Drill Facilitator shall document issues on the Fire Drill Alarm Event form. Life Safety issues are to be reported immediately. Although the majority of the drill deficiencies should be reported to Maintenance, some may not (e.g., behavior issues such as storage in a hallway, blocked exits, etc.) and in those cases, a lead staff person should be informed immediately. The original of both the Event and Observation forms are to be given to the Safety department as soon as possible. The Safety department follows up on the resolution of issues handled by the Fire Drill Facilitator and if necessary, contacts the applicable Department Director/Division Chairman, so that he/she can initiate any necessary corrective action stated in the recommendation(s).

EINSTEIN HEALTHCARE NETWORK  
POLICY AND PROCEDURE


Effective Date: April 1, 2017  
Page 3 of 3

No.: A0197.3  
Supersedes: A0197.2

DEPARTMENT: EOC – Life Safety


SUBJECT: Fire Alarm Drills

REVIEWED AND APPROVED:

  
\_\_\_\_\_  
Craig Sieving, Vice President

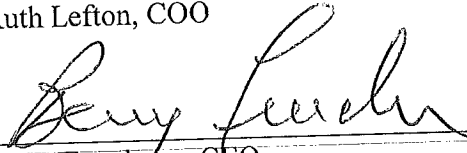
3/14/17

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Ruth Lefton, COO

3/15/17

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Barry Freedman, CEO

3/17/17

\_\_\_\_\_  
Date

To be reviewed: Every 3 years

Policy Owner: David Hill, Network Director, Safety Services

Chairperson, Life Safety/Utilities Subcommittee: Steven Pierce, Network Director, Facilities

EINSTEIN HEALTHCARE NETWORK  
Policy and Procedure

Sign-Off Sheet – Revised

Department/Division: EOC – Life Safety

Policy #: A0197.2~3

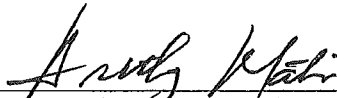
Subject: **Fire Alarm Drills**

Revisions are:

Procedure/B. – "...conductor of the drill may make ...." Wordage change from Can to May.

Procedure/F & J = deleted specific timing reference.

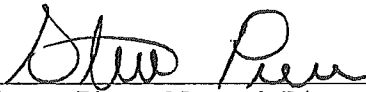
**REVIEWED AND CONCURRED:**



Anthony Martin, Network Director, Protective Services

3/2/17

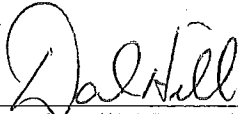
Date



Steven Pierce, Network Director, Facilities Management

03/03/2017

Date



David Hill, Network Director, Safety Services









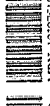
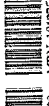


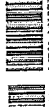




3/7/2017

Date


















### 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:

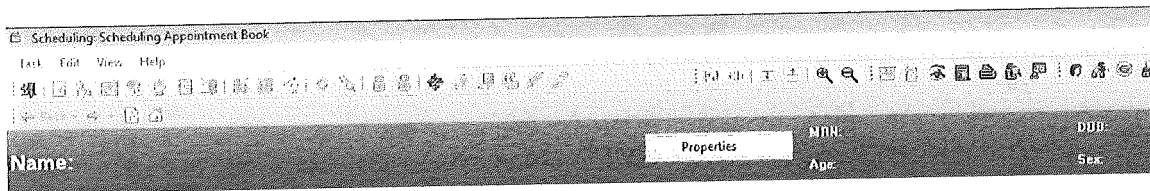
  TESTPATIENT, ELIZABETHGIR DOB: 10/25/2016 00:16 F DOS: 10/25/2016 ATT: MASSEY MD, JULIE S FIN: 77777778 MRN: 10125109	 TESTPATIENT, ELIZABETHGIR DOB: 10/25/2016 00:16 F DOS: 10/25/2016 ATT: MASSEY MD, JULIE S FIN: 77777778 MRN: 10125109	 TESTPATIENT, ELIZABETHGIR DOB: 10/25/2016 00:16 F DOS: 10/25/2016 ATT: MASSEY MD, JULIE S FIN: 77777778 MRN: 10125109
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#### After:

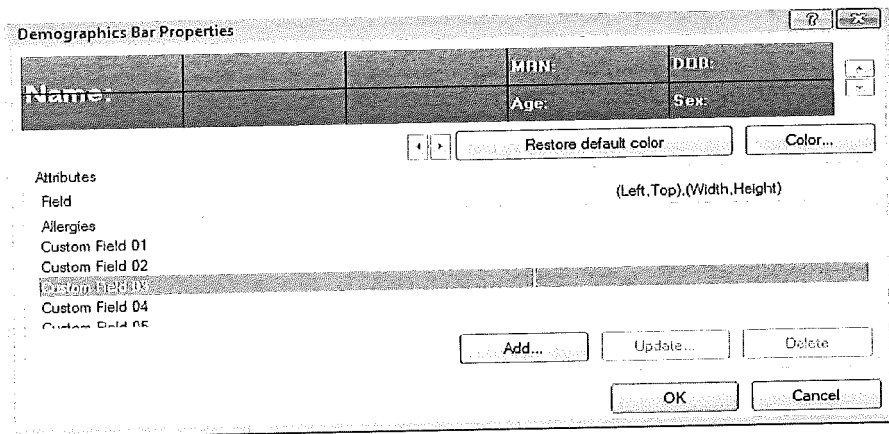
  TESTPATIENT, ELIZABETHGIRL DOB: 10/25/2016 4 M F DOS: 10/25/2016 ATT: MASSEY MD, JULIE S FIN: 777777779 MRN: 20000447	 TESTPATIENT, ELIZABETHGIRL DOB: 10/25/2016 4 M F DOS: 10/25/2016 ATT: MASSEY MD, JULIE S FIN: 777777779 MRN: 20000447	 TESTPATIENT, ELIZABETHGIRL DOB: 10/25/2016 4 M F DOS: 10/25/2016 ATT: MASSEY MD, JULIE S FIN: 777777779 MRN: 20000447
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## Copy Field available in the Scheduling Banner Bar

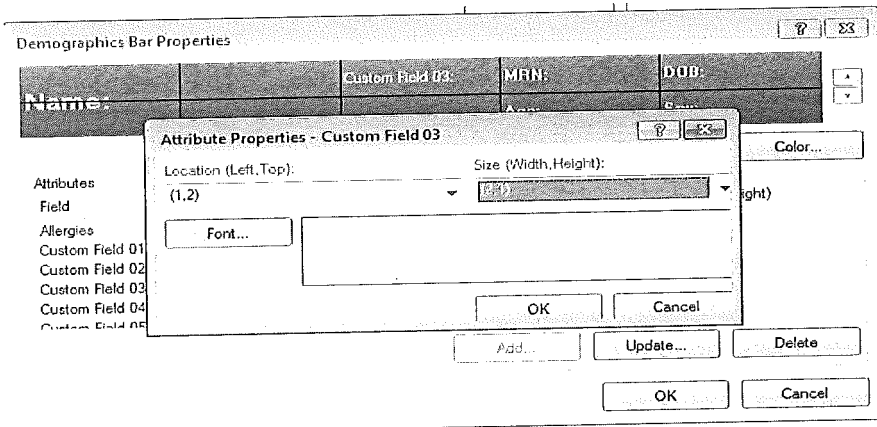
To add the “Expected Copay” field to your banner bar, right click on the banner and select “Properties”:



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  
POLICY AND PROCEDURE**

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

A0047.1  
Effective Date: 2/15/12  
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DEPARTMENT/DIVISION: Administration

SUBJECT: Anatomical Donations

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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)

**EINSTEIN HEALTHCARE NETWORK  
POLICY AND PROCEDURE**

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

A0047.1  
Effective Date: 2/15/12  
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DEPARTMENT/DIVISION: Administration

SUBJECT: Anatomical Donations

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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.



**EINSTEIN HEALTHCARE NETWORK  
POLICY AND PROCEDURE**

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

A0047.1  
Effective Date: 2/15/12  
Page 3 of 5

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DEPARTMENT/DIVISION: Administration

SUBJECT: Anatomical Donations

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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.



**EINSTEIN HEALTHCARE NETWORK  
POLICY AND PROCEDURE**

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DEPARTMENT/DIVISION: Administration

SUBJECT: Anatomical Donations

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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

## Einstein Medical Center - Philadelphia

	Period	Baseline	Threshold	Target	Stretch	Year-to-Date	Through
▼	Total Safety Score - Philadelphia <sup>1</sup>	20.3	19.3	18.3	17.3	16.1	Feb-17
▼	30-day All-cause Readmissions (EMCP/EP) <sup>2</sup>	12.9%	12.5%	12.3%	12.0%	11.8%	Jan-17
▼	30-day All-cause Readmissions (Medicare)(EMCP/EP) <sup>2</sup>	16.7%	16.2%	15.9%	15.5%	15.8%	Jan-17
▲	Sepsis Bundle ACM - (EMCP/EP) <sup>3</sup>	14.8%	24.8%	34.8%	44.8%	30.9%	Dec-16
▲	Patient Experience - EMCP Overall Rate	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 <sup>1</sup>	11.5	11.2	10.9	10.6	9.9	Feb-17
▲	Patient Experience - EMCEP Overall Rate	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 <sup>1</sup>	32.9	31.3	29.6	28.0	27.4	Feb-17
▼	Unplanned Transfers to Inpatient Acute Care <sup>5</sup>	1.52%	1.50%	1.49%	1.47%	1.56%	Feb-17
▲	Discharge to Community <sup>5</sup>	2.70%	2.73%	2.75%	2.78%	0.06%	Feb-17
▲	Patient Experience - MossRehab Overall Rate	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 <sup>1</sup>	31.6	30.0	28.4	26.9	21.0	Feb-17
▼	Unplanned Patient Transfers to ED, then Admitted	14.6%	14.3%	14.0%	13.7%	14.8%	Feb-17
▲	Patient Experience -WCB Overall Rate <sup>6</sup>	60.0%	61.5%	63.0%	64.5%	42.9%	Feb-17

# 100 fewer patients harmed FY17 through February

EINSTEIN HEALTHCARE NETWORK  
Policy and Procedure

Sign-Off Sheet – Revised

Department/Division: EOC – Utilities

Policy #: A0189.4~5

Subject: **Key Control**

Revisions are:

Updated reference to Maintenance and Engineering instead of Facilities

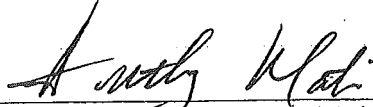
Under Procedure Added “Germantown Campus will be maintained by LaSalle Facilities Department with the assistance of the Director of Maintenance and Engineering EMCP.”

**REVIEWED AND CONCURRED:**



Steven Pierce, Network Director, Facilities Management

3/3/17  
Date



Anthony Martin, Network Director, Protective Services

3/4/17  
Date



David Hill, Network Director, Safety Services

3/7/2017  
Date

**EINSTEIN HEALTHCARE NETWORK  
POLICY AND PROCEDURE**

Effective Date: March 31, 2017  
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No.: A0189.5  
Supersedes: A0189.4  
#A0189.1 "Key Control/Card Access"

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DEPARTMENT: **EOC - Utilities**

SUBJECT: **Key Control**

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**PURPOSE**

To provide effective key control so as to minimize the threat of theft, or vandalism to Einstein Healthcare Network property.

**POLICY**

The Maintenance and Engineering Department will be responsible for maintaining effective control over the security and issuance of keys throughout EMC-Philadelphia and EMC-Elkins Park. Germantown Campus will be maintained by LaSalle Facilities Department with the assistance of the Director of Maintenance and Engineering EMCP.

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**PROCEDURE**

- A. All requests for keys will be submitted on the appropriate Work Order and signed by Department Head/Division Chairperson responsible for area. The work order must clearly identify the door(s) involved, and must detail the reason for the request.
- B. Keys maintained in the Facilities office for issuance to Departmental/Division personnel will be issued only to personnel who present a valid identification badge. The following procedures will be followed in issuing and returning keys:
  - 1. The designated Maintenance and Engineering personnel will verify that the person requesting the key(s) is authorized to sign out that key(s).
  - 2. The Key Log must be completed by Maintenance and Engineering personnel, and the person signing out the key so as to show: key number; signature/print name; department; date and time issued; and issuer's name.
  - 3. Employees signing out the key(s) will be responsible for returning the key and signing it back in. The designated Maintenance and Engineering personnel will ensure that key is returned and immediately placed in the appropriate lock box. The Department Head/Division chairperson will be responsible to insure that inter-departmental key(s) are returned, as required.
- C. A Security Officer may be dispatched to unlock an area for a person authorized to enter the area by the appropriate Department Head/Division Chairperson. Prior to the person

**EINSTEIN HEALTHCARE NETWORK  
POLICY AND PROCEDURE**

Effective Date: March 31, 2017  
Page 2 of 3

No.: A0189.5  
Supersedes: A0189.4  
#A0189.1 "Key Control/Card Access"

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DEPARTMENT: EOC - Utilities

SUBJECT: Key Control

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leaving the area, they must notify the Security Dispatcher, so that a Security Officer may be dispatched to insure that the area is secured.

- D. The Locksmith will make no changes in the keying system without approval in writing by the Director of Maintenance and Engineering and/or designee. No locks will be taken off of the Master System, by the Locksmith, without the Director of Facilities' notification, and this will be done only for very high risk areas, i.e., Pharmacy narcotics vault, Anesthesiology workroom.
- E. Any person losing a key, or failing to turn in key upon termination will be charged for the cost of parts and labor to re-key affected areas, in accordance with Einstein Policy and Procedure.
- F. Any person having a key duplicated in violation of the procedures set out in this policy will be subject to disciplinary action possibly including termination. The Department Head/Division Chairperson will be responsible for taking appropriate action, in accordance with EHN disciplinary procedures.
- G. The Maintenance and Engineering Department will process key requests for replacement or additional keys only with the prior approval of the Director of Facilities.
- H. A Key Request Form shall be signed and submitted to Maintenance and Engineering by the requesting department head. The request form and key (s) to be duplicated shall be delivered to Maintenance and Engineering for processing.
- I. The applicable department head must approve all requests for keys/locks.

II. RESPONSIBILITY

- A. Department Heads/Division Chairperson will be responsible for maintaining appropriate key control within their areas and for providing the Director of Maintenance and Engineering with current authorization lists.
- B. The Director of Maintenance and Engineering will be responsible for enforcing the provision of this policy.

EINSTEIN HEALTHCARE NETWORK  
POLICY AND PROCEDURE

Effective Date: March 31, 2017  
Page 3 of 3

No.: A0189.5  
Supersedes: A0189.4  
#A0189.1 "Key Control/Card Access"


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DEPARTMENT: EOC - Utilities

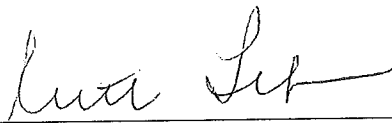
SUBJECT: Key Control

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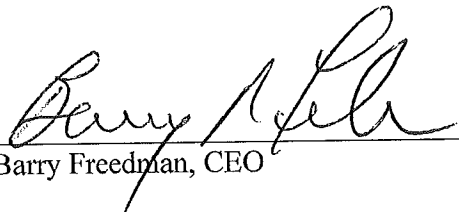
REVIEWED AND APPROVED:

  
\_\_\_\_\_  
Craig Sieving, Vice President

3/14/17  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Ruth Lefton, COO

3/15/17  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Barry Freedman, CEO

3/17/17  
\_\_\_\_\_  
Date

*To be reviewed: Every three years*

Policy Owner: David Hill, Network Director, Safety Services

Chairperson, Life Safety/Utilities Subcommittee: Steven Pierce, Network Director, Facilities

Original Date: April 1, 2004. Change from Security to Utilities 11/1/07

Reference Material:

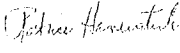
Employee Handbook, page 34



Einstein Healthcare Network

Memorandum

To: Einstein Employees

From: Patrice Haverstick   
Associate Vice President, Human Resources

Date: February 23, 2017

**Subject: Salary Range Increase**

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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% 150<sup>th</sup> 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.

**EINSTEIN HEALTHCARE NETWORK  
POLICY AND PROCEDURE**

Effective Date: April 1, 2017  
Page 1 of 3

No.: A0197.3  
Supersedes: A0197.2

**DEPARTMENT: EOC – Life Safety**

**SUBJECT: Fire Alarm Drills**

**PURPOSE**

To establish a policy and procedure for fire alarm drills at Einstein Healthcare Network.

**POLICY**

It is the policy of Einstein Healthcare Network to require unannounced fire alarm drills in all of its buildings to comply with Federal, State, City, CARF, and Joint Commission Fire Safety Standards.

**PROCEDURE FOR FIRE ALARM DRILLS**

- A. At the time of the fire drill, the Protective Services, Engineering and Maintenance or Safety Services representative, will contact the individual responsible for the area of the drill.
- B. The conductor of the drill may make arrangements for someone from the specific area of the fire drill to activate a hospital fire alarm box and to phone in the fire alarm drill to the appropriate emergency number, if applicable. Refer to emergency phone label.
- C. Fire alarm drills shall not be postponed unless the fire drill facilitator determines that specific circumstances justify a delay of the fire alarm drill. It is the responsibility of the fire drill facilitator to relay the drill delay to the scheduler in a timely manner so rescheduling can be accomplished without compromising regulatory standards.
- D. Drill education will be performed by the fire drill facilitator per the EHN Alarm Event Report.
- E. After a hospital employee activates the hospital fire alarm box; the employee shall then give the Operator/Dispatcher the following information.
  - 1. Name of Person Calling
  - 2. Building in Which the Fire Drill is Located
  - 3. Floor on Which the Fire Drill is Located
- F. When the fire drill is in an inpatient occupied building, the Dispatcher/Operator /Self-Annunciating System shall announce over page, the location of the drill.
- G. When the specific area of the drill has activated a Code Red Drill condition, the area shall activate their specific "Code Red" procedures located at their EPI center.
- H. The Operator/Dispatcher shall notify, via beeper and phone calls, specific hospital personnel designated by the Director of Protective Services and the Director of Engineering and Maintenance.
- I. All hospital personnel designated to respond to actual fire situations shall respond to a fire drill situation.
- J. After the drill has been completed, the Protective Services/Engineering and Maintenance representative shall terminate same and notify the Operator/Dispatcher of the "All Clear". Upon receipt of the "All Clear" (for drills in an inpatient occupied building) the Operator/Dispatcher shall re-notify the designated hospital personnel. Then the Operator/Dispatcher shall announce "Code Red Drill - All Clear."

**EINSTEIN HEALTHCARE NETWORK  
POLICY AND PROCEDURE**

Effective Date: April 1, 2017  
Page 2 of 3

No.: A0197.3  
Supersedes: A0197.2

DEPARTMENT: EOC – Life Safety

SUBJECT: Fire Alarm Drills

**RESPONSIBILITIES**

- A. Network Safety Services - Shall review all fire drills, and initiate any corrective action necessary to conform with this and any other related policies. They shall also be responsible for scheduling all fire alarm drills, ensuring that official reports are completed, and following up on corrective actions as necessary.
- B. Department Directors/Division Chairmen - Shall be responsible for providing employees to assist in conducting a fire alarm drill and for initiating the necessary corrective action, which is noted as a problem during a fire drill.
- C. Switch Board Operator – Shall be responsible for making all necessary telephone notification calls on drills and “All Clear” calls.
- D. Protective Services - Shall be responsible for announcing the drills and "All Clear" notification over the Hospital Public Address System (inpatient occupied buildings only).
- E. Fire Drill Facilitator – shall complete the Fire Drill Alarm Event report for the event area.

For all fire drills in patient occupied buildings, the fire drill facilitator shall appoint fire drill observers. For drills in non-patient occupied buildings the facilitator shall arrange for building occupants to act as fire drill observers.

Upon completion of the fire drill, all fire drill observers shall complete a Fire Alarm Event Report for their respective areas. Observation forms will be picked up by the fire drill facilitator immediately following the drill.

If any corrective action is necessary, the Fire Drill Facilitator shall document issues on the Fire Drill Alarm Event form. Life Safety issues are to be reported immediately. Although the majority of the drill deficiencies should be reported to Maintenance, some may not (e.g., behavior issues such as storage in a hallway, blocked exits, etc.) and in those cases, a lead staff person should be informed immediately. The original of both the Event and Observation forms are to be given to the Safety department as soon as possible. The Safety department follows up on the resolution of issues handled by the Fire Drill Facilitator and if necessary, contacts the applicable Department Director/Division Chairman, so that he/she can initiate any necessary corrective action stated in the recommendation(s).

EINSTEIN HEALTHCARE NETWORK  
POLICY AND PROCEDURE

Effective Date: April 1, 2017

No.: A0197.3

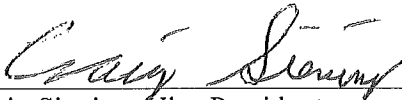
Page 3 of 3

Supersedes: A0197.2


DEPARTMENT: EOC – Life Safety

SUBJECT: Fire Alarm Drills

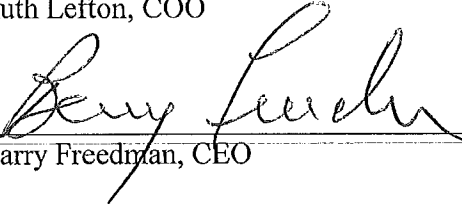
REVIEWED AND APPROVED:

  
\_\_\_\_\_  
Craig Sieving, Vice President

3/14/17  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Ruth Lefton, COO

3/15/17  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Barry Freedman, CEO

3/17/17  
\_\_\_\_\_  
Date

*To be reviewed: Every 3 years*

Policy Owner: David Hill, Network Director, Safety Services

Chairperson, Life Safety/Utilities Subcommittee: Steven Pierce, Network Director, Facilities

EINSTEIN HEALTHCARE NETWORK  
Policy and Procedure

Sign-Off Sheet – Revised

Department/Division: EOC – Life Safety  
Policy #: A0197.2~3  
Subject: **Fire Alarm Drills**

Revisions are:

Procedure/B. – “...conductor of the drill may make ....” Wordage change from Can to May.

Procedure/F & J – deleted specific timing reference.

**REVIEWED AND CONCURRED:**

  
\_\_\_\_\_  
Anthony Martin, Network Director, Protective Services

3/6/17  
Date

  
\_\_\_\_\_  
Steven Pierce, Network Director, Facilities Management

03/03/2017  
Date

  
\_\_\_\_\_  
David Hill, Network Director, Safety Services

3/7/2017  
Date

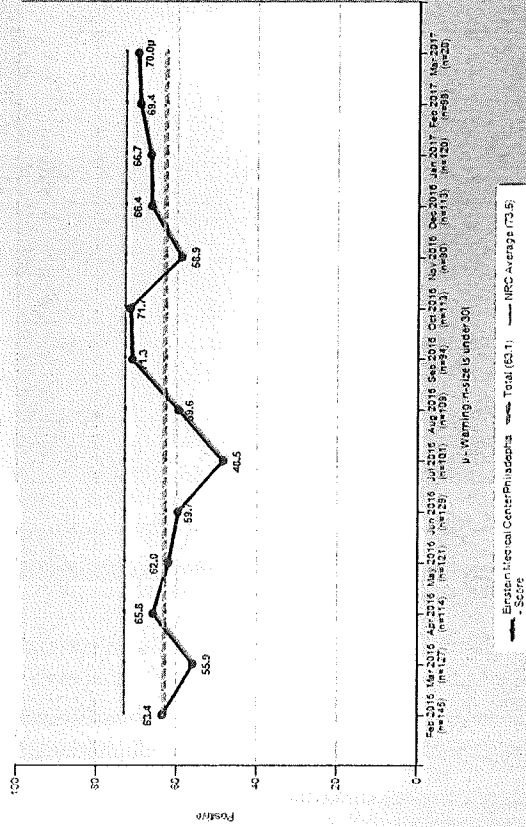
## EMC-Philadelphia

Catalyst Trend

Apr 30, 2017 Catalyst Trend

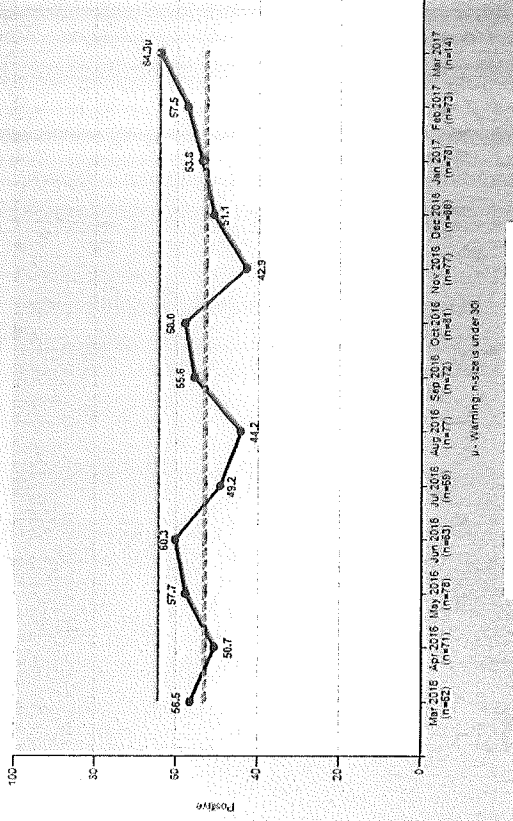
Apr 30, 2017

CAHPS-IP-A: Overall Rating of Hospital



## EMC-Philadelphia ED

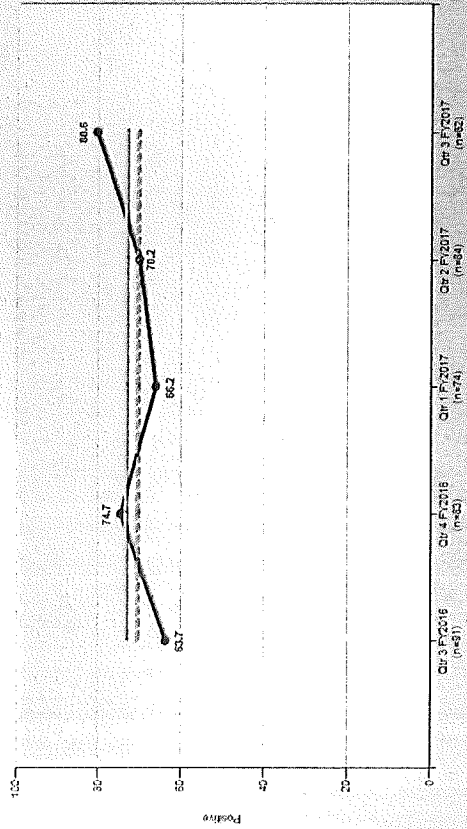
Picker-ED-A: Overall Rating of Facility



## EMC-Elkins Park

## MossRehab

CAHPS-IP-A: Overall Rating of Hospital



Flicker-IPR-A: Overall Rating of Facility

