EINSTEIN MEDICAL CENTER
POLICY AND PROCEDURE

Effective Date: July 13, 2018

No.: A0199.6
Supersedes: A03.043.2, A0199.5

DEPARTMENT: **EOC – Life Safety**

SUBJECT: **Flame Resistance of Bedding, Furnishings, Window Draperies, Curtains and Waste Receptacles**

PURPOSE

To insure compliance with requirements of the Life Safety Code to protect patients, visitors and staff from the spread of fire and harmful effects of toxic materials during a fire.

SCOPE

This policy pertains to Einstein Healthcare Network campuses and off-sites, excluding EMCM and its subsidiaries.

POLICY

A. It is the policy of Einstein Healthcare Network to purchase only materials and furnishings that are tested flame resistant where required by Federal, State and Local Life Safety Codes.

B. Bedding, window draperies, curtains, decorations and other similar furnishings shall be flame resistant and tested as required by N.F.P.A. Life Safety Code (2012 Edition).

C. Flame resistant verifications and documentation will be available upon request in the Facilities Management Department of the relevant entity.

RESPONSIBILITIES

The Facilities Management Division, in cooperation with the Purchasing Department and Safety Services, will ensure that purchases are certified to meet the applicable flame-resistant codes.

References: *Comprehensive Accreditation Manual for Hospitals*
N.F.P.A. Life Safety Codes (2012 Edition):
- *101 – Life Safety Code*
- *260 - Cigarette Ignition resistance of Components of Upholstered Furniture*
- *701 – Flame Resistant Textiles and Films*

EINSTEIN MEDICAL CENTER
POLICY AND PROCEDURE

Effective Date: July 13, 2018

No.: A0199.6
Supersedes: A03.043.2, A0199.5

DEPARTMENT: **EOC – Life Safety**

SUBJECT: **Flame Resistance of Bedding, Furnishings, Window Draperies, Curtains and Waste Receptacles**

REVIEWED AND APPROVED:

Craig Sieving, Vice President — Date: 7/13/18

Ruth Lefton, COO — Date: 7/13/18

Barry Freedman, CEO — Date: 8/28/18

To be reviewed: Annually rev 6/28/18

Policy Owner: David Hill, Network Director, Safety Services
Chairperson, Life Safety/Utilities Subcommittee: Steven Pierce, Network Director, Facilities

Copy: Corporate Purchasing

ALBERT EINSTEIN HEALTHCARE NETWORK
Policy and Procedure
Revised

Sign-Off Sheet

Department/Division:	EOC – Life Safety
Policy #:	A0199.5~6
Subject:	**Flame Resistance of Bedding, Window Draperies, Curtains, and Waste Receptacles**

Minor changes to this policy are minor formatting.

REVIEWED AND CONCURRED: **DATE**

Stephen J. Piraino, Director, Corporate Purchasing & Supply Chain Mgt — 6 JULY 2018

Steven Pierce, Network Director, Facilities — 7/11/18

David Hill, Network Director, Safety Services — 7/3/2018

ALBERT EINSTEIN MEDICAL CENTER
POLICY AND PROCEDURE

Effective Date: September 1, 2018 No.: A0209.4
 Supersedes: A0209.3, A36.013.3

DEPARTMENT: **EOC – Security** SUBJECT: **Code Pink (Infant/Child Abduction) at AEMC**

PURPOSE

To provide for implementation of emergency security measures in response to an infant/child abduction in an EMCP inpatient facility.

SCOPE

This policy applies to Einstein Medical Center Philadelphia campus.

POLICY

As a means to establish a safe environment, a crime prevention and emergency response plan has been developed to ensure that all necessary and appropriate security safeguards are in place and acted upon, in the event of an attempted criminal abduction of an infant or child, or the actual commission of an infant/child abduction (kidnapping). The Protective Services and Nursing Departments, in an effort to expedite the safe return of the victim, will **PREEMPT** routine operations and **IMMEDIATELY** activate an emergency response plan entitled Security Operation code: **CODE PINK.**

PROCEDURES

A. NURSING RESPONSE

1. Upon determination of a **CODE PINK** condition, nurse personnel shall immediately notify the Protective Services Command Center at extension **6-6911**.

2. Staff shall immediately perform head count of all patients on the unit and inspect any empty room, bathrooms, procedure areas for patients and visitors."

3. Staff member shall be positioned at nursing station to receive all incoming telephone calls, notify attending physician, and secure additional assistance from other Lifter Building nursing units if necessary.

4. One Nursing staff member from each Lifter Building nursing unit shall call or respond as patient care needs permit to the location of the **CODE PINK**, unless contra-indicated by unit needs.

5. "Admittance to and exit from the nursing areas will be restricted to staff members and volunteers with proper ID until ALL CLEAR is given by the Protective Services Department."

6. "Infant abduction alarm will be reset only after Lifter staff member is positioned at the fire tower door and the visitor entrance door on each unit."

7. Question the mother of the infant suspected to be missing as to another possible location of the child within the facility. Question the mother as to exactly who took the infant. Were they wearing the required hospital identification, a uniform…?

8. Move the parents of the abducted child to a private area in the Lifter Building, away from mother's room. Assign a hospital employee (preferably the nurse assigned to the mother and infant, or charge nurse) to accompany them at all times, protecting them from stressful contact with the media and other interference.

9. If the incident occurred at shift change, hold the shift scheduled to leave until excused by law enforcement. The staff will be advised of critical information related to this incident.

10. The charge nurse shall brief all staff and oncoming supervisors of the unit. In turn, the charge nurse should then explain the situation to each mother (preferably while the mother and the infant are together). Any subsequent release of information should be directed by the Clinical Director, Women and Children's Services.

11. Do not allow anyone into the area where the abduction occurred in order to preserve the subsequent collection of any forensic evidence by law enforcement. Nothing is to be touched, or moved, and no one is permitted to enter the crime scene.

12. Staff are to be instructed to maintain extreme confidentiality with all details related to the Code Pink event.
    a. All inquiries by media and official statements will be handled by Marketing and Administration.
    b. All phone call inquiries will be forwarded (via Security @ 215-456-6911) to Corporate Marketing and Communications.

13. Notify Clinical Labs and place a STAT hold on the infant's cord blood.

B. PATIENT SERVICES / CARE MANAGEMENT RESPONSE

1. During normal hours, upon notification, immediately notify Telecommunications and Information Desks to initiate "No Information Status" on the mother and infant/child.

2. Patient Services / Care Management - Collaborate with Nursing Staff, Protective Services and Law Enforcement to support the investigative process and mother/family through the investigation process.

C. PROTECTIVE SERVICES / COMMAND CENTER-ABDUCTION PROCEDURES

Upon notification of a **CODE PINK** (Huggs Activation and/or phone or in-person notification) Protective Services Officer/Dispatcher shall:

1. Obtain from Caller/Person reporting abduction:
    a) Location of abduction
    b) Direction of travel
    c) Description of abductor(s)
    d) Description of infant
    e) Keep Caller on the phone
    f) Obtain name and call back #

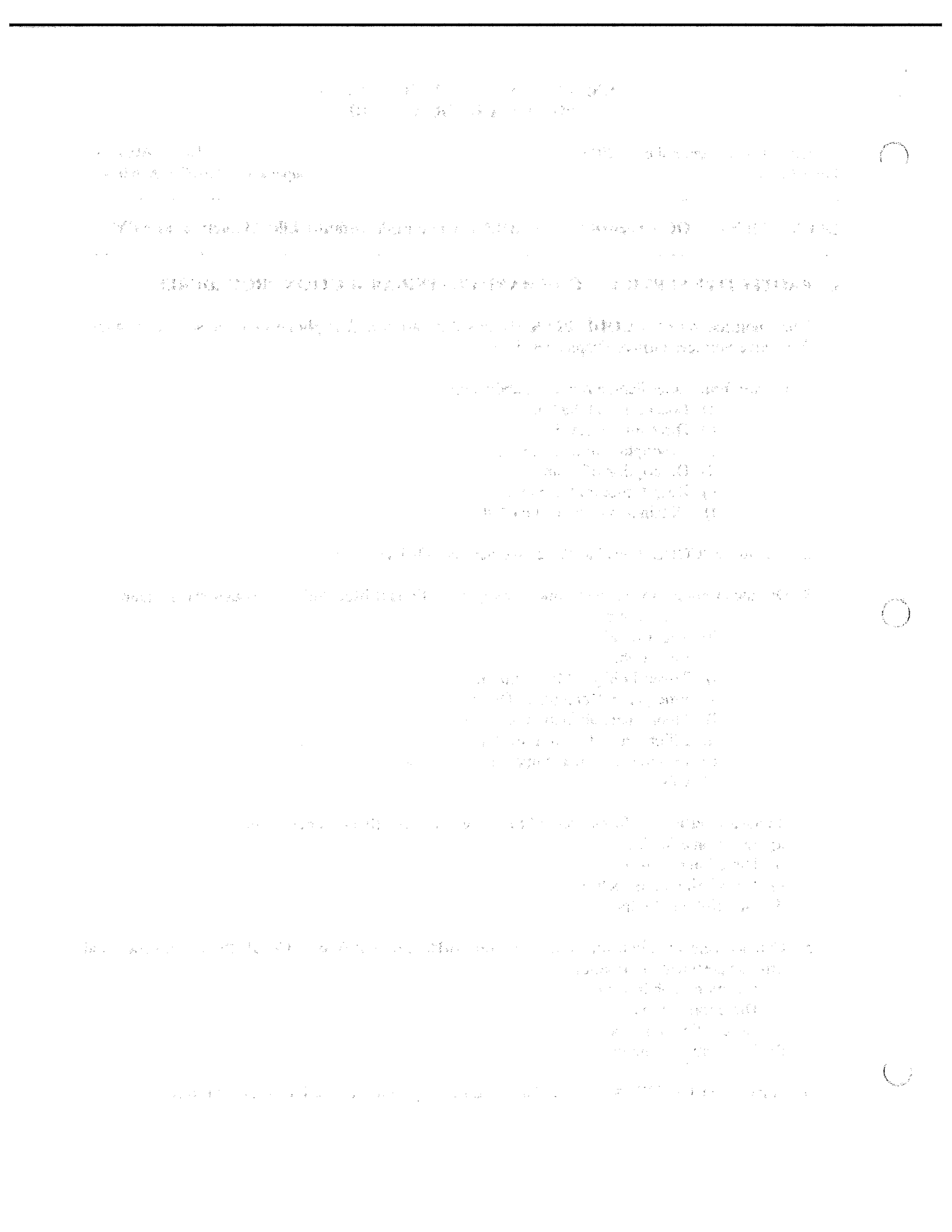
2. Announce "CODE PINK" to Protective Services Officers via radio

3. Dispatch Officers to pre-determined strategic locations (Lifter Building abduction) via radio:
    g) Lifter Lobby
    h) Tabor Road
    i) Levy Lobby
    j) Tower Lobby – Main Entrance
    k) Emergency Department Drive
    l) Floor where abduction occurred
    m) Lifter Ground Floor Elevator
    n) Command Center (Supervisor if available)
    o) CPC

4. Broadcast pertinent information to Protective Services officers/supervisors:
    a) Location of abduction
    b) Direction of travel
    c) Description of abductor(s)
    d) Description of infant

5. Contact Telecommunications at extension **6-6161** and notify of a CODE PINK activation and provide pertinent information:
    a) Location of abduction
    b) Direction of travel
    c) Description of abductor(s)
    d) Description of infant

6. Announce CODE PINK via Fire Public Address System and provide pertinent information:



a) Location of abduction
b) Direction of travel
c) Description of abductor(s)
d) Description of infant

7. Activate CODE PINK camera group

8. Contact 911 and advise "Infant Abduction" and provide pertinent information:
   a) Location of abduction
   b) Direction of travel
   c) Description of abductor(s)
   d) Description of infant

Upon notification of a **CODE PINK** (Huggs Activation and/or phone or in-person notification) Protective Services Supervisor shall:

1. Respond immediately to the Command Center to ensure/oversee deployment of Protective Services

2. Ensure Authorities having jurisdiction are notified:
   a) Philadelphia Police
   b) Federal Bureau of Investigation
   c) Any other deemed appropriate

3. Ensure proper search procedures are executed and continue until "All Clear" is announced:
   a) Lifter Building
      i) Closets
      ii) Patient rooms
      iii) Restrooms
      iv) Staff areas
      v) Fire Towers
      vi) Trash Receptacles
      vii) Any and all areas within the Lifter Building
      viii) Other areas that are deemed appropriate

4. Ensure mother of infant is questioned regarding abduction:
   a) How abduction occurred
   b) Where abduction occurred
   c) Abductors description or identity
   d) Infant description

e) Modus operandi

5. Ensure Crime Scene is established/secured:
   a) Document start time crime scene area was controlled
   b) Document all persons who enter/exit
   c) Restrict access to authorized employees (ID Badges w/ green stripe)

6. Establish Visitor Control:
   a) Partner with nursing and/or nursing supervisor regarding visitor control
   b) Identify all visitors in the area at time of abduction
   c) Establish if visitation should be suspended pending investigation

7. Located Infant:
   a) Ensure that the infant is transported to the Emergency Department for identification/treatment

8. Located Abductor(s):
   a) Determine if infant is with abductor
   b) Transport to the Protective Services Command Center
   c) Advise Law Enforcement of abductor location

9. Ensure Law Enforcement:
   a) Provides assistance as needed
   b) Is consulted on search areas/grids

10. Establishing "All Clear"
    a) Partner with Lifter Nursing and Law Enforcement to announce "All Clear"
    b) Broadcast "All Clear" as directed

D. TELECOMMUNICATIONS RESPONSE

1. Notification shall be made **IMMEDIATELY,** by Telecommunications, via Public Address System, of **CODE PINK** condition and its location.

2. Notification will be made **IMMEDIATELY** by Telecommunications, to the following administrative personnel.
   - Administrator, Women & Children's Services
   - Chief Nurse Executive
   - Administrator On-Call (After Hours)
   - Lifter 1 and 2 Nurse Manager

- Lifter 3 and 4 Nurse Manager
- Vice President of Facilities
- Risk Management
- Patient Services Representative (Normal Hours M-F 8:30a-10pm)
- Marketing & Communications
- Lifter Social Worker (Mon-Fri, 8:00am-5pm), or Care Management Supervisor after hours and weekends.

3. Announce **"ALL CLEAR CODE PINK"** upon notification from Protective Services.

E. USE OF INFANT SECURITY SYSTEM

Refer to Nursing Service Women & Children's Services' policy #P44-023 "Use of Infant Security System."

1. Specific for Infants from newborn to 29 days old admitted to the Women and Children's Service Line.
2. Tag placed on infant after birth (Labor & Delivery) before leaving the unit
3. Tag placed on infant transferred from NICU or directly admitted to the Nursery from outside the institution.

F. STAFF EDUCATION

1. Protective Services and Nursing Staff must complete annual competency regarding infant abduction policy (CODE PINK).
2. Staff will receive instruction in the above procedures as part of the department specific orientation process and at least annually thereafter.
3. Monitoring for staff compliance will be the responsibility of the Department Director/Clinical Manager.
4. Periodic risk assessments should be conducted by the Security Subcommittee to monitor compliance. Security systems shall be reviewed, and assessed, at least annually by the Director of Protective Services in conjunction with nursing staff, and the appropriate Security Service Contractor.
5. **CODE PINK DRILLS** will be conducted annually.
6. Parental education will be conducted upon admission by Lifter nursing staff.

ALBERT EINSTEIN MEDICAL CENTER
POLICY AND PROCEDURE

Effective Date: September 1, 2018 No.: A0209.4
Page 7 of 7 Supersedes: A0209.3, A36.013.3

DEPARTMENT: **EOC – Security** SUBJECT: **Code Pink (Infant/Child Abduction) at AEMC**

REVIEWED AND APPROVED:

Craig Sieving, Vice President — Date: 9/7/18

Ruth Lefton, COO — Date: 9/5/18

Barry Freedman, CEO — Date: 9/17/18

To be reviewed: Every three years (A0209 3/8/05)
Policy Owner: David Hill, Network Director, Safety Services
Chairperson, EOC/Security Subcommittee: Mark Wilhelm, Network Director, Protective Services
Copy: EOP
References:
Policy #P44-023 Use of Infant Security System
FYI: Code Campus Lockdown policy #A0188
FYI: Code Pink @ Elkins Park Campus policy #A0193
FYI: Marketing Contact Info via Security Command Center

ALBERT EINSTEIN MEDICAL CENTER
Policy and Procedure

Sign-Off Sheet - **Revised**

Department/Division:	EOC – Security
Policy #:	A0209.3~4
Subject:	**Code Pink (Infant/Child Abduction) at AEMC**

This policy was sent to the following for review and approval. Mark Wilhelm (Protective Services), Wes Light (Emergency Preparedness), Jennifer Rodriquez (Clinical Director, Women/Children Svcs.), Priscilla Nunez (Clinical Educator), Melinda West (Labor & Delivery), Jane Lodise (Nursery), Maryann Malloy (NICU), David Young (Telecom), Damien Woods (Marketing), David Hill (Safety), Deborah Young (Care Management), Jennifer Sablich (Risk), Judith Faust (Women/Children)

As a result of the above review, following are the revisions to the policy:

Under NURSING RESPONSE– reworded the following:

2. Staff shall immediately perform head count of all patients on the unit and inspect any empty room, bathrooms, procedure areas for patients and visitors."
5. "Admittance to and exit from the nursing areas will be restricted to staff members and volunteers with proper ID until ALL CLEAR is given by the Protective Services Department."
6. "Infant abduction alarm will be reset only after Lifter staff member is positioned at the fire tower door and the visitor entrance door on each unit."

PROTECTIVE SERVICES PROCEDURE section – updated entire section to follow Protective Services' procedures.

REVIEWED AND CONCURRED:

Mark Wilhelm, Network Director Protective Services — Date 9/5/2018

David Hill, Network Director Safety Services — Date 9-5-2018

Employee Flu Vaccination Clinic Schedule – Urban Core

October - 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 Main Campus Braemer Link 7:00 AM – 7:00 PM	2 Elkins Park G1 11:30 AM – 6:30 PM	3 Germantown Conference Room 2 7:30 AM – 11:00 AM Main Campus Night Shift Mobile 10:00 PM to 2:00 AM	4 Center One 1st Floor Conference Room 8:00 AM – 12:30 PM	5 Main Campus Tower 8 Conference Room 11:00 AM – 7:00 PM	6 Main Campus Mobile 1:00 PM – 5:30 PM Elkins Park Mobile 1:00 PM – 5:30 PM
7	8 Willowcrest Room 113 10:00 AM – 5:30 PM	9 Main Campus Night Shift Mobile 10:00 PM – 2:00 AM	10 Gratz Training Room 210 12:30 PM – 5:00 PM	11 Elkins Park G2 7:00 AM – 5:30 PM	12 Front and Olney 2nd Floor Large Conference Room 9:30AM – 4:00 PM	13 Main Campus Mobile 1:00 PM – 5:30 PM Elkins Park Mobile 1:00 PM – 5:30 PM
14	15 No Clinics Scheduled	16 Elkins Park G2 12:00 PM – 3:30 PM	17 Main Campus HB3 Conference Room 12:30 PM – 7:00 PM	18 Main Campus Night Shift Mobile 10:00 PM – 2:00 AM	19 Main Campus Braemer Link 2:00 PM – 7:00 PM	20 Main Campus Mobile 1:00 PM – 5:00 PM Elkins Park Mobile 1:00 PM – 5:00 PM
21	22 Korman Conf. Room B-20 12:00 PM – 5:00 PM	23 Front and Olney 2nd Floor Large Conference Room 10:30 AM – 2:00 PM	24 Elkins Park G2 12:30 PM – 3:30 PM	25 Main Campus Levy 8 Conf. Room 4:00 PM – 7:00 PM	26 Willowcrest Room 113 1:30 PM – 4:00 PM	27 Main Campus Mobile 1:00 PM – 5:00 PM
28	29 Main Campus Braemer Link 7:00 AM – 12:00 PM	30 Main Campus Mobile 1:00 PM – 4:00 PM	**Note:** Quadrivalent, inactivated flu vaccine will be the only product available at the EMCP flu clinics. Questions related to any other flu vaccine options (egg free or high-dose) should be directed to Employee Health at 215-456-1066 or EmployeeHealthServices@Einstein.edu. Rev. 9.14.18			

Department Directors Meeting

Patient Experience Update

Gina Marone, RN, MSN, NEA-BC

Vice President, Healthcare Services and Chief Nurse Executiv

Albert Einstein Medical Center

Patient Experience Scorecard By Unit

Published 9-10-18

Unit	FY18 *(Baseline)*	LEM Target	% 9/10 FY19 YTD	FY19 n Size	Change from FY18	FY19 %ile
Acute Care						
EMCP Overall	**64.0%**	**66.0%**	**66.5%**	**164**	**2.5%**	**23**
Tower 4	65.3%	67.3%	62.5%	15	-2.8%	13
Tower 6	59.1%	61.1%	60.0%	25	0.9%	9
Tower 8	72.3%	73.8%	68.4%	19	-3.9%	29
Levy 7 East	49.3%	51.3%	66.7%	15	17.4%	24
Levy 7 West	53.8%	55.8%	66.7%	9	12.9%	24
NS Levy 5 East	62.0%	64.0%	75.0%	8	13.0%	56
Tele. Tower 5	69.3%	70.8%	70.6%	34	1.3%	37
CCU	81.8%	82.3%	50.0%	2	-31.8%	1
SICU	76.9%	77.9%	0.0%	1	-76.9%	1
SSU	57.9%	59.9%	57.1%	7	-0.8%	5
MICU	33.3%	35.3%		0		
MPCU	61.3%	63.3%	60.0%	5	-1.3%	9
Mom/Baby (Lifter)	67.5%	69.0%	71.4%	21	3.9%	40
L & D	57.1%	59.1%		0		
NICU	80.0%	80.5%	100.0%	6	20.0%	n/a
EMCEP Overall	**74.4%**	**75.4%**	**78.4%**	**37**	**4.0%**	**71**
Main 5	76.9%	77.9%	77.8%	27	0.9%	68
MA2P	69.6%	71.1%	80.0%	10	10.4%	77
MA2C	57.1%	59.1%		0		
Behavioral Health						
Tower 7	35.6%	37.6%	71.4%	7	35.8%	78
Levy 9	63.2%	64.2%	60.0%	5	-3.2%	50

↑ Green = above LEM Target

↑ Green = above FY18 (Baseline)

Unit	FY18 *(Baseline)*	LEM Target	% 9/10 FY19 YTD	FY19 n Size	Change from FY18	FY19 %ile
Emergency Care*						
EMCP ED*	TBD	TBD	44.7%	304	TBD	TBD
EMCEP ED*	TBD	TBD	61.1%	108	TBD	TBD
Inpatient Rehab						
MossRehab Overall	**83.4%**	**84.4%**	**94.2%**	**52**	**10.8%**	**97**
Frankford	68.2%	70.2%	100.0%	5	31.8%	100
Sacred Heart	88.0%	88.5%	80.0%	5	-8.0%	45
Bucks	78.6%	80.1%	100.0%	5	21.4%	100
Doylestown	92.5%	93.0%	100.0%	11	7.5%	100
2TIP	70.0%	72.0%		0		
West 1	81.4%	82.4%	100.0%	9	18.6%	100
1 North	69.0%	71.0%	100.0%	6	31.0%	100
Main 3	91.5%	92.0%	88.9%	9	-2.6%	85
4th Floor	72.7%	74.7%	50.0%	2	-22.7%	1
Skilled Nursing Care						
Willowcrest	84.7%	86.2%	100.0%	9	15.3%	100
Outpatient Ambulatory Surgery						
AEMC OAS Overall	**84.9%**	**86.4%**	**77.8%**	**27**	**-7.1%**	**12**
Center One	95.1%	95.6%	75.0%	4	-20.1%	6
EMCEP-SPU	75.8%	77.8%	40.0%	5	-35.8%	1
EMCP-SPU	79.5%	81.5%	100.0%	3	20.5%	100
EMCP-GI	87.1%	88.1%	88.9%	9	1.8%	77
EMCP-Cardio	75.0%	77.0%	83.3%	6	8.3%	38

** ED's will use Q1 FY19 as baseline due to new survey methodology*

↑ Green = above LEM Target

↑ Green = above FY18 (Baseline)

Patient Experience Scorecard By Discharge Service

Published 9-10-18

Discharge Service	FY18 *(Baseline)*	LEM Target	% 9/10 FY19 YTD	FY19 n Size	Change from FY18	FY19 %ile
EMCP						
CAR - NTS	66.0%	68.0%	66.7%	12	0.7%	24
CAR - Cardiology	70.1%	71.6%	83.3%	12	13.2%	88
CAR - CCU	77.8%	78.8%	100.0%	1	22.2%	100
GYN - Gynecology	76.5%	77.5%	75.0%	4	-1.5%	56
MED - Blue	61.7%	62.7%	57.1%	7	-4.6%	5
MED - Green	62.2%	64.2%	60.0%	10	-2.2%	9
MED - Orange	64.0%	66.0%	66.7%	3	2.7%	24
MED - Red	56.4%	58.4%	66.7%	15	10.3%	24
MED - NTS - AEMC	57.6%	59.6%	77.8%	18	20.2%	68
MED - Hepatology	49.1%	51.1%	80.0%	5	30.9%	77
MED - SDU	63.0%	65.0%	60.0%	5	-3.0%	9
NEU - Neurology	63.7%	65.7%	83.3%	6	19.6%	88
OBS - Obstetrics	64.9%	66.9%	71.4%	21	6.5%	36
ORT - Orthopedics	43.1%	45.1%	42.9%	7	-0.2%	1
RAD - Radiology	66.7%	68.7%	0.0%	1	-66.7%	1
SUR - Blue	60.9%	62.9%	100.0%	1	39.1%	100
SUR - Red	68.4%	69.9%	40.0%	5	-28.4%	1
SUR - White	69.6%	71.1%	50.0%	4	-19.6%	1
SUR - Cardiothoracic	75.6%	76.6%	50.0%	4	-25.6%	1
SUR - Neurosurgery	63.6%	65.6%	100.0%	2	36.4%	100
SUR - Surgery	50.0%	52.0%		0		
SUR - Transplant	83.8%	84.3%	66.7%	9	-17.1%	24
SUR - Trauma	66.7%	68.7%	40.0%	5	-26.7%	1
SUR - Acute Care Sur	100.0%	100.0%	25.0%	4	-75.0%	1
URO - Urology	78.9%	79.9%	100.0%	3	21.1%	100
EMCEP						
ERS - Emergency	85.7%	86.2%		0		
MED - Medicine	71.7%	73.2%	90.0%	20	18.3%	96
ORT - Orthopedics	78.3%	79.3%	66.7%	6	-11.6%	56
SUR - Surgery	77.3%	78.3%	40.0%	5	-37.3%	1
URO - Urology	80.0%	80.5%	83.3%	6	3.3%	88

↑ Green = above LEM Target

↑ Green = above FY18 (Baseline)

↑ Green = above LEM Target

↑ Green = above FY18 (Baseline)

Progress on Current Improvement Efforts

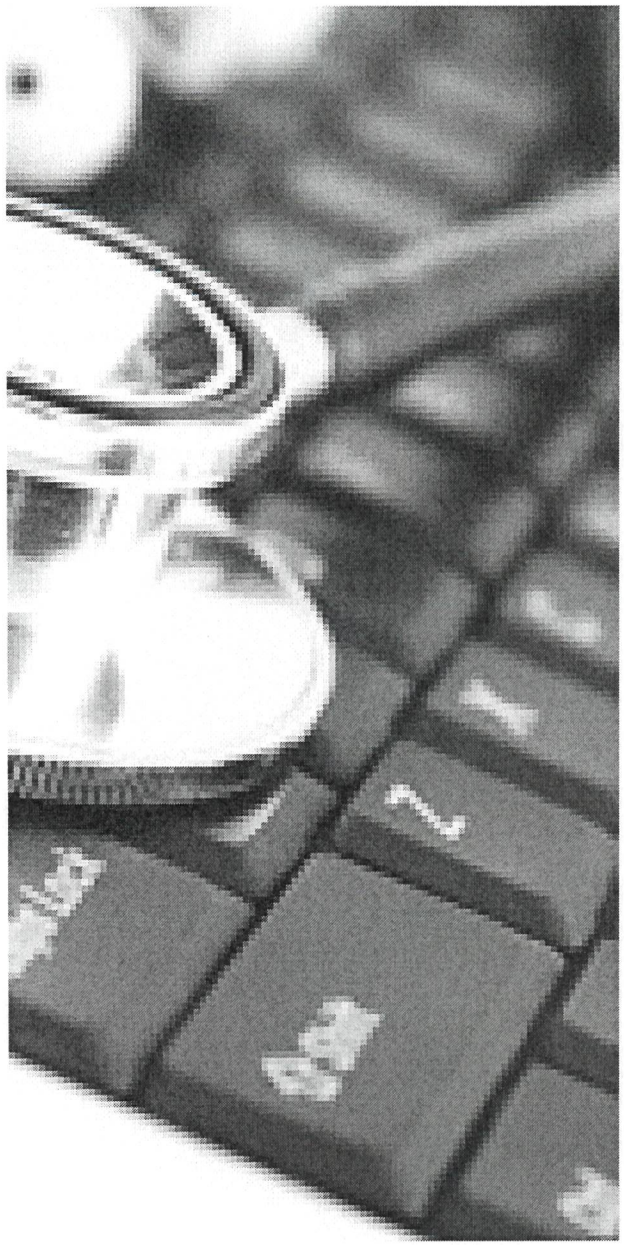
- Groundwork is being laid to provide video-based education for residents, starting with the hospitalist teams
- Levy 7 West: And interdisciplinary team made up of a Physician lead, Nurse Manager, Clinical Manager, and Patient Experience coach have been revitalizing AIDET Training, increasing consistency among care teams, and leveraging Inter-professional Bedside Rounds
- Education and shadowing activities with Housekeeping and Care Management teams
- Waiting Room Rounding approach and scripts have changed to be more welcoming

Progress on Current Improvement Efforts

- Electronic (email and phone) PE surveys have launched in the Emergency Departments which will allow us to gather much more data
- Signage, wayfinding, and amenities like charging stations are being assessed
- Discharge Folder pilot is underway on Tower 4
- Tower 7: Interdisciplinary therapeutic groups are helping to build positive relationships with patients and even among the care teams
- Willowcrest: interdisciplinary approach here as well, with Nursing and Therapy collaborating more with rehab schedule
- ECP: Two EPPI and two ECHA Patient and Family Advisory Councils are being planned to launch this fall

AECIS Upgrade

- Required Upgrade for Meaningful Use Stage 3
  - January 2018
- Scheduled to begin at midnight on September 24th
- Continuous Availability Upgrade
  - Users will have access to AECIS throughout the downtime
    - Registration
    - Orders
    - Documentation
    - RxStation
  - Rolling node upgrade
  - Each node will take about an hour to upgrade

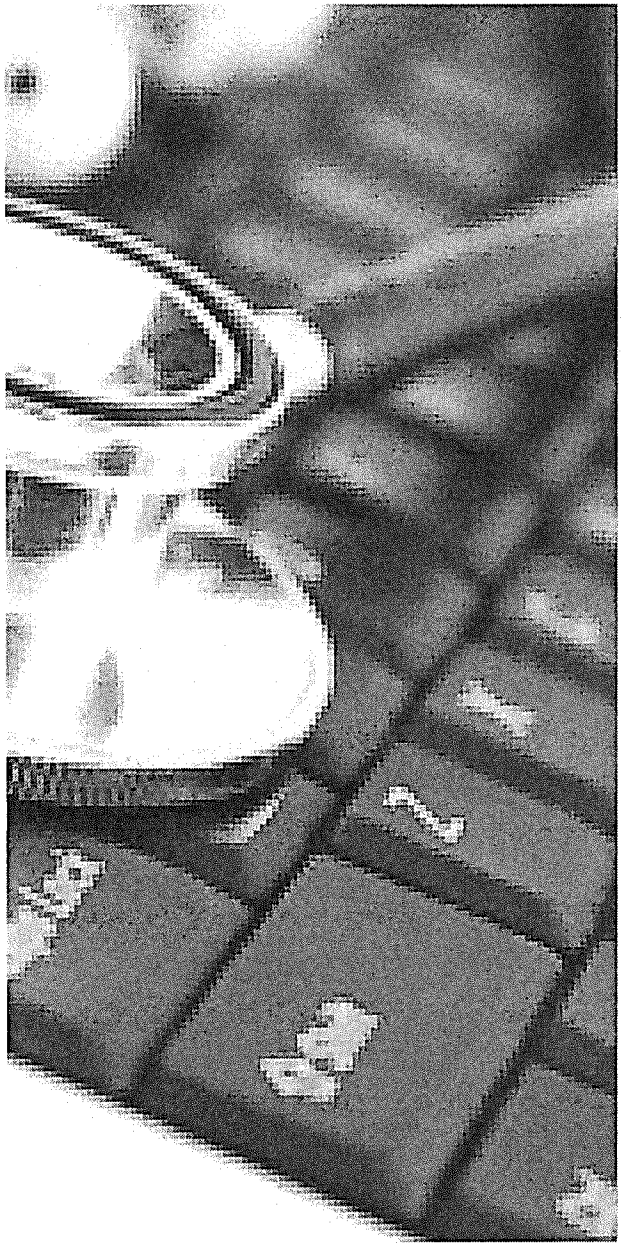


Einstein
HEALTHCARE NETWORK
More than Medicine

AECIS Upgrade

User Experience:

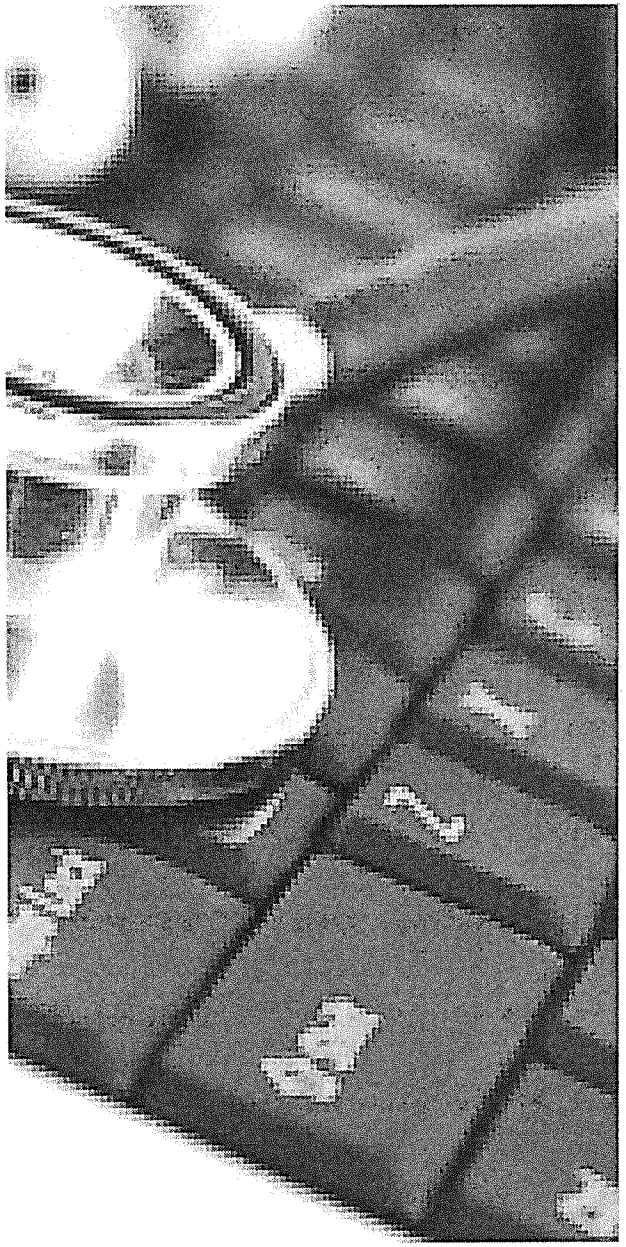
- Receive notifications through AECIS to log on/off throughout the downtime process
  - Will be logged off remotely if they ignore
  - Can immediately log back in
- Interfaces to downstream systems – Teletracker, Radiology, Cbord, AICU, Aesynt will be impacted during the first hour of the downtime
- Scanning and E-sig will be unavailable for about 30 mins
- Care Mobile devices will be unavailable for about 30 mins



AECIS Upgrade

User Experience:

- Users will gain access to the upgraded version of AECIS at different times throughout the downtime
  - May experience some slowness – depends on # of users on system
- May identify errors in functionality once upgrade completed
  - Please contact the helpdesk – 215-456-8033 for assistance

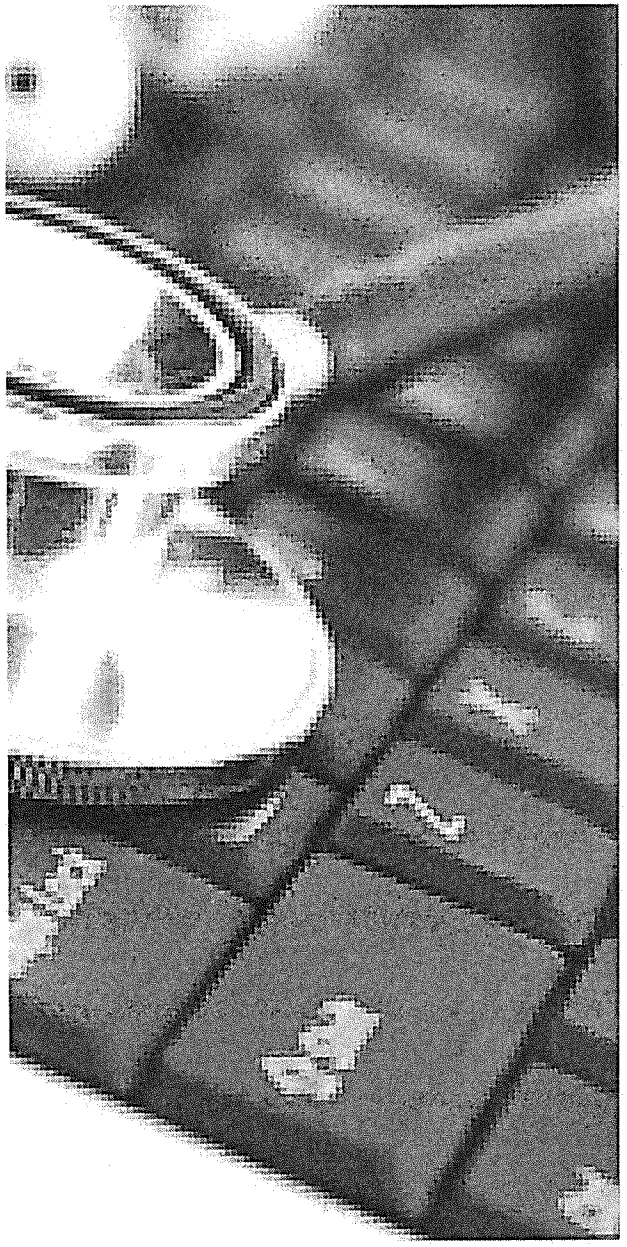


Einstein HEALTHCARE NETWORK
More than Medicine

AECIS Upgrade

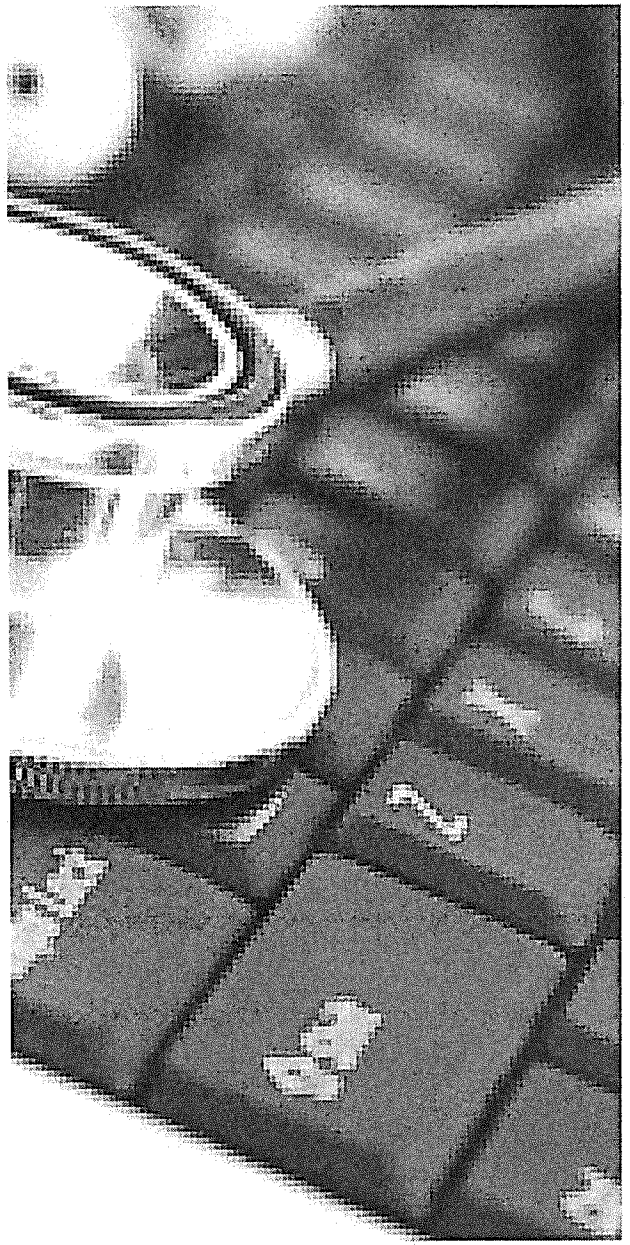
IT Department

- Scheduled a prep call for 9/14 for clinical and administrative areas
- Will send out notification to all users prior to start of upgrade
- Will prepare organization as if we are doing a full downtime:
  - MARS will be printed and sent to Nursing office
  - Downtime 7x24 passwords will be distributed
- Will be onsite throughout the upgrade
- Will provide a conference bridge for users to check-in



Einstein
HEALTHCARE NETWORK
More than Medicine

AECIS Upgrade



Questions

Juanita Way

215-456-3393

Einstein
HEALTHCARE NETWORK
More than Medicine

Einstein HEALTHCARE NETWORK

SAFETY SCORECARD

"With regard to healing the sick, [...] I will take care that they suffer no hurt or damage." - **Hippocratic Oath**

"The very first requirement in a hospital is that it should do the sick no harm." - **Florence Nightingale**

Select Facility:

Einstein Medical Center Philadelphia

Event Matrix | Department Matrix | Unit Matrix

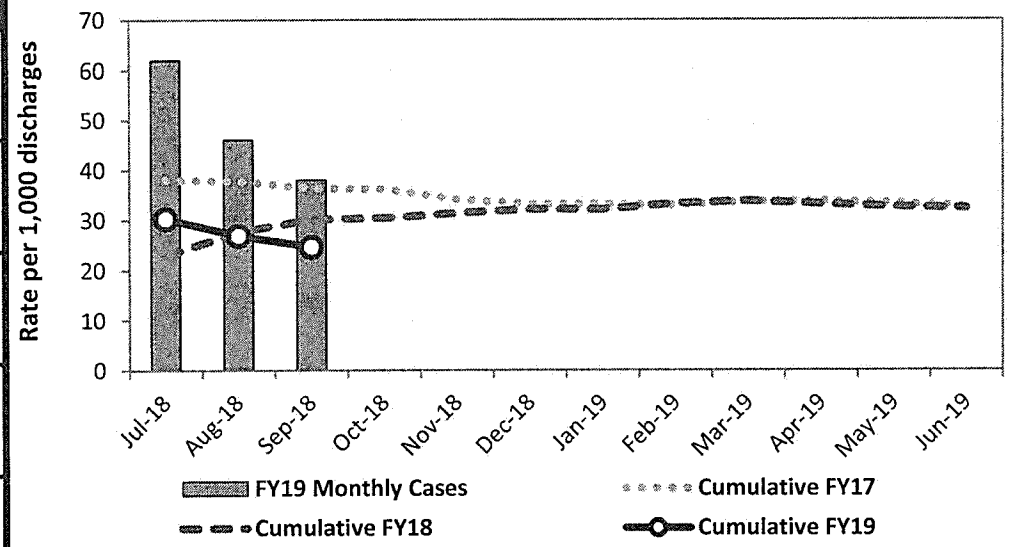
Total Combined Score

24.7 events per 1,000 discharges

- **Hospital-acquired Infections** — *4.2 events per 1,000 discharges*
- **Hospital-acquired Conditions** — *17.4 events per 1,000 discharges*
- **Maternal Events** — *17.0 events per 1,000 OB discharges*
- **Medication Events** — *0.2 events per 1,000 discharges*
- **Serious Events** — *0.5 events per 1,000 discharges*

FY19 to Date Total Cases

Rate per 1,000



Better than a 10% rate decrease over similar FY18 period

Between 0.1-10% rate decrease over similar FY18 period

Same or worse rate performance over similar FY18 period

Cumulative Event Rate to Date Comparison (per 1,000 discharges)

5.5 lower at EMCP in FY19 than this same FY18 period.

September 14, 2018

Einstein-Jefferson Merger:
Employee Questions and Answers

What does the Definitive Agreement include?

Essentially, the Definitive Agreement makes legally binding (fully so after the Closing) the ideas and commitments described in the Letter of Intent, which the two organizations signed in March, such as:

- **Governance of the new organization.** For example, the Definitive Agreement states that Einstein trustees will be named to the new organization's Board of Trustees in a number equal to those from Jefferson Health and other health care systems that have joined the organization. Each licensed hospital also will continue to have its own local board of trustees, with responsibilities including quality, planning, medical staff and recommendations to the Jefferson Health board.
- **Financial commitments.** Einstein will be financially integrated into Jefferson Health.
- **Branding.** The Einstein and MossRehab names will continue to be part of the organizational brand.
- **Philanthropy**. Einstein and Jefferson each have their own philanthropic assets, and each will continue to hold their own assets for their exclusive use for their respective charitable missions.

When and how will Einstein and Jefferson begin integration planning?

This process has begun. Leaders from Einstein and Jefferson have formed a Joint Steering Committee and several work teams. Their initial purpose is to do planning on ways we can provide expanded health care at a lower cost to the community. Then, they will engage in detailed planning for implementation. Actual implementation will involve larger numbers of people. No plans will be executed until after the merger closes – and even after that, implementation plans will be rolled out over some time.

How will merging help Einstein financially?

Merging will allow us to provide even better care at a lower cost and fulfill the Einstein mission in the long-term. One way we CAN increase revenue from CMS and other payers is to improve our outcomes. As the health care delivery system moves more to a population health model, Einstein and Jefferson Health can coordinate resources to deliver care and achieve outcomes more effectively.

When does the merger take place?
It is difficult to predict. This is a complex, multistep process. Now that we have signed our Definitive Agreement, we will begin to work to obtain certain regulatory approvals, a process that must be completed before we can merge. We will keep you informed as the process moves forward.

What happens if this merger doesn't take place, for whatever reason?
Einstein would continue to work to fulfill its mission—taking care of the people in our communities, educating the healthcare professionals of tomorrow and doing research to improve healthcare. We would also continue to explore any opportunities we might have to work together with similar-minded organizations.

Will Einstein's CEO remain in place?
Once we receive all regulatory approvals, Barry Freedman will help guide the transition and integration efforts in his role as President and Chief Executive Officer of Einstein Healthcare Network. He also will assume the role of Executive Vice President at Jefferson Health, where he will explore new strategic initiatives for Jefferson.

Will this merger mean we have more resources to improve facilities, such as parking?
We have talked with Jefferson about certain facilities expansions and improvements that we would like to undertake. Once we are further along in this process and decisions have been reached, we will share them with you.

Meanwhile, our own facilities improvement plans continue to move forward. For example, one issue employees often raise is parking. Einstein has approved funding set aside to construct a new parking lot at EMCP between the Tabor MOB and Sheerr building. The design is complete and we are currently seeking zoning approval from the city and soliciting proposals for construction of the new lot.

Does this affect MossRehab employees differently from other Einstein employees?
Just as is the case for other parts of Einstein, it is too early to say what changes this could bring in a few years. We expect that bringing Moss and Magee together as part of Jefferson Health will uniquely enhance clinical care and research. We are excited to work together and increase access to rehabilitation care. Moss and Magee have worked well together on state and national boards, so we know and respect each other.

Will jobs be secure after the merger takes place?
We believe the merger will provide more and different opportunities, not fewer.

Remember, healthcare organizations nationwide are going through changes, with or without mergers. As more and more procedures are done less invasively, for example, the need for inpatient beds could decline somewhat, while the demand for outpatient facilities and opportunities to serve patients in that setting, would increase. We must continue to anticipate and adapt to these and other factors, while constantly looking for ways to deliver high-quality care more efficiently.

Einstein does so much for our communities – would a merger change that?
We chose Jefferson because our values and mission are so well aligned. They care for their communities as well, and understand that this is a core part of who we are. As part of Jefferson Health, we would be able to do even more for the communities we serve – especially as we can collectively focus more on the broad range of factors that influence health and have the benefit of being a part of a larger system with greater resources. Jefferson has an entire College of Population Health, with expertise and resources that can help us do more than we can do on our own.

Down the line will Einstein's EMR system change to match Jefferson's current EMR system to promote sharing of information in the medical record across the larger hospital system?
It would be a goal post-merger to make it easy for providers throughout the system to share information, however, changing our EMR, would require time and extensive planning. Currently Jefferson has a number of different EMR systems in place, including Epic and Allscripts products. We would not expect our EMR system to change in the near future.

Will our arrangement with Solis Mammography move forward?
Yes, and we have already officially brought several of our jointly managed mammography sites live, at Einstein Medical Center Montgomery's Women's Center in East Norriton, Einstein Healthcare Network King of Prussia outpatient care center, and at the Marion-Louise Saltzman Women's Center at Einstein Medical Center Philadelphia, with more of Einstein's centers scheduled to make this move in the coming months. In addition, there may be more opportunities to work together with Solis to enhance or launch more mammography centers throughout the Jefferson system, after the merger is complete.

Would the Einstein and Moss names remain?
As part of our Definitive Agreement, we will maintain the Einstein and Moss names while capitalizing on the Jefferson name. Exactly how we will do that will be decided at a later date.

How is this different from the arrangement we had 10 years ago with Jefferson?
Jefferson today is a different organization, with different membership and different leadership. Ten years ago, the organization did not include Jefferson University, for example. Now it does. The relationship we are planning is also very different from the one we had 10 years ago. The model that Jefferson has in place today focuses on integration. The system 10 years ago was more of a confederation of independent organizations without a shared vision. Today, we are planning to merge and, where it makes sense, integrate our organizations.

Do you expect Einstein would grow as a teaching location?
Yes. We are discussing making Einstein Philadelphia a larger teaching site and we are in the process of establishing new residency programs at Einstein Medical Center Montgomery. With Philadelphia University now part of Jefferson University, there would be even more opportunities for other health programs to send students here for training. We expect the merger would have a unique and very positive effect on our residency and other teaching programs.

Would a merger offer more research opportunities?
Yes. This merger will offer more research opportunities. We believe being part of Jefferson would offer us more funding and more opportunities for our faculty and staff to participate in research programs.

Even before the merger, we are working together with Jefferson and others in the Partners in Innovation, Education and Research (PIER) Consortium of health care organizations, a novel network of partnering healthcare organizations to conduct cutting-edge clinical research that advances our understanding of disease and treatment, improves the health of our patients and meets the needs of our providers, investigators and sponsors.

How will the merger affect outpatient sites? Will the smaller outpatient sites remain open?
This merger will help us grow. As you know, more and more healthcare services are moving to outpatient environments. We will continue to grow into more outpatient locations and would coordinate this with Jefferson once the merger is complete.

Is there any talk about making some hospitals in the system specialty hospitals, like Jefferson's neuroscience hospital?
It's too soon to know if that would be an opportunity to pursue. We are undertaking integration planning discussions with Jefferson to explore these types of opportunities and we will report back when we are further along in that process.

Questions on Impact on Employees

Will there be any changes to the Einstein pension benefit?
There are currently no plans to change the benefit plans. We will continue to fund our pension plans, and everyone in the plan is fully secured. We have no plans to change the vesting timelines. As in the past, Einstein regularly evaluates our pension benefits and we would expect that to continue in the future.

How will our health benefits change?
As part of integration planning, we will look at health benefits, but no changes would occur until at least after the merger is completed. We know some employees are interested in being able to access doctors and facilities in the Jefferson system at an enhanced benefit level, and we hope that will happen at some point after the merger is complete.

Would employees have the opportunity to transfer to other hospitals in the new organization?
It's too soon to know how these opportunities would be handled.

Some Einstein employees also have part-time jobs today in the Jefferson system. Would they be able to continue?
We haven't yet discussed how a merger would affect employees in this situation. We will keep you updated on this issue. We will know more when we are further along in the process.

What opportunities would be available to us concerning schooling at Jefferson University?
We can begin to work together to make decisions about specific benefits as we move through the planning for the merger, but nothing would change until after the close.

Will the merger include online access to Jefferson's Scott Memorial Library?
Einstein medical staff who have Jefferson faculty appointments can access Jefferson's online library today. At this point, nothing is changing. We are still separate organizations. We will know more after we proceed further in the process.

Einstein HEALTHCARE NETWORK

SAFETY SCORECARD

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"The very first requirement in a hospital is that it should do the sick no harm." - **Florence Nightingale**

Select Facility:

Einstein Medical Center Elkins Park

Event Matrix | Department Matrix | Unit Matrix

Total Combined Score

13.2 events per 1,000 discharges

Hospital-acquired Infections

3.3 events per 1,000 discharges

Hospital-acquired Conditions

9.9 events per 1,000 discharges

Maternal Events

Not Applicable

Medication Events

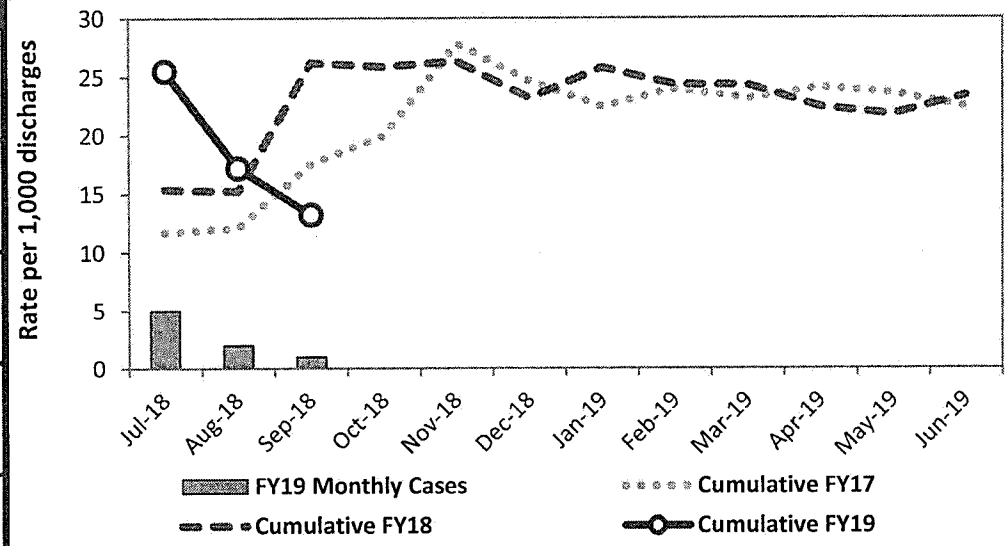
0.0 events per 1,000 discharges

Serious Events

0.0 events per 1,000 discharges

FY19 to Date Total Cases

Rate per 1,000



Better than a 10% rate decrease over similar FY18 period

Between 0.1-10% rate decrease over similar FY18 period

Same or worse rate performance over similar FY18 period

Cumulative Event Rate to Date Comparison (per 1,000 discharges)

13.0 lower at EMCEP in FY19 than this same FY18 period.

Maintenance & Engineering News and Upcoming Work at EMCP

EinsteinNews

Tue 11/6/2018 9:19 AM

Please review the following announcements from the Facilities Management Department, Engineering and Maintenance Division, regarding new procedures and upcoming work that will affect Einstein Medical Center Philadelphia:

New Procedure to Submit Maintenance Work Orders at EMCP
The Maintenance and Engineering Department has a new and improved procedure for submitting non-patient/non-safety related maintenance work requests. Read more

Repairs to Levy Building Driveway*
Repairs will be made to the Levy Building driveway from 7 p.m. on Friday, November 9 to 5 a.m. on Monday, November 12. During this time there will be roadway closures in this area.

Repairs to Tabor Road Garage*
Repairs will be made to the Tabor Road Garage from 7 p.m. on Friday, November 9 to 5 a.m. on Monday, November 12. During this time the entire top deck will be closed for parking.

Repairs to Korman Garage*
Repairs will be made to the Korman Garage over the next two weekends:

- From 7 p.m. on Friday, November 9 to 5 a.m. on Monday, November 12
- From 7 p.m. on Friday, November 16 to 5 a.m. on Monday, November 19

During this time access to several parking spots will be interrupted.

Questions?
If you have any questions, please contact the Engineering and Maintenance Department at 66840.

Thank you in advance for your patience and cooperation.

****Weather Permitting**: Work will be delayed to the following week, should there be inclement weather conditions.*

Einstein Medical Center Philadelphia
Maintenance and Engineering Department

Online Maintenance Request Procedures for the Philadelphia Campus

The Maintenance and Engineering Department has a new software program, which will enable employees to directly submit **a non-patient/non-safety related** work order.

There are **two** ways employees can access the new maintenance software:

1. Via a new icon on your desktop (CMS Philadelphia) which will need to be created by you (see instructions); or

2. Via the link found within EinsteinConnect/Locations/EMC Philadelphia/Maintenance

- All fields in red must be completed.
- For "Location," please utilize the drop-down menus – Building and Floor. Room/Area field is free text.
- Please provide as much detail as possible regarding the maintenance issue and how to contact you, including a valid EHN corporate email address to receive status updates.
- After clicking "Submit," a ticket number will pop up – please make sure to record your ticket number, should you need to contact us for follow-up. *Please be sure to not submit duplicate requests.*

Your request will have a "Pending" status until it is reviewed by our staff and management team.

Your request may be rejected for the following circumstances:

- Requesting service that is the responsibility of another department (e.g. Environmental Services; Biomedical Engineering; Information Services)
- Requesting multiple maintenance requests in one submission
- Unauthorized request for cosmetic/renovation work
- Unauthorized key duplication requests

You will be notified by email when we receive your request, when it is completed, and/or if the request is rejected.

Please continue to call extension 66840 for emergency, urgent patient care, and safety issues, such as utility service interruptions, floods, toilet/sink/shower clogs, patient room related items, and temperature adjustments.

If you have any questions, please contact Sherry Driscoll at extension 68192.

Einstein HEALTHCARE NETWORK

SAFETY SCORECARD

Metric Definitions for FY19 Safety Scorecard

Einstein Medical Center Philadelphia

Unit-based metrics

- **Hospital-Acquired Infections (HAI)** – Sum of CAUTI, CLABSI, C. Diff and MRSA surveilled infections
  - **CAUTI** - # of surveilled catheter-associated urinary tract infections (CAUTI), as attributed to the IPAC-assigned unit and infection date. Patient must have an indwelling urinary catheter (IUC) in place for at least 2 days prior to the infection date and the IUC was either 1) present for any portion of the calendar day on the infection date or 2) removed the day prior the infection date. Additionally, patient must have at least one of the following: fever, suprapubic tenderness, costovertebral angle pain or tenderness, urinary urgency, urinary frequency or dysuria.
    - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
    - Related Regulatory Program: Star Rating, HAC Reduction, VBP
  - **CLABSI** - # of surveilled laboratory-confirmed central line-associated blood stream infections (CLABSI) where an eligible BSI organism is identified and an eligible central line is present on the infection date or the day before, as attributed to the IPAC-assigned unit and infection date.
    - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
    - Related Regulatory Program: Star Rating, HAC Reduction, VBP
  - **C. Diff** - # of surveilled Clostridium *difficile* infection detected by culture or other laboratory means performed on an unformed stool sample for a patient in a location with no prior C. difficile specimen result reported within 14 days for the patient and location, as attributed to the IPAC-assigned unit and infection date
    - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
    - Related Regulatory Program: Star Rating, HAC Reduction, VBP
  - **MRSA** - # of methicillin-resistant *Staphylococcus aureus* (MRSA) positive blood specimen (bacteremia) infections in a location with no prior MRSA positive blood specimen result collected within 14 days for the patient and location, as attributed to the IPAC-assigned unit and infection date.
    - Data Owner: Dottie Borton Source: NHSN Up through: 9/30/2018
    - Related Regulatory Program: Star Rating, HAC Reduction, VBP

Einstein Medical Center Philadelphia

- **Hospital-Acquired Conditions (HAC)** – Sum of Pressure Injuries, Falls with Injury, and Ventilator-Associated Complication events
    - **Pressure Injuries** – # of inpatients who acquired a stage 2 or above pressure injury or their pressure injury worsens during their visit, as attributed to the unit of occurrence and date of initial documentation in AeCIS.
        - Data Owner: Lisa Rodzen Source: Tracking Database Up through: 9/30/2018
        - Related Regulatory Program: Proxy for Star Rating, HAC Reduction
    - **Falls with Injury** - # of Falls with a minor or greater confirmed injury as reported to PSN and confirmed by Nursing Operations & NEPD, as attributed to assigned unit and fall date.
        - Data Owner: Marilyn Pollock Source: Nursing Dept Up through: 9/30/2018
        - Related Regulatory Program: Magnet (NDNQI)
    - **IVAC+** - # of surveilled Infection-related Ventilator-Associated Complication (IVAC) events and Possible Ventilator-Associated Pneumonia (PVAP) events, as attributed to the IPAC-assigned unit and infection date.
        - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
        - Related Regulatory Program: None
- **Serious & Medication Events** – Sum of Serious Events and Medication Errors
    - **Medication Errors** - # of patients with a medication error with an attributed AHRQ harm scale rating of 6 or greater as referenced in PSN, attributed by reporting date and assigned unit. Only inpatient- and hospital-based cases are counted on the Safety Scorecard. If an event occurs in an area that is not explicitly defined, but meets the above definition, it is attributed to the 'Other' designated area.
        - Data Owner: Alison Lavery Source: PSN Up through: 9/30/2018
        - Related Regulatory Program: Department of Health, PA Patient Safety Authority
    - **Serious Events** - # of events reported to PA-PSRS with an attributed AHRQ harm scale rating of 6 or greater, attributed by event date and assigned unit. Only inpatient- and hospital-based cases are counted on the Safety Scorecard. If an event occurs in an area that is not explicitly defined, but meets the above definition, it is attributed to the 'Other' designated area.
        - Data Owner: Alison Lavery Source: PSN/PA-PSRS Up through: 9/30/2018
        - Related Regulatory Program: Department of Health, PA Patient Safety Authority
- **Total Harm Events** – Sum of HAIs, HACs and Serious & Medication Events, as defined above

Einstein Medical Center Philadelphia

Department-based metrics

- **Hospital-Acquired Conditions (HAC)** – Sum of metrics listed below
    - **Iatrogenic Pneumothorax** (PSI-06) - # of inpatient iatrogenic pneumothorax cases (secondary diagnosis) per 1,000 surgical and medical discharges for patients ages 18 years and older. Excludes cases with chest trauma, pleural effusion, thoracic surgery, lung or pleural biopsy, diaphragmatic repair, or cardiac procedures; cases with a principal diagnosis of iatrogenic pneumothorax; cases with a secondary diagnosis of iatrogenic pneumothorax present on admission; and obstetric cases. Attributed to responsible provider and event date. See technical specifications for full description.
        - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
        - Related Regulatory Program: Star Rating, HAC Reduction
    - **Perioperative Hemorrhage or Hematoma** (PSI-09) - # of inpatient perioperative hemorrhage or hematoma cases involving a procedure to treat the hemorrhage or hematoma, following surgery per 1,000 surgical discharges for patients ages 18 years and older. Excludes cases with a diagnosis of coagulation disorder; cases with a principal diagnosis of perioperative hemorrhage or hematoma; cases with a secondary diagnosis of perioperative hemorrhage or hematoma present on admission; cases where the only operating room procedure is for treatment of perioperative hemorrhage or hematoma; obstetric cases. Attributed to responsible provider and event date. See technical specifications for full description.
        - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
        - Related Regulatory Program: Star Rating, HAC Reduction
    - **Postoperative Acute Kidney Injury Requiring Dialysis** (PSI-10) - # of inpatient postoperative acute kidney failure cases requiring dialysis per 1,000 elective surgical discharges for patients ages 18 years and older. Excludes cases with principal diagnosis of acute kidney failure; cases with secondary diagnosis of acute kidney failure present on admission; cases with secondary diagnosis of acute kidney failure and dialysis or a dialysis access procedure before or on the same day as the first operating room procedure; cases with acute kidney failure, cardiac arrest, shock, urinary tract obstruction or chronic kidney failure; and obstetric cases. Attributed to responsible provider and event date. See technical specifications for full description.
        - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
        - Related Regulatory Program: Star Rating, HAC Reduction

- **Postoperative Respiratory Failure** (PSI-11) - # of inpatient postoperative respiratory failure (secondary diagnosis), prolonged mechanical ventilation, or reintubation cases per 1,000 elective surgical discharges for patients ages 18 years and older. Excludes cases with principal diagnosis for acute respiratory failure; cases with secondary diagnosis for acute respiratory failure present on admission; cases in which tracheostomy is the only operating room procedure or in which tracheostomy occurs before the first operating room procedure; cases with neuromuscular disorders, laryngeal, pharyngeal or craniofacial surgery, esophageal resection, lung cancer, lung transplant or degenerative neurological disorders; cases with a procedure on the nose, mouth, or pharynx; cases with respiratory or circulatory diseases; and obstetric discharges. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Deep-Vein Thrombosis/Pulmonary Embolism (DVT/PE)** (PSI-12) - # of inpatient perioperative pulmonary embolism or proximal deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges for patients ages 18 years and older. Excludes cases with principal diagnosis for pulmonary embolism or proximal deep vein thrombosis; cases with secondary diagnosis for pulmonary embolism or proximal deep vein thrombosis present on admission; cases in which interruption of vena cava occurs before or on the same day as the first operating room procedure; and obstetric discharges. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Postoperative Sepsis** (PSI-13) - # of inpatient postoperative sepsis cases (secondary diagnosis) per 1,000 elective surgical discharges for patients ages 18 years and older. Excludes cases with a principal diagnosis of sepsis, cases with a secondary diagnosis of sepsis present on admission, cases with a principal diagnosis of infection, cases with a secondary diagnosis of infection present on admission (only if they also have a secondary diagnosis of sepsis), obstetric discharges, and cases with missing values as listed in denominator section. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Postoperative Wound Dehiscence** (PSI-14) - # of inpatient postoperative reclosures of the abdominal wall per 1,000 abdominopelvic surgery discharges for patients ages 18 years and older. Excludes cases in which the abdominal wall reclosure occurs on or before the day of the first abdominopelvic surgery, cases with an immunocompromised state, cases with stays less than two (2) days, and obstetric cases. In ICD-10-CM, cases are included if they have a diagnosis code of disruption of internal surgical wound with a reclosure procedure. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Accidental Puncture/Laceration** (PSI-15) - # of inpatient accidental punctures or lacerations (secondary diagnosis) during a procedure of the abdomen or pelvis per 1,000 discharges for patients ages 18 years and older that require a second abdominopelvic operation one or more days after the index surgery. Excludes cases with accidental puncture or laceration as a principal diagnosis, cases with accidental puncture or laceration as a secondary diagnosis that is present on admission, and obstetric cases. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Hospital-Acquired Infections (HAI)** – Sum of Colon, CT Surgery, Hip/Knee and Total Abdominal Hysterectomy Surgical Site Infections
  - **SSI – Colon** - # of colon surgical site infections following a NHSN-defined procedure of 'COLO'. Attributed to date of initial procedure and responsible department (Surgery).
    - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
    - Related Regulatory Program: Star Rating, HAC Reduction, VBP
  - **SSI – CT Surgery** - # of CT Surgery surgical site infections following a NHSN-defined procedure of 'CARD', 'CBGB', or 'CBGC'. Attributed to date of initial procedure and responsible department (Surgery).
    - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
    - Related Regulatory Program: None
  - **SSI – Hip/Knee** - # of joint surgical site infections following a NHSN-defined procedure of 'HPRO' or 'KPRO'. Attributed to date of initial procedure and responsible department (Orthopedics).
    - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
    - Related Regulatory Program: None
  - **SSI – Total Abdominal Hysterectomy** - # of total abdominal hysterectomy surgical site infections following a NHSN-defined procedure of 'HYST'. Attributed to date of initial procedure and responsible department (OB/GYN).
    - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
    - Related Regulatory Program: Star Rating, HAC Reduction, VBP

- **Maternal** - Sum of elective deliveries prior to 39 weeks, patients with transfusion > 4 units, patients transferred to ICU, C-Section SSIs, Birth Trauma and Obstetric Trauma
  - **Elective Delivery Prior to 39 Weeks** - # of inpatients who either a) have a C-section or b) are induced and deliver prior to 39 weeks gestational age without a medically or obstetrically indicated reason as documented in AeCIS, attributed by delivery date. *Data is based on abstraction and runs on a delayed measurement period.*
    - Data Owner: Anneliese Gualtieri Source: Premier Up through: 7/31/2018
    - Related Regulatory Program: Star Rating

- **Transfusion > 4 Units** - # of inpatients receiving more than 4 total units of blood products as per the Blood Utilization Report, attributed by admission date.
  - Data Owner: Anneliese Gualtieri Source: Lab Report Up through: 9/30/2018
  - Related Regulatory Program: None

- **Transfers to ICU** - # of inpatients who have an unscheduled transfer to a critical care unit from either Labor and Delivery or the Mother Baby unit as per documented transfer order in AeCIS, attributed by transfer date.
  - Data Owner: Anneliese Gualtieri Source: AeCIS Up through: 9/30/2018
  - Related Regulatory Program: None

- **SSI – C-Section** - # of C-section surgical site infections following a NHSN-defined procedure of 'CSEC' within 30 days of discharge, attributed to initial procedure date and responsible department (OB/GYN).
  - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
  - Related Regulatory Program: None

- **Obstetric Trauma during Vaginal Delivery** (PSI-18/19) - # of third and fourth degree obstetric traumas during vaginal delivery. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: None

- **Total Harm Events** – Sum of HAIs, HACs and Maternal events, as defined above

Einstein Medical Center Elkins Park

Unit-based metrics

- **Hospital-Acquired Infections (HAI)** – Sum of CAUTI, CLABSI, C. Diff and MRSA surveilled infections
    - **CAUTI** - # of surveilled catheter-associated urinary tract infections (CAUTI), as attributed to the IPAC-assigned unit and infection date. Patient must have an indwelling urinary catheter (IUC) in place for at least 2 days prior to the infection date and the IUC was either 1) present for any portion of the calendar day on the infection date or 2) removed the day prior the infection date. Additionally, patient must have at least one of the following: fever, suprapubic tenderness, costovertebral angle pain or tenderness, urinary urgency, urinary frequency or dysuria.
        - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
        - Related Regulatory Program: Star Rating, HAC Reduction, VBP
    - **CLABSI** - # of surveilled laboratory-confirmed central line-associated blood stream infections (CLABSI) where an eligible BSI organism is identified and an eligible central line is present on the infection date or the day before, as attributed to the IPAC-assigned unit and infection date.
        - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
        - Related Regulatory Program: Star Rating, HAC Reduction, VBP
    - **C. Diff** - # of surveilled Clostridium *difficile* infection detected by culture or other laboratory means performed on an unformed stool sample for a patient in a location with no prior C. difficile specimen result reported within 14 days for the patient and location, as attributed to the IPAC-assigned unit and infection date
        - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
        - Related Regulatory Program: Star Rating, HAC Reduction, VBP
    - **MRSA** - # of methicillin-resistant *Staphylococcus aureus* (MRSA) positive blood specimen (bacteremia) infections in a location with no prior MRSA positive blood specimen result collected within 14 days for the patient and location, as attributed to the IPAC-assigned unit and infection date.
        - Data Owner: Dottie Borton Source: NHSN Up through: 9/30/2018
        - Related Regulatory Program: Star Rating, HAC Reduction, VBP
- **Hospital-Acquired Conditions (HAC)** – Sum of Pressure Injuries, Falls with Injury, and Ventilator-associated Events
    - **Pressure Injuries** – # of inpatients who acquired a stage 2 or above pressure injury or their pressure injury worsens during their visit, as attributed to the unit of occurrence and date of initial documentation in AeCIS.
        - Data Owner: Lisa Rodzen Source: Tracking Database Up through: 9/30/2018
        - Related Regulatory Program: Proxy for Star Rating, HAC Reduction
    - **Falls with Injury** - # of Falls with a minor or greater confirmed injury as reported to PSN and confirmed by Nursing Operations & NEPD, as attributed to assigned unit and fall date.
        - Data Owner: Marilyn Pollock Source: Nursing Dept Up through: 9/30/2018
        - Related Regulatory Program: Magnet (NDNQI)

- **IVAC+** - # of surveilled Infection-related Ventilator-Associated Complication (IVAC) events and Possible Ventilator-Associated Pneumonia (PVAP) events, as attributed to the IPAC-assigned unit and infection date.
  - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
  - Related Regulatory Program: None

- **Serious & Medication Events** – Sum of Serious Events and Medication Errors
  - **Medication Errors** - # of patients with a medication error with an attributed AHRQ harm scale rating of 6 or greater as referenced in PSN, attributed by reporting date and assigned unit. Only inpatient- and hospital-based cases are counted on the Safety Scorecard. If an event occurs in an area that is not explicitly defined, but meets the above definition, it is attributed to the 'Other' designated area.
    - Data Owner: Alison Lavery Source: PSN Up through: 9/30/2018
    - Related Regulatory Program: Department of Health, PA Patient Safety Authority
  - **Serious Events** - # of events reported to PA-PSRS with an attributed AHRQ harm scale rating of 6 or greater, attributed by event date and assigned unit. Only inpatient- and hospital-based cases are counted on the Safety Scorecard. If an event occurs in an area that is not explicitly defined, but meets the above definition, it is attributed to the 'Other' designated area.
    - Data Owner: Alison Lavery Source: PSN/PA-PSRS Up through: 9/30/2018
    - Related Regulatory Program: Department of Health, PA Patient Safety Authority

- **Total Harm Events** – Sum of HAIs, HACs and Serious & Medication Events, as defined above

Department-based metrics

- **Hospital-Acquired Conditions (HAC)** – Sum of metrics listed below
  - **Iatrogenic Pneumothorax** (PSI-06) - # of inpatient iatrogenic pneumothorax cases (secondary diagnosis) per 1,000 surgical and medical discharges for patients ages 18 years and older. Excludes cases with chest trauma, pleural effusion, thoracic surgery, lung or pleural biopsy, diaphragmatic repair, or cardiac procedures; cases with a principal diagnosis of iatrogenic pneumothorax; cases with a secondary diagnosis of iatrogenic pneumothorax present on admission; and obstetric cases. Attributed to responsible provider and event date. See technical specifications for full description.
    - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
    - Related Regulatory Program: Star Rating, HAC Reduction
  - **Perioperative Hemorrhage or Hematoma** (PSI-09) - # of inpatient perioperative hemorrhage or hematoma cases involving a procedure to treat the hemorrhage or hematoma, following surgery per 1,000 surgical discharges for patients ages 18 years and older. Excludes cases with a diagnosis of coagulation disorder; cases with a principal diagnosis of perioperative hemorrhage or hematoma; cases with a secondary diagnosis of perioperative hemorrhage or hematoma present on admission; cases where the only operating room procedure is for treatment of perioperative hemorrhage or hematoma; obstetric cases. Attributed to responsible provider and event date. See technical specifications for full description.
    - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018

- Related Regulatory Program: Star Rating, HAC Reduction

- **Postoperative Acute Kidney Injury Requiring Dialysis** (PSI-10) - # of inpatient postoperative acute kidney failure cases requiring dialysis per 1,000 elective surgical discharges for patients ages 18 years and older. Excludes cases with principal diagnosis of acute kidney failure; cases with secondary diagnosis of acute kidney failure present on admission; cases with secondary diagnosis of acute kidney failure and dialysis or a dialysis access procedure before or on the same day as the first operating room procedure; cases with acute kidney failure, cardiac arrest, shock, urinary tract obstruction or chronic kidney failure; and obstetric cases. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Postoperative Respiratory Failure** (PSI-11) - # of inpatient postoperative respiratory failure (secondary diagnosis), prolonged mechanical ventilation, or reintubation cases per 1,000 elective surgical discharges for patients ages 18 years and older. Excludes cases with principal diagnosis for acute respiratory failure; cases with secondary diagnosis for acute respiratory failure present on admission; cases in which tracheostomy is the only operating room procedure or in which tracheostomy occurs before the first operating room procedure; cases with neuromuscular disorders, laryngeal, pharyngeal or craniofacial surgery, esophageal resection, lung cancer, lung transplant or degenerative neurological disorders; cases with a procedure on the nose, mouth, or pharynx; cases with respiratory or circulatory diseases; and obstetric discharges. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Deep-Vein Thrombosis/Pulmonary Embolism (DVT/PE)** (PSI-12) - # of inpatient perioperative pulmonary embolism or proximal deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges for patients ages 18 years and older. Excludes cases with principal diagnosis for pulmonary embolism or proximal deep vein thrombosis; cases with secondary diagnosis for pulmonary embolism or proximal deep vein thrombosis present on admission; cases in which interruption of vena cava occurs before or on the same day as the first operating room procedure; and obstetric discharges. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Postoperative Sepsis** (PSI-13) - # of inpatient postoperative sepsis cases (secondary diagnosis) per 1,000 elective surgical discharges for patients ages 18 years and older. Excludes cases with a principal diagnosis of sepsis, cases with a secondary diagnosis of sepsis present on admission, cases with a principal diagnosis of infection, cases with a secondary diagnosis of infection present on admission (only if they also have a secondary diagnosis of sepsis), obstetric discharges, and cases with missing values as listed in denominator section. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018

- Related Regulatory Program: Star Rating, HAC Reduction

- **Postoperative Wound Dehiscence** (PSI-14) - # of inpatient postoperative reclosures of the abdominal wall per 1,000 abdominopelvic surgery discharges for patients ages 18 years and older. Excludes cases in which the abdominal wall reclosure occurs on or before the day of the first abdominopelvic surgery, cases with an immunocompromised state, cases with stays less than two (2) days, and obstetric cases. In ICD-10-CM, cases are included if they have a diagnosis code of disruption of internal surgical wound with a reclosure procedure. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Accidental Puncture/Laceration** (PSI-15) - # of inpatient accidental punctures or lacerations (secondary diagnosis) during a procedure of the abdomen or pelvis per 1,000 discharges for patients ages 18 years and older that require a second abdominopelvic operation one or more days after the index surgery. Excludes cases with accidental puncture or laceration as a principal diagnosis, cases with accidental puncture or laceration as a secondary diagnosis that is present on admission, and obstetric cases. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Hospital-Acquired Infections (HAI)** – Sum of Colon, CT Surgery, Hip/Knee and Total Abdominal Hysterectomy Surgical Site Infections
  - **SSI – Colon** - # of colon surgical site infections following a NHSN-defined procedure of 'COLO'. Attributed to date of initial procedure and responsible department (Surgery).
    - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
    - Related Regulatory Program: Star Rating, HAC Reduction, VBP

  - **SSI – CT Surgery** - # of CT Surgery surgical site infections following a NHSN-defined procedure of 'CARD', 'CBGB', or 'CBGC'. Attributed to date of initial procedure and responsible department (Surgery).
    - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
    - Related Regulatory Program: None

  - **SSI – Hip/Knee** - # of joint surgical site infections following a NHSN-defined procedure of 'HPRO' or 'KPRO'. Attributed to date of initial procedure and responsible department (Orthopedics).
    - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
    - Related Regulatory Program: None

  - **SSI – Total Abdominal Hysterectomy** - # of total abdominal hysterectomy surgical site infections following a NHSN-defined procedure of 'HYST'. Attributed to date of initial procedure and responsible department (OB/GYN).
    - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
    - Related Regulatory Program: Star Rating, HAC Reduction, VBP

- **Total Harm Events** – Sum of HAIs and HACs, as defined above

Einstein Medical Center Montgomery

Unit-based metrics

- **Hospital-Acquired Infections (HAI)** – Sum of CAUTI, CLABSI, C. Diff and MRSA surveilled infections
    - **CAUTI** - # of surveilled catheter-associated urinary tract infections (CAUTI), as attributed to the IPAC-assigned unit and infection date. Patient must have an indwelling urinary catheter (IUC) in place for at least 2 days prior to the infection date and the IUC was either 1) present for any portion of the calendar day on the infection date or 2) removed the day prior the infection date. Additionally, patient must have at least one of the following: fever, suprapubic tenderness, costovertebral angle pain or tenderness, urinary urgency, urinary frequency or dysuria.
        - Data Owner: Kelly Romano Source: HAI Tracking Sheet Up through: 9/30/2018
        - Related Regulatory Program: Star Rating, HAC Reduction, VBP
    - **CLABSI** - # of surveilled laboratory-confirmed central line-associated blood stream infections (CLABSI) where an eligible BSI organism is identified and an eligible central line is present on the infection date or the day before, as attributed to the IPAC-assigned unit and infection date.
        - Data Owner: Kelly Romano Source: HAI Tracking Sheet Up through: 9/30/2018
        - Related Regulatory Program: Star Rating, HAC Reduction, VBP
    - **C. Diff** - # of surveilled Clostridium *difficile* infection detected by culture or other laboratory means performed on an unformed stool sample for a patient in a location with no prior C. difficile specimen result reported within 14 days for the patient and location, as attributed to the IPAC-assigned unit and infection date
        - Data Owner: Kelly Romano Source: HAI Tracking Sheet Up through: 9/30/2018
        - Related Regulatory Program: Star Rating, HAC Reduction, VBP
    - **MRSA** - # of methicillin-resistant *Staphylococcus aureus* (MRSA) positive blood specimen (bacteremia) infections in a location with no prior MRSA positive blood specimen result collected within 14 days for the patient and location, as attributed to the IPAC-assigned unit and infection date.
        - Data Owner: Kelly Romano Source: NHSN Up through: 9/30/2018
        - Related Regulatory Program: Star Rating, HAC Reduction, VBP
- **Hospital-Acquired Conditions (HAC)** – Sum of Pressure Injuries, Falls with Injury, and Ventilator-associated Events
    - **Pressure Injuries** – # of inpatients who have acquired a stage 2 or above pressure ulcer based on a monthly prevalence survey or PSN report, as attributed to the unit and month of occurrence
        - Data Owner: Lauren Nolen Source: PSN Up through: 9/30/2018
        - Related Regulatory Program: Proxy for Star Rating, HAC Reduction
    - **Falls with Injury** - # of Falls with Injury as reported to PSN and confirmed by Risk/Quality, as attributed to the unit and month of occurrence
        - Data Owner: Lauren Nolen Source: PSN Up through: 9/30/2018
        - Related Regulatory Program: Magnet (NDNQI)

- **IVAC+** - # of surveilled Infection-related Ventilator-Associated Complication (IVAC) events and Possible Ventilator-Associated Pneumonia (PVAP) events, as attributed to the IPAC-assigned unit and infection date.
  - Data Owner: Kelly Romano Source: HAI Tracking Sheet Up through: 9/30/2018
  - Related Regulatory Program: None

- **Serious & Medication Events** – Sum of Serious Events and Medication Errors
  - **Medication Errors** - # of patients with a medication error with an attributed AHRQ harm scale rating of 6 or greater as referenced in PSN, attributed by reporting date and assigned unit. Only inpatient- and hospital-based cases are counted on the Safety Scorecard. If an event occurs in an area that is not explicitly defined, but meets the above definition, it is attributed to the 'Other' designated area.
    - Data Owner: Lauren Nolen Source: PSN Up through: 9/30/2018
    - Related Regulatory Program: Department of Health, PA Patient Safety Authority
  - **Serious Events** - # of events reported to PA-PSRS with an attributed AHRQ harm scale rating of 6 or greater, attributed by event date and assigned unit. Only inpatient- and hospital-based cases are counted on the Safety Scorecard. If an event occurs in an area that is not explicitly defined, but meets the above definition, it is attributed to the 'Other' designated area.
    - Data Owner: Alison Lavery Source: PSN/PA-PSRS Up through: 9/30/2018
    - Related Regulatory Program: Department of Health, PA Patient Safety Authority

- **Total Harm Events** – Sum of HAIs, HACs and Serious & Medication Events, as defined above

Department-based metrics

- **Hospital-Acquired Conditions (HAC)** – Sum of metrics listed below
  - **Iatrogenic Pneumothorax** (PSI-06) - # of inpatient iatrogenic pneumothorax cases (secondary diagnosis) per 1,000 surgical and medical discharges for patients ages 18 years and older. Excludes cases with chest trauma, pleural effusion, thoracic surgery, lung or pleural biopsy, diaphragmatic repair, or cardiac procedures; cases with a principal diagnosis of iatrogenic pneumothorax; cases with a secondary diagnosis of iatrogenic pneumothorax present on admission; and obstetric cases. Attributed to responsible provider and event date. See technical specifications for full description.
    - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
    - Related Regulatory Program: Star Rating, HAC Reduction
  - **Perioperative Hemorrhage or Hematoma** (PSI-09) - # of inpatient perioperative hemorrhage or hematoma cases involving a procedure to treat the hemorrhage or hematoma, following surgery per 1,000 surgical discharges for patients ages 18 years and older. Excludes cases with a diagnosis of coagulation disorder; cases with a principal diagnosis of perioperative hemorrhage or hematoma; cases with a secondary diagnosis of perioperative hemorrhage or hematoma present on admission; cases where the only operating room procedure is for treatment of perioperative hemorrhage or hematoma; obstetric cases. Attributed to responsible provider and event date. See technical specifications for full description.
    - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
    - Related Regulatory Program: Star Rating, HAC Reduction

- **Postoperative Acute Kidney Injury Requiring Dialysis** (PSI-10) - # of inpatient postoperative acute kidney failure cases requiring dialysis per 1,000 elective surgical discharges for patients ages 18 years and older. Excludes cases with principal diagnosis of acute kidney failure; cases with secondary diagnosis of acute kidney failure present on admission; cases with secondary diagnosis of acute kidney failure and dialysis or a dialysis access procedure before or on the same day as the first operating room procedure; cases with acute kidney failure, cardiac arrest, shock, urinary tract obstruction or chronic kidney failure; and obstetric cases. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Postoperative Respiratory Failure** (PSI-11) - # of inpatient postoperative respiratory failure (secondary diagnosis), prolonged mechanical ventilation, or reintubation cases per 1,000 elective surgical discharges for patients ages 18 years and older. Excludes cases with principal diagnosis for acute respiratory failure; cases with secondary diagnosis for acute respiratory failure present on admission; cases in which tracheostomy is the only operating room procedure or in which tracheostomy occurs before the first operating room procedure; cases with neuromuscular disorders, laryngeal, pharyngeal or craniofacial surgery, esophageal resection, lung cancer, lung transplant or degenerative neurological disorders; cases with a procedure on the nose, mouth, or pharynx; cases with respiratory or circulatory diseases; and obstetric discharges. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Deep-Vein Thrombosis/Pulmonary Embolism (DVT/PE)** (PSI-12) - # of inpatient perioperative pulmonary embolism or proximal deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges for patients ages 18 years and older. Excludes cases with principal diagnosis for pulmonary embolism or proximal deep vein thrombosis; cases with secondary diagnosis for pulmonary embolism or proximal deep vein thrombosis present on admission; cases in which interruption of vena cava occurs before or on the same day as the first operating room procedure; and obstetric discharges. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Postoperative Sepsis** (PSI-13) - # of inpatient postoperative sepsis cases (secondary diagnosis) per 1,000 elective surgical discharges for patients ages 18 years and older. Excludes cases with a principal diagnosis of sepsis, cases with a secondary diagnosis of sepsis present on admission, cases with a principal diagnosis of infection, cases with a secondary diagnosis of infection present on admission (only if they also have a secondary diagnosis of sepsis), obstetric discharges, and cases with missing values as listed in denominator section. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Postoperative Wound Dehiscence** (PSI-14) - # of inpatient postoperative reclosures of the abdominal wall per 1,000 abdominopelvic surgery discharges for patients ages 18 years and older. Excludes cases in which the abdominal wall reclosure occurs on or before the day of the first abdominopelvic surgery, cases with an immunocompromised state, cases with stays less than two (2) days, and obstetric cases. In ICD-10-CM, cases are included if they have a diagnosis code of disruption of internal surgical wound with a reclosure procedure. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Accidental Puncture/Laceration** (PSI-15) - # of inpatient accidental punctures or lacerations (secondary diagnosis) during a procedure of the abdomen or pelvis per 1,000 discharges for patients ages 18 years and older that require a second abdominopelvic operation one or more days after the index surgery. Excludes cases with accidental puncture or laceration as a principal diagnosis, cases with accidental puncture or laceration as a secondary diagnosis that is present on admission, and obstetric cases. Attributed to responsible provider and event date. See technical specifications for full description.
  - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
  - Related Regulatory Program: Star Rating, HAC Reduction

- **Hospital-Acquired Infections (HAI)** – Sum of Colon, CT Surgery, Hip/Knee and Total Abdominal Hysterectomy Surgical Site Infections
  - **SSI – Colon** - # of colon surgical site infections following a NHSN-defined procedure of 'COLO'. Attributed to date of initial procedure and responsible department (Surgery).
    - Data Owner: Kelly Romano Source: HAI Tracking Sheet Up through: 9/30/2018
    - Related Regulatory Program: Star Rating, HAC Reduction, VBP
  - **SSI – CT Surgery** - # of CT Surgery surgical site infections following a NHSN-defined procedure of 'CARD', 'CBGB', or 'CBGC'. Attributed to date of initial procedure and responsible department (Surgery).
    - Data Owner: Kelly Romano Source: HAI Tracking Sheet Up through: 9/30/2018
    - Related Regulatory Program: None
  - **SSI – Hip/Knee** - # of joint surgical site infections following a NHSN-defined procedure of 'HPRO' or 'KPRO'. Attributed to date of initial procedure and responsible department (Orthopedics).
    - Data Owner: Kelly Romano Source: HAI Tracking Sheet Up through: 9/30/2018
    - Related Regulatory Program: None
  - **SSI – Total Abdominal Hysterectomy** - # of total abdominal hysterectomy surgical site infections following a NHSN-defined procedure of 'HYST'. Attributed to date of initial procedure and responsible department (OB/GYN).
    - Data Owner: Kelly Romano Source: HAI Tracking Sheet Up through: 9/30/2018
    - Related Regulatory Program: Star Rating, HAC Reduction, VBP

Einstein Medical Center Montgomery

- **Maternal** - Sum of elective deliveries prior to 39 weeks, patients with transfusion > 4 units, patients transferred to ICU, C-Section SSIs, Birth Trauma and Obstetric Trauma
    - **Elective Delivery Prior to 39 Weeks** - # of inpatients who either a) have a C-section or b) are induced and deliver prior to 39 weeks gestational age without a medically or obstetrically indicated reason as documented in AeCIS, attributed by delivery date. *Data is based on abstraction and runs on a delayed measurement period.*
        - Data Owner: Anneliese Gualtieri Source: Premier Up through: 7/31/2018
        - Related Regulatory Program: Star Rating
    - **Transfusion > 4 Units** - # of inpatients receiving more than 4 total units of blood products as per the Blood Utilization Report, attributed by admission date.
        - Data Owner: Anneliese Gualtieri Source: Lab Report Up through: 9/30/2018
        - Related Regulatory Program: None
    - **Transfers to ICU** - # of inpatients who have an unscheduled transfer to a critical care unit from either Labor and Delivery or the Mother Baby unit as per documented transfer order in AeCIS, attributed by transfer date.
        - Data Owner: Anneliese Gualtieri Source: AeCIS Up through: 9/30/2018
        - Related Regulatory Program: None
    - **SSI – C-Section** - # of C-section surgical site infections following a NHSN-defined procedure of 'CSEC' within 30 days of discharge, attributed to initial procedure date and responsible department (OB/GYN).
        - Data Owner: Kelly Romano Source: HAI Tracking Sheet Up through: 9/30/2018
        - Related Regulatory Program: None
    - **Obstetric Trauma during Vaginal Delivery** (PSI-18/19) - # of third and fourth degree obstetric traumas during vaginal delivery. Attributed to responsible provider and event date. See technical specifications for full description.
        - Data Owner: Jared Vanderzell Source: Softmed Up through: 9/30/2018
        - Related Regulatory Program: None
- **Total Harm Events** – Sum of HAIs, HACs and Maternal events, as defined above

MossRehab

Unit-based metrics

- **Hospital-Acquired Infections (HAI)** – Sum of CAUTI, CLABSI, C. Diff and MRSA surveilled infections
    - **CAUTI** - # of surveilled catheter-associated urinary tract infections (CAUTI), as attributed to the IPAC-assigned unit and infection date. Patient must have an indwelling urinary catheter (IUC) in place for at least 2 days prior to the infection date and the IUC was either 1) present for any portion of the calendar day on the infection date or 2) removed the day prior the infection date. Additionally, patient must have at least one of the following: fever, suprapubic tenderness, costovertebral angle pain or tenderness, urinary urgency, urinary frequency or dysuria.
        - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
        - Related Regulatory Program: None
    - **CLABSI** - # of surveilled laboratory-confirmed central line-associated blood stream infections (CLABSI) where an eligible BSI organism is identified and an eligible central line is present on the infection date or the day before, as attributed to the IPAC-assigned unit and infection date.
        - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
        - Related Regulatory Program: None
    - **C. Diff** - # of surveilled Clostridium *difficile* infection detected by culture or other laboratory means performed on an unformed stool sample for a patient in a location with no prior C. difficile specimen result reported within 14 days for the patient and location, as attributed to the IPAC-assigned unit and infection date
        - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
        - Related Regulatory Program: None
    - **MRSA** - # of methicillin-resistant *Staphylococcus aureus* (MRSA) positive blood specimen (bacteremia) infections in a location with no prior MRSA positive blood specimen result collected within 14 days for the patient and location, as attributed to the IPAC-assigned unit and infection date.
        - Data Owner: Dottie Borton Source: NHSN Up through: 9/30/2018
        - Related Regulatory Program: None
- **HACs** – Sum of Pressure Injuries and Falls with Injury
    - **Pressure Injuries** – # of inpatients who have acquired a new pressure ulcer (any stage), or one that has worsened during their hospital stay, as attributed to the unit of discovery and patient's discharge month
        - Data Owner: Elizabeth Nichols Source: Tracking Sheet Up through: 9/30/2018
        - Related Regulatory Program: None
    - **Falls with Injury** - # of Falls with a minor or greater confirmed injury as reported to PSN and confirmed by Nursing Operations & NEPD, as attributed to assigned unit and fall date.
        - Data Owner: Marilyn Pollock Source: Nursing Dept Up through: 9/30/2018
        - Related Regulatory Program: Magnet (NDNQI)

MossRehab

- **Serious & Medication Events** – Sum of Serious Events and Medication Errors
    - **Medication Errors** - # of patients with a medication error with an attributed AHRQ harm scale rating of 6 or greater as referenced in PSN, attributed by reporting date and assigned unit. Only inpatient- and hospital-based cases are counted on the Safety Scorecard. If an event occurs in an area that is not explicitly defined, but meets the above definition, it is attributed to the 'Other' designated area.
        - Data Owner: Alison Lavery Source: PSN Up through: 9/30/2018
        - Related Regulatory Program: Department of Health, PA Patient Safety Authority
    - **Serious Events** - # of events reported to PA-PSRS with an attributed AHRQ harm scale rating of 6 or greater, attributed by event date and assigned unit. Only inpatient- and hospital-based cases are counted on the Safety Scorecard. If an event occurs in an area that is not explicitly defined, but meets the above definition, it is attributed to the 'Other' designated area.
        - Data Owner: Alison Lavery Source: PSN/PA-PSRS Up through: 9/30/2018
        - Related Regulatory Program: Department of Health, PA Patient Safety Authority
- **Total Harm Events** – Sum of HAIs, HACs, Serious and Medication Events, as defined above

Department-based metrics

- **Not Applicable**

Willowcrest

Unit-based metrics

- **Hospital-Acquired Infections (HAI)** – Sum of CAUTI, CLABSI, and C. Diff surveilled infections
  - **CAUTI** - # of surveilled catheter-associated urinary tract infections (CAUTI), as attributed to the IPAC-assigned unit and infection date. Patient must have an indwelling urinary catheter (IUC) in place for at least 2 days prior to the infection date and the IUC was either 1) present for any portion of the calendar day on the infection date or 2) removed the day prior the infection date. Additionally, patient must have at least one of the following: fever, suprapubic tenderness, costovertebral angle pain or tenderness, urinary urgency, urinary frequency or dysuria.
    - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
  - **CLABSI** - # of surveilled laboratory-confirmed central line-associated blood stream infections (CLABSI) where an eligible BSI organism is identified and an eligible central line is present on the infection date or the day before, as attributed to the IPAC-assigned unit and infection date.
    - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
  - **C. Diff** - # of surveilled Clostridium *difficile* infection detected by culture or other laboratory means performed on an unformed stool sample for a patient in a location with no prior C. difficile specimen result reported within 14 days for the patient and location, as attributed to the IPAC-assigned unit and infection date
    - Data Owner: Dottie Borton Source: HAI Database Up through: 9/30/2018
- **HACs** – Sum of Pressure Ulcers, Falls with Injury, and Ventilator-associated Events
  - **Pressure Injuries** – # of patients with any stage hospital-acquired pressure ulcer or any stage worsening pressure injury, as attributed to assigned unit and event date.
    - Data Owner: Amina Harris Source: Tracking Sheet Up through: 9/30/2018
  - **Falls with Injury** - # of Falls with a minor or greater confirmed injury as reported to PSN and confirmed by Nursing Operations & NEPD, as attributed to assigned unit and fall date.
    - Data Owner: Marilyn Pollock Source: Nursing Dept Up through: 9/30/2018
- **Medication Events** – Sum of Medication Errors
  - **Medication Errors** - # of patients with a medication error with an attributed AHRQ harm scale rating of 6 or greater as referenced in PSN, attributed by reporting date and assigned unit. Only inpatient- and hospital-based cases are counted on the Safety Scorecard. If an event occurs in an area that is not explicitly defined, but meets the above definition, it is attributed to the 'Other' designated area.
    - Data Owner: Alison Lavery Source: PSN Up through: 9/30/2018
- **Total Harm Events** – Sum of HAIs, HACs and Medication Events, as defined above

Department-based metrics

- **Not Applicable**