



### *MISSION*

Brigham and Women's Hospital is dedicated to serving the needs of the community. It is committed to providing the highest quality health care to patients and their families, to expanding the boundaries of medicine through research, and to educating the next generation of health care professionals.

### *VISION*

Brigham and Women's/Faulkner Hospitals will be the academic and community teaching hospitals and physicians of choice with the most distinguished caliber of physician and professional healthcare staff. We will create the highest quality of care through our commitment to patients and their families, the innovation inherent in our academic programs, and the strength of partnerships with members of Partners HealthCare System, Dana Farber Cancer Institute, Harvard University, and our local community, as well as our unique relationships with care provider groups such as Harvard Vanguard Medical Associates.

### *VALUES*

- **Quality Patient Care:** Delivering quality patient care is the center of everything we do.
- **Teaching Excellence:** We seek to uphold the highest standards in training healthcare professionals.
- **Research Leadership:** We continuously seek new ways to demonstrate our leadership role in research.
- **Customer Focus:** Our focus is to serve our customers.
- **Respect for the Individual:** We recognize and value the contributions of every individual.
- **Teamwork:** We work toward a unified approach to developing healthcare solutions.
- **Embracing Change:** Embracing change will help us to be successful.
- **Operational Efficiency:** We strive for efficient and effective delivery of services.

## CULTURAL COMPETENCY STATEMENT

Brigham and Women's Hospital is committed to fostering a Culturally competent work environment that recognizes, values, and respects differences among our employees and the community we serve.

Brigham and Women's Hospital is dedicated to maintaining a culturally competent organization by providing continuous leadership development through self-awareness, educational opportunities, open communication, and ongoing support. In addition, we remain committed to providing the highest quality healthcare for the diverse communities that we serve by exemplifying respectful, compassionate, and cohesive care with each patient relationship.

## HISTORY

BWH resulted from the 1980 merger of the Peter Bent Brigham Hospital, a general adult medical facility; the Robert Breck Brigham Hospital, which was devoted to the care of arthritis and related diseases; and the Boston Hospital for Women, which provided obstetrical gynecological care. (BH for W, in turn, was the product of an earlier merger between the Boston Lying-in Hospital and the Free Hospital for Women, one of the first gynecological hospitals in the U.S.)

The “medical firsts” that have emanated from BWH and its predecessors include the world’s first successful kidney transplant, performed in 1954 (Brigham and Women’s has performed more than 1,000 since then); invention of important medical equipment including the blood bag, the iron lung, and the water heated bassinet; fertility studies that led to development of the birth control pill; and in 1984, New England’s first heart transplant.

Brigham and Women’s provides care to approximately 36,000 patients annually and, through its many ambulatory services, records over 600,000 patient visits, many at its two neighborhood health centers in nearby Jamaica Plain. More than 10,000 babies are born here a year and more than 20,000 surgical procedures are performed.

In 1994, BWH and the Massachusetts General Hospital (MGH) merged to form a parent organization, Partners HealthCare System, Inc. While retaining their own strong and separate identities, the two hospitals are now able to expand their resources and services to benefit all the communities they serve.

## BWH MILESTONES

1832 — Following fundraising appeals to individuals and various charitable organizations, the Boston Lying-In Hospital, one of the nation’s first maternity hospitals, opens its doors to women unable to afford in-home medical care.

1847 — Anesthesia is administered in childbirth for the first time (Boston Lying-In).

1875 — The Free Hospital for Women is founded "for poor women affected with diseases peculiar to their sex or in need of surgical aid," according to its mission statement. Each of five beds is sponsored by a different charitable group.

1883 — Antiseptic techniques are introduced to ward off infection following childbirth, dramatically reducing the maternal/child death rate (Boston Lying-In).

1911 — The Peter Bent Brigham Hospital is established "for the care of sick persons in indigent circumstances" with a bequest from restaurateur and real estate baron Peter Bent Brigham.

1914 — The Robert Breck Brigham Hospital, founded with a bequest from Peter Bent Brigham’s nephew, opens to serve patients with arthritis and other debilitating joint diseases.

1926 — Drs. William Murphy, George Whipple and George Minot discover that liver extracts cure pernicious anemia. In 1934, they share the Nobel Prize for this work (Peter Bent Brigham Hospital).

1929 — The first polio victim is saved using the newly developed Drinker Respirator (iron lung) at the Peter Bent Brigham Hospital in collaboration with Children's Hospital Medical Center and the Harvard School of Public Health.

1931 — Harvey Cushing, MD, the father of modern neurosurgery, performs his 2,000th brain surgery while serving as chief of Surgery (Peter Bent Brigham Hospital).

1944 — Researchers fertilize a human ovum in a test tube for the first time (Free Hospital for Women).

1949 — Carl Walter, MD, invents and perfects a way to collect, store and transfuse blood (Peter Bent Brigham Hospital).

1949 — Cortisone, a steroid treatment used throughout medicine, is first administered to patients with rheumatoid arthritis (Robert Breck Brigham Hospital).

1954 — The first successful human organ transplant, a kidney transplanted from one identical twin to another, is accomplished. Joseph Murray, MD, receives the Nobel Prize in 1990 for this work and the subsequent development of immunosuppressive drugs (Peter Bent Brigham Hospital).

1962 — A DC electric current is first used to restore normal rhythm to a heart (Peter Bent Brigham Hospital).

1966 — The Boston Hospital for Women is established through a merger of the Boston Lying-In Hospital and the Free Hospital for Women.

1973 — Non-invasive fetal heart monitoring is developed, enabling clinicians to more safely and accurately detect fetal distress during labor (Boston Hospital for Women).

1976 — BWH researchers launch the Nurses' Health Study, enrolling 122,000 women in America's first study of women's health. Launched to explore the link between birth control pills and cancer, the ongoing NHS is examining associations between lifestyle factors (diet, smoking, exercise) and disease.

1980 — The Brigham and Women's Hospital opens its doors, welcoming patients to a new, state-of-the-art facility six years after the formal affiliation of three distinguished predecessors, the Boston Hospital for Women, the Peter Bent Brigham Hospital and the Robert Breck Brigham Hospital.

1984 — The first heart transplant in New England is performed at BWH.

1984 — BWH researchers launch a series of national clinical studies known as the TIMI trials (Thrombolysis in Myocardial Infarction), which demonstrate that new "clot busting" (thrombolytic) drugs can save heart muscle and improve patients' chances of surviving a heart attack. The series of 24 trials, eight which are ongoing, has revolutionized the care of heart-attack patients.

1985 — The Nobel Peace Prize is awarded to International Physicians for the Prevention of Nuclear War, an organization co-founded by BWH cardiologist Bernard Lown, MD.

1991 — BWH is acknowledged as having received more citations in scientific papers than any other hospital in the world for the period 1986 through 1990.

1992 — BWH performs the first heart-lung transplant in Massachusetts.

1992 — A gene responsible for a severe, early-onset form of hypertension which runs in families is identified at BWH.

1992 — BWH researchers discover that a protein (amyloid beta) thought to be an early, causative feature of Alzheimer's disease is also present in healthy individuals, and that patients with Alzheimer's produce too much of this protein or cannot break it down properly.

1993 — BWH is selected by the National Institutes of Health as one of 16 Vanguard Centers nationwide to help lead the Women's Health Initiative, the largest clinical trial ever undertaken in American women.

1994 — BWH unveils the world's first Intra-Operative Magnetic Resonance Imaging System. This invention, which enables clinicians to take images of the body's interior during surgery, makes it possible to cure patients with brain tumors that previously were considered inoperable.

1994 — BWH researchers at the helm of the national Survival and Ventricular Enlargement (SAVE) trial report that ace inhibitors (captopril) significantly reduce heart-attack survivors' risk of recurrent heart attack and death.

1994 — The 12-story Center for Women and Newborns opens. The facility, which in 1999 is named the Mary Horrigan Connors Center for Women's Health, sets a new standard in obstetrical and newborn care, featuring home-like birthing suites, private postpartum and antepartum rooms that promote family-focused care, and a 46-bed Newborn Intensive Care Unit with overnight rooms for parents.

1994 — BWH joins with Massachusetts General Hospital to form Partners HealthCare System.

1995 — BWH performs the nation's first triple organ transplant, removing three organs from a single donor — two lungs and a heart — and transplanting them into three patients, giving each a new lease on life.

1996 — BWH researchers discover that exposure to bright light alone resets the human biological clock and successfully alters by several hours a patient's "circadian pacemaker," which keeps the body's internal system in synchrony with the external light-dark cycle.

1996 — BWH becomes one of only 10 hospitals in the country to perform "minimally invasive" aortic valve surgery.

1996 — BWH researchers at the helm of the Cholesterol and Recurrent Events (CARE) trial report that cholesterol-lowering statin drugs (pravastatin) significantly lower heart-attack survivors' risk of recurrent heart attack and death.

1998 — BWH forges an affiliation with Faulkner Hospital in Jamaica Plain, a highly respected community teaching hospital founded in 1900. At Faulkner, patients receive top-notch, routine primary and adult medical and surgical care, as well as mental health, emergency, ambulatory and diagnostic services. Under the new alliance, these patients also gain easy access to BWH should they ever require advanced specialty care.

1999 — Amid national discourse on the need to reduce errors in medicine, BWH researchers report that the hospital's own computerized drug-order entry system reduces the incidence of serious medication-related errors by 55 percent, setting a new benchmark for the country.

2000 — In what is believed to be a "first" in organ transplantation, BWH performs a quadruple transplant. Harvesting four organs from a single donor — a kidney, two lungs and a heart — hospital surgeons give new hope to four patients, all of whom weather their surgeries well.

2004 — BWH achieves another transplant "first". Hundreds of BWH staff — including doctors, nurses and intensive care staff — come in on their weekend time off to make possible five lung transplants in 36 hours.

2005 — BWH marked its 500th heart transplant, the most for any New England hospital. This historic operation adds BWH to an exclusive list of hospitals nationwide to reach this mark, according to the United Network of Organ Sharing (UNOS).

2006 — BWH became the first hospital in New England and the second hospital in the nation to implant in a patient the Impella Recover 2.5 — the world's smallest ventricular assist device (VAD) — during a high-risk angioplasty. This procedure benefits those angioplasty patients with the most compromised heart function.

2007 — BWH receives approval to perform partial facial transplants in selected previous transplant patients, making the hospital just the second in the country able to do so.

2008 — The first patients are welcomed to the Carl J. and Ruth Shapiro Cardiovascular Center, as the Watkins Cardiovascular Clinic, which now combines Cardiovascular Medicine, Cardiac Surgery and Vascular Surgery in one location, officially opened in June. The inpatient move took place in July.

2009 — BWH and Mass General open the Brigham and Women's/Mass General Health Care Center at Patriot Place. The state-of-the-art facility offers convenient primary care and other medical and surgical specialty care to BWH and MGH patients in that area of the state.

2010 — BWH launches OurGenes, OurHealth, OurCommunity, the largest genetic and environmental research project in New England.

2011 — For the fifth consecutive year, BWH is the recipient of a Medal of Honor for Organ Donation, an honor bestowed by the U.S. Department of Health and Human Services. In 2010, BWH had 16 organ donors, matching the record number set in 2009. There were 45 organs recovered and transplanted, as well as 36 tissue donors that benefitted more than 400 patients who received corneal donation, heart valves, skin, bone and tendons.

2012 — In February, a team at Brigham and Women's Hospital implants the first total artificial heart in New England. In this procedure, considered a bridge to transplantation, a device replaces the patient's heart and pumps blood throughout the body until a donor heart becomes available for transplant.

2013 — In November, BWH in conjunction with Harvard Medical School and Harvard School of Public Health hosted the first-ever Global Health Summit highlighting the institutions' collaborations and achievements in the field of global health. The Summit featured three panels of global health experts who discussed their work, experiences and challenges in the field.

## HOSPITAL RESOURCES AND IMPORTANT INFORMATION

### **BANKING**

Automatic teller machines (ATMs) are located at the back of the Main Lobby at the 75 Francis Street entrance and in the Ambulatory Services Building Lobby at the 45 Francis Street entrance.

### **BLOOD DONOR CENTER**

Blood donations can only come from human beings. No other source is currently available. Your one unit of blood can help three adult patients or five newborns and one unit of platelets can help one cancer patient with bleeding problems. There will always be a need for blood donors. You can be part of the cure!

#### *Qualifications*

- Be in good general health
- Weigh at least 110 pounds
- Be 18 years or older
- Yes, you can donate blood if you have sickle cell trait

### *Disqualifications*

- Tattoo within 12 months of blood donation
- At risk for HIV/AIDS
- History of hepatitis
- Currently pregnant (or trying)
- History of coronary artery disease
- Insulin-dependent diabetes
- History of most types of cancer

For more information about becoming involved in blood donation, or if interested in scheduling an appointment, please call the Blood Donor Center at 617-632-3206 or email [blooddonor@partners.org](mailto:blooddonor@partners.org) to schedule an appointment

### **BRETHOLZ CENTER FOR PATIENTS AND FAMILIES**

The Bretholz Center is an information source for patients and their families. The center contains books, pamphlets and other information about metropolitan Boston and New England. Information on short-term housing and hotel accommodations is also available. The center houses offices for Family Liaisons, a waiting area for loved ones in surgery, physician/family consultation rooms, a state of the art communications center, the Kessler Library for Health Education and the Patient and Family Relations office. There is also a book lending library for patients.

### **CHAPLAINCY SERVICES**

Chaplaincy Services seeks to provide spiritual and emotional support to patients, families and hospital staff. Chaplains offer prayer and sharing of scripture when requested or appropriate. Patients and families find in chaplains acceptance, support and affirmation. There are available chaplains of various traditions. Sacraments are available as needed or desired. Ministry is available to persons of all faiths, as well as those with no church or temple affiliation. Any staff person can help you contact a chaplain. The office number is 617-732-7480. The office is open Monday through Friday, 8:30 am – 5:30 pm.

### **EMPLOYEE PERKS PROGRAM**

The Perks Program consists of a network of vendors in Boston and the surrounding area offering discounts on a wide variety of goods and services. With an ID badge from BWH, MGH or Partners, employees and volunteers may receive discounts on items such as mobile phones and cellular service, wholesale club memberships, car rentals, hair styling, movie and museum passes as well as discounts from stationary and invitation stores, moving companies and day spas. The discounts also include theater shows, Fleet Center performances, reduced rates on tickets to several amusement parks – and much more.

### **FOOD SERVICES**

#### *Cafeteria*

The cafeteria is operated by the BWH Department of Food Services. It is on 2<sup>nd</sup> floor of the Tower Building, at the end of the Pike.

*Hours seven days a week:*

Breakfast: 6:15 am to 10:30 am  
Lunch: 11:15 am to 2:30 pm, weekends and holidays until 2:00 pm  
Snack: 3:00 pm to 4:30 pm  
Dinner: 4:30 pm to 8:00 pm  
Late Night: 9:00 pm to 11:30 pm

*The cafeteria's vending machines are available around-the-clock.*

***The Café Express Station***, serving snacks and drinks, is open 6:00 am to 7:30 pm. Pizza and grinders are served 11:00 am to 7:30 pm.

### ***Au Bon Pain***

Privately operated, Au Bon Pain serves soup, sandwiches, salads, baked goods, frozen yogurt, coffee and soft drinks. It is located on the ground floor of the Tower Building off the Main lobby at 75 Francis Street and is open around the clock from Sunday 6:00 am through Saturday 8:00 pm.

### ***Pat's Place***

Privately owned, Pat's Place is a coffee and sandwich shop located in the Peter Bent Brigham Building. Open Monday thru Friday 6:00 am to 5:00 pm, *closed week-ends and holidays.*

## **GIFT SHOP**

Our gift shop provides cards, gifts and flower arrangements. The shop is supported by *The Friends of Brigham and Women's Hospital*, a non-profit organization dedicated to supporting the hospital's patients, their visitors, employees and faculty. Profits are returned to the hospital for the purchase of medical equipment and patient services. For more information, call The Gift and Flower Shop at 617-732-7445 or visit the shop, which is off the Main Lobby at the 75 Francis Street Entrance.

The Gift and Flower Shop is open:

Monday thru Thursday 9:30 am – 7:00 pm

Friday 9:30 am – 5:30 pm

Saturday and Sunday 12:00 noon – 6:00 pm

Closed holidays

## **INTERPRETER SERVICES**

Brigham and Women's Hospital offers interpreter services for non-English-speaking and perceptually disabled patients and their families. Spanish interpreters are on staff and available 24 hours a day. Interpreters for other languages are available as needed. If a patient needs the assistance of an interpreter, please inform the nurse or doctor or call 617-732-6639 or page beeper #11900.

In addition to interpreters trained in sign and oral communication, the hospital lends portable amplification devices (TDDs or TTYs) to deaf patients during their hospital stay. The hospital's TDD/TTY number for emergencies and adult medical care referrals and advice is 617-732-6659.

## **MBTA PASSES**

BWH offers employees and volunteers a 50% discount on MBTA monthly passes. Volunteers and Sponsored Staff should inquire process for ordering passes in the Office for Sponsored Staff and Volunteer Services. *Offer valid for active Volunteers/Sponsored Staff only.*

## **NEWSPAPERS AND READING MATERIALS**

An attendant visits the patient floors periodically to announce the sale of newspapers, including the Boston Herald, Boston Globe, New York Times and USA Today. The lobby at the 75 Francis Street entrance also has newspaper machines. In addition, a volunteer periodically brings reading materials to the unit for interested patients and families. Magazines are sold in the gift shop, also located in the 75 Francis Street lobby.

## **PASSAGEWAY**

Passageway, the hospital's domestic violence program works to improve the health, well-being and safety of those experiencing abuse in an intimate relationship. Free and confidential advocacy services are offered to patients, employees and volunteers. Services are flexible and designed to create safe access for individuals to non-judgmental individual counseling, support groups, safety planning, information about the health effects of domestic violence, medical advocacy, legal and court advocacy, and referrals to community resources. Anyone who has been threatened, controlled, physically hurt or sexually abused by a current or former intimate or dating partner may call us directly at 617-732-8753 or via pager #31808.

## **PATIENT/FAMILY RELATIONS**

If patients have complaints, concerns or suggestions about their hospital stay, the Patient/Family Relations Department can help. This department also provides general information about hospital policies, procedures and services. The number is 617-732-6636.

## **VISITING**

In general, visiting times are determined by the patient's condition and treatments. Standard visiting times are 1:00 – 8:00 pm daily. Visitors should check with the nurse caring for their loved one to discuss the visiting process that will be best for the patient. If visiting the hospital after 8:00 pm, our information desk staff will call to the floor to confirm the visit.

<b>PATIENT'S BILL OF RIGHTS (excerpts)</b>
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Every patient shall have the right:

- A. Upon request, to obtain from the hospital the name and specialty, if any, of the physician or other person responsible for his care or the coordination of his care;
- B. To confidentiality of all records and communications to the extent provided by law;
- C. To have all reasonable requests responded to promptly and adequately within the capacity of the hospital;

- D. Upon request, to obtain an explanation as to the relationship, if any, of the hospital to any other health care facility or educational institution in so far as said relationship relates to his care or treatment;
- E. To obtain from a person designated by the hospital a copy of any rules or regulations of the hospital, which apply to his conduct as a patient;
- F. Upon request, to inspect his medical records and to receive a copy there of, and the fee for said copy shall be determined by the rate of copying expenses;
- G. Upon request, to receive from person designated by the hospital any information which the hospital has available relative to financial assistance and free health care;
- H. To refuse to be examined, observed, or treated by students or any other hospital staff without jeopardizing access to psychiatric, psychological, or other medical care attendance;
- I. To refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic;
- J. To privacy during medical treatment or other rendering of care within the capacity of the hospital;
- K. To prompt life-saving treatment in an emergency without discrimination on account of economic status or source of payment and without delaying treatment for purposes of prior discussion of the source of payment unless such delay can be imposed without materials risk to his health and this right shall also extend to those persons not already patients of the hospital;
- L. To informed consent to the extent provided by law; and
- M. Upon request to receive a copy of an itemized bill or other statement of charges submitted to any third party by the hospital for care of the patient and to have a copy of said itemized bill or statement sent to the attending physician of the patient.

*The above material is taken from Massachusetts General Laws, Chapter III, Section 70E.*

<b>HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT</b>
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**WHAT EXCATLY IS HIPAA, AND WHAT DO THESE PRIVACY STANDARDS MEAN FOR US HERE AT BWH?**

- H - Health
- I - Insurance
- P - Portability and
- A - Accountability
- A - Act of 1996

Under HIPAA, Brigham and Women's Hospital is required to protect individually identifiable patient information from unauthorized outside access or internal misuse. The primary intent of HIPAA is to provide better access to health information, limit fraud and abuse and reduce administrative cost. Federal Standards under this legislation are designed to:

- Improve the efficiency and effectiveness of the healthcare system by standardizing the interchange of electronic data for specified administrative and financial transactions.
- Protect the security and confidentiality of electronic and other health information

**There are 3 major elements to HIPAA that BWH is in the process of regulating and implementing**

- Standardizing Electronic/Billing Codes
- Privacy
- Security

**What is "PHI"?**

Here at BWH, we are fully committed to providing all patients with the highest quality healthcare, and forming relationships based on trust. That means respecting patients' **privacy and confidentiality** regarding **protected health information**, referred to as **PHI**.

The purpose of the HIPAA Privacy regulations is to prevent inappropriate use and disclosure of patients' **PHI** by safeguarding the ways in which this information is stored, transmitted and processed.

### **CARING FOR PATIENTS WHILE RESPECTING THEIR PRIVACY**

When patients are seen here at BWH for inpatient and outpatient services, they will be asked to sign a **General Consent Form**, which gives us permission to use patients' medical information for:

- Treatment purposes
- Payment for services
- Conducting normal business operations

Patients will also be given a copy of the BWH **Privacy Notice**, which describes how their medical information may be used and disclosed. It will also explain how patients can get access to this information. Patients will be asked to **acknowledge receipt of the Privacy Notice when they sign the BWH General Consent Form**.

### **A FEW "EXPECTATIONS" REGARDING PATIENT PRIVACY MANAGEMENT**

BWH is dedicated in every way to providing the best possible care to all patients. Policies are enforced to preserve the privacy and confidentiality of patient information to the full extent of the law. Breaches of BWH confidentiality policies and/or Medical Staff bylaws will be subject to disciplinary actions, up to and including loss of privileges and possible termination.

Patient information will be maintained and kept in a safe and secure manner. Access to patient medical information will be limited to those specifically authorized. Random key-giving audits are performed as needed.

Access to patient health information by anyone outside BWH and Partners HealthCare is prohibited without the patients authorization, or unless permitted by law.

#### **REMINDERS**

- **NEED TO KNOW:** Only access information needed to perform your job responsibilities
- **NEVER SHARE YOUR PASSWORD/KEY:** Protect you computer passwords at all times
- **USE THE YELLOW LOCK:** When leaving your desk or workstation, even if only for a few minutes, click on the **YELLOW LOCK** located at the bottom right hand corner of your computer screen to activate the Partners screensaver to hide all information displayed on the screen
- **DO NOT DISCUSS PATIENT INFORMATION IN PUBLIC AREAS**
- **PROTECT PATIENT INFORMATION IN WAYS YOU WOULD WANT YOUR INFORMATION PROTECTED**

<b>HELP PREVENT ACCIDENTS</b>
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Most accidents can be prevented... because most hazards can be seen. Keep your eyes open for potential dangers around you. If you see a problem... **REPORT IT** (call 2-7130) or **CORRECT IT!**

**THE BEST DEFENSE IS PREVENTION. DON'T CONTRIBUTE TO A PROBLEM BY IGNORING IT.**

#### **WATCH FOR:**

- Cables and cords in the hallways
- Spills
- Debris
- Sharp or protruding objects
- Anything else your common sense says could cause injury

#### **IN YOUR OWN WORK AREA, BE CAREFUL WITH:**

- Toxic or hazardous substances
- Equipment

#### **IT IS IMPORTANT TO SAFEGUARD AGAINST FIRE:**

- Store flammable substances properly
- Watch out for overloaded circuits
- Be on the lookout for fire hazards

**BACK INJURIES FROM IMPROPER LIFTING ARE THE MOST COMMON ACCIDENTS ON THE JOB. HERE'S HOW TO PROTECT YOURSELF:**

- Size up the item you plan to lift
- Keep your feet comfortably spread apart for support
- Bend at the hips and knees

- Keep your back straight
- Get a firm grip on the object
- Keep the item close to your body
- Lift straight up using your legs not your back

## IDENTIFICATION BADGE REGULATIONS

1. Massachusetts State law and Hospital Policy and the Joint Commission on Accreditation for Healthcare Organizations (JCAHO) require all health care employees/volunteers to wear identification at all times while working.
2. ID Badges must be worn visibly, face up and above the waist at all times while on hospital property.
3. Wearing your ID Badge is critical for maintaining hospital security during emergency situations, including but not limited to an internal or external disaster. Without your ID badge staff/volunteers will not be allowed to enter and/or move within the hospital during emergency situations.
4. ID Badges are considered to be hospital property, and are assigned to individual employees and volunteers for identification and access purposes. They are not transferable to others for any reason.
5. ID Badge modifications or alterations are not permitted.
6. ID Badges with expiration dates should be renewed prior to the expiration date. Expired badges will be confiscated by Security.
7. Lost ID Badges must be reported to Security as soon as possible. A replacement fee will be charged for all lost badges, Lost or unauthorized badges will also be confiscated by Security.
8. Found ID Badges will be returned to the ID Office for disposition.
9. When off-duty, ID Badges with access to secured or sensitive areas must be appropriately safeguarded.
10. Questions regarding ID Badges should be referred to Security Administration at 732-6001.

## EMERGENCY CODES

### **STAT LINE for All Codes 617-732-6555 OR 2-6555**

- Code Red – Fire
- Code Grey – Security Personnel Needed Urgently
- Code Blue – Immediate Medical Assistance Needed

- Code Green –M.D. or Specialty Needed Urgently
- Code White – Bomb Threat
- Code Pink – Infant Abduction
- Code Amber – Disaster Plan in Effect
  - External
  - Internal

<b>FIRE EMERGENCY</b>
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**CODE RED IS THE BWH TERM FOR A FIRE EMERGENCY Notification & Response.**

A fire emergency means seeing fire or smoke, or smelling something burning.

The following procedures are to be followed during a fire emergency (**A-R-C-E**).

**ALARM**

- Pull the fire alarm nearest to the fire.
- Call out “CODE RED” and the room location to alert staff.
- Dial STAT Operator at 732-6555 or x2-6555, say “CODE RED”, give the exact fire location, and state your name.

**RESCUE**

- Go to the fire room when alerted.
- Remove the person(s) in immediate danger.
- Close the door(s).

**CONTAIN**

- Close the doors to all rooms in the zone.
- Ensure that the smoke/fire doors are closed.

**EVACUATE**

*Patient Care Staff:*

- Move the patients through the fire doors to the safe zone upon the direction of your supervisor or whoever is in charge at that time.

*Non-Patient Care Staff:*

- Move to the designated safe zone.

**All employees are responsible for keeping BWH “Fire-Safe”.**

- **Treat *all* alarms as a true emergency.** When you hear an alarm, check your own workspace and surroundings for an emergency condition.
- Follow your department’s “CODE RED” procedure each time the alarm sounds.

## FIRE SAFETY

### NOTHING should be STORED:

- in Hallways
- in Corridors
- in Stairways
- in a way that blocks fire doors, fire extinguishers, or other fire alarm equipment
  
- Ensure that all staff, patients, and visitors are aware of and adhere to the **BWH NO-SMOKING** policy.
  
- Know your Department Fire Evacuation Plan

## FIRE EXTINGUISHER USE

**BWH does *not* require employees to use a fire extinguisher.** However, the following guidelines are presented should an employee choose to attempt extinguish the fire.

There are five classifications of fire:

Class A: Involves wood, cloth, paper, rubber, and many plastics

Class B: Involves flammable liquids, oils, and flammable gases

Class C: Involves electrically energized equipment

Class D: Involves combustible metals such as sodium and magnesium

Class K: Involves combustible leaking oils and greases

Fire extinguishers must match the class of fire being fought. Markings on the extinguisher body indicate the classes of fire the extinguisher is suited for. Using the wrong extinguisher can intensify a fire condition, such as application of water to burning oil, thereby causing the oil to splatter, flash, and spread.

Some common extinguishers are:

Pressurized Water: For Class A fires

Carbon Dioxide: For Class B & C fires

Dry Chemical: Either for Class B & C fires or for Class A, B, & C fires, depending on the markings.

Pressurized Chemical: For Class A and K fires.

Class K fire extinguishers are located in all major cooking areas. These extinguishers are to be used only after the kitchen hood system is discharged for fires under hoods or if the fire is outside of the hood.

In areas where flammable and combustible liquids are stored in quantities beyond an incidental amount, dry chemical extinguishers are installed. These extinguishers can be either Class BC or Class ABC. In this situation, the travel distance to an extinguisher shall not exceed 50 feet.

There should be a fire extinguisher within 75 feet of any occupied space in the building. Staff should familiarize themselves with the locations and types provided for their work area. If you cannot locate a fire extinguisher contact the Department of Environmental Affairs at 617-525-7350.

**Before attempting to extinguish the fire:**

- Make sure that all CODE RED procedures (A-R-C-E) are being implemented.
- Make sure that the fire extinguisher is the proper type for the fire being fought.
- Make sure your back is toward a safe and unobstructed exit where the fire will not spread.

*If ALL these criteria are not met, close the door to the fire area, evacuate and wait for the fire department.*

**Operating the Portable Fire Extinguisher**

Remember the acronym **P-A-S-S**.

Pull the pin all the way out of the extinguisher handle.

Aim the hose or nozzle at the near edge of the base of the fire.

Squeeze the handle lever all the way closed to discharge the extinguishing agent.

Sweep from side to side, continuing to aim at the base of the fire.

<b>IF DISASTER STRIKES</b>
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**CODE AMBER IS THE AUDIO PAGE FOR A DISASTER AFFECTING THE HOSPITAL.**

**A Code Amber page includes an announcement of its phase, which describes its seriousness, and whether the disaster is internal or external to the hospital.**

**Code Amber - External**

Refers to a natural or man-made event that may cause a large influx of patients to the hospital.

- Phases are:
  - 1 - Alert, expected caseload less than 10
  - 2 - Expected caseload 10-20
  - 3 - Expected caseload more than 20
- See BWH Crisis Resource Manual for departmental responsibilities.
- Know your specific role.
- Report to Department Supervisor for further instructions.
- Stand by for further announcements or instructions.

**Code Amber - Internal**

Refers to an internal event in which patients, staff, and visitors are at risk of injury or to an event that may lead to decrease or discontinuation of services provided by the Hospital.

- Phases are:
  - 1 - Minimal disruption
  - 2 - Hazardous condition
  - 3 - Evacuation plans implemented
- See Crisis Resource Manual for departmental responsibilities.

- Know your specific role.
- Report to Department Supervisor for further instructions.
- Stand by for further announcements or instructions.

## LABORATORY SAFETY

The Department of Environmental Affairs provides policies, training, and consultation on all aspects of laboratory safety, except radiation safety. Annual environmental health and safety re-training is mandatory for all clinical and research laboratory staff. A shorter version of the training is mandatory for administrative personnel who work in or who may have occasion to enter laboratories.

The Laboratory Safety training includes:

- Storage and use of chemicals
- Chemical spill procedures
- Personal Protective Equipment
- Material Safety Data Sheets (MSDSs)
- Use of fume hoods
- Hazardous waste management
- Fire and life safety
- Biological safety
- BWH Disaster Plan
- Annual Chemical Inventory

Each laboratory staff member must take annual quizzes based on this material. Personnel working in the Clinical Laboratories, in the Department of Pathology, or as phlebotomists must pass additional quizzes on the infection control procedures relevant to their work.

Please note that *ALL* staff, whether employed in laboratories or not, must pass annual quizzes on bloodborne pathogens and tuberculosis. These two quizzes are maintained as part of each employee's departmental personnel record.

Complete descriptions of laboratory and chemical safety procedures can be found in the BWH Environmental Safety and Health Policy Manual and the BWH Chemical Hygiene Plan, both available on the BWH Intranet (Pike Notes) under Hospitalwide Policies and Manuals

Please call the DEA for a schedule of training sessions or with any questions at 617-525-7350.

## PERSONAL PROTECTIVE EQUIPMENT

The Department of Environmental Affairs provides consultation on personal protective equipment, including respirators, gloves, and other types of protection for laboratory and some clinical procedures. The DEA also provides respirator fit-testing for protection against tuberculosis exposure for nurses, patient care assistants, and other clinical personnel.

Please call the DEA for a schedule of fit-testing sessions and with any questions about personal protective equipment at 617-525-7350.

## RECOMMENDED HAND HYGIENE PROCEDURE

Hand disinfection has been shown to be the single most important measure to prevent the spread of infection. **Hands should be washed or disinfected BEFORE and after all patient contacts, contact with contaminated equipment/instruments, before any procedure, prior to putting on gloves and immediately after removing gloves, before leaving a lab, and before eating.**

1. If hands are visibly soiled with dirt, blood or body fluids, use vigorous scrubbing with soap and water for at least 10 seconds and thorough rinsing with water to remove contaminants.
  - a. Pump or pull paper towel dispenser to have towels readily accessible.
  - b. Turn on faucet.
  - c. Wet hands first.
  - d. Apply hand washing soap (in some areas this may be an antimicrobial soap).
  - e. Work up a lather, using friction over all surfaces, including fingers and wrist area and between fingers.
  - f. Rinse hands well, in a downward position.
  - g. Take the paper towels and pat the hands dry, to avoid unnecessary abrasion of the skin.
  - h. Turn off faucet with another dry paper towel.
  - i. Discard towels in trash receptacle.
  
2. If hands are not visibly soiled with dirt, blood or body fluids, use the one-step an alcohol-based waterless hand gel to disinfect hands.
  - a. Pump a quarter-sized amount of gel into hands.
  - b. Rub your hands together (covering all surfaces) until they are dry.

## FINGERNAIL POLICY

The wearing of artificial nails or long natural nails by hospital employees has been linked to the development of serious infections and deaths in patients. Therefore, staff with direct patient care, natural nails must be kept to a length of less than ¼ inch beyond the fingertip. Polish, if worn, must be free of chipping. Artificial nails are prohibited. In the OR and Labor & Delivery, there is a more specific policy. The BWH Fingernail policy can be found on the Infection Control website.

## OCCUPATIONAL HEALTH SERVICES

The mission of the Occupational Health Service is to provide and promote health, safety and well being of employees and the work environment. The Occupational Health Service (OHS) provides pre-placement health screening for all new employees, as well as treatment for work-related injuries and illnesses. Care is provided 7:00 a.m. – 4:30 p.m. to employees at

two locations: PBB-Midcampus-Ground Floor and Neville House -1<sup>st</sup> Floor.

*Neville House -1<sup>st</sup> Floor:* provides pre-placement health screenings, TB screenings, immunizations, and return-to-work clearances. Human Resources Generalist teams arrange pre-placement screenings. For more information, you can contact this clinic by calling 617-732-6034 or x2-6034.

*PBB-MidCampus-Ground floor OHS:* provides evaluation and treatment of work-related injuries, fitness for duty testing and blood or body fluid exposures from a needle stick or a splash. Walk-in service is available for evaluation of any work-related injury or illness. OHS also provides ergonomic evaluations of the work environment to ensure a safe work environment. Finally, any employee thinking that he/she may need special accommodations to do their job should schedule an appointment to meet with an OHS clinician. For more information, you can contact this clinic by calling 617-732-8501 or x2-8501.

During the periods the OHS is closed, off hours and weekends, employees requiring immediate attention for work-related injuries or illnesses should report to the Emergency Department.

The OHS does not provide episodic illness care to employees. However, OHS staff may be able to assist employees in selecting a primary care provider as needed. For more information on selecting a primary care provider, you may also call the PCP Hotline at 617-732-8288.

**Contact Information:**

Department of Occupational Health Service

**Locations:**

Neville House- 1<sup>st</sup> Floor

617-732-6034 or x2-6034

PBB-Midcampus-Ground Floor OHS:

617-732-8501 or x2-8501

Hours (both clinics):

Monday – Friday

7:00 a. m. – 4:30 p. m.

Reporting a Work Related Injury/Illness:

617-732-8501 or x2-8501

Reporting a Blood/Body Fluid Exposure:

Page 3-STIK (3-7845) or

617-732-5700 bb 3-7845

## IMMUNIZATION AND SCREENING REQUIREMENTS

The following immunizations/screenings are required of BWH employees for the protection of the employee, co-workers, and patients. All immunizations are reviewed at the pre-placement health screening and should be updated annually, if appropriate. Testing and vaccinations can be obtained in the Occupational Health Service, Neville House, 1<sup>st</sup> Floor. Questions can be directed to the clinic at 617-732-6034 or x2-6034.

- **Tuberculosis:** Employees should have received a PPD skin test within the past three months

or they will require a new PPD skin test at the pre-placement health screening. For employees with a history of positive skin test, written documentation of your chest x-ray evaluation will be needed.

- Employees who are 35 years and older who do not have evidence of a PPD skin test within the past year, are required to complete a two-step test.
- All employees are required to have a TB screen on at least an annual basis. Employees with a history of a past positive PPD skin test are required to have an annual symptom review.
- Rubella (German Measles): All employees should have either a positive antibody test or Rubella or MMR vaccination.
- Rubeola (Measles): All employees should have documentation of:
  - Two live measles or MMR (measles, mumps, rubella) vaccinations given at least one month apart if born in 1957 or after, OR, a positive antibody test.
  - One live measles or MMR (measles, mumps, rubella) vaccination if born before 1957 or a positive antibody test.
- Varicella (Chickenpox): Employees should have either a reliable history of chickenpox OR a positive antibody test OR documentation of two varicella vaccinations.
- Hepatitis B: Employees who are providing direct patient care, working with live Hepatitis B Virus, or who have potential for blood or body fluid exposure during the course of their work, should have either a full Hepatitis B vaccination series (3 doses of vaccine) OR a positive Hepatitis B antibody titer.
- Influenza (flu): Direct patient caregivers should have an annual influenza immunization unless otherwise contraindicated. All other employees are strongly encouraged to be vaccinated yearly. This service is provided by the Occupational Health Service.

## TUBERCULOSIS SCREENING

Tuberculosis (TB) skin testing is vital to the hospital's infection control efforts and is the best indicator of whether you have been unknowingly exposed to tuberculosis in the health care setting. Periodic testing also allows an opportunity to determine a change in your TB status promptly so you may benefit from preventative medications, as appropriate to your general health. You can have a positive TB skin test and be free of symptoms. The hospital requires a minimum of an annual TB skin testing for all employees.

TB skin testing is provided by the Occupational Health Service (OHS) in a two-part process. First, the TB test is provided or "planted". Second, your arm must be examined by an OHS nurse or a designated TB Resource Nurse, 48 to 72 hours after the test was planted. Failure to be tested at least annually may result in suspension of employment until you are tested.

To make TB testing easy and accessible for employees, the Occupational Health Service provides quarterly TB testing in ASBII-I for one week during each quarter. Walk-in service is also available at the OHS clinic, Neville House- 1<sup>st</sup> Floor. It is required that employees have a TB test in the quarter in which his or her birthday falls. Letters are sent to the homes

of employees in the quarter in which the employee's birthday falls to remind him/her of the need for an annual TB test.

If you have a history of having a positive TB skin test, you are not required to be tested annually, but will need to complete a questionnaire about symptoms related to TB. You will be sent this questionnaire yearly by the OHS.

## FACTS ON TUBERCULOSIS

### What is tuberculosis?

Tuberculosis (TB) is an infection that is spread from person to person through the air. TB is most infectious when it involves the lungs or larynx of the infected person. The TB bacteria become airborne when a person with pulmonary or laryngeal TB coughs, sneezes, laughs or sings. These bacteria can then be inhaled and infect others. General symptoms of TB infection include feeling weak or sick, loss of appetite, unexplained weight loss, fever, night sweats, chronic cough, and/or coughing up blood.

### As a healthcare worker, am I at higher risk for being infected by TB?

Yes. Several hospital-based outbreaks of TB have occurred in recent years, resulting in infections and some deaths among healthcare workers. You are particularly at risk if you are HIV-infected.

### What can be done to prevent transmission of TB?

Patients who have or are suspected of having active pulmonary or laryngeal TB must be **immediately placed in a negatively pressurized isolation room on airborne precautions.** Healthcare workers who enter the patient's room **must** wear a special TB respirator (3M N95) in the size for which they have been fit tested. If you have not been fit tested, contact the Department of Environmental Affairs to arrange to be fit tested. In the meantime, a Powered Air-Purifying Respirator (PAPR) can be used. If PAPR is not available in your area.

### What should be done while the patient is on Airborne Precautions for TB?

The patient must remain in a negatively pressurized isolation room and the room pressure conversion switch must be **set to negative**. All doors to this room must be kept closed as much as possible.

### Can patients on Airborne Precautions for TB leave their rooms?

Patient travel outside the room should be limited to emergency procedures only. If the patient must leave the room, s/he should wear a surgical mask. If the patient is traveling to another area within the hospital, the appropriate personnel need to be notified so that they may take the necessary precautions.

## How long should a patient remain on Airborne Precautions for TB?

Patient must remain on Airborne Precautions until:

1. TB has been clinically excluded as a diagnosis and an alternative diagnosis is documented in the patient's record; OR
2. Three consecutive sputum specimens obtained on 3 separate days are acid fast bacilli (AFB) negative and TB has been excluded as a diagnosis; and an alternate diagnosis has been documented in the patient's record.
3. The patient with TB must have received anti-TB medications for 14 days AND have 3 consecutive negative sputum specimens obtained on 3 separate days; AND show clinical and radiographic improvement.

## REPORTING OF WORK-RELATED INJURIES/ILLNESSES

All injuries, illnesses and exposures related to work should be reported through the BWH incident reporting system. If you need guidance with this system, your supervisor will assist you. You should follow the guidelines below:

1. Inform your supervisor of your reportable event as soon as possible after the incident. ***You must report the incident within 24 hours of the event.***
2. Complete an incident report and report to the Emergency Department and the Office for Sponsored Staff and Volunteer Services within 24 hours of the event either in person or via the telephone. Email is not acceptable. The incident report should contain:
  - a. date and time
  - b. brief description
  - c. any witnesses
  - d. who you notified (supervisor)
  - e. your name and the date you completed the report
3. If you need medical attention, immediately, report to Emergency Department.
4. If you require further medical attention, work restrictions or time out of work, the OHS will manage your case and assist you in your recovery and return to work.

## BWH PATIENT SAFETY TEAM

The goal of the Patient Safety Team is to make BWH as safe as possible by reducing preventable medical errors. The team intends to foster a culture that encourages and rewards the open identification, communication and resolution of safety issues. The team intends to provide for organizational learning from adverse events and from evidence-based best practice in efforts to reduce preventable medical errors.

The Patient Safety Team is integrated within the Center for Clinical Excellence, which includes Performance Measurement, Performance Improvement, Quality Management and works collaboratively with Risk Management, Corporate and Regulatory Compliance,

Patient and Family Relations, Nursing Management and Pharmacy. Patient Safety reports directly to the Chief Medical Officer and also reports issues through the Care Improvement Council, Hospital Safety and Environment of Care Committee, and the Medical Staff Executive Committee on Quality Assurance and Risk Management.

**Contact information:**

Patient Safety Office: 617-732-7543 or x2-7543

**Patient Safety Team:**

Director: Tejal Gandhi, MD, MPH

Patient Safety Manager: Erin Graydon-Baker, MS, RRT

Medication Safety Officer: Karen Flumara, Pharm.D

Patient Safety Project Analyst: Pilar Conde

Location: 1620 Tremont St. suite 2-16 (One Brigham Circle)

Hours: Monday – Friday, 8:00am-4:30pm

Note: If you have an urgent patient safety concern during the hours that the Risk Management or Patient Safety office are closed, telephone the hospital administrator on call for immediate assistance.

<b>PATIENT SAFETY TERMINOLOGY</b>
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Since the release of the 1999 Institute of Medicine report, there has been a heightened awareness of medical errors and an increase in publications advocating patient safety. To clarify some of the patient safety terminology, we've included a glossary of the most commonly used terms.

Medical Error	An unexpected, unintended act that does not achieve it's intended outcome (adverse patient event).
Near Miss	An adverse event that does not result in patient injury, but by it's very nature, identifies systems issues that require a full review and analysis.
Sentinel Event	An unexpected occurrence involving death or serious physical or psychological injury.
Root Cause Analysis	The process of reviewing systems that have contributed to the sentinel event.
Human Factors	The interrelationships between humans, the tools they use and the environment in which they work.
Adverse Drug Event	An injury due to a drug (can be preventable or non- preventable). Non-preventable adverse drug events are also called adverse drug reactions.

### **When do you report an event?**

You should report an adverse patient event to your supervisor as soon as you take care of the patients immediate needs or alert someone who can. Even if the patient does not appear hurt, you should still report the event so that the caregivers can watch for signs and symptoms of injury. You should report dangerous conditions that nearly hurt patients as well so that attention can be paid to prevent an actual adverse patient event from happening.

### **What happens to the report once it is filed?**

Once the report is filed, an email is automatically generated to the appropriate managers for their attention and follow-up. If needed, the manager will notify the patient's physician. Risk Management and the Patient Safety Team review all events for potential improvements. The nurse managers and physician leaders get quarterly summaries of their reports so that they can see where improvements have made a difference. We strive to promote adverse patient event reporting in a safe and supportive environment. We can't improve our systems without your help in telling us the story.

## **NON-RETALIATION AND WORK PLACE CIVILITY POLICIES**

### **Non-Retaliation Policy:**

It is the policy of Brigham & Women's Hospital to provide and maintain a culture characterized by integrity, responsible behavior and a commitment to the highest legal and ethical standards. To encourage the development and maintenance of this culture, BWH has established a non-retaliation policy to protect individuals who in good faith report known or suspected inappropriate conduct or non-compliant activities.

To view the Non-Retaliation Policy (Policy #HR-103) in its entirety, please view:  
[http://www.brighamandwomens.org/about\\_bwh/humanresources/Documents/Policies/HR-103\\_Non-Retaliation\\_123109.pdf](http://www.brighamandwomens.org/about_bwh/humanresources/Documents/Policies/HR-103_Non-Retaliation_123109.pdf)

### **Work Place Civility Policy:**

The purpose of this policy is to set forth Brigham & Women's Hospital's (BWH) desire to create and maintain an environment free from disruptive, threatening, bullying, and violent behavior. BWH will not tolerate inappropriate or intimidating behavior within the workplace.

To view the Work Place Civility policy (Policy #HR-301) in its entirety, please view:

[http://www.brighamandwomens.org/about\\_bwh/humanresources/Documents/Policies/HR-301\\_Workplace\\_Civility2210.pdf](http://www.brighamandwomens.org/about_bwh/humanresources/Documents/Policies/HR-301_Workplace_Civility2210.pdf)

<b>IMPORTANT TELEPHONE NUMBERS</b>	
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BWH Main Number	617-732-5500
Central Transport Services	617-732-7114
Chaplaincy	617-732-7480
Emergency Department	617-732-5636
Environmental Services (for spills, hazards, etc.)	617-732-7114
Information Desk at 75 Francis Street	617-732-5164
Interpreter Services	617-732-6639
Office for Sponsored Staff and Volunteer Services	617-732-5998
Patient/Family Relations	617-732-6636
Security	617-732-6565
Page Operator	617-732-6660
STAT Line	617-732-6555
ID Badge Office	617-732-6001
Blood Donor Center	617-732-6620
Information Systems Help Line	617-732-5927
Risk Management Department	617-732-6565
HIPPA (Privacy) Compliance	617-582-5201
Partners Compliance Help Line	800-856-1983
BWH Billing Compliance	617-582-0099
BWH Clinical Compliance	617-732-6442
BWH Research Compliance	617-732-8335
Partners Office for Interaction with Industry	617-643-7752
James Bryant (Chief Compliance Officer)	617-582-0092