

Date: February 15, 2024
Name: George Weldon Jr.
Address: 400 East Main Street, Mount Kisco, NY
Phone #: (914) 666-1864
Email: GWeldon@Northwell.edu

1. Target closure date, whether the entire facility is closing or, if the entire facility is not closing, what service(s) will be closing and what service(s) will be remaining at the facility.

- Assuming DOH approves this plan, Northern Westchester Hospital is seeking to close the TCU- Transitional Care Unit and would cease unit admits on or about May 1, 2024, with an anticipated approval by DOH for closure on or about May 31, 2024. Northern Westchester Hospital will continue to provide care for admitted patients remaining in the program until they are stable for discharge to home or to the next level of care. Any new referrals will be provided with contact information for one of the three following rehabilitation centers depending on proximity/ geography & preference. All other services provided by Northern Westchester Hospital will remain.
 - Alternative Rehabilitative Centers:
 - **Provider:** Salem Hills Rehabilitation and Healthcare
Address: 539 NY-22, Purdys, NY 10578
Hours: Open 24 hours
Phone: (914) 277-3626
 - **Provider:** The Paramount at Somers Rehabilitation & Nursing Center
Address: 189 NY-100, Somers, NY 10589
Hours: Open 24 hours
Phone: (914) 232-5101
 - **Provider:** Yorktown Rehabilitation & Nursing Center
Address: 2300 Catherine St, Cortlandt, NY 10567
Hours: Open 24 hours
Phone: (914) 739-2244
 - Local NWH Contact for any Questions:
 - **Office:** Office of Patient Advocacy
Contact: Darol Bates
Phone: 914 666-1966
 - Public Transportation Providers:
 - **Provider:** CLC Transportation
Address: 135 Radio Cir Dr #109, Mt Kisco, NY 10549
Phone: (914) 241-0112
 - **Provider:** Chappaqua Transportation Inc
Address: 130 Hunts Ln, Chappaqua, NY 10514
Phone: (914) 238-4404
 - **Provider:** Rideconnect of Westchester
Address: 116 Radio Cir Dr, Mt Kisco, NY 10549
Phone: (914) 242-7433

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2. Reason(s) for closure. Please provide detailed information, data, financials, etc. relevant to the reason(s)
 - Northern Westchester Hospital is pursuing closure of its Transitional Care Unit for the following reasons: Revenue Losing service (\$500k/yr.); Avg. Census is low (60% occupancy on average), care model has changed and referral patterns have shifted as a large portion of the volume was driven by joint replacement patients who used to go to the TCU post their acute care stay, but are now discharged to home on the same day of surgery. It was observed during COVID & remains the practice current state, that the model of care for our surgical patients who once upon a time would've been admitted into TCU for more lengthy stays, have shifted to a same day/next day discharge plan post procedure. Discharge to home has proven benefits for our patient population & has been widely adopted as a best practice for our orthopedic surgeons. A byproduct of this quality driven initiative has resulted in a reduced referral trend for the TCU & will this trend will continue given the best practice post surgically.
 - Northern Westchester Hospital- Short Term Rehab- TCU
 - 400 East Main Street, Mount Kisco, NY 10549
 - Patient Volume: 12 Bed facility, Hours of Operation: 24/7- 365
 - Current Patient Count (2/15/24): 7
 - 2023 Discharges: 258
 - 2023 average daily census: 8.0
 - 2024 YTD 2/15/24 average daily census: 5.6. YTD 2024, nearly 2/3 of the time (63% of days) the unit had a census of 6 patients or less.
3. Name, title, telephone number and email address of the individual designated as the operator's contact person throughout the closure process.
 - Name: Derek Anderson, FACHE
Title: Executive Director
Phone #: (914) 666-1301
Email: DAnderson2@Northwell.edu
4. Name, title, telephone number and email address of the individual responsible for coordinating closure, if different from the individual identified in number 3 above. If more than one individual has been assigned to separate closure duties (e.g., discharge coordination, directing care, media contacts, equipment disposal, record disposition, etc.), all names and contact information must be included.
 - Name: George Weldon Jr., MBA, MS
Title: Senior Director, Operations
Phone #: (914) 666-1864
Email: GWeldon@Northwell.edu
5. The closure plan must include very specific reference as to how the facility will establish and maintain ongoing communication with the Department throughout each milestone of the closure process.
 - Assuming DOH approval, Northern Westchester Hospital is pursuing closure of its Transitional Care Unit on or about May 31, 2024. Hospital Leadership will provide formal written notification to our patients/caregivers, our colleagues/ team members currently employed with the TCU program, and local elected officials. Closure plan checkpoints will come jointly from Northwell Strategic Planning and Northern Westchester Hospital.
 - Points of contact at the hospital site for ongoing communication throughout each milestone:
 - Name: Derek Anderson, FACHE
Title: Executive Director
Phone #: (914) 666-1301
Email: DAnderson2@Northwell.edu
 - Name: George Weldon Jr., MBA, MS

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Title: Senior Director, Operations
Phone #: (914) 666-1864
Email: GWeldon@Northwell.edu

- All Patient record requests/questions can be addressed at:
 - Northern Westchester Hospital Health Information Management Department
 - Contact: Debbie Pirchio
 - Phone: 914-366-1112
 - Fax: 914-488-8991
 - Email: nwhmedicalrecords@northwell.edu

6. The number of patient visits to the facility for the previous three years (or for the timeframe that the facility operated if open less than three years).

Northern Westchester Hospital- Transitional Care Unit patient visits/volume:

- 2020- Patient volume 260 patients
- 2021- Patient volume 221 patients
- 2022- Patient volume 248 patients
- 2023- Patient volume 258 patients

7. Number of staff affected by the closure.

- 20 team members in total
 - 16 clinical staff (RN, PCA, Sr. PCA, LPN, Tech, Social Worker)
 - 4 rehab specialty staff (PT/OT)
- Staff- Current Vacancies/Opportunities for employment within the Northwell health system will be presented to individual staff.

8. Evidence of verbal and written notification to the Department's Hospital Program Director in the Regional Office at the time closure was contemplated.

- Northwell Strategic Planning will submit email and plan to DOH Regional Office
- Assuming DOH approves this plan, Northern Westchester Hospital is seeking to notify the Department's Hospital Program Director in the Regional Office a minimum of 90 days prior to the tentative closure date, pending the DOH approval of this closure plan.
- Sample draft letters Attached as evidence of written notification.
- Verbal/In person communication will be provided a minimum of 90 days prior to the tentative closure date, pending the DOH approval of this closure plan.

9. A narrative description of the proposed plan to notify patients, staff, physicians, and other staff of the closure plan. This must include written notification and meetings including those with elected officials and the community. Include dates and times of meetings, if available at the time of submission of the proposed plan, so that Department staff may attend if desired. A copy of the written communication must be provided with the closure plan. The letter must include a contact name and phone number in the event questions should arise. Please indicate who will be signing these letters.

- Assuming DOH approves this plan, Northern Westchester Hospital is seeking to notify our patients, staff, physicians & other team members of the closure plan once approved by DOH.
- Formal written closure notifications signed by Derek Anderson, FACHE, Executive Director of Northern Westchester Hospital have been drafted for our patient population, staff impacted & local government officials pending the review/ approval of DOH for this closure plan.
(see sample letters with contact info for follow up)

10. All Required reports e.g., Financial Reports and Census Reports have been submitted to the Department. All required Health Commerce System (HCS) information must be up to date.

- Confirmed that all required reports have been submitted.

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- Please find the financial statements from 2019-present attached to this formal submission.

11. A description of the plan to manage media contacts initially and throughout the process. Media releases must be coordinated with the Department prior to release.

- Assuming DOH approves this plan, Northern Westchester Hospital will coordinate all media relations communications/information releases through the Northwell Health public relations division.
 - Name: Todd Dezen
 - Title: Advisor, Public Relations
 - Phone #: (914) 843-1068
 - Email: tdezen@northwell.edu

12. The plan to discontinue admissions, including the date new admissions will stop. Include a plan to notify all referring institutions/providers.

- Assuming DOH approves this plan, Northern Westchester Hospital is seeking to close the TCU- Transitional Care Unit and would cease unit admits on or about May 1, 2024, with an anticipated approval by DOH for closure on or about May 31st, 2024. Northern Westchester Hospital will continue to provide care for admitted patients remaining in the program until they are stable for discharge to home or to the next level of care. Any new referrals will be provided with contact info. for rehab centers depending on proximity/ geography & preference.
- Assuming DOH approves this plan, our community partners who serve as referring institutions/Providers will be notified via a verbal/written notification.

13. A summary of the facility's current financial condition and description of the assets available to the operator to maintain appropriate services during the closure period.

- Northern Westchester Hospital will make no financial/staffing resource changes to the Transitional Care Unit & remain committed to providing optimal proper patient care during the closure process, as we await the anticipated approval to proceed.
- Northern Westchester Hospital is pursuing closure of its Transitional Care Unit for the following reasons: Revenue Losing service (\$500k/yr.); Avg. Census is low (60% occupancy on average), Referral patterns have shifted as a large portion of the volume was driven by joint replacement patients who are now discharging to home on the same day of surgery.
 - On or about May 31, 2024 pending DOH approval- TCU program closure
 - Equipment- will be reallocated throughout the hospital to meet patient needs
 - Staff- Current Vacancies/Opportunities for employment within the Northwell health system will be presented to individual staff.
- All clinical assets will be repurposed/ reallocated to other programs throughout the campus for ongoing patient care use. (*Post Op surgical unit- OT/PT equipment; All PC's, Computer on Wheels & IT related equipment to be repurposed; EKG/ BP equipment & disposable supplies to be repurposed/ redistributed to various programs throughout the campus - Zero waste.

14. A description of the population served by the facility and how current patients will continue to obtain access to care. Number of patients affected by the closure. Identify the zip codes where at least 80% of patients originate. The process must include assessing the needs of the patients.

- Most patients served in the Northern Westchester Hospital Transitional Care Unit are from Westchester County (772/1009 patients since 2019), followed by Putnam & Dutchess County.
- Patients in our care & currently being served by the Transitional Care Unit will remain in our care pending an assumed approval from DOH to close the program on or about May 31, 2024. The program will stop accepting new admissions approximately one month prior to closure, assuming

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DOH approval on or about May 31, 2024.

- o Alternative programs providing the same level of care & within a reasonable distance/geography have been identified & information will be provided to patients in our care at the time of/leading up to the assumed approved closure date by the ODH on or about May 31, 2024.

TCU		2019	2020	2021	2022	YTD Dec 2023	TOTAL
VOLUME		280	260	221	248	258	1,267
GENDER	Female	185	156	160	177	173	851
	Male	95	104	61	71	85	416
AGE	under 65	25	33	11	13	16	98
	65 and above	255	227	210	235	238	1165
RACE	White	258	226	193	218	232	1127
	Other	12	14	13	12	16	67
	African American	1	10	5	8	8	32
	Asian	3	5	2	6	-	16
	Declined	3	2	5	3	-	13
	Unknown	3	3	3	1	2	12
PAYER MIX	Medicaid/Medicare	246	237	208	232	233	1156
	Commercial/HMO only	25	16	8	15	17	81
	Self & Other	8	5	5	1	5	24
	Employee	1	2	-	-	3	6
Average LOS		11.0	10.3	10.5	11.8	11.4	10.9
CITY	Westchester	235	196	156	185	182	954
	Putnam	19	23	21	20	26	109
	Dutchess	8	13	23	26	19	89
	Fairfield	3	5	7	2	10	27
	Bronx	3	5	3	3	-	14
	Orange	3	3	3	2	2	13
	New York	2	1	1	2	1	7
	Palm Beach	2	2	1	1	1	7
	Other	5	12	6	7	17	47

15. Identify and confirm availability of services at other area facilities including obtaining information to ensure that the provider can accept new patients, identifying where Medicaid patients can obtain care if the closing provider provides services to Medicaid patients; providing information about other facilities to patients and families, ensuring language access (i.e. that information about the closure and continuing care with another

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provider is communicated in the patient's preferred language) and that the wishes of current patients/families are respected; and ensuring that concerns such as geographic location, public transportation, type of facility/provider, medical care, etc.. are addressed in identifying future placement options and ensuring continuity of care for patients. Please note, as always, it is the responsibility of hospitals to ensure that individual patients are offered choices and that the patients accept the transfer prior to any movement taking place.

- Assuming DOH approves this plan, Northern Westchester Hospital is seeking to close the TCU- Transitional Care Unit and would cease unit admits on or about May 1, 2024, with an anticipated approval by DOH for closure on or about May 31, 2024. Northern Westchester Hospital will continue to provide care for admitted patients remaining in the program until they are stable for discharge to home or to the next level of care.
- Any new referrals will be provided with contact information for one of the three following rehab centers which accept Medicaid/Medicare patient populations, provide the same services at the same level of care, and are geographically nearby to the hospital main campus to ensure our patients/their family/caregivers & our local community member needs are met depending on proximity/ geography & preference. All other services provided by Northern Westchester Hospital remain.

- Alternative Rehabilitative Centers:

- **Provider:** Salem Hills Rehabilitation and Healthcare
Address: 539 NY-22, Purdys, NY 10578
Hours: Open 24 hours
Phone: (914) 277-3626
- **Provider:** The Paramount at Somers Rehabilitation & Nursing Center
Address: 189 NY-100, Somers, NY 10589
Hours: Open 24 hours
Phone: (914) 232-5101
- **Provider:** Yorktown Rehabilitation & Nursing Center
Address: 2300 Catherine St, Cortlandt, NY 10567
Hours: Open 24 hours
Phone: (914) 739-2244

- Public Transportation Providers:

- **Provider:** CLC Transportation
Address: 135 Radio Cir Dr #109, Mt Kisco, NY 10549
Phone: (914) 241-0112
- **Provider:** Chappaqua Transportation Inc
Address: 130 Hunts Ln, Chappaqua, NY 10514
Phone: (914) 238-4404
- **Provider:** Rideconnect of Westchester
Address: 116 Radio Cir Dr, Mt Kisco, NY 10549
Phone: (914) 242-7433

16. The plan to ensure that patient belongings will be secured if a hospital is closing, and the patient is being transferred to another hospital.

- All patient belongings are safe/secured & labeled for tracking purposes.
- Please see attached policy titled:
 - 100.8 Patient Valuables and Property

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17. The plan to determine the appropriate method of transport to be utilized for patients if they are being transferred to another hospital to obtain inpatient care.

- No patient in the NWH TCU will be transferred to another hospital for patient care at the same level of care. Patients requiring medical attention outside of the transitional care unit & deemed in need of a higher level of care/ inpatient treatment, will be evaluated & admitted to the appropriate clinical setting at NWH, unless specifically requested by patient/patient representative to be transferred to another facility. All patients will remain in our care up until an assumed DOH approved date of closure & NWH would honor the appropriate length of stay based upon clinical assessment/need. Once deemed cleared for discharge to another level of care or to home, reasonable transportation accommodations would be accommodated.

Public Transportation Providers:

- **Provider:** CLC Transportation
Address: 135 Radio Cir Dr #109, Mt Kisco, NY 10549
Phone: (914) 241-0112
- **Provider:** Chappaqua Transportation Inc
Address: 130 Hunts Ln, Chappaqua, NY 10514
Phone: (914) 238-4404
- **Provider:** Rideconnect of Westchester
Address: 116 Radio Cir Dr, Mt Kisco, NY 10549
Phone: (914) 242-7433

18. A plan to dispose of drugs and biologicals, chemicals, and radioactive materials.

- For plans/policy related to disposal of drugs & biologicals, chemicals & other Radioactive materials, please see attached policies:
 - Policy HA-106; Policy HA-100; Policy 100.033; Policy 350.25

19. The plan for proper maintenance, storage, and retrieval of medical records, including:

- On or about May 31, 2024 Northern Westchester Hospital will be closing the Transitional Care Unit-Short Term Rehab currently located in the hospital pending DOH approval. With the ever-evolving landscape of providing top quality patient care and consistent low utilization/low census of this short-term rehab facility we are looking to repurpose this space to promote growing programs to better support the Northern Westchester community's health needs. Your medical record and information will be maintained by Northern Westchester Hospital. In the event you need to obtain copies of your medical record, you may do so by contacting:

Northern Westchester Hospital Health Information Management Department

Name: Debbie Pirchio

Phone: 914-366-1112

Fax: 914-488-8991

Email: nwhmedicalrecords@northwell.edu

- Attached to the patient letter you will find an Authorization for release of health information form along with a cover letter with instructions. Should you need short term rehab/ transitional care services in the future, attached are the directions and public transportation information for three facilities that provide wound care services. (Consent Attached: *Release of Information)
- All Patient Medical Records will be maintained according to NYS law with the NWH Health Information Management Department. Older paper medical records, from 1995-2010, are stored through Iron Mountain, our secure storage facility. Medical records after 2010 are scanned into our EMR and shredded after a quality assessment.

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20. The plan to ensure adequate staffing throughout the closure process, and to ensure that staff have information regarding other employment opportunities.

- An adequate staffing plan for NWH throughout the assumed DOH approval to close the Northern Westchester Hospital Transitional Care Unit on or about May 31, 2024 will be ensured as no change to the work force/staffing model will be made until the formal anticipated closure date.
- Staff- Current Vacancies/Opportunities for employment are actively posted on the Northwell Health Employment Opportunities job boards. Team members impacted by this assumed closure will be presented with job recommendations prior to/ during the transitional period & up until the assumed approved closure date, in which they can apply within the Northwell health system.

21. The operator of the facility closing shall indicate what the building will be used for once the facility is closed and the disposition of the building's contents.

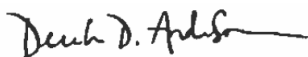
- Assuming a DOH approval for the Northern Westchester Hospital Transitional Care Unit closure on or about May 31, 2024, the transitional care unit future use of the space will be under consideration and will be the subject to a separate application.
- A companion Limited Review will be submitted to enable DOH to revise the hospitals operating certificate.

22. On the last day of operations (if the facility is closing, the facility must surrender its site-specific operating certificate by mailing it to the Department's Hospital Program Director in the Regional Office.

- Assuming a DOH approval for the Northern Westchester Hospital Transitional Care Unit closure on or about May 31, 2024, on the last day of operations program/site specific operating certificate changes will be submitted to the Department's Hospital Program Director in the regional Office.
- Assuming DOH approval, TCU specific bed licenses will be removed from the NWH operating license on or about May 31, 2024.

23. In the case of temporary closure, evidence of a surety bond.

- Assuming a DOH approval for the Northern Westchester Hospital Transitional Care Unit closure on or about May 31, 2024, a temporary closure would not be applicable.



Derek Anderson, FACHE
Executive Director



February 15, 2024

Dear Patient,

On or about May 31st 2024, Northern Westchester Hospital will be closing the Transitional Care- Short Term Rehab currently located on the 4 East Unit within the hospital. Due to the evolving landscape of providing top quality patient care, we are looking to grow programs to better support NWH community health care needs

Your medical record information will be maintained by Northern Westchester Hospital. In the event you need to obtain copies of your medical record, you may do so by contacting:

- Northern Westchester Hospital Health Information Management Department

Name: Debbie Pirchio
Phone: 914-366-1112
Fax: 914-488-8991
email: nwhmedicalrecords@northwell.edu

Attached you will find an Authorization for release of health information form along with a cover letter with instructions. Should you need short term rehab/ transitional care services in the future, attached are the directions and public transportation information for three facilities that provide short term rehabilitative services.

- Alternative Rehabilitative Centers:

Provider: Salem Hills Rehabilitation and Healthcare
Address: 539 NY-22, Purdy, NY 10578
Phone: (914) 277-3626

Provider: The Paramount at Somers Rehabilitation & Nursing Center
Address: 189 NY-100, Somers, NY 10589
Phone: (914) 232-5101

Provider: Yorktown Rehabilitation & Nursing Center
Address: 2300 Catherine St, Cortlandt, NY 10567
Phone: (914) 739-2244

- Public Transportation Providers:

Provider: CLC Transportation
Address: 135 Radio Cir Dr #109, Mt Kisco, NY 10549
Phone: (914) 241-0112

Provider: Chappaqua Transportation Inc
Address: 130 Hunts Ln, Chappaqua, NY 10514
Phone: (914) 238-4404

Provider: Rideconnect of Westchester
Address: 116 Radio Cir Dr, Mt Kisco, NY 10549
Phone: (914) 242-7433

It has been a pleasure to provide service to you. If you have any questions, please contact: Northern Westchester Hospital, Office of Patient Advocacy at 914-666-1966.

Sincerely,

Derek Anderson, FACHE
Executive Director



REQUEST FOR ACCESS TO HEALTH INFORMATION BY PATIENT OR PERSONAL REPRESENTATIVE

I or my Personal Representative hereby request that Northwell Health provide access to my health information as described in this form. I am making this request under the provisions of the Health Insurance Portability and Accountability Act "HIPAA") that entitle me to access my own health information including directing it to another person or entity (45 CFR 164.524).

Patient Name: _____ **Patient Date of Birth:** _____

Patient Address: _____ **Patient Telephone #:** _____

1. Northwell Health Entity/Facility to Release this Information (From Who): _____

2. Person or Entity Who Will Receive this Information (To Who):

To me To Another Person or Entity - Provide Name _____

3. Manner	Form/Format	Delivery Details
<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Paper copy <input type="checkbox"/> Secure USB Flash Drive <input type="checkbox"/> CD	Mailing Address:
<input type="checkbox"/> Pick up at facility	<input type="checkbox"/> Paper copy <input type="checkbox"/> Secure USB Flash Drive <input type="checkbox"/> CD (where available)	N/A
<input type="checkbox"/> Electronic mail	<input type="checkbox"/> Secure email <input type="checkbox"/> Unsecure email (By checking here, I acknowledge that e-mail sent unencrypted means others may be able to access the information and read it once it is transmitted over the internet.)	Email Address:
<input type="checkbox"/> Fax	N/A	Fax Number:
<input type="checkbox"/> Other	Please explain:	

REQUEST FOR ACCESS TO HEALTH INFORMATION BY PATIENT OR PERSONAL REPRESENTATIVE

4. Requested Health Information:

- Medical Record Abstract (summary of record)
- Medical Record from (insert date) _____ to (insert date) _____
- Entire Medical Record
- Laboratory results for date of service _____
- Radiology images and reports for date of service _____
- Itemized bill for _____
- Other: Please explain _____

5. Please complete this section ONLY IF the information you are requesting to access contains substance use disorder treatment information¹ or HIV/AIDS Information:

Purpose of request: _____

Expiration date: _____

If the information contains substance use disorder treatment information please note the following:

- This consent is subject to revocation at any time except to the extent that the Part 2 program that is permitted to make the disclosure has already acted in reliance on it.
- The information may include diagnostic information, medications and dosages, lab tests, allergies, substance use history summaries, trauma history summary, employment information, living situation and social supports, and claims/encounter data.

 Patient/Agent/Relative/Guardian* (Signature) Date Time Print Name Relationship if other than patient

 Telephonic Interpreter's ID # Date Time
 OR

 Signature: Interpreter Date Time Print: Interpreter's Name and Relationship to Patient

 Witness to Signature (Signature) Date Time Print Witness Name

* The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is otherwise incapable of signing.

¹ Units or programs licensed by OASAS only include programs whose specific purpose is to treat substance abuse disorders.

REQUEST FOR ACCESS TO HEALTH INFORMATION BY PATIENT OR PERSONAL REPRESENTATIVE

I or my Personal Representative hereby request that Northwell Health provide access to my health information as described in this form. I am making this request under the provisions of the Health Insurance Portability and Accountability Act "HIPAA" that entitle me to access my own health information including directing it to another person or entity (45 CFR 164.524).

Patient Name: _____ **Patient Date of Birth:** _____

Patient Address: _____ **Patient Telephone #:** _____

1. Northwell Health Entity/Facility to Release this Information (From Who): _____

2. Person or Entity Who Will Receive this Information (To Who):

To me To Another Person or Entity - Provide Name _____

3. Manner	Form/Format	Delivery Details
<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Paper copy <input type="checkbox"/> Secure USB Flash Drive <input type="checkbox"/> CD	Mailing Address:
<input type="checkbox"/> Pick up at facility	<input type="checkbox"/> Paper copy <input type="checkbox"/> Secure USB Flash Drive <input type="checkbox"/> CD (where available)	N/A
<input type="checkbox"/> Electronic mail	<input type="checkbox"/> Secure email <input type="checkbox"/> Unsecure email (By checking here, I acknowledge that e-mail sent unencrypted means others may be able to access the information and read it once it is transmitted over the internet.)	Email Address:
<input type="checkbox"/> Fax	N/A	Fax Number:
<input type="checkbox"/> Other	Please explain:	

REQUEST FOR ACCESS TO HEALTH INFORMATION BY PATIENT OR PERSONAL REPRESENTATIVE

4. Requested Health Information:

- Medical Record Abstract (summary of record)
- Medical Record from (insert date) _____ to (insert date) _____
- Entire Medical Record
- Laboratory results for date of service _____
- Radiology images and reports for date of service _____
- Itemized bill for _____
- Other: Please explain _____

5. Please complete this section ONLY IF the information you are requesting to access contains substance use disorder treatment information¹ or HIV/AIDS Information:

Purpose of request: _____

Expiration date: _____

If the information contains substance use disorder treatment information please note the following:

- This consent is subject to revocation at any time except to the extent that the Part 2 program that is permitted to make the disclosure has already acted in reliance on it.
- The information may include diagnostic information, medications and dosages, lab tests, allergies, substance use history summaries, trauma history summary, employment information, living situation and social supports, and claims/encounter data.

 Patient/Agent/Relative/Guardian* (Signature) Date Time Print Name Relationship if other than patient

 Telephonic Interpreter's ID # Date Time
OR

 Signature: Interpreter Date Time Print: Interpreter's Name and Relationship to Patient

 Witness to Signature (Signature) Date Time Print Witness Name

* The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is otherwise incapable of signing.
¹ Units or programs licensed by OASAS only include programs whose specific purpose is to treat substance abuse disorders.



February 15, 2024

Mayor Gina D. Picinich
Village Hall
104 Main Street
Mount Kisco, NY 10549

Dear Mayor Gina D. Picinich,

On or about May 31, 2024, Northern Westchester Hospital will close the Transitional Care Unit-Short Term Rehab located in the hospital. With the ever-evolving landscape of providing top quality patient care and consistent low utilization/low census of this short-term rehab facility we are looking to repurpose this space to promote growing programs to better support the Northern Westchester community's health needs. Our decision to close this site was the result of our need to realign the services we provide to better meet the needs of our communities.

As mentioned, the current preferred method of care for this type of patient is better provided by rehabilitation facilities, and below are local providers that patients can access.

Provider: Salem Hills Rehabilitation and Healthcare
Address: 539 NY-22, Purdys, NY 10578
Phone: (914) 277-3626

Provider: The Paramount at Somers Rehabilitation & Nursing Center
Address: 189 NY-100, Somers, NY 10589
Phone: (914) 232-5101

Provider: Yorktown Rehabilitation & Nursing Center
Address: 2300 Catherine St, Cortlandt, NY 10567
Phone: (914) 739-2244

All patients who have utilized this site over the past several years have been notified in writing about this closure and given information on how to obtain their medical record, as well as information on alternative sites for comparable services within a reasonable distance to the hospital site.

It has been a pleasure providing support through the short-term Transitional Care Unit services to the residents of your community over the past 9 years. If you have any questions or concerns about how this closure may affect your constituents, please contact us at (914) 666-1966.

Sincerely,

A handwritten signature in black ink that reads "Derek D. Anderson".

Derek Anderson, FACHE
Executive Director



February 15, 2024

Dear Team Member,

As you are aware via our verbal communication, on or about May 31, 2024, Northern Westchester Hospital will be closing the Transitional Care Unit-Short Term Rehab located at 400 East Main Street, Mount Kisco, NY 10549. Northern Westchester Hospital thanks you for your contribution to our organization over the years. We encourage team members to seek out opportunities within the health system & will support you through that process if there is an opportunity of interest where your skillset & experience are aligned.

We appreciate your understanding of the need to close the Transitional Care Unit- Short Term Rehab at Northern Westchester Hospital as we adapt to the changing landscape of healthcare and serve our community in the best way possible.

If you have any questions, please contact the Human Resources Department at (914) 666-1293.

Sincerely,

A handwritten signature in black ink that reads "Derek D. Anderson" with a long horizontal flourish extending to the right.

Derek Anderson, FACHE
Executive Director

[7132899]

Details

File Name	Signage- TCU.docx
Version	1
Uploaded by	George Weldon
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Privacy	File is not private
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Project	NWH - TCU Closure Plan
Company	Northwell Health - Strategic Planning
Tags	



NORTHERN WESTCHESTER HOSPITAL

POLICY TITLE: Personal Property: Unclaimed or Allegedly Lost, Misplaced or Misappropriated	SYSTEM POLICY AND PROCEDURE MANUAL
POLICY #: 100.08	CATEGORY: Administrative
System Approval Date: 12/09/2021	Effective Date: 6/23/2011
Site Implementation Date: 02/04/2022	Last Reviewed/Approved: ❖ 01/06/2020
Prepared by: Robert J.T. Gallagher, Program Director Corporate Safety Services	Notations: Previously Named: Misplaced, Lost, or Allegedly Misappropriated Personal Property

GENERAL STATEMENT of PURPOSE

The purpose of this policy is to outline reasonable efforts to be made by Northwell Health staff to assist patients, residents, family members and employees in recovering personal property that has been misplaced, lost or allegedly misappropriated.

POLICY

It is the policy of Northwell Health to have an individual location assigned at each site that is responsible for managing lost or allegedly misappropriated personal property. The Procedure section below outlines a process to achieve this goal.

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell or the Hofstra Northwell School of Nursing and Physician Assistant Studies conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility.

DEFINITIONS

Misappropriated Property: The theft, unauthorized use, removal, embezzlement or intentional destruction of an individual’s personal property.

Personal Property: Includes individual medical devices such as eyeglasses, teeth, and other prosthetic devices.

Valuables: Includes money, credit cards, jewelry, personal papers, personal identification, driver's licenses, electronic devices including but not limited to cell phones, tablets, iPods, and computers, and items of sentimental value to the patient.

PROCEDURE

INPATIENT/LONG TERM CARE FACILITIES

Northwell Health facilities/sites/services are not responsible for any damage, loss or theft of personal property. As such, upon entry, patients, residents and family members should be reminded to send all non-essential personal property and valuables home; or to utilize the facility's safe or locked drawers if available.

Each facility shall designate a department director to manage unclaimed/misplaced items. This director and their department will coordinate the "Lost and Found" program at their facility. This program shall include, at a minimum, the following processes.

A. Alleged Misappropriated Property

Upon receipt of an allegation by a patient, resident or family member of misappropriation of property, an investigation of the matter by Security will be initiated. Administration and the person lodging the complaint will be informed of the outcome.

Administration, through Security, will advise the individual who filed the allegation that they can, if they so desire, notify the local law enforcement when the results of the investigation indicate there is reasonable cause to believe that a patient's or resident's personal property has been misappropriated.

Administration will notify the New York State Health Department within 48 hours if it receives notice that such referral resulted in conviction of an individual who was involved in misappropriation of a patient's or resident's personal property.

Employees who have been found to have misappropriated a patient's or resident's property will be subject to immediate disciplinary action that may result in termination.

B. Found/Unclaimed Property

Employees are responsible for submitting any unclaimed item(s) found on Facility premises to their departmental supervisor. Employees shall not keep unclaimed item(s) found within their department. Any found/unclaimed property shall be placed in a belongings bag with a property sheet attached to the outside of the bag and then brought to the designated Lost and Found storage location. The departmental supervisor is responsible for taking found articles, other than valuables, to the designated Lost and Found location. During hours that the Lost and

Found location is closed and/or no departmental supervisor is on duty, the found item(s) shall be submitted to the Administrator/Assistant Director of Patient Care Services/ Nursing Supervisor, who will secure the item(s). The following day, the articles will be brought to the Lost and Found location. Money, jewelry and other valuables that are found are to be immediately placed in a valuables envelope, labeled with the location, date and time that they were found, and brought to the Facility safe. A log of the valuables envelopes shall be kept.

Item(s) found on patient care units shall be turned over to the Nurse Manager / Charge Person on the unit where they are found.

- The Nurse Manager / Charge person will attempt to identify the owner of the found item(s).
- If the owner cannot be located, the article will be brought to the Lost and Found location.
- Patient Care Services Staff will dispose of food and soiled articles.
- All non-food and non-soiled items will be placed in a properly labeled Patient's Personal Belongings bag with a property sheet attached to the outside of the bag and then brought to the designated Lost and Found location for storage.

The Department Head responsible for the Lost and Found location will ensure that a log is maintained of all articles submitted to the Lost and Found. It is the responsibility of the employee dropping off the articles to provide the necessary information in the log book including:

- Name of the finder;
- Time and location of the find;
- Name of the employee receiving the item; description of the item using generic descriptors (e.g.) yellow rather than gold; clear stone rather than diamond.

Patients or family members who wish to pick up lost items during hours that the Lost and Found location is closed, may arrange through that location to pick up the item(s) at the Security Desk.

A patient or family member may request to have the item(s) mailed to them at the patient's address. The hospital shall request confirming documentation if the address of the patient or family member requesting that the item be mailed is not the patient's address of record. In the event of a patient's death, lost items may be picked up by the next-of-kin or estate representative.

After sixty (60) days, unclaimed items will be assigned a final disposition. Items of value may be donated to a local charity or sold and moneys derived therefrom deposited into the Hospital's general fund. Found cash will be deposited into the Facility's General fund. Items such as credit cards or driver's licenses may be destroyed, shredded and disposed of after attempts by phone and mail to notify the owner have been unsuccessful.

C. Misplaced/Lost Property

Any report of lost property or valuables shall be immediately communicated to the department supervisor of the designated “Lost and Found” storage location. An investigation and search for the lost property will be initiated by the department director, conducted by Facility personnel and the results reported back to the person who lodged the complaint. If, after an initial search, facility personnel are unable to locate the property, an occurrence report of lost property will be filed as per Administrative Policy #100.04, Occurrence Reporting. In regards to lost personal property, Quality and Risk Management shall be notified.

D. Safe Keeping and Claiming of Patient Valuables

Staff shall refer to site specific protocols for the safe keeping of lost property/valuables and for claiming procedures for lost property.

E. Employees

Any employee that has lost personal property/valuables or believes that their personal property or valuables may have been misappropriated, shall contact site Security and file an incident report.

AMBULATORY CARE FACILITIES

A. Patients

Northwell Health facilities/sites/services are not responsible for any damage, loss or theft of personal property or valuables. As such, patients should be reminded to leave all personal property and valuables with family members in attendance, and where possible, to utilize the facility’s safe or locked drawers, if available. If a patient believes that they have lost or misplaced their personal property, every effort shall be made to locate it at that time. If the personal property or valuables are unable to be located, an incident report is to be filed with Northwell Corporate Security.

B. Employees

Any employee that has lost personal property/valuables or believes that their personal property/valuables may have been misappropriated, shall contact Northwell Corporate Security and file an incident report.

REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

- Administrative Policy #100.04 Occurrence Reporting
- Human Resources Policy Part 5/Section 3, Workforce Conduct – Progressive Discipline

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES

N/A

ATTACHMENTS

N/A

FORMS

N/A

<u>APPROVAL:</u>	
Northwell Health Policy Committee	11/18/2021
System PICG/Clinical Operations Committee	12/09/2021

Standardized Versioning History:

Approvals: * =Northwell Health Policy Committee; ** = PICG/Clinical Operations Committee; ✖ = Provisional; ♦ = Expedited

*06/11 **06/13
*05/13 **06/13
*11/15 **12/15
✖10/26/17
*11/30/17 **12/7/17
♦ 01/06/20
*11/18/21 **12/9/21



NORTHERN WESTCHESTER HOSPITAL

POLICY TITLE: Training for Shipping Infectious Substances, Diagnostic Specimens, Radioactive and Other Hazardous Materials	SYSTEM POLICY AND PROCEDURE MANUAL
POLICY #: 100.033	CATEGORY: Administrative
System Approval Date: 08/10/2021	Effective Date: 10/2009
Site Implementation Date: 10/08/2021	Last Reviewed/Approved: 08/2019
Prepared by: Corporate Safety – Robert Gallagher Research Administration	Notations:

GENERAL STATEMENT of PURPOSE

To define the training requirements of all employees involved in shipping infectious substances and diagnostic specimens, radioactive and other hazardous materials.

POLICY

Employees responsible for packing and shipping of infectious substances, diagnostic specimens, genetically modified organisms, biological products, dry ice, radioactive and other hazardous materials must successfully complete required training and ensure that training is renewed as outlined herein. Only those who have been trained and are certified can pack or ship these materials. Training is also required for any employees who authorize shipment of regulated medical waste or hazardous waste (i.e. sign shipping papers).

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell or the Hofstra Northwell School of Nursing and Physician Assistant Studies conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility.

DEFINITIONS

United States Department of Transportation (DOT) – The DOT is a federal agency that oversees interstate travel throughout the United States to ensure a fast, safe, efficient, accessible

and convenient transportation system that meets national interests and enhances the quality of life of the American people, today and into the future.

International Air Transport Association (IATA) – The IATA is an international industry trade group of airlines. Its mission is to represent, lead and serve the airline industry. This agency regulates the shipping of dangerous goods.

Infectious Substances – The most commonly shipped hazardous materials within the Health System are covered under Hazard Class 6, Division 6.2 Infectious Substances. Infectious substances are those that contain known or suspected pathogens, such as microorganisms (including bacteria, viruses, parasites, fungi) or other agents which can cause disease in humans or animals. Infectious substances are classified according to the degree of hazard into two categories; A and B. Training is required for anyone shipping any of these materials.

- **Category A Infectious Substances**

A Category A infectious substance is one that is in a form that, when exposure to it occurs, is capable of causing permanent disability, life threatening or fatal diseases to humans or animals. These are subject to the strictest shipping requirements (special paperwork, labels, containers), whether in cultures or in human or animal specimens.

- **Category B Infectious Substances**

All other infectious substances are classified as Category B infectious substances. These are still subject to shipping regulations but with lesser requirements in terms of shipping papers and quality of containers. Included in this section are human and animal diagnostic specimens (blood, blood components, excreta, secretions, tissues, etc.). This includes specimens from healthy patients.

- **Genetically Modified Organisms (GMOs)**

Genetically modified organisms and microorganisms may meet the definition of infectious substances. Those GMOs which do not meet the definition of infectious substances, but which are capable of altering animals or plants or microbiological substances in a way which is not normally the result of natural reproduction are considered Class 9 Miscellaneous Hazards, for which shipping training is also required.

Laboratory Response Network (LRN) – The LRN is a consortium of medical and other institutions intended to respond to biological and chemical terrorism, emerging infectious diseases, and other public health emergencies. Some hospitals within the Health System participate in this program.

PROCEDURE

All Health System employees must complete required training for shipping infectious substances and diagnostic specimens, radioactive and other hazardous materials if their job responsibilities include the following:

1. The placement (or preparing for placement) of diagnostic specimens in a laboratory drop box.

2. The packing and/or shipping of diagnostic samples and infectious substances.
3. The packing and/or shipping of diagnostic specimens and infectious substances to the New York State Department of Health's Wadsworth Center or another designated site as part of the Laboratory Response Network.
4. If you are a mail room or receiving employee who has been designated by your department head to be knowledgeable about shipping regulations affecting your facility's scope of services.
5. If you are an employee that authorizes (i.e. signs shipping papers) shipments of hazardous waste or regulated medical waste.

Training Responsibilities

The supervisor of the employee is responsible for confirming that all required training has been completed. The employee is responsible for attesting that they understand the following:

- If you will be placing (or preparing for placement) diagnostic specimens in a laboratory drop box, you need to be knowledgeable about Category B infectious substance handling procedures listed in 49 CFR 173.199. You must understand classification and follow all packing and marking instructions. Formal hazardous materials training and certification is not required.
- If you will be packing and/or shipping diagnostic samples and infectious substances, you must be trained and certified with a program that provides basic information necessary to safely and legally classify, package, and ship medical specimens and to comply with IATA and DOT training requirements, such as the Mayo Clinic Lab training program.
- If you will be packing and/or shipping diagnostic specimens and infectious substances to the New York State Department of Health's Wadsworth Center or another designated site as part of the Laboratory Response Network, you must be trained and certified. A more comprehensive program, such as the SAF-T-PAK training program is preferable.
- If you are a mail room or receiving employee, who has been designated by your department head to be knowledgeable about shipping regulations affecting your facility's scope of services, you should be trained with the most appropriate program. You should start with the Mayo Clinic Lab training program. Certification is not required.
- Only select employees are permitted to handle radioactive materials. If you will be packing and/or shipping radioactive materials, you must first contact your facility Radiation Safety Officer for complete details on training/certification requirements.
- Only select employees are permitted to handle other hazardous materials, such as corrosives and flammables. If you will be packing and/or shipping other hazardous materials, you must first contact your facility Safety Officer for complete details on training/certification requirements.

- All regulated medical waste and all hazardous wastes are considered hazardous materials by the DOT. Any employees authorizing such shipments (signing shipping papers) must have required DOT training.

Available Training Options

Regulations require employees involved in shipping infectious substances and diagnostic specimens, radioactive and other hazardous materials to receive training every two years. Training options that cover materials for Division 6.2, Infectious Substances, and Class 9, Miscellaneous Hazards, including classification and identification, packaging requirements, marking, labeling, documentation, and emergency actions are:

1. Mayo Clinic Laboratories facilitates the approved Dangerous Goods Training.
 - a. Go to www.mayomedicallaboratories.com/education/online/dangerousgoods/index.html and select a training option. This course is available at no cost.
2. CITI Program course on Shipping and Transport of Regulated Biological Materials
 - a. Go to www.citiprogram.org and add the course to your account once you have registered. More guidance on CITI Program can be found at www.feinsteininstitute.org/RPT/CITI.
3. SAF-T-PAK Training.
 - a. Contact SAF-T-PAK by telephone at 1-800-814-7484 or go to www.saftpak.com/Training/Training.aspx for information about this training program. Costs will be based on the number of training seats needed. Departments will be responsible for costs incurred.

The employee is required to pass a quiz based on the federal regulations and obtain a record of training for the handling/offering for transport of dangerous goods. Proof of completion of training must be maintained by the employee, be available for inspection, and be given to others as directed by the employee's Department Director/Head. It is the responsibility of the employee to maintain appropriate certification and renew certification as warranted. Department Directors/Heads must ensure that employees in his or her department who pack and ship are properly trained. Each Department Director/Head should maintain a current master list with the names of all employees qualified to pack and ship.

REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

- Title 49 CFR (Code of Federal Regulations) 172.700-704, IATA Section 1.5
- Title 49 CFR 173.199

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES

N/A

ATTACHMENTS

N/A

FORMS

N/A

APPROVAL:	
Northwell Health Policy Committee	07/29/2021
System PICG/Clinical Operations Committee	08/10/2021

Standardized Versioning History:

Approvals: * =Northwell Health Policy Committee; ** = PICG/Clinical Operations Committee; ✖ = Provisional; ✦ = Expedited

10/13/09 * 10/22/09 **
11/9/10 * 12/16/10 **
04/30/15* 05/14/15**
06/29/17* 07/20/17**
07/25/19* 08/09/19**



NORTHERN WESTCHESTER HOSPITAL

POLICY TITLE: Pharmaceutical Waste Management Policy	SYSTEM POLICY AND PROCEDURE MANUAL
POLICY #: 350.25	CATEGORY: Safety and Security
System Approval Date: 05/13/2021	Effective Date: 02/16/2018
Site Implementation Date: 07/13/2021	Last Reviewed/Approved: 03/2020
Prepared by: Theresa Colabella, PE, AVP, Environmental Regulatory Affairs, Facility Operations	Notations: *FOR NWH - SEE PHARMACEUTICAL WASTE DISPOSAL & SHARPS QUICK REFERENCE ATTACHED

GENERAL STATEMENT of PURPOSE

To define the management requirements for all members of the Northwell Health workforce involved in the waste generation and disposal of all waste pharmaceuticals.

POLICY

It is the policy of Northwell Health to properly manage regulated hazardous, non-hazardous, and non-regulated pharmaceutical wastes in accordance with federal, state, and local laws.

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell or the Hofstra Northwell School of Nursing and Physician Assistant Studies conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility.

DEFINITIONS

Affiliate Pharmaceutical Waste Management Program: Program where non-hazardous waste pharmaceuticals are overclassified as hazardous waste, and where the over-classification has no impact to the facility’s generator status and is primarily implemented at ambulatory, off-campus, outpatient facilities. The waste containers are then transported off-site and incinerated at a hazardous waste incinerator.

Characteristic Hazardous Waste: Waste that is hazardous solely because it possesses at least one of the characteristics of ignitibility, corrosivity, reactivity, or toxicity as defined below:

- a) Ignitibility - It is a liquid, other than an aqueous solution containing less than 24% alcohol by volume, and has a flash point less than 60 °C (140 °F).
- b) Corrosivity - It is aqueous and has a pH less than or equal to 2 or greater than or equal to 12.5.
- c) Reactivity
 - (i) It is normally unstable and readily undergoes violent change without detonating;
 - (ii) It reacts violently with water;
 - (iii) It forms potentially explosive mixtures with water;
 - (iv) When mixed with water, it generates toxic gases, vapors or fumes in a quantity sufficient to present a danger to human health or the environment;
 - (v) It is a cyanide or sulfide-bearing waste which, when exposed to pH conditions between 2 and 12.5, can generate toxic gases, vapors or fumes in a quantity sufficient to present a danger to human health or the environment; or
 - (vi) It is capable of detonation or explosive reaction if it is subjected to a strong initiating source or if heated under confinement.
- d) Toxicity – A waste exhibits the characteristic of toxicity if the extract from a representative sample of the waste contains any of the contaminants listed at a concentration equal to or greater than the respective value given in Table 1 of 6NYCRR Part 371.4.

Chemotherapy Waste: The Environmental Protection Agency (EPA) only regulates nine chemotherapy drugs as hazardous waste: 1. arsenic trioxide (P-Listed), 2. chlorambucil, 3. cyclophosphamide, 4. daunomycin, 5. diethylstilbestrol, 6. melphalan, 7. mitomycin C, 8. streptozotocin, and 9. uracil mustard. Chemotherapy wastes must NOT be discarded into the regular pharmaceutical waste stream. Chemotherapy waste must be further segregated as trace chemotherapy and bulk chemotherapy. Bulk chemotherapy waste should be managed as hazardous waste, even if the medication is not regulated by the EPA.

Comprehensive Pharmaceutical Waste Management Program: Program where hazardous waste pharmaceuticals are segregated from non-hazardous waste pharmaceuticals primarily implemented at general inpatient hospitals. The hazardous waste containers are transported off-site and incinerated at a hazardous waste incinerator. The non-hazardous waste containers are transported off-site and disposed of at a regulated medical waste incinerator.

Empty Container: A container that held any hazardous waste is empty if:

- All wastes have been removed that can be removed using the practices commonly employed to remove materials from that type of container, e.g., pouring, pumping, and aspirating, and
- No more than 2.5 centimeters (one inch) of residue remain on the bottom of the container or inner liner, or
- No more than 3% by weight of the total capacity of the container remains in the container or inner liner if the container is less than or equal to 110 gallons in size.
- A container that has held a hazardous waste that is a compressed gas is empty when the pressure in the container approaches atmospheric.
- If the waste container held acutely hazardous waste, the primary container and contents will be managed as acutely toxic hazardous waste.

RCRA empty waste is commonly referred to as a “Trace” waste and a non-empty container is commonly referred to as “Bulk.”

Generator: Generator means any person, by site, whose act or process produces hazardous waste.

Generator Status: A hazardous waste generator is categorized by the amount of hazardous waste generated on a monthly basis. There are three categories into which a generator can be placed:

- Conditionally Exempt Small Quantity Generator (CESQG), now referred to as Very Small Quantity Generator (VSQG) by the EPA - A generator who generates no more than 220 pounds of non-acute hazardous waste or 2.2 pounds of acute hazardous waste in a calendar month.
- Small quantity generator (SQG) – A generator who generates more than 220 pounds per month but less than 2,200 pounds per month of non-acute hazardous waste and stores less than 13,200 pounds of this waste at any one time; or a generator who generates less than 2.2 pounds of acute hazardous waste in a month and stores less than 2.2 pounds of this waste at one time.
- Large Quantity Generator (LQG) – A generator who generates 2,200 pounds or more per month of non-acute hazardous waste or generates greater than 2.2 pounds per month of acute hazardous waste.

Incompatible Hazardous Waste: Chemicals that cannot be combined with any other types of waste due to the possibility of an adverse chemical reaction. This includes oxidizers, corrosives and aerosols.

Listed Hazardous Waste: The P and U lists designate as hazardous waste pure and commercial grade formulations of certain unused chemicals that are being disposed. For a waste to be considered a P- or U-listed waste it must meet the following three criteria:

- The waste must contain one of the chemicals listed on the P or U list;
- The chemical in the waste must be unused; and
- The chemical in the waste must be in the form of a commercial chemical product.

EPA defines a commercial chemical product for P and U list purposes as a chemical that is either 100 percent pure, technical (e.g., commercial) grade or the sole active ingredient in a chemical formulation.

Medications Identified for Reverse Distribution (Potentially Creditable Medications): Most drugs and controlled substances that are within one year of expiration and remain in the manufacturer’s original packaging including hazardous medications (anything with a “reasonable expectation for credit”) will be sent out through a designated and approved reverse distributor. These medications are processed for credit and returned to the manufacturer and/or destroyed in compliance with EPA regulations. The Pharmacy Department receives a manifest from the reverse distributor indicating the disposition of the inventory and the credits received. Pharmacy must obtain proof of delivery within 35 days of the shipment date.

P-Listed Hazardous Waste (Acutely Hazardous): Are designated as acute hazardous wastes and include pharmaceutical waste, containers, and possibly contaminated PPE. The list of subject chemicals is provided in 6NYCRR Part 371.4. Exceptions to the listing apply as per Aug 15, 2019 NYSDEC Enforcement Discretion letter (Over-the-Counter Nicotine Replacement Therapies (OTC NRT)).

U-Listed Hazardous Waste: Pharmaceutical waste and saturated PPE containing more than 3% by weight of the total capacity of the container. The list of subject chemicals is provided in 6NYCRR Part 371.4.

Non-RCRA Pharmaceutical Waste: Approximately 94% of all Pharmaceutical waste is classified as Non-RCRA Pharmaceutical wastes. Non-RCRA Pharmaceutical wastes do NOT include:

- Hazardous waste
- Chemotherapy Waste
- IV Solutions with naturally occurring substances (not infused with a pharmaceutical)
- Controlled Substances
- Sharps

Pharmaceutical Waste: Outdated, unused, and/or unwanted pharmaceuticals in solid or liquid form dispensed for patient care, and partially administered pharmaceuticals, not including the administration device (e.g., syringe, IV bag, bottle, vial, pressurized inhaler, applicator swab, etc.).

Resource Conservation and Recovery Act 1976 (RCRA): The public law that creates the framework for the proper management of hazardous and non-hazardous solid waste. The law describes the waste management program mandated by Congress that gave EPA authority to develop the RCRA program.

PROCEDURE/GUIDELINES

Pharmaceutical waste management procedures differ depending on whether the facility is an inpatient hospital or an ambulatory, off-site campus, outpatient facility. Such differences are noted below.

FORMULARY CHARACTERIZATION

The Pharmacy Information Technology (IT) department along with the assistance of the pharmaceutical waste program vendor, have identified and classified pharmaceuticals used throughout the facility. A typical formulary is defined as 94% Non-RCRA Hazardous, 4% Compatible RCRA Hazardous, 1% Incompatible RCRA Hazardous, and less than 1% Acutely Toxic (P-Listed). A complete formulary characterization review will be conducted annually for newly added products.

Pharmacy and nursing health care personnel (HCP) shall complete documented waste characterization training prior to being permitted to characterize and dispose of waste pharmaceuticals.

TRAINING

After the completion of a comprehensive training program which will include a Pharmaceutical Waste Compliance iLearn Module by the pharmaceutical waste implementation vendor, Northwell Health HCP will properly dispose of pharmaceutical waste in designated containers based on the medication's classification. See attached. A system of waste codes and color coded waste containers, which are part of the program will be employed to assist HCP with proper disposal.

The Pharmacy/implementation vendor shall associate a waste code with each product and provide waste code information via the pharmacy medication labeling system, the medication dispensing system, e-MAR and/or accessory labels. This code will identify the proper waste container into which a pharmaceutical waste must be disposed.

After the site has registered with waste vendor to establish an account, the waste vendor will provide an onboarding packet to implement the pharmaceutical waste program. The designated HCP will utilize the waste vendor's website and/or attend a WebEx to train personnel on the proper characterization and disposal of pharmaceuticals.

Once an account is established a questionnaire will be provided to the designated HCP to determine the potential pharmaceutical wastes; the waste vendor will then determine the types of containers required based upon the site characterization. All incompatible, acutely toxic and chemotherapy wastes must be segregated and placed into designated containers as provided by the waste vendor and reviewed in the training information.

All training records are to be retained on file. Training records on current HCP must be kept until closure of the facility. Training records on former employees must be kept for at least three years from the date the employee last worked at the facility. Personnel training records may accompany personnel transferred within Northwell Health.

HCP who may be required to sign manifests documenting the off-site transport of the wastes must receive Department of Transportation (DOT) training. Refer to Policy #100.33 Training for Shipping Infectious Substances, Diagnostic Specimens, Radioactive and other Hazardous Materials. All Northwell Health sites are able to use the online DOT training by following the instructions below.

- Go to mystericycle.com
- Enter your contact information to Register now.
- Click on OSHA Administrator.
- This is usually the Environmental Services Director/Manager or Practice Manager.
- Account Number (8219982 for Northwell) and the zip code of the specific site.

Training certificates will be issued for those who pass the training assessment. Training is valid for three (3) years. Only DOT trained personnel can sign manifests.

All manifests must be provided to the department charged with managing manifests for proper filing procedures with the NYSDEC. Environmental Services or Safety will retain manifests.

DISPOSAL

The following policy regarding the proper disposal of the various waste streams as defined below MUST be strictly adhered to by the HCP managing pharmaceutical wastes.

Disposal Methods: All pharmaceutical wastes are to be transported off-site for treatment and disposal. There are federal and state requirements regarding the proper disposal method based on waste type. All pharmaceutical wastes are to be incinerated at a facility permitted to treat that specific waste type. It is the generator's responsibility to make a proper waste determination – place waste in appropriate containers - and utilize disposal facilities that are permitted to accept and treat a specific waste stream. Hazardous wastes are sent to a permitted Resource Conservation and Recovery Act (RCRA) incinerator, Non-RCRA wastes are sent to a regulated medical waste (RMW) incinerator. RMW sharps are autoclaved to be rendered non-infectious and then shredded and typically disposed at a municipal solid waste landfill or incinerator.

- 1) **DO NOT FLUSH:** Pharmaceuticals may NOT be poured down any drain or flushed down any toilet. If a medication is mixed with an IV solution, the remaining solution cannot be discharged to the sanitary sewer. The mixture MUST be disposed of in the appropriate pharmaceutical waste container after first being sealed in a zip lock bag. The following exception applies:
 - a) **Dextrose & Saline IV Solutions:** Sugar and salt water IV solutions with or without electrolytes such as saline, glucose, dextrose, lactated ringers are NOT considered hazardous. These IV solutions may be disposed of by flushing down the sink or toilet even if with instillations of naturally occurring substances.
- 2) **Controlled Substances:** A limited number of controlled substances in the current formulary have been characterized as hazardous waste for ignitability. The EPA and NYSDEC prohibit the disposal of hazardous wastes to the sanitary sewer. Since it is implausible to segregate ignitable controlled substances from those that are not also hazardous wastes, all controlled substances are prohibited from being discharged to the sanitary sewer. Controlled substance wastage shall be witness wasted into a Stericycle CsRx container or equivalent, upon implementation. Refer to Policy #GR050 Use of Controlled Substances in Research regarding disposal requirements for controlled substances used in research.
- 3) **Non-RCRA Pharmaceutical Waste: Medications with product remaining in the container fall into this category:**
 - a) Non-RCRA Pharmaceutical Waste when non-empty:
 - i) In an Inpatient Hospital--is to be disposed of in the BLUE pharmaceutical waste container. The exception is sharps. All non-empty sharps are to be disposed of in the BLACK pharmaceutical waste container. Overclassification of Non-RCRA Pharmaceutical Waste into BLACK pharmaceutical waste containers is permissible in the perioperative areas only.

- ii) In an ambulatory, off-site campus, outpatient facility - is to be disposed of in the BLACK pharmaceutical waste container and managed as hazardous waste regardless if the waste is considered non-hazardous. The over-classification simplifies the waste segregation procedures, requires less containers, and has no added regulatory burden. The non-hazardous pharmaceuticals are commingled with the compatible hazardous waste pharmaceuticals.
 - b) Empty Non-RCRA Pharmaceutical Waste is to be disposed of as regular trash (municipal solid waste).
- 4) **Sharps:** All empty sharps (needles, syringes and ampules) are disposed of in the RED sharps container with the exception of any sharps that contained a chemotherapy pharmaceutical which are discarded in the yellow trace chemotherapy sharps container.
- 5) **RCRA Compatible Hazardous Waste:** (P-listed, U-listed and characteristically hazardous medications) Compatible RCRA waste must be placed in a BLACK (typical) pharmaceutical waste container.
- 6) **Acutely Toxic Hazardous Waste (P-Listed):**
- a) P-listed containers/packages are RCRA-hazardous and must be placed in a SEPARATE pharmaceutical waste container labeled specifically with the acutely toxic contents; for example, "P-Listed Pharmaceutical Waste ONLY".
 - b) Empty vials, ampules, bags, containers, etc. that contained P-listed product {i.e. empty warfarin (Coumadin®) blister-packs, prescription nicotine wastes such as inhalers must be managed as Hazardous Waste and NOT discarded in the general trash, chemo waste containers or as regulated medical waste (RMW), often identified with a red bag.
 - c) At Northwell Health, four (4) specific drugs and their containers are classified as acutely toxic hazardous wastes (P-Listed): (1. warfarin, 2. Nicotine*, and 3. physostigmine salicylate, and 4. arsenic trioxide). ANY P-LISTED WASTE, ITS PACKAGING, AND POTENTIALLY CONTAMINATED PPE MUST BE SEGREGATED FROM ALL OTHER WASTE STREAMS.
- * Note in 2019 OTC NRP therapies are no longer classified as hazardous waste by the EPA or NYSDEC. Waste wrappers, etc., can be discarded in regular trash. Prescription nicotine wastes continue to be classified as acutely toxic hazardous wastes.*
- i) In the inpatient hospital facilities the acutely toxic hazardous wastes are returned to the pharmacy for weighing and logging.
 - ii) In the ambulatory, off-site campus, outpatient facilities acutely toxic hazardous wastes are segregated into a hazardous waste container dedicated to P-Listed wastes.
- 7) **RCRA Incompatible Hazardous Waste:** Non-compatible hazardous waste classified as corrosives, oxidizers and aerosols, and lab pack materials. These products are disposed of in hazardous containers dedicated to the specific incompatible waste type. The containers are

clearly marked with the waste category, to avoid the potential for a dangerous chemical reaction if these pharmaceuticals were mixed with the other waste.

- a) In inpatient hospital facilities these containers are located in the Pharmacy.
 - b) In ambulatory, off-site campus, outpatient facilities these containers will be provided by the waste vendor once the designated HCP determines the potential wastes as described above in the Training section.
- 8) **Chemotherapy:** Northwell Health currently compounds and dispenses chemotherapy drugs that must be managed as hazardous waste and further segregated as trace chemotherapy waste and bulk chemotherapy waste.
- a) Trace chemotherapy waste and items such as spill mats, gowns, gloves and masks should be disposed of in the YELLOW chemotherapy bags. Trace Chemotherapy Waste is residual chemotherapy waste left in the vial or bag that contains less than 3% by weight of the original container, including trace contaminated Personal Protective Equipment (PPE).
 - b) Chemotherapy sharps empty syringes and needles must be disposed of in the YELLOW chemotherapy sharps container and further disposed of as trace chemotherapy.
 - c) Bulk Chemotherapy waste left in the syringe, vial or IV bag that contains greater than 3% of the original weight of the pharmaceutical and saturated PPE contaminated with chemotherapeutic product is disposed of in the BLACK (typical) Bulk chemotherapy waste container.
- 9) **Waste Labels:** Patient information labels on containers to be discarded into regulated pharmaceutical waste containers -- black, blue, red, and sharps -- do NOT have to be concealed or crossed out to preserve confidentiality and security of healthcare information. The containers meet Health Insurance Portability and Accountability Act (HIPAA) disposal and destruction requirements. These containers; however, cannot be used to dispose of other HIPAA documentation. Pharmaceutical waste containers shall be secured and safeguarded until properly disposed.

Patient information labels on containers to be discarded into non-regulated pharmaceutical waste containers – empty containers that can go into regular trash - MUST be concealed or crossed out to preserve confidentiality and security of healthcare information, in accordance with Policy 800.47, Disposal Policy for Protected Health and Confidential Health System Information.

IN-HOUSE CONTAINER TRANSPORT AND OFF-SITE DISPOSAL

Inpatient Hospitals

In inpatient hospital facilities when a pharmaceutical waste container is approximately 3/4 full, the container will be removed by the waste vendor and brought to the Central Accumulation Area (CAA) to await packing and shipment by the pharmaceutical waste vendor. In the event that the container reaches capacity prior to the waste vendor being on-site, trained Environmental Services staff will relocate the full containers to the CAA and supply clean empty containers to

the area requiring additional containers. The waste vendor will provide the facility with a sufficient amount of replacement empty containers.

Ambulatory, Off-Campus, Outpatient Facilities

In ambulatory, off-campus, outpatient facilities the designated HCP will contact the waste vendor when the container is full and requires replacement. The HCP is responsible for ordering sufficient containers to accommodate the anticipated waste generation.

In order to maintain accurate facility hazardous waste generator status across the Northwell Health facilities, all acutely toxic hazardous pharmaceutical waste will be segregated from other waste streams.

- 1) In the inpatient hospital facilities the acutely toxic hazardous waste pharmaceuticals will be sent back to the Pharmacy for logging. Pharmacy technicians will be trained to transport wastes accumulated in the satellite accumulation areas to the Pharmacy.
- 2) In the ambulatory, off-campus, outpatient facilities the acutely toxic hazardous waste pharmaceuticals will be managed separately and the HCP who may generate the waste will be informed of the special designation.

P-Listed Waste

Conservatively, the weight of the P-Listed waste and the zip lock bag into which the waste was placed will be weighed periodically. The weight of the rigid secondary container will not be included in the weight of the P-Listed waste. A gram scale will be used, and recommended no less than weekly will be weighed and recorded. It is preferable to weigh on the first work-day of the month. Once the weight of the waste approaches 454 grams or one (1) pound, it is recommended to have the waste transported off-site for proper disposal. The total weight of P-Listed waste accumulating and in storage MUST not exceed 1,000-grams or 2.2 pounds in those facilities which are conditionally exempt small quantity (also known as very small quantity) or small quantity hazardous waste generators (CESQG, VSQG and SQG), otherwise the facility generator status will increase to LQG.

The procedures for segregating P-Listed pharmaceuticals in facilities that are large quantity generators (LQG) of hazardous waste are the same as the CESQG and SQG facilities; however, the weight of the P-Listed waste does not have to be recorded.

REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

- 1) Section 3008 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act (RCRA) of 1976 and the Hazardous and Solid Waste Amendments (HSWA) of 1984, 42 U.S.C. §§ 6901, 6928.
- 2) The State of New York is authorized by EPA to conduct a hazardous waste program under Section 3006 of RCRA, 42 U.S.C. §6926
- 3) Title 40 of the Code of Federal Regulations (CFR) Parts 260-272.
- 4) Title 6 of the New York Codes, Rules and Regulation (6 NYCRR) Parts 370, 371, 372, 373, 374 and 376 (the Part 370 series)

- 5) Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164
- 6) Northwell Health Policy #100.033 - Training for Shipping Infectious Substances, Diagnostic Specimens, Radioactive and Other Hazardous Materials
- 7) Northwell Health Policy #GR050 Use of Controlled Substances in Research
- 8) Northwell Health Policy #GR049 Medications and Investigational New Drugs Used in Clinical Research
- 9) Northwell Health Policy #800.47 - Disposal Policy for Protected Health and Confidential Health System Information
- 10) 21 CFR Parts 1300, 1301, 1304, 1305, 1307, and 1317

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES

N/A

ATTACHMENTS

N/A

FORMS



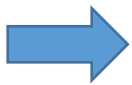



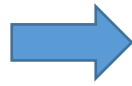

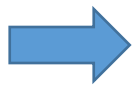

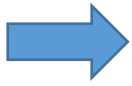

N/A

APPROVAL:	
Northwell Health Policy Committee	04/22/2021
System PICG/Clinical Operations Committee	05/13/2021

Standardized Versioning History:

Approvals: * =Northwell Health Policy Committee; ** = PICG/Clinical Operations Committee; ✖ = Provisional; ✦ = Expedited
 *01/25/18 **02/16/18
 *03/26/20 **03/30/20

NWH - Pharmaceutical Waste Disposal & Sharps Quick Reference

<p>BLUE - Non-Hazardous Waste:</p> <ul style="list-style-type: none"> • Non-Hazardous Medications (IV Bags, Pills, Medication Bottles) • IV's w/Antibiotics / Lopressor IV/Pitocin/Ropivacaine • Cardizem, Nitroglycerin paste • Propofol <p style="text-align: center;">“If you’re not told what to do, put it in blue!”</p>	<p>NO EMAR ALERT</p>   <p>*NO SHARPS/SYRIN GES INSIDE OF THE BLUE BIN!</p>
<p>BLACK - RCRA Hazardous Waste:</p> <ul style="list-style-type: none"> • Hazardous Medication & Syringes w/Medication • Nitroglycerin IV • Insulin • Glycopyrolate • Syringes with ANY medication still in them <p>*Does NOT include Narcotics -follow “Narcotic Waste Policy”</p>	<p>EMAR ALERT BLACK</p>  
<p>RED – Sharp Containers:</p> <ul style="list-style-type: none"> • Needles / Scalpels • EMPTY Syringes - any item that has “syringe” on the packaging • Blue urine cup – BLUE SHARP TOP ONLY (discard container) • IV Tubing Spikes - *only if spike is removed from bag 	<p>RED SHARP CONTAINERS</p>  
<p>GREEN - Acutely Hazardous Medication Place in Ziploc bag and put in Green Bin *Includes all Warfarin, Physostigmine packaging</p>	<p>EMAR ALERT GREEN</p>  
<p>Empty Items (Less than 3%)</p> <ul style="list-style-type: none"> • Fully Infused IV bags • Empty Containers • Remove all Patient Identifiers 	<p>REGULAR TRASH</p>  
<p>Plain IV's (including IV bags w/Electrolytes)</p> <ul style="list-style-type: none"> • NS, Dextrose, Lactated Ringers, Potassium, Magnesium <p style="text-align: center;">“Plain = Drain”</p>	<p>SINK</p>  

Northern Westchester Hospital

ENVIRONMENT OF CARE POLICIES AND PROCEDURES

Subject: **Hazardous Materials Waste Management Plan & Communications Program**

Revision Date: 5/12

Policy Number: HZ-100

Effective Date: February, 2001

Revised: 2/04, 1/07, 10/09,10/11, 5/12,9/13,
10/4/2018

Reviewed: 3/10/2022

Supersedes: Hazard Communication Management
Plan 4/98, Employee Rights 6/98, Hazardous Waste
Program 4/98

Page 1 of 9 Pages

Issuing Department: Safety

Document Owner: DIRECTOR, OPERATIONS

Distribution: Environment of Care Manual

Date Approved: 03/10/2022

I. **PURPOSE:**

The purpose of this policy is to ensure that Northern Westchester Hospital has a Hazard Communication Program that is designed to obtain safety information for hazardous chemicals from suppliers. This information will be communicated and made available to employees in order to maintain a safe environment for patients, visitors, and employees and to comply with OSHA Hazard Communication Standard 29 CFR 1910.1200.

II. **POLICY:**

It is the policy of NWH that the Hazard Communication Plan applies to all on the Northern Westchester campus as well as the affiliated off-sites locations, which handle, store, transport or dispose of hazardous materials and wastes.

III. **DEFINITIONS:**

A. Administration:

The administration of the hospital accepts responsibility for the safety program's leadership, program effectiveness and continuous program review and improvement. The administration will provide necessary resources to make the program effective.

B. Safety Officer:

The Safety Officer or designee is responsible for developing, implementing and monitoring the hospital's Hazardous Communication Plan.

1. The Deputy Safety Officer will maintain the SDS library and provide training to employees.

C. Department Heads/Managers:

1. Department Heads/Managers in conjunction with the safety officer are responsible to implement a department specific hazard communication program including an annual review of the department's chemical inventory.
2. Managers will ensure that the employees in their area of responsibility understand that they have a right to know about the chemicals to which they are exposed and will provide the time and training to allow the employee access to the SDS library.

D. Employees:

Employees are responsible to:

1. Follow safe practices as outlined in established operating procedures.
2. Attend all mandated training programs.
3. Ask for clarification when unsure of proper procedure.
4. Use prescribed equipment for the job, using it in accordance with all safety instructions and training.
5. Wear personnel protective equipment (PPE) when instructed.
6. Abide by all safety rules and practices, and take an active part in fulfilling your role in the safety program.

Northern Westchester Hospital

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IV. **PROCEDURE(S):** The Hazard Communications Written Plan:

A. Hazard Determination

The manufacturer of a substance is responsible to determine if the substance is hazardous under OSHA's HAZCOM Standard. *NWH will* not test any purchased materials to determine their hazard properties; however medical personnel are aware of the following hazard determination procedures:

1. DOT hazard class labels and product container labels must coincide with the hazards described on the Safety Data Sheet,
2. If experience has shown the material to have a different hazard than stated on the SDS, then the supplier will be contacted for explanation or clarification before the substance is used, and
3. If the SDS states the ingredients are a trade secret but gives no hazard warnings, then the supplier must provide a new and more complete SDS.

B. Container Labeling:

1. The area supervisor is responsible for ensuring that hazardous chemicals are labeled in accordance with this policy.
2. No container of hazardous substances will be released for use until the container meets the following criteria:
 - a. Containers are clearly labeled as to the contents
 - b. Appropriate hazard warnings are noted
 - c. The name and address of the manufacturer are listed
 - d. Secondary containers are labeled with either an extra copy of the original manufacturer's label or with generic labels, which have product identity and hazard warnings as required by law.

C. Safety Data Sheets (SDS):

1. USB flash drives containing SDS for all hazardous substances to which employees of this hospital may be exposed are kept in the Emergency Department, Command Center, Deputy Safety Officer's office, and in the office of Facilities Management and or accessed online @ <https://msdsmanagement.msdonline.com/08830f61-e216-4961-8063-38c71578b99b/ebinder/?nas=True>.
2. Departments within the hospital will not maintain unit specific SDS.
3. Each Department Head/ Unit Manger will:
 - a. Request the safety data sheet from the manufacturer / supplier when ordering chemicals or supplies for their department.
 - b. Review incoming data sheets for new and significant health/safety information.
 - c. Ensure that any new information is passed on to the affected employees.
4. The SDS will be forwarded to the Safety Officer
5. New SDS's are available to all employees for review during each work shift.

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6. Offline Access: A USB flash drive containing Safety Data Sheets are kept in four places in the hospital; in the Emergency Department, one in the Director of Security office, one in the Command Center, and one in the Facilities Management office.
 - a. The employee will obtain the name of the chemical they need to look up. The name can be found on the product label, from a chemical data sheet or from information gained from a supervisor or co-worker knowledgeable about the chemical.
 - b. The employee will go to one of the SDS USB flash drive locations and upload the file(s) onto a shared computer.
 - c. The employee will type the name of the chemical into the USB flash drive search pane.
 - d. Highlight and click on the SDS to open the file, right click on the SDS page and click print.
 - e. Should the employee not find the SDS they are looking for, they should ask a supervisor for assistance.
 7. Online Access: Safety Data Sheets can be accessed online at <https://msdsmanagement.msdsonline.com/08830f61-e216-4961-8063-38c71578b99b/ebinder/?nas=True> by following these steps (see attached directions):
 - a. The employee will obtain the name of the chemical, the name of the manufacturer or a partial of either.
 - b. The employee will locate a computer with Internet access and click on the Internet icon.
 - c. At the address opening page they are to type in <https://msdsmanagement.msdsonline.com/08830f61-e216-4961-8063-38c71578b99b/ebinder/?nas=True>
 - d. Click on Northern Westchester Hospital Master Inventory/all facilities.
 - e. The next screen will be the where the employee can begin the search for the online SDS.
 - f. On the left hand side of the page the employee will enter either the manufacturer name or partial name or the product name or partial name and hit search.
 - g. The program will display all chemicals meeting the criteria of the search.
 - h. The employee will select the most appropriate chemical from the displayed list and click on that chemical.
 - i. The SDS will appear and can be printed if need be.
 - j. If the correct SDS is not there, the employee will redefine their search criteria and run the program again or click on "search entire base" icon at the top of the screen. This will allow you to search all SDS' in the entire SDS online database (not just Northern Westchester Hospital's database.)

Northern Westchester Hospital

ENVIRONMENT OF CARE POLICIES AND PROCEDURES

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chemical and which is not clearly marked, the employee is to contact their supervisor for assistance.

4. The Safety Officer will provide outside contractors with information on hazardous materials they may come in contact with during the course of work in the hospital. Contractors will be required to furnish the Safety Officer copies of SDS sheets for chemicals brought onto the property.
5. Contractors will be required to follow this hospital policy or furnish one approved by the Director of Safety. All contract employees must receive a basic Haz-Com Right-to-Know training prior to their assignment in the hospital.

G. Hazardous Materials Management Procedure:

1. Hazardous Materials are those products which, when exposed to, present a health hazard or physical hazard to the employee. Hazardous waste is the by-product of hazardous materials use. Hazardous waste can be chemical, radioactive or biological. Northern Westchester Hospital Center ensures the health and safety of employees, patients and visitors through a complete program for hazardous materials and hazardous waste from procurement, use, waste generation and storage and proper disposal.
2. Procurement: Procurement is understood to mean that means by which the chemical or product appears on hospital property. This can occur through purchasing, contractor activity, or contracted services.
 - a. Purchasing – All hazardous materials purchases (chemical, biological, radioactive) must utilize the standard hospital purchase request form and indicate in the box in the upper right hand corner that an SDS is to be provided with the order. Purchasing will stipulate that the order will not be considered complete unless accompanied by an SDS. Purchases received with the SDS are to be considered complete and approved for payment.
 - b. Purchasing will notify the Safety Officer or designee upon purchase of Hazardous Substances, and Materials management will notify the Safety Officer or designee upon arrival of hazardous substances on hospital premise.
 - c. The unit or person who receives the purchase will ensure that the SDS is received and the hazardous material logged into the unit specific chemical inventory list.
 - d. All staff who will have occasion to come in contact with a new hazardous material shall be instructed in the safe use, handling and disposal of that material as soon as feasible after receipt, but in all cases prior to working with that material.
 - e. The unit manager or the person who obtained the material shall forward a copy of the SDS to the Safety Officer for inclusion in the SDS library found in the Facilities Management office, Command Center, Deputy Safety Officer's office and the ED.

Northern Westchester Hospital

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notify the Safety Officer that a chemical waste pick up and disposal will be needed.

- g. The Safety Officer will contract with a licensed authorized chemical waste hauler (*Triumvirate Environmental*) to dispose of the chemical waste.
- h. The area manager, the Safety Officer and the Contracted Waste Hauler (*Triumvirate Environmental*) will inventory, characterize and manifest the chemical waste for transport offsite and disposal.
- i. The Safety Officer will receive and maintain the chemical waste manifests for the record and reconciliation.
- j. Waste manifested from the Laboratory will be identified and the original manifest will be given to the Lab Manager with a copy given to the Safety Officer.

J. Spill Response

- 1. In the event of a chemical spill immediately contact:
 - a. Operations Management
 - b. Safety Officer
 - c. Nursing Supervisor
- 2. Individual staff members, working with known chemicals involved in a small spill have the training and equipment to clean up those spills.
- 3. The hospital has an emergency response agreement with Triumvirate environmental for Triumvirate ER Services. Triumvirate Environmental will respond to emergencies beyond the scope and capability of our staff.
 - a. Triumvirate Environmental will be on call 24 hours a day and will respond to an emergency spill with an expected ETA of 2-4 hours.
 - b. In the event that the spill is beyond Triumvirate's scope, the Westchester County Emergency Services will immediately contacted.
 - c. During the hours of 11:00pm – 7:00am the Nursing Supervisor will contact:
 - 1) Safety Officer
 - 2) Deputy Safety Officer
 - 3) In the event that the Safety Officer and/or Deputy Safety Officer cannot be reached: The Nursing Supervisor is to call 911.

K. Annual Report:

The objectives, scope, performance and effectiveness of the Hazardous Materials and Waste Management Plan, and the Policies and Procedures, which support the Hazardous Materials and Wastes Management Plan, shall be evaluated annually and reported to the EOC Committee.

REFERENCES:

[MSDS User Manual](#)

Northern Westchester Hospital

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Date Approved: 03/10/2022

Triumvirate Environmental, 42-19 19th Ave, Astoria NY 11105 Phone #718-274-3339,
Fax# 718-726-7917

OSHA Safety & Health Standards:

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9765

The Office of Environment, Health & Safety, UC Berkley

CROSS REFERENCES:

[HZ-106 Radioactive Material Detection System](#)

ATTACHMENTS:

[MSDS User Manual](#)

APPROVALS:

Environment of Care - 10/06, 6/16/16

Nursing Management Council – 6/29/16

Northern Westchester Hospital

ENVIRONMENT OF CARE POLICIES AND PROCEDURES

Subject: Radioactive Material Detection System

Policy Number: HZ-106

Effective Date: May, 2001

Revised: 10/06, 10/09, 9/13, 03/05/2019

Reviewed: 3/10/2022

Supersedes: May, 1998

Page 1 of 1 Pages

Document Owner: DIRECTOR, OPERATIONS

Date Approved: 03/10/2022

- I. **PURPOSE:** To ensure compliance with New York State DOH regulations regarding safe levels of radioactive waste.
- II. **POLICY:**
All outgoing hospital waste will be screened for all levels of radiation by being passed through Radiation Monitoring Detectors for detectable levels of low, medium, and high energy Gamma and x-ray radiation.
- III. **RESPONSIBILITY:**
 - A. Nuclear Medicine Department will be responsible for checking the radiation monitoring detector quarterly.
 - B. The detector will be checked visually and with a Cesium Reference source. Documentation will be kept in the logbook. If the check fails the Radiological Physicist, and Environmental Services Director will be notified. A contracted vendor will be notified for repair.
 - C. Environmental Services Department will be responsible for in servicing the personnel on the procedures for passing waste through the detection system.
- IV. **PROCEDURE:**
 - A. Personnel should move the bins through the doorway by the loading dock which contains monitors for radiation detection.
 - B. If the detectors do not alarm the green light will stay on and there will be no audible alarm and no red light. The personnel should continue to dispose of the waste under the normal procedure.
 - C. If the alarm red light and sounder come on, indicating radioactive material the following procedures should be followed:
 1. The entire bin should be returned to decontamination holding area.
 2. The contaminated waste bin should be passed through the radiation detector device daily until the alarm is no longer set off.
 3. When the contaminated waste bag no longer sets the alarm off the bag may be disposed following normal procedures.

Note: the alarms will automatically shut off and reset.

REFERENCES:

Radioactive Material Detection System, by Bicon, model LFM-2
124 Saw Mill River Road, Elmsford, NY 10523

CROSS REFERENCES: N/A

ATTACHMENTS: N/A

APPROVALS:

Environment of Care Committee 10/06, 2/14/19

Patient Care Services Policy and Procedure Committee 4/04

Northern Westchester Hospital

ENVIRONMENT OF CARE POLICIES AND PROCEDURES

Subject: Radioactive Material Detection System

Policy Number: HZ-106

Effective Date: May, 2001

Revised: 10/06, 10/09, 9/13, 03/05/2019

Reviewed: 3/10/2022

Supersedes: May, 1998

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Document Owner: DIRECTOR, OPERATIONS

Date Approved: 03/10/2022

Policy and Procedure Committee 4/04

Northern Westchester Hospital

Patient Care

Subject: Patient Valuables and Property

Policy Number:

Effective Date: 09/04/2018

Reviewed: 05/25/2022

Revised: 6/3/2019, 5/13/2022, 07/26/2023

Supersedes: Patient Valuables Safe & Valuables-

Documentation and Securement of Patient's

Valuables

Page 1 of 3 pages

Document Owner: ADVISOR, QUALITY

MANGEMENT & PERFORMANCE

IMPROVEMENT

Date Approved: 07/26/2023

I. PURPOSE

The purpose of this policy is to identify the appropriate process to inventory a patient's personal effects and belongings at the point of admission and to describe the procedure for maintenance and return of patients' belongings.

II. POLICY

Northern Westchester Hospital recommends that patients not bring valuables, money, and/or personal possessions to the hospital. The hospital cannot accept responsibility for any loss or damage of property. When indicated, if a family member or trusted friend is unable to take patient's valuables and property home, the hospital will place the valuables in the hospital's safe and safeguard property in a secure location.

III. SCOPE

This policy applies to all staff performing work for or at Northern Westchester Hospital.

IV. PROCEDURE/GUIDELINES

A. DEFINITIONS

1. **Extensions of Self** – Includes the patient's eyeglasses, dentures, hearing aids, prosthetics, and assistive devices.
2. **Property** – anything brought to the hospital by the patient.
3. **Valuables** – any item of value, including medication, monetary, sentimental, or other.
4. **NWH Consent to Admission and Treatment Form** - Patients acknowledge and sign that they are to secure and assume responsibility for personal belongings. NWH is not responsible for missing personal belongings.
5. **NWH Patient Responsibilities Form** – Given to patient upon admission.
6. **Valuables Envelope** – to be completed when patient valuables e.g., money, credit cards, jewelry, medications are being inventoried and retained by the hospital.

B. PROCESS

1. Patients are instructed during pre-admission/admission not to keep valuables on hospital premises. Family member/trusted friend is encouraged to take nonessential items home.
2. Patients with capacity will be responsible for items brought to the hospital that are not sent home or retained by the hospital.
3. For patients who lack capacity to make decisions about the safekeeping of their valuables, either permanently (e.g., dementia) or temporarily (e.g., unconscious state or acute intoxication), hospital staff will secure the property as appropriate. Valuables will be inventoried and sent to main hospital safe in valuables envelope signed by two staff members.
4. On arrival to the unit, admission or transfer, the staff assigned to the patient's care is responsible for completing Belongings/Valuables Record Intervention in Meditech.
5. If Belongings/Valuables Record Intervention has not been completed, or any time there has been a change in status (e.g., patient no longer has capacity or requests safeguarding of property and/or valuables), the staff assigned to the patient's care is

Northern Westchester Hospital

Patient Care

Subject: Patient Valuables and Property

Policy Number:

Effective Date: 09/04/2018

Reviewed: 05/25/2022

Revised: 6/3/2019, 5/13/2022, 07/26/2023

Supersedes: Patient Valuables Safe & Valuables-

Documentation and Securement of Patient's

Valuables

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- responsible for completing Belongings/Valuables Record Intervention and securing items when applicable.
6. Descriptions such as 'yellow metal' or 'white metal' should be used instead of descriptions such as 'gold' and 'silver'. Describe stones in rings or other jewelry as 'white stone', 'red stone', etc., not 'diamond', 'ruby', etc.
 7. Extensions of self, which are required by the patient to assist them in maintaining their activities of daily living (ADLs) should remain with the patient unless there are clearly documented reasons why this would not be in the patient's best interest.
 8. Extensions of self and personal belongings are always kept with the patient, especially on transfer to a different unit.
 9. Staff should be mindful of the presence of valuables and property when assisting with meals, bathing and linen changes.
 10. When a Valuables Envelope is completed, the patient/family member/trusted friend and staff member (or two staff members if the patient is unable) sign to verify its content. The envelope is sealed, and the Valuables Envelope delivered to the cashier/registration during business hours 8:30a-4:30p or to Administrative Supervisor or Security after hours. The Valuables envelope may be deposited in the ED drop box after hours. The receipt portion of the "Valuables Envelope" will be placed in the patient's chart for retrieval.
 11. Unit staff is responsible for assisting the patient/trusted friend in retrieving personal property upon discharge from the hospital or upon request.
 12. Upon receipt of the valuables, the Cashier will require identification and witness to the contents listed on the envelope when it is picked up by a non NWH staff member. The Cashier will staple the receipt portion from the valuable's envelope inside the valuables logbook which is kept in the main safe, and document that the valuables have been returned, and to whom. A signature will be required from the Patient/Patient representative or NWH staff member when the valuables are retrieved.
 13. If the Cashier is closed, the Administrative Supervisor will be required to follow the same process as above.
 14. The Cashier will check the main Cashier office safe periodically for unclaimed valuables.
 - a. The Cashier will notify Patient Advocacy for all unclaimed valuables.
 - b. If left unclaimed for 6 months, Patient Advocacy will be notified and will decide appropriate disposal.
 15. Patient's personal property which has been left behind on the Patient Care Unit (PCU) after discharge- staff will call the patient or family to alert them and document on Property Information form. The items will be brought to the security office by the unit staff. Property left without pickup can be discarded by Security after 60 days once Security notifies the patient/trusted friend that personal property needs to be picked up from the hospital.
 16. If contraband found, send to Security to be secured. For patients in Behavior Health unit, refer to policy: [Behavioral Health/Identified Safe Room Contraband List](#) If any illicit substances found, call Administrative Supervisor.
 17. Home Medications for Storage:

Northern Westchester Hospital

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- a. Patients admitted to Northern Westchester Hospital who have brought medications from home should be instructed to send them home once a medication reconciliation has occurred.
 - b. If family is unable to pick up the patient's own medication (controlled & non-controlled), the medications should be sealed with tamper proof tape in the presence of the patient, placed in a Valuables Envelope and delivered to the cashier/registration or to Administrative Supervisor or Security after hours. Refer to policy: [PHT.477 - Patient's Own Medication](#).
 - c. Receipt portion of the "Valuables Envelope" will be placed in the patient's chart for retrieval of the medications upon discharge.
18. Property of deceased patient:
Refer to policy: [100.063 - Patient Property: Management of Deceased Patients' Property](#)
19. Lost Property:
- a. Any complaint of lost property should be immediately reported to the Nurse Manager/ Assistant Director (AD) or designee, patient advocacy and/or Security.
- C. ASC Patients:**
1. The ASC nursing staff will ask family member/trusted friend to take responsibility for any patient valuables. Patient's belongings (clothes, shoes, etc.) are kept in ASC locker.
 2. If patient admitted to inpatient, the nurse will check if there are any belongings remaining in ASC. If so, nurse will obtain the belongings and send the belongings with patient to the Patient Care Unit (PCU).
 3. Small more frequently used belongings, including assistive devices such as glasses, hearing aids, dentures, are stored in the personal belongings bag provided at the point of entry (ASC, ED, L&D, PCU). The bags will travel with the patient to their inpatient destination point. The bag is to be labeled with the patient demographic label.

REFERENCES TO REGULATIONS AND OR OTHER RELATED POLICIES

[100.08 - Lost or Allegedly Misappropriated Personal Property](#)

[PHT.477 - Patient's Own Medication](#)

[Behavioral Health/Identified Safe Room Contraband List](#)

[100.063 - Patient Property: Management of Deceased Patients' Property](#)

[PCS.1611B - Constant Observation/Enhanced Supervision](#)

ATTACHMENTS: N/A

APPROVALS: Scopes and Standards Committee 6/20/2019

NORTHERN WESTCHESTER HOSPITAL

COMPARATIVE STATEMENTS
OF REVENUE AND EXPENSES
DECEMBER 2022

NWEST_HOSP - ELM37, NORCP, NWEST, NWHL, NWMGT, NWSUR, NWFND
(In Thousands)

MONTH				YEAR TO DATE			
2022 ACTUAL	2022 BUDGET	VARIANCE	2021 ACTUAL	2022 ACTUAL	2022 BUDGET	VARIANCE	2021 ACTUAL
<u>Operating Revenue</u>							
\$36,709	\$33,675	\$3,033	\$34,035	\$424,718	\$405,957	\$18,760	\$378,964
162	159	3	207	1,818	1,910	(92)	2,379
(308)	(308)	-	(326)	(3,738)	(3,738)	-	(3,575)
<u>36,563</u>	<u>33,526</u>	<u>3,036</u>	<u>33,917</u>	<u>422,798</u>	<u>404,130</u>	<u>18,668</u>	<u>377,767</u>
651	645	6	1,147	8,036	7,741	295	7,247
<u>37,214</u>	<u>34,172</u>	<u>3,043</u>	<u>35,064</u>	<u>430,834</u>	<u>411,870</u>	<u>18,964</u>	<u>385,014</u>
<u>Direct Operating Expenses:</u>							
12,651	11,672	(979)	11,397	144,713	138,077	(6,636)	133,152
1,724	1,693	(31)	1,518	20,413	20,320	(93)	17,506
531	531		409	6,781	6,371	(411)	5,452
4,540	4,607	67	4,652	53,318	54,920	1,602	52,176
8,827	8,060	(768)	8,077	99,942	96,452	(3,489)	97,014
-	-	-	-	-	-	-	-
<u>28,273</u>	<u>26,563</u>	<u>(1,710)</u>	<u>26,053</u>	<u>325,168</u>	<u>316,141</u>	<u>(9,027)</u>	<u>305,300</u>
8,941	7,609	1,332	9,010	105,666	95,730	9,937	79,714
<u>Other Operating Expenses:</u>							
317	318	1	253	3,688	3,692	3	2,915
106	85	(21)	91	1,071	1,022	(49)	1,079
2,038	1,673	(366)	1,556	20,928	20,073	(855)	19,505
2,295	2,295	(0)	1,567	27,543	27,543	(0)	18,810
<u>4,757</u>	<u>4,371</u>	<u>(386)</u>	<u>3,468</u>	<u>53,230</u>	<u>52,330</u>	<u>(901)</u>	<u>42,309</u>
\$4,184	\$3,238	\$946	\$5,543	\$52,436	\$43,400	\$9,036	\$37,406

NORTHERN WESTCHESTER HOSPITAL

COMPARATIVE STATEMENTS
OF REVENUE AND EXPENSES
DECEMBER 2021

NWEST_CONSD - ELM37, NORCP, NWEST, NWHLD, NWMGT, NWSUR, NWFND
(In Thousands)

<u>MONTH</u>				<u>YEAR TO DATE</u>				
<u>2021</u> <u>ACTUAL</u>	<u>2021</u> <u>BUDGET</u>	<u>VARIANCE</u>	<u>2020</u> <u>ACTUAL</u>		<u>2021</u> <u>ACTUAL</u>	<u>2021</u> <u>BUDGET</u>	<u>VARIANCE</u>	<u>2020</u> <u>ACTUAL</u>
<u>Operating Revenue</u>								
\$34,035	\$30,271	\$3,764	\$28,189	Net Patient Service Revenue	\$378,964	\$357,502	\$21,462	\$285,306
207	172	35	215	Physician Practice Revenue	2,379	2,067	312	3,043
(326)	(326)	-	(288)	Provision For Bad Debts	(3,575)	(3,575)	-	(3,414)
33,917	30,118	3,799	28,117		377,767	355,994	21,773	284,935
1,147	539	608	4,389	Other Operating Revenue	7,247	6,471	776	33,659
35,064	30,657	4,407	32,505	Total Operating Revenue	385,014	362,465	22,550	318,594
<u>Direct Operating Expenses:</u>								
11,397	11,052	(345)	11,125	Salaries & Wages	133,152	131,787	(1,365)	130,130
1,518	1,437	(81)	1,300	Medical Group Purchased Services	17,506	17,239	(267)	15,604
409	540	131	474	Fees	5,452	6,481	1,029	6,553
4,652	4,767	115	4,444	Employee Benefits	52,176	53,653	1,476	50,075
8,077	7,711	(367)	7,107	Supplies and Expenses	97,014	91,131	(5,883)	77,425
-	-	-	-	Allocated Expenses	-	-	-	-
26,053	25,506	(547)	24,450	Total Direct Operating Expenses	305,300	300,290	(5,010)	279,786
9,010	5,151	3,859	8,055	CONTROLLABLE MARGIN	79,714	62,175	17,539	38,808
<u>Other Operating Expenses:</u>								
253	251	(2)	233	Insurance expense	2,915	2,912	(3)	2,695
91	94	3	99	Interest expense	1,079	1,127	48	1,225
1,556	1,691	135	1,091	Depreciation expense	19,505	20,296	791	17,795
1,567	1,567	(0)	1,270	Centralized Administrative Exp Alloc	18,810	18,810	(0)	15,243
3,468	3,604	136	2,693	Total Other Operating Expenses	42,309	43,145	836	36,958
\$5,543	\$1,547	\$3,996	\$5,362	OPERATING INCOME	\$37,406	\$19,030	\$18,376	\$1,850

NORTHERN WESTCHESTER HOSPITAL

COMPARATIVE STATEMENTS
OF REVENUE AND EXPENSES
DECEMBER 2020

NWEST_CONSD - ELM37, NORCP, NWEST, NWHLD, NWMGT, NWSUR, NWFND
(In Thousands)

<u>MONTH</u>				<u>YEAR TO DATE</u>				
<u>2020</u> <u>ACTUAL</u>	<u>2020</u> <u>BUDGET</u>	<u>VARIANCE</u>	<u>2019</u> <u>ACTUAL</u>		<u>2020</u> <u>ACTUAL</u>	<u>2020</u> <u>BUDGET</u>	<u>VARIANCE</u>	<u>2019</u> <u>ACTUAL</u>
<u>Operating Revenue</u>								
\$28,189	\$27,718	\$471	\$26,490	Net Patient Service Revenue	\$285,306	\$322,153	(\$36,847)	\$298,185
215	409	(195)	456	Physician Practice Revenue	3,043	4,914	(1,871)	4,836
(288)	(288)	-	(304)	Provision For Bad Debts	(3,414)	(3,414)	-	(3,611)
28,117	27,840	277	26,643		284,935	323,652	(38,718)	299,410
4,389	451	3,939	396	Other Operating Revenue	33,660	5,406	28,254	6,441
32,506	28,290	4,216	27,038	Total Operating Revenue	318,595	329,059	(10,464)	305,851
<u>Direct Operating Expenses:</u>								
11,125	10,900	(225)	10,720	Salaries & Wages	130,130	126,987	(3,143)	125,106
1,300	1,300	-	883	Medical Group Purchased Services	15,604	15,604	-	9,414
474	630	156	316	Fees	6,553	7,562	1,009	6,988
4,444	4,107	(336)	4,007	Employee Benefits	50,075	48,789	(1,286)	46,230
7,109	6,301	(808)	6,175	Supplies and Expenses	77,426	75,002	(2,425)	70,377
-	-	-	-	Allocated Expenses	-	-	-	-
24,452	23,238	(1,213)	22,102	Total Direct Operating Expenses	279,788	273,943	(5,844)	258,115
8,054	5,052	3,002	4,937	CONTROLLABLE MARGIN	38,807	55,115	(16,308)	47,736
<u>Other Operating Expenses:</u>								
233	233		217	Insurance expense	2,695	2,691	(4)	2,582
99	109	10	115	Interest expense	1,225	1,306	81	1,447
1,091	1,522	431	1,325	Depreciation expense	17,795	18,266	471	16,597
1,270	1,270		1,199	Centralized Administrative Exp Alloc	15,243	15,243		14,359
2,693	3,134	440	2,856	Total Other Operating Expenses	36,958	37,505	548	34,984
\$5,361	\$1,918	\$3,443	\$2,080	OPERATING INCOME	\$1,849	\$17,610	(\$15,761)	\$12,752