

# Memorial Sloan Kettering Cancer Center

Graduate Staff Handbook  
2026-2027



# Welcome to Memorial Sloan Kettering Cancer Center

For more than a century, Memorial's fight against cancer has been a testament to the dedicated efforts of our staff and the courage of our patients. As you embark on your training here, we want you to know that you are an integral and valued member of our community. Our residents and fellows are essential to the delivery of high-quality patient care and to our cancer care research efforts. Our atmosphere is one of innovation and excellence, and it is my hope that this learning environment will facilitate your education, nurture your professional growth and foster your journey as a life-long learner.

It is truly a great pleasure to welcome you to Memorial Sloan Kettering Cancer Center.

A handwritten signature in black ink, appearing to read 'M. Shah', with a long, sweeping underline.

Monika K. Shah, MD  
Designated Institutional Official for ACGME  
Vice President, Medical Education

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# Welcome to MSK

## About MSK

Memorial Sloan Kettering Cancer Center (MSK), founded in 1884 as New York Cancer Hospital, is the world's oldest and largest private cancer center. Originally located on Manhattan's Upper West Side, the hospital moved to its current location on York Avenue in 1939, on land donated by John D. Rockefeller, Jr. Over the years, MSK has continued to expand its outpatient facilities and services to meet the growing needs of patients. MSK currently has locations throughout New York City and in Long Island, Westchester, and New Jersey. MSK has devoted 140 years to exceptional patient care, innovative research, and outstanding educational programs, and is well known for pioneering contributions in oncology.

MSK was one of the first recipients of the National Cancer Institute (NCI) Cancer Center designation in 1971. Today, it is one of 72 NCI-designated centers in the United States, with state-of-the-art science flourishing alongside clinical studies and treatment. US News & World Report has ranked MSK as one of the top two hospitals for cancer care in the country for over 30 years and among the nation's top pediatric hospitals for cancer care.

The institution comprises three corporations: Memorial Hospital for Cancer and Allied Diseases, the treatment unit; Sloan Kettering Institute, the research unit; and Memorial Sloan Kettering, the unit which formulates policies, develops long-range plans and coordinates the activities of the Hospital and Institute.

**MEMORIAL HOSPITAL** incorporates a 514 bed inpatient unit with approximately 25,718 admissions and 179,961 patient days and an average length-of-stay of 7.4 days (2025). MSK clinicians treat more than 400 subtypes of cancer, providing a level of specialization that can have a dramatic impact on the chance to cure or control the patient's disease. MSK provides clinical services that span the continuum of cancer care, including screening programs, perioperative services (including surgery), chemotherapy and biologic therapy infusion, radiation oncology, and urgent/intensive care. These services are provided to adult and pediatric patients in a range of care units.

**OUTPATIENT SERVICES** are delivered within Memorial Hospital in either the Enid Haupt Pavilion or the Bobst Building as well as in off-site program locations within Manhattan and surrounding communities. Memorial's New York City sites include:

- Brooklyn Infusion Center - 557 Atlantic Avenue, Brooklyn
- Clinical Genetics - 222 East 70th Street
- David H . Koch Center for Cancer Care - 503 East 74th Street
- Evelyn H . Lauder Breast Center and MSK Imaging Center - 300 East 66th Street
- Josie Robertson Surgery Center - 1133 York Avenue
- Laurance S . Rockefeller Outpatient Pavilion - 160 East 53rd Street
- Mortimer B . Zuckerman Research Center - 417 East 68th Street
- MSK—64th Street - 205 East 64th Street
- Ralph Lauren Center for Cancer Care - 1919 Madison Avenue
- Rockefeller Research Laboratories - 430 East 67th Street
- Sidney Kimmel Center for Prostate and Urologic Cancers - 353 East 68th Street

MSK also has community-based outpatient treatment centers where patients can receive outpatient radiotherapy, chemotherapy, surgical consultation, and dermatologic services in their home communities, but still delivered by Memorial Sloan Kettering's expert staff. These outpatient treatment centers are located in Northern New Jersey, and Westchester, Nassau and Suffolk counties.

## MSK's Vision, Mission & Core Values

Our vision, mission, and core values statements are a common language to describe our institutional aspirations and the enduring character of MSK.

Our vision is to be the world's leading authority on cancer, our mission is to end cancer for life, and our core values are the fundamental beliefs that shape our culture.

MSK's core values include:

- Respect for the individual: we ensure everyone is heard and valued.
- Excellence through inclusion: we succeed when diversity thrives.
- Integrity: We do what is right.
- Innovation with lasting impact: we challenge ourselves to constantly learn and improve.
- Stewardship: we each take responsibility for strengthening MSK to better serve our global cancer community, today and in the future.
- One MSK: we work together to do what no one else can in cancer care.

As a member of the graduate staff, you are an integral part of MSK's vision, mission, and core values.

## MSK's Commitment to Graduate Medical Education

The vision of Memorial Hospital for Cancer and Allied Diseases (Memorial) is to be the world's leading authority on cancer, our mission is to end cancer for life, and our core values are the fundamental beliefs that shape our culture. Our core values include Respect for the individual, Excellence through inclusion, Integrity, Innovation with lasting impact, Stewardship and One MSK. Inherent in this vision, mission and core values is a commitment to Graduate Medical Education, which is endorsed and supported by the Board of Trustees.

Specific to education, Memorial is committed to fulfilling its mission by providing the necessary financial support for administrative, educational, and clinical resources, including personnel, to support a broad range of programs of graduate education and postgraduate training for scientists and health professionals in the areas of cancer and related diseases and disciplines. This commitment includes a focus on diversity as a key element of our strategy for recruiting and training the next leaders in cancer care as well as a thoughtful and directed focus on understanding and addressing disparities in health care and cancer treatment among underrepresented groups.

To maintain and continuously improve the quality, productivity and organization of Graduate Medical Education programs, Memorial's Medical Staff and Hospital Administration ensure the allocation of required leadership and resources to achieve compliance with internal policies and procedures and to meet the requirements of outside accreditation organizations. Memorial

strives to instill its philosophy of multidisciplinary patient-centered care in all Graduate Staff by providing an educational environment that ensures the safe and appropriate delivery of care to patients, taking into consideration the patient's quality of life during and after treatment. The Medical Staff and Hospital Administration are committed to providing Memorial's clinical trainees with the required guidance, supervision, educational curriculum and personal development needed to become outstanding members of the medical community.

SOURCE: Administrative Policy and Procedure #1001; Rules and Regulations of the Medical Staff #536.

## Graduate Medical Education Oversight and Administration

Memorial Hospital conducts more than 100 separate clinical training programs. Approximately 80 of these are full-time training programs, with over 360 FTE positions; the remainder are rotating programs. There are over 1,500 rotating residents and clinical fellows per year, equating to approximately 130 FTE. Each training program is under the direct supervision of a Training Program Director/physician. With the assistance of other faculty, Training Program Directors are responsible for developing and implementing a comprehensive, well-organized and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by current scientific advancements. Each Training Program Director is also responsible for developing effective measures to assess and evaluate trainee performance and competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and system-based performance. Training Program Directors are responsible for providing regular and timely performance feedback to their trainees.

Training Program Directors serve as members of the Hospital's Graduate Medical Education (GME) Committee, whose membership also includes Hospital Administrators and elected residents and fellows. The GME Committee provides oversight and guidance for all graduate medical education activities. All training programs are reviewed on a regular basis for their excellence of education, satisfaction of trainees, and compliance with the requirements of various accrediting and oversight organizations, including the Accreditation Council for Graduate Medical Education (ACGME), the agency which accredits most clinical training programs in the US, and the New York State Department of Health.

The Office of Graduate Medical Education provides administrative support to the GME Committee and individual training programs. The Office is responsible for managing trainees' appointment to the medical staff and for providing information on their arrival. GME Office staff are available as an ongoing resource for administrative issues that may arise during a trainee's affiliation with MSK. The Office is also responsible for conducting an annual review of residents' work hours to ensure compliance with both ACGME and New York State regulations for clinical trainees.

The GME Office is located in room M2101A. The telephone number is 212-639- 6788. Additional information for residents can also be found on the GME OneMSK page.

## Before you start...

### Complete online training — Instructions provided in Orientation document

- Epic Test-Out or Training
- MSK Required Regulatory Training
- Code of Conduct

### MRI training (if assigned to the OR)

1. Log into Saba via this link: <https://msk.sabacloud.com/>
2. On the right side of the page, under the Required Regulatory Training (RRT) section, scroll down and select MRI Safety 1
3. Under the Required Regulatory Training: MRI Safety 1 (GME) course title:
  - Select the REGISTER button
  - Select the COMPLETE REGISTRATION button, then CLOSE
  - Under the Module section, select the VIEW button (or the course title)
  - Select the LAUNCH button to begin the MRI Safety 1 (Required Regulatory Training) course
  - Make sure to select LAUNCH for each of the activities listed. You must complete the first activity before the second (Screening Questionnaire for MRI) can be launched
  - After the training content you will be instructed to submit a health Screening Questionnaire for MRI to Employee Health Services to document implants, etc.
  - Note: the questionnaire is available on MSK's Sharepoint site, and therefore not available before your hire date
  - Once you complete the questionnaire, be sure to return to the course to click the final **I Agree** button
4. Notify your Program Coordinator that you have completed training and OR access can now be requested
5. Prior to entering the OR:
  - Empty your pockets and place cell phone/pager, other belongings in locker
  - Self-Screen at a wall mounted ferromagnetic detector (FMD)
  - Remember: The MRI magnet is always on!

### Your Program Orientation should cover:

- Program supervision and escalation policy — guidelines as to when and under what circumstances to alert supervisors (chiefs, fellows or attendings, etc.). Examples may include changes in patient condition, end-of-life decisions, or disagreement in patient management among health care team members.
- Program handoff procedure — how to safely transition patients to the next care team
- Back-up coverage policy if you are too fatigued to complete your daily assignment

### Your Unit Orientation should cover:

- Identity of the unit's nurse leader
- Patient evacuation procedures
- Location of the unit's fire alarm pull stations, fire extinguishers, and emergency exits

## Life Safety/Fire Safety

Emergency telephone numbers are listed on phones.

- To report a fire call Ext. 6000 and activate Fire Alarm pull box
- RACE procedures for evacuation
- RESCUE: Rescue persons in immediate danger
- ALARM: Activate the closest interior pull station .
  - Dial Ext. 6000 to report fire location
- CONFINE: Confine fire by closing doors and windows
- EVACUATE: Move horizontally to the next building;  
move down at least 3 floors, or follow building evacuation plan

PASS procedures for using a fire extinguisher

- PULL the pin
- AIM nozzle at the base of the fire
- SQUEEZE the handle
- SWEEP from side to side

## Report/Receive Critical Values:

- Lab staff will contact the licensed practitioner (as privileged and credentialed) stating patient has critical value
- The licensed practitioner (as privileged and credentialed) reads critical value and two patient identifiers (name and DOB or MRN) back to lab staff or electronically acknowledges critical value through Epic
- Lab staff confirms value is correct
- Record of notification (licensed practitioner name, number, time and date of notification and acceptance) is documented in the laboratory report
- Refer to Table of Contents>Laboratory Medicine> Laboratory Locations and Contacts> Critical Values

SOURCE: Rules and Regulations of the Medical Staff #406

## Communicate with Staff Wearing Vocera Badges:

- If you receive a page in the form of 4646\*XXXXX you have been paged from a Vocera badge
- To return a call, dial Ext. 4646 (onsite) or 212 639-4646. When prompted, dial digits on pager after the 4646
- To initiate a call dial Ext. 4646 (onsite) or 212 639-4646. When prompted say the person or group's name, or enter an extension
- Remember — once you are connected you will be heard through a speaker. If you need to communicate sensitive information, ask the person to call you back via a house phone

## File an Electronic Death Certificate in NYS:

- Must be filed electronically by a licensed practitioner (as privileged and credentialed)
- The reporting licensed practitioner must be preregistered in the online system and take online training
- Staff at the Admissions Center can assist physicians in the registration process
- For assistance with filing a Death Certificate:
  - **Days (weekdays 8am – 7pm and weekends 9am – 5pm):**
  - Call the Admitting Office at **212-639-7606**
  - **Evenings (after 7pm weekdays, after 5pm weekends):**
  - Contact the Bed Board Staff at **212-639-7881**
- More information can be found in the Policies and Procedures section of this handbook

## Safely Use Restraints When Necessary

- Restraints should be used only to provide for the safety of the patient and others after less restrictive measures have been attempted and found ineffective
- Every effort should be made to prevent, reduce and eliminate restraint use
- All restraints require a comprehensive assessment evaluation and order by a Licensed Practitioner
- Restraint orders are time-limited and require renewal orders within the following time frames:
  - **Non-violent/non-self-destructive behavior**
    - 24 hours
  - **Violent/self-destructive behavior:**
    - 4 hours for patients 18 years of age or older
    - 1 hour for patients ages 9 to 17
    - 30 minutes for patients under 9
- Refer to the OneMSK for further information on the safe use of restraints. [GME webpage>Trainees>Patient Care Compliance Bundle](#)

SOURCE: Rules and Regulations of the Medical Staff #217

## Central Venous Access

- The PICC team is available 9am to 5pm Monday-Friday at Ext. 122-6888 or pager 3596.
- After hours and on weekends, resources are available to establish urgent/ emergent central venous access, via Anesthesia (intraoperative setting), the Department of Surgery, ICU consult, and IR (who respond on weekends for emergent central line placement e.g. patient in blast crisis).

## Medically Urgent Transfers Into Memorial Hospital

- All transfers into Memorial should be done only for medically urgent situations.
- An MSK attending or Advanced Practice Practitioner (APP) must approve the transfer.
- The transfer must be medically necessary and the patient's condition must be assessed as stable.
- The availability of a bed at the appropriate level of care for the patient must be confirmed prior to making a transfer.

- An order for transfer should be placed in Epic, and a completed Universal Transfer Form should accompany the patient transfer
- More information can be found in the Hospital Policies and Procedures section of this Handbook

SOURCE: Rules and Regulations of the Medical Staff #104

## Employee Incident Report

In the event of an on-the job injury (sharps injury, blood borne pathogen exposure, chemical exposure, etc.), all residents, interns, and fellows are required to report the incident to their supervisor immediately and complete the online Employee Incident Report. The supervisor will call Employee Health and schedule a same-day appointment. Required follow-up of any on-the-job injury will be done at Employee Health or referred to an appropriate provider.

In the event of an on-the job injury after hours (after 6pm and before 8am or on weekends), all residents, interns, and fellows are required to report the incident to their supervisor immediately, complete the online Employee Incident Report and to go to the Urgent Care Center (UCC). Required follow-up of any on-the-job injury will be done at Employee Health or referred to an appropriate provider.

## Reporting of Concerns

- Reporting to Improve Safety and Quality (RISQ) — report actual events and near misses that have the potential to cause harm and instances of incivility as outlined in Rule and Regulation #554. Click the Start Button > MSKCC Event Reporting > RISQ or click the RISQ launch button in Epic
- Confidential reports of concerns about your training environment can be made by calling Ext. 6788 or submitted through the GME webpage on OneMSK. Click on Confidential Feedback and enter your comment.
- For confidential reporting about Compliance issues, trainees can report their concerns to either the Compliance Hotline: 844-MSK-Line (844-675-5463) or by going to [MSKCC.alertline.com/gcs/welcome](https://mskcc.alertline.com/gcs/welcome).
- For consultation and consideration of patient care issues, trainees can contact MSK's Ethics Committee by calling Ext. 8604.
- Trainees in ACGME-accredited programs can also confidentially report concerns or complaints about their residency education or learning environment to the ACGME. Instructions can be found under the Residents and Fellows section on their website.
- Complaints can also be submitted to the New York State Department of Health. Information can be found on their website: <https://www.health.ny.gov/> or by emailing [hospinfo@health.state.ny.us](mailto:hospinfo@health.state.ny.us).
- Work hours complaints or concerns may also be reported directly to IPRO, a New York State Department of Health contractor responsible for monitoring resident work hours and conditions by using the email account: [residenthours@ipro.org](mailto:residenthours@ipro.org).

Remember to wear your MSK ID badge at all times, and return it to your coordinator upon completion of your training.

## Find it on OneMSK...

Epic EHR for training materials and resources

TABLE OF CONTENTS for links to:

- Administrative Policies and Procedures
- Rules and Regulations of the Medical Staff
- Infection Prevention and Control — including hand hygiene and information on specific diseases and organisms
- Look alike/Sound alike medications — Medication names at a high risk for confusion
- Language Services — Cultural Resources including Translation and Interpreter services and Cultural Awareness tools for delivering culturally competent care
- Medical Library — for online references and journals
- Code of Conduct
- Graduate Medical Education for:
  - Graduate Medical Education Policies and Procedures
  - Graduate Staff Handbook
  - House Staff Clinical Privileges
  - Duty Hours Regulations and compliance monitoring
  - Recognizing excessive fatigue

### PATIENT CARE STANDARDS AND GUIDELINES

- Go to [Clinical Council](#) in Table of Contents.
- Alternatively, go to DIVISION OF QUALITY AND SAFETY (DQS) site and select “Clinical Council” under “Committees”.

### DIVISION OF QUALITY AND SAFETY

- RISQ reporting
- Quality of Care and Patient Safety Plan

COMPLIANCE HOTLINE for information on how to report concerns confidentially

ETHICS COMMITTEE for information on when and how to get an Ethics Consult

REGULATORY AFFAIRS for information on Joint Commission preparation and policy updates

# Focus on Patients

## Quality and Safety Practices

MSK's Quality and Performance Improvement (QAPI) program integrates quality assurance and performance improvement and fosters a culture of safety, accountability, and continuous improvement. Program objectives include:

- Promote patient safety, improve clinical outcomes, and enhance the patient experience
- Identify and mitigate risk-prone, high-volume, or high-impact processes and outcomes
- Use data and evidence-based practices to drive improvement
- Ensure hospital-wide interdisciplinary collaboration
- Maintain accountability through regular monitoring and executive and board oversight

With its commitment to promoting a culture of quality and patient safety, the Department of Quality and Safety (DQS) provides a path for GME trainees to partner with staff in patient safety and quality improvement. DQS involves junior faculty and trainees in Quality & Safety initiatives toward the goal of developing the next generation of national leaders in the field. To support the clinical learning environment of trainees, DQS and GME work collaboratively to provide opportunities for resident and fellow participation in Quality Assurance committees, process improvement projects, and reporting of patient safety-related events. In addition, residents may participate in a two-week elective rotation in Quality and Safety.

On an annual basis, MSK identifies system-wide QAPI projects. The 2026 QAPI Projects are listed below, and further information can be found on the Division of Quality and Safety page on OneMSK.

- Improve staff engagement in time outs in the OR
- Reduce 30-day unplanned readmissions for cancer patients
- Improve identification of high-risk inpatients for goals of care discussions

## Quality and Safety Expectations

### Patient Identification

It is Memorial Hospital policy that all patients be identified prior to provision of care and when providing care or treatment for the patient. The patient's room number or physical location is never used to identify the patient. Proper identification of patients requires vigilance, including special attention when ordering medications and treatments, particularly via computerized order entry systems.

- Patients with Patient Identification Wristband: Compare the order, specimen label, requisition, etc. with legal last name and legal first name observed on wristband and medical record number observed on wristband.
- Patients without Patient Identification Wristband: Compare the order, specimen label, requisition, etc. with legal last name and legal first name spelled by patient and date of birth stated by patient.

If any discrepancy is determined during these processes, immediate clarification must be determined prior to care, treatment, service or data entry. Please refer to Administrative Policy and Procedure #4509 for additional information.

## **Time Out Procedures**

A time out is a deliberate critical safety pause taken just before a procedure begins, during which the entire surgical/procedural team verbally confirms critical details such as the patient's identity, the planned procedure, the surgical site, and any special considerations. This standardized safety step ensures everyone is aligned and catches potential errors before they occur. When performed correctly, time outs significantly reduce the risk of wrong-patient, wrong-site, or wrong-procedure events, and improve overall patient safety.

A time out procedure must be performed for every patient, every time to verify patient identity, procedure and laterality, and is required for all invasive procedures regardless of hospital location. Documentation occurs in real-time in Epic.

Please refer to Rules and Regulations of the Medical Staff #214 for additional information.

## **Hand Hygiene**

Patients with cancer are at particular risk for hospital-acquired infections. Hand hygiene is the simplest and most effective way to prevent these infections. MSK has identified this as a major focus for improving care and has adopted the World Health Organization (WHO) guidelines to inform this process. Hand hygiene **MUST** occur for 20 seconds before and after patient contact, before an aseptic task, after the risk of exposure to bodily fluids, and after contact with patient surroundings, even if you did not physically touch the patient. These five moments of hand hygiene are required without exception, regardless of whether gloves are used or not. Hand washing with soap and water is required when the patient is on Special Contact isolation precautions or when hands are visibly soiled or contaminated.

Please refer to the OneMSK Infection Prevention and Control Manual, Policy IC.2.3, for additional information.

## **Infection Prevention and Control**

Memorial Hospital requires employees to observe "Standard Precautions" when caring for all patients. These precautions are designed to reduce the risk of transmission of blood borne pathogens and the risk of transmission of other pathogens from blood or body fluids. Personal protective equipment (gowns, gloves, eye protection, and masks) must be worn when there is an anticipated exposure to blood or body fluids. Any questions should be directed to Infection Prevention and Control at Ext. 7814.

For further information see the Infection Prevention and Control Manual on OneMSK.

## **Verbal Orders**

Orders for patient care and treatment, including medications, should be placed directly into the electronic medical record or on the appropriate document by the licensed practitioner (as privileged and credentialed). Verbal orders for patient tests and treatment shall be used infrequently and shall be accepted and recorded consistent with the scope of practice authorized by applicable New York State license, certification, or registration. The individual accepting the order must promptly record it, including the name of the ordering practitioner. The order should then be read back to the ordering individual to ensure that the order has been recorded correctly. Verbal orders shall be authenticated by the ordering practitioner within 24 hours.

SOURCE: Rules and Regulations of the Medical Staff #204. Medication

## Medication Reconciliation

Medication reconciliation is an important National Patient Safety Goal. It refers to the process of documenting a complete list of a patient's current medications, comparing that list against the admission, transfer, and discharge medication orders for the patient, and then eliminating or adding orders to make the current list appropriate to the patient's current condition. The purpose is to address duplications, omissions, interactions, and to avoid errors that are likely at points in the care trajectory when there is a transfer of responsibility for the patient, as well as errors that may occur when more than one care provider is prescribing drugs for a patient. At MSK, all clinicians are expected to obtain an accurate list of all medications that the patient is taking, and review and revise that list when the patient is admitted to, transferred within or discharged from the hospital or is seen during an outpatient visit in which medication may be prescribed. Documentation of the medication reconciliation process including the electronic version of the Home Medication List (eHML) is completed in Epic in the patient's "Review Home Medications" section.

SOURCE: Rules and Regulations of the Medical Staff #211A

## Reducing Patient Falls

Preventing patients from getting injured by a fall is a priority both nationwide and here at MSK, and all employees are asked to do their part to reduce that risk.

There are several steps the team can take to prevent falls from occurring:

- More than half of patient falls at MSK are related to patients going to and from the bathroom. **Encourage patients to call for assistance.**
- Leave the bed in the lowest position and side rails in the position in which you found them after examining or treating the patient.
- Certain medications increase a patient's fall risk, such as hypnotic, anticonvulsant, and analgesic drugs. Order the lowest effective dose to decrease the likelihood of a patient falling.
- Report unsafe situations or broken equipment to the nursing or unit staff
- Ensure that patient activity orders are appropriate.
- High fall risk patients are identified in several ways:
- With yellow wrist bracelet and yellow socks
- in Epic storyboard (see pic below)
- Bed alarms are initiated for Bedside Mobility Assessment Tool score of 3
- Personalized Falls TIPS sheets are completed each shift and placed at the patient's bedside

The image shows three Epic patient storyboards for James Clindoc. Each storyboard includes the following information:

- James Clindoc**
- Legal: Clindoc, Jericho
- Male, 41 y.o., 6/5/1983
- MRN: 204038
- Bed: 1232-A
- Code: Prior (no ACP docs)
- MOLST/POLST: None
- Pronouns: None
- RPh Column: None
- PRECAUTIONS: Suicide precautions
- COVID-19 Vaccine: Unknown
- Isolation: None

The risk levels are indicated at the bottom of each storyboard:

- Low / no risk (Blue bar)
- Moderate risk (Yellow bar)
- High Risk (Red bar)

**Falls TIPS matches risk factors to preventive interventions**

Risks are color coded to the appropriate intervention

To demonstrate the risk and intervention to patients and care partners:

- ✓ The relevant risk's box
- The associated intervention

**COMPLETE EACH SHIFT**

Patient Name:		Date:	
<input type="checkbox"/> Increased Risk of Harm if You Fall	<input type="checkbox"/>	<b>Fall Interventions</b> (Circle selection based on color)	
<b>Fall Risks</b> (Check all that apply)		<input type="checkbox"/> Communicate Recent Fall and/or Risk of Harm	<input type="checkbox"/> Walking Aids
<input type="checkbox"/> History of Falls	<input type="checkbox"/>	<input type="checkbox"/> Crutches	<input type="checkbox"/> Cane
<input type="checkbox"/> Medication Side Effects	<input type="checkbox"/>	<input type="checkbox"/> Walker	
<input type="checkbox"/> Walking Aid	<input type="checkbox"/>	<input type="checkbox"/> IV Assistance When Walking	<input type="checkbox"/> Toileting Schedule: Every _____ hours
<input type="checkbox"/> IV Pole or Equipment	<input type="checkbox"/>	<input type="checkbox"/> Bed Pan	<input type="checkbox"/> Assist to Commode
<input type="checkbox"/> Unsteady Walk	<input type="checkbox"/>	<input type="checkbox"/> Assist to Bathroom	
<input type="checkbox"/> May Forget or Choose Not to Call	<input type="checkbox"/>	<input type="checkbox"/> Bed Alarm On	<input type="checkbox"/> Assistance Out of Bed
		<input type="checkbox"/> Bed Rest	<input type="checkbox"/> 1 person
		<input type="checkbox"/> 2 people	

## Error-Prone Medical Abbreviations

Practitioners shall comply with the National Patient Safety Goals and refrain from using error-prone abbreviations in all medical record entries (orders, progress notes, etc.). The following list of error-prone medical abbreviations has been approved by the Medical Board:

NO! Error-Prone Practice	YES! Required Practice
U, u, IU	unit(s)
ug, Ug or, µg	mcg
QD, Q.D., qd, q.d.	daily
QOD, Q.O.D., qod, q.o.d.	every other day
UD	use as directed
MS, MSO4	morphine sulfate
MgSO4	magnesium sulfate
B.I.W.	twice weekly or 2 times a week
T.I.W.	three times weekly or 3 times a week
SC, SQ, sq, or sub q	subcut, SUBQ or subcutaneous(ly)
OS, OD, OU	left eye, right eye or both eyes
AS, AD, or AU	left ear, right ear or both ears
½ tablet	half tablet
Do not use terminal zeros for doses expressed in whole numbers i.e., NOT "5 .0 mg"	5 mg
Always use zero before a decimal when the dose is less than a whole number i.e., NOT ".5 mg"	0.5 mg

## Emergency Response

Any employee or staff member who encounters a problem requiring an emergency response at the York Avenue Super Block, David H. Koch Center for Cancer Care, and Josie Robertson Surgery Center, can call Ext. 6000 for assistance.

An emergency response page to the hospital code team or call to Ext. 6000 should be initiated for any person with a life-threatening event, or in immediate risk for a life-threatening event (e.g., unconscious, pulseless, apneic, compromised airway, rapidly deteriorating hemodynamic status).

Any employee or staff member who encounters an emergency at any facility other than the York Avenue Super Block should follow the emergency response process specific to that facility.

SOURCE: Medical Staff Rule and Regulation #207

## Rapid Response Team

The Rapid Response Team (RRT) is available at all times to assist and provide support in the care of patients, visitors and employees who develop signs of clinical deterioration. Any staff member, patient or visitor may activate the RRT. Activation of the RRT does not require any approval. The RRT may be notified by calling Ext.

6000 within the Hospital and following operator prompts. The operator will activate a page to the appropriate RRT team, who will immediately report to the patient care area.

The RRT will be responsible for responding to acute changes in the health status of patients, visitors or employees that occur on the main campus, which is defined as any MSK facility between the area bounded by York Avenue, 1st Avenue, East 67th and East 69th Street, including the garage. A special Pediatric team will respond to pediatric emergencies.

Criteria for calling the RRT include:

- acute change in heart rate;
- acute change in elevation or decline in blood pressure;
- acute change in respiratory rate or decline in O2 saturation;
- acute change in mental status;
- acute change in motor function;
- clinically significant bleeding;
- status epilepticus;
- patient's failure to respond to treatment for an acute problem or symptom;
- concern or worry about the patient's condition;
- Interventional Radiology Hemoptysis
- Sepsis Alert (Electronic Health Record System initiated) as per Sepsis: Screening and Early Resuscitations Protocol Standard;
- Behavioral Rapid Response;
- Acute Coronary Syndrome (ACS) standard (activated by RRT);
- Emergency Intubation (activated by RRT);
- Stroke Alert standard (activated by RRT);
- Surgical Airway standard (activated by RRT);
- Pericardial Tamponade workflow (activated by RRT);
- Symptomatic Cord Compression standard (activated by RRT);
- Acute Limb Ischemia standard (activated by RRT);
- Pulmonary Embolism Response team (activated by RRT).
- Acute Hemorrhage Standard (activated by RRT).

SOURCE: Medical Staff Rule and Regulation #242

## Pain Management

Pain is assessed in all patients throughout the continuum of care. A baseline pain assessment should be completed when any patient is admitted to the hospital or upon arrival to the Urgent Care Center. Several online tools are available to help with this and can be accessed at [https://pain.mskcc.org/pain\\_tools.html](https://pain.mskcc.org/pain_tools.html).

The decision as to which regimen to initiate depends upon:

- whether the patient can tolerate a PO regimen or is NPO, and
- if they are opioid-naïve (i.e. have not been on pain medication prior to admission) or opioid-tolerant.

	Opioid-Naïve No Pre-admit pain meds	Opioid-Tolerant Yes Pre-admit pain meds
Takes PO	ORAL PRN MEDS	CONTINUE PAIN MEDS
NPO	IV PRN MEDS (or PCA)	CONVERT TO IV PCA

## Finding Pain Management Resources

Online Tools & Resources Under the 'Pain Admission Wizard' heading at [https://pain.mskcc.org/pain\\_tools.html](https://pain.mskcc.org/pain_tools.html), you'll find valuable assessment tools to guide your decisions. Additional opioid education resources are available at <https://pain.mskcc.org/education/opioids.html>.

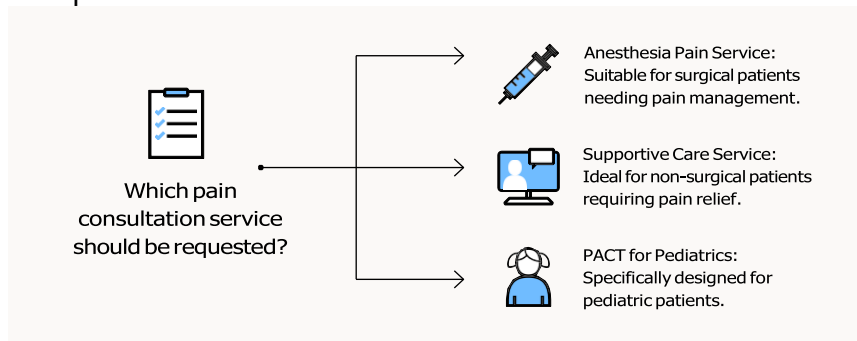
## Pain Management Approaches

**For Opioid-Naïve Patients:** For patients with frequent or continuous cancer-related pain, start with around-the-clock dosing plus "as needed" rescue medications (oral or IV). Despite common concerns, patients receiving opioids for cancer pain rarely develop addiction, especially those without a history of substance abuse.

**Patient-Controlled Analgesia (PCA):** Any service can prescribe PCA up to specified maximum doses. For higher doses, request a formal pain consultation.

**Requesting Pain Consultation:** Simply type 'Pain' or 'Supportive' or 'PACT' in the Epic Orders section:

- For surgical patients: Anesthesia Pain Service
- For all other patients: Supportive Care Service
- PACT for pediatrics



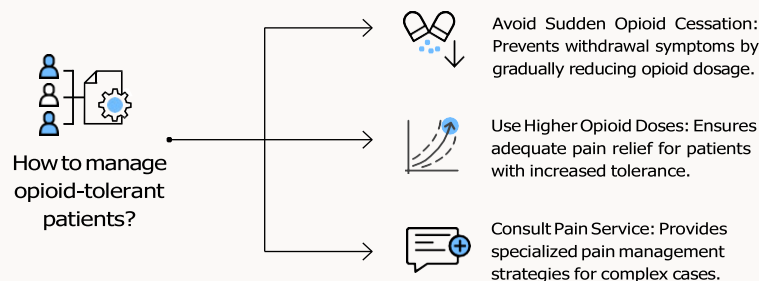
The Epic system will automatically alert the appropriate team when you submit the order.

## Special Considerations

### Opioid-Tolerant Patients

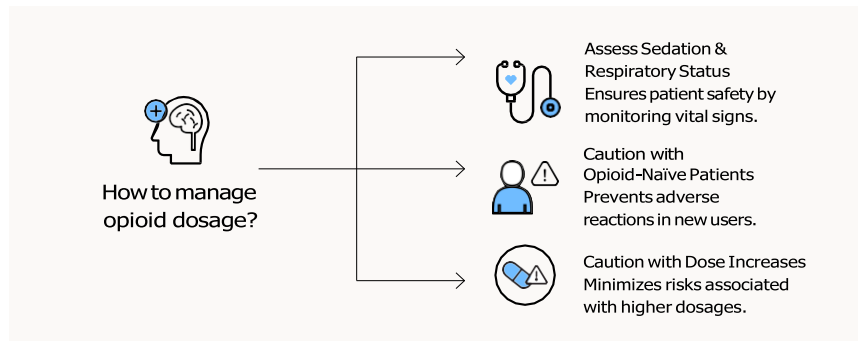
These patients:

- May experience withdrawal if opioids are suddenly stopped or naloxone is given
- Often require higher doses than opioid-naïve patients
- Should be managed with Pain Service consultation if admitted with significant pain



**Managing Persistent Pain:** Adjust dosages until satisfactory relief or manageable side effects are achieved. Before increasing opioid doses:

- Carefully assess sedation level and respiratory status
- Take extra caution with opioid-naïve patients or those requiring significant dose increases



**Switching Between Opioids:** If side effects prevent adequate pain relief, consider switching to another opioid using the online conversion tools. When transitioning:

- A 25% reduction from the equianalgesic dose may be needed (online tools account for this)
- For help with IV methadone conversions or transitioning to high-dose hydromorphone/fentanyl, consult:
  - Anesthesia Pain Service (Secure Chat IP ACUTE PAIN)
  - Supportive Care Service (Secure Chat IP SUPPORTIVE CARE CONSULT TEAM)
  - PACT (IP PEDIATRIC PAIN AND PALLIATIVE CARE CONSULT TEAM)

Consultation is required for these complex transitions and when encountering system restrictions when entering medications or doses.

SOURCE: Rules and Regulations of the Medical Staff #234

## Antibiotic Management Program (AMP)

Ensuring appropriate antimicrobial use is important for our patients who are at increased risk for infection while undergoing treatment for their cancer. MSK has a longstanding antimicrobial stewardship program that is committed to working with trainees to optimize the treatment of infections, curb the development of antibiotic resistance, and reduce adverse events associated with antibiotic use through various activities:

- Approval of restricted anti-infective agents
- Follow-up of antimicrobial therapy once it has been started
- Guidance on dose adjustments and duration of therapy
- Review of possible drug-drug interactions
- Review of drug allergies
- Development of institutional prophylaxis and treatment guidelines.

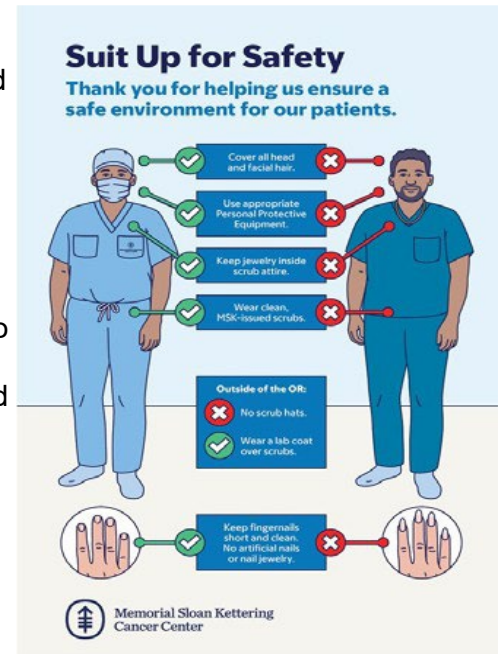
Restricted anti-infective agents require antibiotic approval by paging beeper 1100 between the hours of 9 am and 5 pm. Between 5 pm and 10 pm, the on-call ID fellow is available for approvals. For night orders (10 pm to 9 am), “pending approval” can be used in the order, but approval must be obtained via beeper 1100 the following morning after 9 am if the antibiotic is continued. Beeper 1100 is covered between 9 am and 5 pm, 7 days a week; the on-

call Infectious Disease fellow covers between the hours of 5 pm and 9 am the next day. For all NON antibiotic approval- related infectious disease questions, please page the ID fellow on call via page operator; they are available 24/7. The AMP can also be reached by email at zzPDL\_PHA\_AMP. The AMP website, which contains links to the hospital antimicrobial formulary, dosing guidelines, and other resources, can be reached on OneMSK.

## Scrub Policy

Surgical and/or non-surgical scrubs and white coats are issued to trainees to wear while providing patient care. This attire is worn as a barrier to contamination and to promote environmental control, so please remember that MSK-issued scrubs should never be worn outside of the hospital. Additionally, fleece jackets should not be worn in or around surgical or procedural areas.

- Blue Operating Room (OR) scrubs should be returned to the laundry after you have rotated off surgery.
- While on a surgical rotation, blue scrubs must be covered with a white coat when outside the periop areas.
- Fleece jackets must never be used to cover blue scrubs in or out of the periop areas (an analysis of dust in the OR showed a large amount of fleece fibers).
- Blue scrubs should never be worn outside of the hospital (tunnels connecting MSK buildings are OK)



SOURCE: Rules and Regulations of the Medical Staff #551

## Medical Records

Each practitioner who is authorized to make entries in the computerized medical record shall receive a unique identifier code that allows the practitioner to make such entries. The practitioner is expected to understand that his or her unique identifier is as personal as his or her own signature, and the code therefore may be given to and/ or used by no one other than the practitioner to whom the code has been assigned.

Further information on the requirements for proper maintenance of patients' medical records can be found in Rules and Regulations of the Medical Staff #506.

## Epic Electronic Health Record (EHR)

Epic is a cloud-based EHR that manages clinical workflows, documentation, scheduling, billing, and patient communications. The Epic EHR brings together data about a single patient across inpatient, outpatient and ancillary services making the comprehensive information easily accessible to clinicians. It includes:

- Laboratory, Pathology, and Radiology results
- Surgery events
- Chemotherapy and Pharmacy profiles

- Treatment pathways and guidelines
- Electronic Order Entry and Electronic Signature
- Electronic Medical Record (EMR)
- Patient Engagement tools (MyChart)

## Drug Information: Sources

There are numerous drug information resources at MSK:

Lexicomp Online is a hospital-wide solution which includes the MSK Hospital Formulary. It provides clinicians access to three drug information resources within a single interface:

- [Lexicomp](#) — provides clear, concise, point of care drug information, including dosing, administration, warnings and precautions, as well as clinical practice guidelines, and other tools such as Trissel’s IV Compatibility Database and UpToDate®. Under Patient Education, clinicians can also print complete patient educational packets with information on medications, conditions, and/ or procedures. Adult- and pediatric-specific medication leaflets are available in up to 19 languages.
- [AHFS](#) — offers comprehensive research solution, recognized as a CMS compendium to assist in reimbursement.
- [Clinical Pharmacology](#) – ability to find drugs by indication, adverse reaction rates and National Drug Code (NDC).

Access to Lexicomp Online is available to all MSK staff as follows:

1. From the Start Menu, go to “MSK Clinical Reference Manuals & Tutorials” » “Hospital Formulary”
2. A link to Lexicomp Online is also available in Epic > select the Epic Menu (top left corner) > under “External Sites”.

The Department of Pharmacy home page contains additional drug information resources that include but are not limited to Micromedex 2.0, Clinical Pharmacology, AHFS Drug Information, and Trissel’s Handbook of Injectable Drugs. These can be found under Drug Policy » Clinical References. For more information, see the OneMSK Pharmacy page.

## Mobile Resources

MSK staff also has access to:

- [Lexicomp](#) for mobile devices  
MSK has a site-wide subscription to Lexi-SELECT, which includes 19 databases.
- [Micromedex 2.0](#) for mobile devices  
Includes Micromedex Drug Reference, Micromedex Drug Information, Micromedex Drug Interactions, and Micromedex IV Compatibility.
- [About Herbs app](#)  
MSK’s very own — presented by MSK’s Integrative Medicine Service.

The Department of Pharmacy also publishes its own [Adult Chemotherapy & Biologic Therapy Guidelines](#), the [Pediatric Chemotherapy Guidelines](#), the [Pediatric Medication Guidelines](#), and [Parenteral Medication Guidelines](#) (*formerly* known as the IV Medication Guidelines). These can all be accessed via the “Start” button » “MSK Clinical Reference Manuals & Tutorials”

The Drug Policy Management group of the Division of Pharmacy Services consists of Pharmacy Managers and Clinical Coordinators who can answer questions on drug policies, guidelines, Pharmacy & Therapeutic committee actions, or drug information specific to clinical use in MSK. Phone numbers are 646-608-8502,

646-449-1007 or 646-888-0985.

SOURCE: Pharmacy (Drug Policy) – Clinical References

## Language Services

MSK is committed to respecting the communication preferences of all patients, caregivers and visitors by providing free interpretation and translation services to limited-English proficient (LEP) individuals, and accommodation to patients with vision, hearing, and speech impairment.

Patients are asked by Patient Access Service and Patient Financial Service staff at the time of their initial contact to indicate their preferred language for discussing health care. This is documented in the Electronic Medical Record.

MSK has a robust Language Services department staffed by full-time, freelance and agency professional medical interpreters for interpretation and translation services. In addition, there are a number of resources available to frontline staff to ensure we communicate with patients in their preferred language:

- To request an in-person interpreter, email [interpreters@mskcc.org](mailto:interpreters@mskcc.org) or send an In-Basket message to Language Services Admin and Translation pool. When emailing or completing the request template, please include patient name, MRN, language, provider name, date and time, location, and estimated length of the encounter in your request. On demand telephone and video interpretation services are available 24/7, established for internal use only.
- Propio is MSK's primary partner for all on demand telephone and video interpretations services. Propio is integrated with Epic, and can be launched directly from the patient's her, as well as accessed via phone, mobile app, web browser, iPad, and tablet. When launched from Epic, all necessary encounter information is automatically shared for operational purposes. This service is available 24/7 in over 300 languages.
- For more information on how to access additional phone and video service, please visit the Language Services OneMSK page or reference the details in Administrative Policy and Procedure #3002.
- If a patient's preferred language is other than English, the clinician must document in the health record whether professional interpreter services were used for each encounter. If services were not used, the reason must be documented.
- Language Services supports requests for translation of vital documents such as medical records and reports, clinical forms, letters, instructions and more. To make a request, email [interpreters@mskcc.org](mailto:interpreters@mskcc.org) with an electronic copy of the document.
- For educational resources specifically, many are available in Spanish, Russian and Simplified Chinese through Patient & Caregiver Education on OneMSK. Requests can be made to translate documents for future use by emailing Patient & Caregiver Education.
- Consents and other documents, including the patients' Bill of Rights, are available in Spanish and Russian (the predominant languages among our patients whose primary language is not English).
- Clinicians, trainees/students, and other members of MSK with fluency in a patient's preferred language are encouraged to participate in the voluntary MSK Bilingual Competency Program (BCP). The BCP provides an opportunity for staff to assess their ability to communicate with patients in a language other than English. Verified individuals are able to communicate directly with patients under the specifications of their job description, but may not use their identified language for medical interpretation for other staff members in clinical areas.

Optimal patient/caregiver communication is enhanced by (and may depend critically upon) use of a patient's preferred language. Effective patient/caregiver communication has been linked to an increase in patient satisfaction, better adherence to treatment recommendations and improved outcomes. Research has shown that effective patient/ caregiver communication is necessary for patient safety.

SOURCE: Administrative Policy and Procedure #3002.

## Protected Health Information (PHI)

Disposal of protected health information:

Use locked bins marked Confidential Document. PHI includes:

- patient arm bands
- specimen labels — individual or sheet
- Lab specimen forms
- IV bag or medication container label
- post-it notes with patient name or MRN
- X-ray, CT Scan, MRI or other films
- CD with medical records or radiology images

Storage of protected health information:

- All PHI should be stored on a MSK network drive (not computer hard drive) to be securely maintained.
- Storage on portable devices such as laptops and USB drives is prohibited
- PHI must not be sent to personal email accounts

## Resident Fatigue: Prevention, Identification and Management

Scientific evidence supports that long hours and sleep loss have a negative effect on resident performance, learning and well-being. Fatigue and its impact on patient care and safety is particularly pressing at Memorial, given its unique patient population with high patient acuity and service intensity.

Both NYS and the ACGME limit resident work hours and regularly monitor the Hospital's compliance with work hours restrictions. The ACGME also requires all training programs to educate faculty and residents to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

Working more than 80 hours per week is correlated with a greater likelihood of personal accident or injury, serious conflict, mood disturbances, significant medical error, weight change, and the increased use of alcohol and other medications to cope.

Sleep deprivation results in adverse physiologic changes and it impairs cognitive processes resulting in diminished attention, concentration, vigilance, decision making and memory. It increases tolerance for risk, decreases empathy and motivation for learning and contributes to medical errors.

Symptoms of sleepiness include yawning and nodding off during conferences; "microsleeps" — a few seconds of "sleep" that the "awake" resident may not even recognize; increased tolerance

for risk; passivity or irritability; inattention to detail; decreased cognitive function and increased errors.

Too little sleep or disrupted sleep are common reasons for fatigue among medical trainees. Additionally, the anxiety of being on call and/or the anticipation of sleep interruption can impair sleep and lead to fatigue. However, symptoms that appear to be fatigue may reflect other concerns such as anxiety, depression, stress, burnout or career dissatisfaction. When these issues are present, appropriate support and evaluation should be sought.

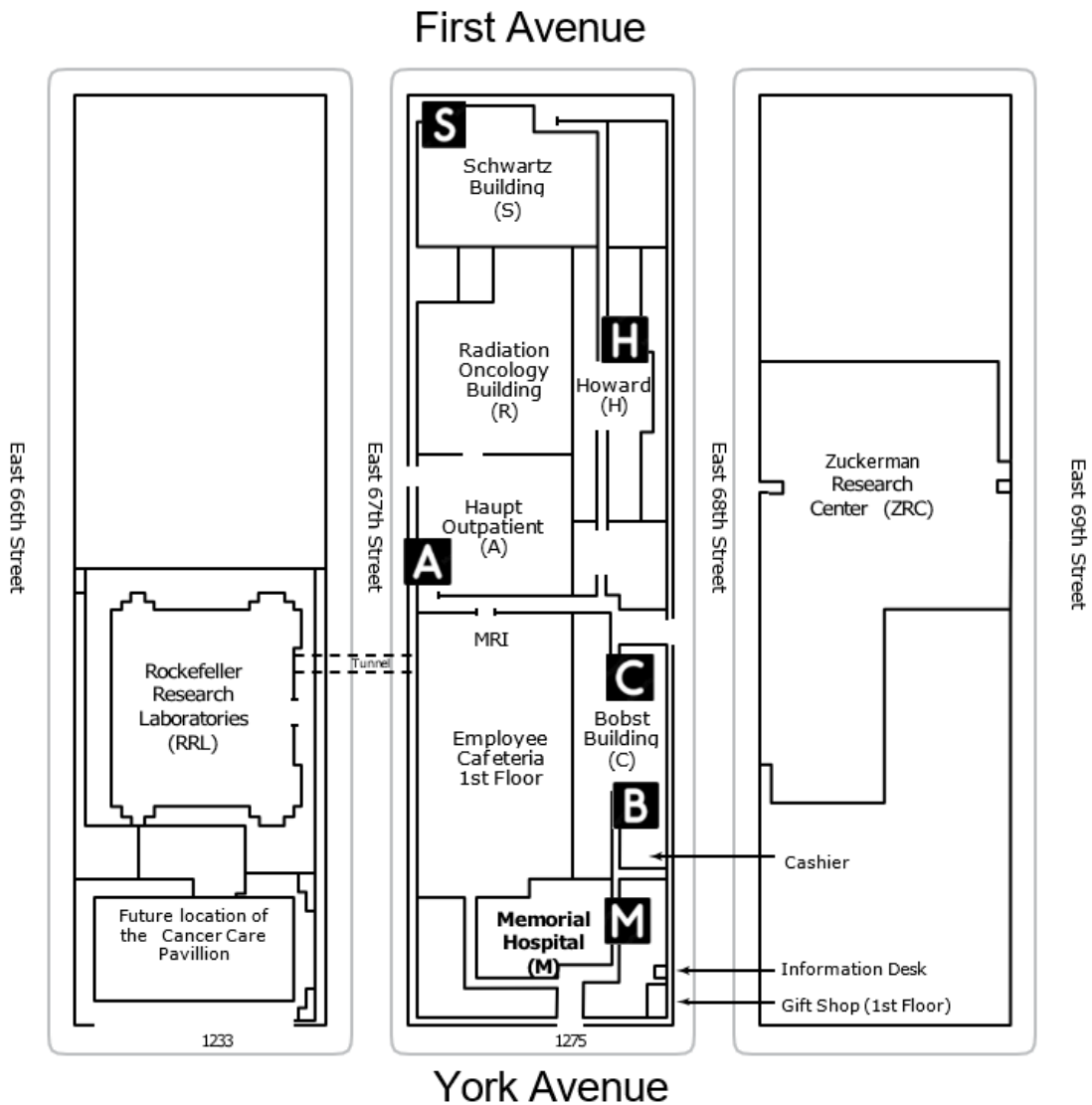
Learning to recognize and manage fatigue is essential for all professionals. Managing fatigue also involves working efficiently, leaving work when duties are completed as required by work-hour policies, and prioritizing restorative activities during time off such as professional reading, time with family and friends, hobbies, sport or exercise, and spiritual and community connections.

Concerns about excessive service demands or excessive fatigue, either in oneself or in one's colleagues, must be reported to the Training Program Director or Chief Resident or fellow. They are responsible for mitigating excessive service demands or fatigue by adjusting residents' schedules, and for ensuring that back up support systems are in place.

Confidential reports of concerns about your training environment can also be submitted through the GME webpage on OneMSK. Click on Confidential Feedback and enter your comment.

Specific information on work hours restrictions at MSK is presented in the Professional Conduct section of this handbook.

# MSK Main Campus Map



## Elevator Banks

- S** Schwartz
- H** Howard
- A** Haupt Outpatient
- B/C** Bobst
- M** Memorial

The **Security Office** is located in the basement level of the Bobst Building.

Take elevator B or C to the basement level or staircase A down and follow signs to the Security Office.

## Phone Numbers of Interest

Memorial Hospital phone numbers: 212-639-XXXX

From inside the Hospital, you can dial 7, and then the last 4 digits directly

To dial out, press 9 then 1 (area code) + number

Name	Numbers
<b>Administration &amp; Services</b>	
Compliance	646-227-2622
EMERGENCY	6000
Employee Health Services	646-888-4000
Ethics Consults	8604
Fire Emergency	7850
GME Office	6788
Housing Office	646-888-8403
HR Resource Center	646-677-7411
Legal Affairs	646-227-2100
Security	7866
<b>IT and Telecommunications</b>	
Help Desk	646-227-3337
Operator	212-639-2000
Page Operator Inside	7886
Page Operator Outside	212-639-7900
Telecommunications	2534
<b>Education Offices</b>	
Anesthesia & Critical Care	6673
Medicine	5809
Medical Physics	8740
Neurology	6340
Neurosurgery	8557
Pathology & Laboratory Medicine	7456
Pediatrics	5966
Psychiatry	646-888-0200
Radiation Oncology	6800
Radiology	5778/6611
Surgery & Urology	7537
<b>Laboratories</b>	
Pulmonary Function	8492
Urinalysis	646-608-1080
EKG	7096
Microbiology	7806
Hematology	7058/59
<b>Radiology</b>	
CT Body	8318
Interventional Radiology	7946
MR Body	8063
Neuroradiology	2361
Nuclear Medicine	7377

Name	Numbers
<b>Clinical</b>	
Admitting	7606
Adult Day Infusion	6888
Anesthesia	8118
Bed Board	7881
Clinical Information	2887
Nursing Office	6895
O.R. Control Room (A634)	5924
O.R. Scheduling	5922
Pathology	5905
Patient Condition Information	7081
Patient Representatives	7202
Private Duty Nursing	6892
Radiation Oncology Consult	6809
Rapid Response Team	6000
Social Work	7020
Spiritual Care	5982
Urgent Care Center	7203
<b>Patient Floors/Nursing Stations</b>	
2nd Fl. Dialysis Unit	6836
4th Fl. Nurses Station	6920
5th Fl. Nursing	6924
6th Fl. O.R. Rooms A 634	5924
6th Fl. Post-Anesthesia	7566
8th Fl. Nursing (Medicine BM)	6938
9th Fl. Pediatrics Outpatient	5948
9th Fl. Pediatrics Nurses Station	6911
Neurology Nurses	6975
10th Fl. Nursing (Breast & Gyn)	6934
12th Fl. Nursing (Medicine)	6942
14th Fl. Nursing (Surgery)	6946
16th Fl. Nursing (Gastro)	6954
17th Fl. Nursing (Surgery)	6930
18th Fl. Nursing Station	6987
19th Fl. Nursing (VIP)	6300
<b>Pharmacy</b>	
Inpatient – M12	8476
Inpatient – M18	3764
Outpatient	646-888-0730



# Professional Conduct

## Licensure Requirements

Consistent with New York State (NYS) requirements, Memorial Hospital's licensure policy for trainees differs based on the individual training program's accreditation agency and/or status. However, individual training programs are permitted to establish a program-specific licensure policy requiring a higher level of licensure than that required under the general policies below. Inquiries about an individual program's licensure policy should be directed to either the Training Program Director or the Program Coordinator.

### Trainees in ACGME-Accredited Programs

Memorial Hospital does not require licensure for residents or fellows training in programs accredited by ACGME unless otherwise specified by the Training Program Director. This applies to both full-time and rotating house staff.

### Trainees in Programs NOT accredited by the ACGME

All residents and fellows enrolled in training programs which are not accredited by ACGME must have either a NYS license or limited permit. The only exception applies to out-of-state rotating fellows who are 1) licensed in their home state and 2) scheduled to be at Memorial for less than 6 months. Fellows in non-ACGME- accredited programs meeting both criteria are exempt from the requirement for NYS license or limited permit. Rotating fellows will be defined based on the position they hold at their home institution in conjunction with their delineation of privileges while at Memorial Hospital.

### For work outside the scope of the training program

All residents and fellows who work outside the scope of their training program must have a full NYS license. Limited permits are not acceptable.

### Additional Requirements

A copy of the license/limited permit must be sent to the Graduate Medical Education Office for inclusion in your record.

Trainees must inform NYS Office of the Professions of all address changes. It is the responsibility of the trainee to renew his/her license or limited permit on a timely basis and send a copy of such renewal to the Graduate Medical Education Office.

## National Provider Identifier (NPI)

All house staff (licensed and unlicensed) are required to obtain an NPI number. This number is required by HIPAA regulation to identify health care providers on patient medical records and prescriptions; prescriptions submitted to a retail pharmacy without an NPI number will be rejected.

To apply, please complete the online application at [nppes.cms.hhs.gov](http://nppes.cms.hhs.gov).

Note: you must have a U.S. Social Security number to apply for an NPI number. If your SSN is pending, you will be able to apply for your NPI number after you start your training program.

## DEA Number

If you do not have your own Federal DEA Number (registered with your full New York License) you will be assigned a unique identifier in the Epic system based on your NPI number to facilitate any ordering or prescribing needs.

Full-time trainees licensed in the state of NY may be required to obtain their own Federal DEA Number. Please verify directly with your Program Coordinator or Training Program Director. For information contact the DEA at 1-800-882-9539 or complete the online application (Form 224) on their web site: <https://www.deadiversion.usdoj.gov/drugreg/registration.html>

## Health Commerce System (HCS) Account for I-STOP Compliance

New York State requires physicians to have their own HCS account to consult an online Prescription Monitoring Program Registry (PMP) prior to prescribing schedule II, III and IV medications. Trainees should check with their Training Program Director or Program Coordinator to determine whether a personal HCS account will be required.

**Physicians with a full New York State license** (with or without a Federal DEA number) must apply for their own account.

- Rotating Trainees will complete this application with the help of their home institution.
- Full-Time Trainees will be sent instructions to complete this application prior to the start of their training program.

**Unlicensed physicians or physicians with limited permits** are not able to establish accounts as prescribers but may function as Users/Designees.

- Rotating Trainees will complete this application with the help of their home institution and must provide their 'user account' name so you can be assigned as a designee of MSK.
- Full-Time Trainees will be sent instructions to complete this application prior to the start of their training program.

SOURCE: Rules and Regulations of the Medical Staff #550

## State Medicaid - OPRA

(Only for Trainees with Full NYS Licensure)

Ordering, Prescribing, Referring, Attending for House Staff with Full NYS License and Federal DEA Numbers.

The Affordable Care Act (ACA) requires physicians to be enrolled in state Medicaid programs if they continue to order or refer services reimbursed by the fee-for-service (FFS) Medicaid program. While house staff do not directly bill for services, they WILL order, prescribe or refer, and therefore must enroll as non-billing providers.

For House Staff Without Licensure or DEA:

Trainees without licensure or their own Federal DEA number are not required/ eligible to enroll at this time. For Medicaid billing purposes, pharmacy claims for services ordered by unlicensed house staff must include the supervising physician's NPI number.

## Federal Medicare — Part D Enrollment

Unlicensed trainees are not required to enroll in Medicare for the purposes of writing Part D prescriptions. Prescriptions written by unlicensed trainees will include the enrolled MSK attending physician's name and National Provider Identifier (NPI) number (signature is not required). Licensed trainees are permitted to enroll in Medicare, however, if an enrolled MSK attending physician's name is included on the prescription, the licensed trainee does not need to enroll.

SOURCE: Rules and Regulations of the Medical Staff #520

## Mandatory Prescriber Training

Pursuant to Public Health Law §3309-a(3), individuals licensed to prescribe controlled substances, as well as medical trainees who prescribe controlled substances under a facility DEA registration number, must complete approved course work or training in pain management, palliative care and addiction. Course work or training must be completed every three years. The New York Chapter American College of Physicians offers a course for a small fee at [www.scopeofpain.org/core-curriculum/online-training/](http://www.scopeofpain.org/core-curriculum/online-training/). A free course is offered by the University at Buffalo at <https://pharmacy.buffalo.edu/academics/continuing-education/events/opioid-prescriber-education-program.html>. A copy of your certificates of completion must be submitted to your MSK Program Coordinator.

SOURCE: Public Health Law §3309-A

## Health Insurance Portability and Accountability Act of 1996 (HIPAA)

All Memorial Hospital graduate staff shall maintain the confidentiality, privacy, security and availability of all protected health information in records maintained by the Hospital in accordance with any and all health information privacy policies adopted by the Hospital to comply with current federal, state and local laws and regulations, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). All trainees are required to complete HIPAA training.

All materials containing patient information are considered confidential and must be discarded in an appropriate secure manner. Paper documents should be discarded in secured Confidential Document Bins. Consult with clinic staff for proper disposal of other materials or return to patient. Examples of items containing protected information include: stamped chart pages, patient room card, patient arm band, post-its with patient name or MRN, fax with clinical information, X-ray, CT scan, MRI or other films, specimen labels (individual or sheet), lab specimen forms with patient name, IV bag or medication container label, CD with medical records or radiology images.

Storage of confidential patient information on portable electronic devices such as laptops and USB drives is prohibited. All such information should be stored on a Memorial network drive (not the computer hard drive) in order to maintain adequate security.

## Professional Liability Insurance

Memorial Hospital provides professional liability insurance for its employed house staff while acting within the scope of their employment for duties as assigned by their department. This professional liability insurance coverage applies to covered loss events that occurred during their employment at Memorial Hospital but were unknown and not submitted as claims until after their employment ended. Rotating house staff should check with their institution to determine insurance coverage.

If you have any questions concerning this coverage or are named as a defendant in a malpractice action, contact the Office of General Counsel at 646-227-2100.

## Communication Tools

Effective communication is a critical component in the coordination and delivery of patient care. Failure to communicate effectively can lead to errors, delays in care, and frustration. Epic communication tools are integrated into the patient's medical record, centralized, easy to access, simple to use, and streamlined to provide increased efficiencies and safety. While each member of the Graduate Staff is issued an E-mail address, clinical communication should be coordinated using the tools listed below:

FUNCTION	TOOL
Asynchronous, text-based clinical communication	Epic In Basket & Secure Chat
Synchronous, text-based clinical communication	Epic Secure Chat
Synchronous, voice-based clinical communication	Epic Voice Calling & Telephone
Hands free clinical communication	Vocera
Emergency communication	Pagers

- Make Voice calls using Epic (using Voice-over IP) or via telephone
- Use secure chat for any care coordination that requires urgent or real-time feedback
- Use In Basket for any non-urgent care coordination communication.
- Do not use Outlook (Email) or Voalte to communicate

Additionally, you may be assigned a pager depending on service needs, which is available for pick-up in Telecommunications. Pager numbers are listed in the MSK online directory. Pagers must be returned in working order upon termination of employment. Graduate staff will be subject to penalty if pagers are broken or misplaced.

## Training in the Identification and Reporting of Child Abuse

All trainees are required to complete course work or training in the identification and reporting of child abuse. Graduates of medicine and osteopathic programs in NYS after September 1, 1990 are credited with having completed this course work as part of their curricula, but may need to complete updated content on Mandated Reporting.

- The Child Abuse Identification course is offered on-line for a small fee at [www.elearnonline.net](http://www.elearnonline.net). Go to "Search Learning Catalog" and then choose "NYS Child Abuse: Identification & Reporting, 9th Edition".

Please note that if you completed a Child Abuse Identification course prior to September 1, 2025, New York State has added a Mandated Reporter Training curriculum that must also be completed.

- A free course with the updated Mandated Reporter content can be found here: <https://ocfs.ny.gov/programs/cps/mandated-reporter-training.php>

The GME Office requires copies of certificates of completion for these courses.

New York State Law requires that all professional hospital personnel report cases of suspected child abuse or neglect to the New York State Central Registry for Child Abuse and Maltreatment when there is reasonable cause to suspect that a child, seen before them in their professional capacity, is abused or neglected. It is important to note that the law does not require certainty before reporting. A person who participates in good faith in making a report is protected from any liability, civil, or criminal, that might result from the action. However, willful failure to report a case of suspected child abuse or neglect by a person who is required to report, is a Class A misdemeanor.

Suspected cases of child abuse and/neglect should be referred to Social Work as soon as possible. The Social Worker will coordinate the response, including supporting staff with collecting information regarding the incident(s), future planning related to the assessment of danger to the child and other children in the family, and completing follow-up tasks. The Social Worker will also coordinate with the Director of Social work, who is the designated Abuse/Neglect Coordinator for all MSK facilities.

SOURCE: Administrative Policy and Procedure Manual #2101

## Training in Infection Prevention and Control

All trainees are required to complete training in Infection Prevention and Control once every four years. The course is offered on-line for a small fee at <https://learning.nysna.org/topclass/login.do>. From the "Search Learning Catalog" prompt, search for and select the course titled "Mandated NYS Infection Control Training for Healthcare Professionals". The GME Office requires copies of certificates of completion of this course.

## Work Hours Policies

New York State Hospital Code 405.4(b)(6) regulates the average number of hours a house officer, with inpatient care responsibilities, is allowed to engage in training activities. A copy of the relevant section of the Hospital Code is available through the GME Office. Separately, the ACGME has requirements on duty hours for trainees in all ACGME accredited training programs.

There is a limit of 80 hours for a trainee's scheduled workweek averaged over a four-week period and inclusive of all in-house call and moonlighting. Additionally, time spent on patient care activities while on at-home call must also count towards the 80 hour weekly limit.

Assigned work periods shall not exceed 24 consecutive hours. An additional 3 hours may be used as transition time, with no new patients assigned to the trainee during that period. Trainees must also be provided one 24-hour period of scheduled non- working time per week.

There must be non-working periods of no less than 8 hours scheduled between duty periods, with 10 hours recommended. For residents in ACGME-accredited programs, a non-working period of no less than 14 hours must be scheduled following 24 hours of in-house duty. Fatigue mitigation strategies, especially after 16 hours of continuous duty and between the hours of 10 pm and 8 am, are recommended. Information is provided in the Handbook section "Resident Fatigue: Prevention, Identification and Management".

All moonlighting or dual employment by residents and fellows outside the scope of their training program must be pre-approved and continuously monitored by the program director, and any such hours worked must be counted towards the 80 hour limit.

MSK conducts regular internal audits of resident work hours to monitor compliance with New York State and ACGME regulations. The ACGME also monitors work hours during site visits.

See also “Moonlighting Policy”.

## Confidential Reporting of Educational and Work Environment Concerns

If residents or fellows have concerns about compliance or other potentially sensitive issues, there are many avenues within the Hospital where these concerns can be reported. Where confidentiality is not an issue, trainees are encouraged to discuss concerns with any of the following: their training program director; the Chief Resident or Fellow; the GME Office; or the Chair of the GME Committee. For confidential reporting, trainees can report their concerns to either the Compliance Office or Compliance Hotline: 844-MSKLine. The MSK Compliance Hotline is available 24 hours a day, every day of the year. It is managed by an outside company that specializes in hotline services. All calls are confidential and callers are not required to identify themselves. Additionally, trainees can submit a concern online at [mskcc.alertline.com/gcs/welcome](https://mskcc.alertline.com/gcs/welcome). MSK has policies that protect callers’ confidentiality and that protect against retaliation by another staff member. Additional information can be found on the Compliance Hotline website or by calling the Compliance Office at 123- 2622 (646-227-2622).

Trainees can confidentially report concerns or complaints about their education or learning environment to the GME office via the [“Confidential Feedback” link](#) on the GME page of OneMSK.

Trainees in ACGME-accredited programs can also confidentially report concerns or complaints about their residency education or learning environment to the ACGME. Instructions can be found under Residency Services on their website.

Complaints can also be submitted to the New York State Department of Health. Information can be found on their website: [www.health.state.ny.us/nysdoh/hospital/key.htm](http://www.health.state.ny.us/nysdoh/hospital/key.htm) or by emailing [hospinfo@health.state.ny.us](mailto:hospinfo@health.state.ny.us).

Work hours complaints or concerns may also be reported directly to IPRO, a New York State Department of Health contractor responsible for monitoring resident work hours and conditions, by using the email account: [residenthours@ipro.org](mailto:residenthours@ipro.org).

## Conflict Resolution

When conflicts arise regarding the care of patients, the Patient Representative Department (Ext. 7202) should be contacted for assistance in resolution.

A Patient Representative will involve appropriate administrative, clinical and/or legal staff.

## Ethics Committee

MSK's Ethics Committee will provide consultation and consideration of patient care issues that involve ethical dilemmas. Consultation may be requested by anyone involved in the care of patients. An Ethics Consultation can be requested by placing a consult order in Epic or by calling the ethics consultation service at 212-639- 8604. Patients or families who wish to consult the Ethics Committee may do so directly by submitting an Ethics Consultation within MSK MyChart or by calling 212-639- 8604. Any ethics consultation order requested within Epic or on the telephone will become part of the patient's medical record.

During evening and weekend hours, requests should be made to the Nursing Supervisor who will contact the Administrator-On-Call when appropriate.

For more information go to OneMSK>Table of Contents>Ethics Committee.

SOURCE: Administrative Policy and Procedure #3003

## Supervisory Responsibilities of Trainees

As part of a trainee's professional development, each resident is expected to assume an appropriate degree of responsibility for the teaching and supervising of other residents and students. The level of supervisory responsibility is determined by each program's Training Program Director. Trainees in MSK-sponsored fellowship programs who hold full licensure in New York State may be jointly appointed both as members of the Graduate Staff and as Instructors. Their primary privileges and responsibilities are those of Graduate Staff members as outlined in their Delineation of Clinical Privileges. Instructor status will be utilized at the direction of each Training Program Director as appropriate.

## Gifts From Patients or Vendors

At all times, MSK staff provide patient care that meets the highest clinical, professional and ethical standards, in accordance with MSK's respect for patients' rights, as well as with all applicable Federal and New York State law. The following guidelines specifically govern the solicitation and acceptance of gifts from patients or vendors. Any staff member with questions about how to apply this policy should contact the Compliance Office at 646-227-2622 or [compliance@mskcc.org](mailto:compliance@mskcc.org).

- a) MSK staff members may not solicit donations or accept gifts of cash or cash equivalents (i.e. personal checks, gift cards) from patients. Patients who wish to make a contribution or donation should be directed to the Office of Development at 646-227-3549.
- b) Gifts of cash and cash equivalents (such as gift certificates) should be politely declined. If the gift cannot be declined (i.e. patient left gift when employee was not available), the MSK staff member who received the gift should consult with their manager as soon as possible.
- c) MSK staff members are discouraged from accepting gifts from patients, though there are limited circumstances under which non-cash gifts of modest value may be accepted.
- d) Gifts of significant value should be politely declined. On occasion, situations may arise in which the greater good of the institution would be served by not offending the patient. Such instances should be reported to the Compliance Officer. No gift may be accepted if it is intended by the patient to gain access to specific medical services.

- e) MSK staff members may not solicit or accept gifts or gratuities from industry, including cash or cash equivalents; gifts that serve a purely personal benefit (e.g., tickets to professional sporting, leisure, music or other major events); or business novelties or promotional materials, unless *de minimus* in value and made available to others (e.g., pens, reusable bags, or water bottles given out at an industry conference).
- f) MSK staff members may accept invitations to meals or events at the expense of industry as long as (i) the primary function is the exchange of information related to scientific, educational or business collaborations and (ii) such meal or event is modest and infrequent in nature. Industry support for travel (including airfare and lodging) to attend professional or educational meetings and events may only be accepted if the MSK staff member who is traveling is an organizer, speaker or otherwise formally participating as a representative of MSK.

More information related to gifts from patients can be found on the compliance OneMSK site, which can be accessed through the Table of Contents>Compliance or [mskcc.sharepoint.com/sites/pub-Compliance](https://mskcc.sharepoint.com/sites/pub-Compliance)

SOURCE: COMP-C004: Gifts from Patients to MSK Staff, COMP-C002: Policy for Interaction with Industry, and Administrative Policy and Procedure #8213

## The Impaired Physician

### Recognizing Physician Impairment

A presentation on recognizing physician impairment including substance abuse and fatigue is given by an MSK attending psychologist during the virtual Graduate Staff Orientation program. Topics covered in this lecture include: the definitions of impairment; signs and symptoms of acute fatigue and intoxication and withdrawal; behaviors of the intoxicated and otherwise impaired physician; New York State reporting requirements for impaired physicians; and the process of and success of rehabilitation programs for impaired physicians. Information on fatigue prevention, identification and management can be found under the “Patient Safety” section.

### Psychiatric Evaluation and Treatment of Resident Physicians

Physicians-in-training have access to a comprehensive support network through the Employee Assistance Program (EAP) which includes onsite short-term psychotherapy services at no cost. These services are provided by Dr. Penni Morganstein, a dedicated clinician specializing in support for the MSK trainee population. Also available are confidential clinical consultations and evaluations with Dr. Chanchal Sharma, a psychologist within MSK Employee Health Services. Employee Health providers are adept at assessing physician well-being, including concerns related to fatigue, mental health, substance misuse and other conditions that may affect professional functioning. Their expertise allows trainees to receive timely support for their health and professional responsibilities.

For more information about the EAP program and available services, residents can visit [magellanascend.com](https://magellanascend.com) or call 800-327-8793. For information about Dr. Morganstein and her services, trainees may contact her directly at 917-968-6379. For a clinical consultation, you can reach Dr. Sharma at [sharmac1@mskcc.org](mailto:sharmac1@mskcc.org).

MSK is committed to adhering to all New York State Office of Professional Conduct regulations regarding the reporting of physician misconduct including impairment related to cognitive conditions, substance misuse, or other mental illnesses.

### Guidelines on the Management of Resident Physician Impairment

- Residents attest to having no physical or mental impairment (including substance abuse and dependence) that will interfere with their work performance when they apply for appointment to the graduate staff.
- Residents receive education about physician impairment, including substance misuse, delivered by an attending psychologist during the virtual Graduate Staff Orientation.
- During the Graduate Staff Orientation program, residents are told to self-report impairment, including substance abuse, to their Training Program Director. Residents are advised to report suspected impairment in their colleagues to their Training Program Director and/or Department Chair.
- Training Program Directors have been advised by memorandum and at the Graduate Medical Education Committee meetings to report suspected impairment, including substance abuse, to the Chair of the Graduate Medical Education Committee and/or to the Vice President, Medical Education and Designated Institutional Official (DIO). The DIO assures that reporting of impaired physicians meets New York State Office of Professional Conduct requirements (including evaluation, monitoring, psychiatric treatment/ rehabilitation, and back-to-work clearance). Consistent with HR Policy 208 (Substance Abuse), anyone who observes a trainee on the premises acting in a manner that indicates the individual may be violating this policy should refer the matter to the program director, GMEC Chair, GME Director, or if after hours, the Administrator-On-Call. If Employee Health is open, the trainee may be escorted for evaluation. If Employee Health is closed, the Administrator-On-Call will determine whether or not to refer the individual to the UCC.

### Americans with Disabilities Act

Memorial Sloan Kettering Cancer Center is committed to complying with all applicable laws including the ADA and its regulations, and to fully participating in the interactive process/cooperative dialog with all individuals seeking a reasonable accommodation. If you have any questions or concerns regarding ADA, please call the HR Resource Center at 646-677-7411.

Source: HR Policy Manual #107

### Policy Against Harassment and Discrimination

MSK is committed to a work environment in which all individuals are treated with respect and dignity. Everyone has the right to work in a professional atmosphere that prohibits harassment, discrimination and retaliation. MSK expects that all work relationships among employees or between employees and persons outside the institution will be business-like and free of discrimination, harassment and retaliation.

An employee who believes he or she is being harassed, discriminated and/or retaliated against should inform the individual who is the source of the perceived harassment, discrimination and/or retaliation that the employee is offended by the behavior and request that it be stopped

If, for any reason, the employee does not feel comfortable discussing the perceived harassment, discrimination and/or retaliation directly with the individual who is the source of the perceived conduct, or if the employee has requested that the behavior stop and it has not stopped, the employee should immediately report the conduct to his or her manager, any other management-level employee of MSK, an Employee Relations Advisor, any representative of the HR Legal & Regulatory Affairs Department or the MSK Compliance Hotline (844-MSKLine or [mskcc.alertline.com/gcs/welcome](https://mskcc.alertline.com/gcs/welcome)). Employees may also complain verbally or in writing by submitting a complaint using the Workplace Harassment complaint form available on OneMSK. There is no requirement to use the complaint form.

If the harassment, discrimination and/or retaliation complaint is reported to someone other than a representative of the Human Resources Department, the individual hearing the complaint must report it to an Employee Relations Advisor or the HR Legal & Regulatory Affairs Department. The HR Representative will promptly and thoroughly investigate the complaint, ensuring confidentiality to the extent possible throughout the investigation process. The investigation may include individual interviews with parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge.

Based on the findings of the investigation, the HR Representative will recommend appropriate action, if any, to be taken. Such action may include training, referral to counseling and/or disciplinary action, such as a warning, reprimand, withholding of a promotion or pay increase, reassignment, temporary suspension with or without pay, or termination of employment, as MSK determines is appropriate under the circumstances.

An HR Representative, in connection with appropriate management, will inform both the employee complaining of harassment, discrimination and/or retaliation and the individual alleged to have engaged in said behavior of the results of the investigation, and will ensure that any agreed-upon action is carried out.

MSK prohibits retaliation against any individual who reports harassment or participates in the investigation of such reports.

SOURCE: HR Policy Manual #102

## Equal Opportunity/Affirmative Action

Memorial Sloan Kettering Cancer Center's ongoing commitment to equality, diversity and inclusion entails creating an atmosphere where our people can perform at their very best and providing equal opportunity to all employees and applicants. Furthermore, MSK is committed to taking affirmative steps to promote the employment and advancement of minorities, women, persons with disabilities, and protected veterans. Every year, MSK develops affirmative action programs to support its commitment to equal employment opportunity, consistent with MSK's policies and obligations as a federal contractor.

It is MSK's policy to provide equal opportunity, in accordance with all applicable federal, state and local civil rights laws, to all of its employees and applicants for employment without regard to race, color, religion, creed, gender, age, sex, national or ethnic origin, marital, caregiver, familial or partnership status, sexual orientation, actual or perceived gender identity or expression or transgender status, pregnancy, sexual and reproductive health choices,

citizenship status or alienage, disability, status in the uniformed services of the United States (including veteran status), credit history, unemployment status, genetic predisposition or carrier status, status as a victim of domestic violence, sexual violence or stalking, arrest and conviction record or any other category protected by applicable law of qualified persons consistent with MSK's Affirmative Action Program. Equal employment opportunity applies to all terms and conditions of employment, including but not limited to hiring, classification, promotion or transfer, discipline, discharge, layoff, compensation, job training, and benefits.

Any complaint of discrimination or harassment based upon race, color, religion, creed, gender, age, sex, national or ethnic origin, marital, caregiver, familial or partnership status, sexual orientation, actual or perceived gender identity or expression or transgender status, pregnancy, sexual and reproductive health choices, citizenship status or alienage, disability, status in the uniformed services of the United States (including veteran status), credit history, unemployment status, genetic pre-disposition or carrier status, status as a victim of domestic violence, sexual violence or stalking, arrest and conviction record or any other category protected by applicable law is to be referred immediately to an employee's manager or an Employee Relations Advisor. The employee's manager must immediately inform an Employee Relations Advisor of all discrimination complaints; however, employees also may bring their complaints directly to any Employee Relations Advisor or any other management-level employee for appropriate action. In accordance with the Policy against Harassment and Discrimination, such matters will be treated confidentially, and there will be no retaliation against any employee who brings or is involved in a complaint. For more information on the complaint procedure, employees may refer to MSK's Policy against Harassment and Discrimination, HR Policy 102.

All MSK employees have the right to use restroom and locker room facilities based on and consistent with their chosen gender presentation, and to use the name and pronouns of their choosing, provided that all legal employment records, including but not limited to payroll and insurance documents, must match an employee's legal name.

In accordance with applicable laws, MSK is also committed to affirmative action in the employment of qualified disabled individuals, qualified disabled veterans and veterans covered by the Veterans Employment Opportunities Act.

MSK's EEO policy, as well as its affirmative action obligations, includes the full and complete support of MSK, including its Chief Executive Officer.

SOURCE: HR Policy Manual #101

## Social Media Rules for Employees

All online communication conducted by MSK employees or their representatives and/or vendors, on behalf of MSK, are subject to all of our Policies and Procedures, such as the Code of Conduct, our Policy on Electronic Communications, the Information Systems Handbook, our media procedures, HIPAA regulations and all other relevant policies, including federal copyright laws. If you are communicating online and endorsing MSK or its activities in an advertisement, testimonial or similar context, you must disclose your affiliation with MSK (even if your communication is not part of your official work responsibilities). MSK activities include patient care, biomedical and related research, clinical trials, drug development, and education and training programs. When communicating in these situations, you should make it clear that you are speaking for yourself, and not on behalf of MSK. If you comment or post on any of MSK's

social media channels (beyond just "liking" an item), you should identify yourself as an employee and include a disclosure that confirms "views are your own" if you haven't already done so in your public profile.

Other common sense advice:

- Never use a pseudonym or "anonymous" account when commenting on MSK's social media channels
- Always maintain confidentiality. Make sure that you do not disclose any confidential or proprietary information about MSK's activities, such as intellectual property, trademarked information, or protected health information (PHI) that is subject to HIPAA. The posting of harassing, discriminatory, and/or defamatory material in violation of our policies against harassment and discrimination can result in disciplinary action up to and including termination of employment.
- Do not use your MSK e-mail address when expressing your views and opinions online.
- Our logos and names belong to the organization. You should not use MSK's name, the official logos of MSK, the Sloan Kettering Institute, or the Gerstner Sloan Kettering Graduate School of Biomedical Sciences, or any related marks or images to promote or endorse any product, cause, political party, or candidate.
- MSK employees are discouraged from connecting with their patients online unless the relationship existed before their treatment at MSK.
- Physicians should exercise caution when posting comments online that may be considered medical advice, and should note that these comments can be subject to liability.
- Before sharing any MSK information, first make sure that it has already been made public by MSK. When doing so you must also disclose your affiliation with Memorial Sloan Kettering. If you have any questions about whether certain information has been released to the public, contact Marketing & Communications.
- Remember that social media is very public – and it's forever. If you would not want your manager, others at MSK, or another potential employer to see your comments, you should not post them on the Internet.

See more on [OneMSK Marketing & Communications>Social Media Guidelines for Employees](#)

## Compliance Program

Memorial Sloan Kettering Cancer Center's Compliance Program ("Compliance Program" or "Program") underscores MSK's commitment to the principles and standards of how we conduct business, including compliance with all federal and state laws and MSK's own policies. The goal of the program is to prevent and detect situations in which behaviors do not align with policies, laws and regulatory or federal healthcare program rules.

Under the Compliance Program, all persons associated with MSK, including employees, Board members, volunteers as well as vendors and subcontractors who do business on our behalf are expected to act in good faith and with their best efforts to comply with those parts of the Program that apply to their job specific duties, including supervisory responsibilities. The Compliance Program is intended to provide staff with accurate guidance regarding applicable laws and regulations. MSK staff should rely on and comply with that guidance in their day-to-day job responsibilities. In doing so, MSK staff will be appropriately fulfilling their compliance duties.

The Compliance Program is overseen by the Joint Audit and Compliance Committee of the

Board of Managers who has delegated responsibility for management of the program to the Senior Vice President, Chief Risk Officer. The institutional Code of Conduct describes the governing values and standards for conduct for everyone associated with the Center.

As part of its commitment to ethical and legal conduct, any MSK employee or individual performing work on behalf of MSK who has a concern about the propriety or ethics of the work is obligated to report it. Available resources for reporting concerns are management staff, the Compliance Department, Human Resources, Patient Safety or the MSK Hotline, which provides an anonymous reporting option.

MSK's policies on non-retaliation and confidentiality protect those who report their concerns in good faith. The identity of the person who makes a report will only be revealed if it is absolutely required to conduct the investigation and will be revealed only to those who have a clear need to know.

MSK does not employ or contract with individuals or entities who have been excluded from federal health care program reimbursement. A check on exclusion status is performed on all prospective and current employees, vendors, and referring clinicians. Individuals who are excluded or have reason to believe they are at risk of being excluded must report this information immediately to the Compliance Department.

The Compliance Program provides training to staff on compliance topics periodically and ad hoc, as needed. The Program also responds to staff questions and reports of non-compliance, conducts audits, and ensures prompt and effective resolution of any problems identified.

#### Procedure

- To report instances of known or suspected non-compliance: The employee must immediately bring such information to their supervisor or to the attention of the SVP, Chief Risk Officer (123-2955). Anonymous reports can be made by calling the MSK Hotline at 844-MSK- LINE (844-675-5463) or on-line at [MSKCC.alertline.com/gcs/welcome](https://mskcc.alertline.com/gcs/welcome).
- To ask questions about the Compliance Program: Employees can consult the Program's website on OneMSK or call the Compliance Office directly (123-2622).
- To report exclusion or risk of exclusion from federal health care programs: The employee must immediately inform their supervisor or the SVP, Chief Risk Officer (123-2955).

SOURCE: Administrative Policy and Procedure #2309

# Training at MSK

## Accreditation Council on Graduate Medical Education (ACGME)

The mission of the Accreditation Council on Graduate Medical Education (ACGME) is to improve the quality of health care in the United States by ensuring and improving the quality of graduate medical education experiences for physicians-in-training. The ACGME establishes national standards for accreditation and continual assessment of graduate medical education programs. You may access specific program requirements and other information at [www.acgme.org](http://www.acgme.org).

## Competency-Based Training

In recent years, the ACGME has shifted the focus of graduate medical education towards an emphasis on program outcomes and actual accomplishments. At the heart of this initiative is the specification of a set of six general competencies and the development of dependable methods for assessing attainment of these through evaluation systems. ACGME-accredited residency programs must now require residents to obtain competencies at the level of a new practitioner in the six areas listed below:

1. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care
3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
5. Professionalism, manifested through a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
6. Systems-Based Practice, or actions that demonstrate an awareness of and responsiveness to the larger context and system of health care; and the ability to effectively call on system resources to provide care that is of optimal value

SOURCE: ACGME website at [www.acgme.org/what-we-do/accreditation/common-program-requirements/](http://www.acgme.org/what-we-do/accreditation/common-program-requirements/).

## Feedback and Evaluation

Evaluation and feedback are fundamental components of resident and fellow education and training. Training programs must provide timely feedback regarding trainees' ongoing performance and competence to ensure each trainee's progressive development into a fully competent practitioner.

In turn, both training programs and their faculty need to receive feedback from their trainees to ensure continuous improvement in all aspects of the training program. Feedback clarifies goals and expectations, reinforces good performance, reduces anxiety and insecurity about performance, provides basis for correcting mistakes, demonstrates your interest and investment in the learner, provides guidance, and provides a reference point for evaluation.

## SEEKING AND GIVING FEEDBACK, TIPS FOR TRAINEES:

- At the beginning of each rotation, review rotation objectives.
- Set personal goals for each rotation and discuss these with the attending when you begin the rotation. Revisit this discussion at the midpoint of the rotation to assess progress.
- Schedule feedback sessions with your attendings in advance.
- After a rotation ends, create a learning plan and/or next steps to continue to improve.

## FEEDBACK PEARLS/PRINCIPLES:

- Feedback should:
  - Be expected and criteria based
  - Be objective, timely, and brief
  - Allow for recipient reflection
- Make plans for follow up (as appropriate) — what is the next step/goal, and when will you meet again?

## FEEDBACK MODEL “ASK-TELL-ASK”:

- Ask learner to assess own performance first: phrase questioning to allow meaningful reflection.
- Tell what you observed: diagnose and explanation using specific observed behaviors, limit quantity.
- Ask learner for their understanding and strategies for improvement: “What could you do differently?”, coaching comes into play here.

For tips on seeking and giving feedback, visit the [GME page on OneMSK](#).

## Evaluation of Trainee Performance by Program Faculty

Trainees’ evaluations are performed based on either the frequency specified by the accrediting organization’s program requirements or the policy set forth by the GMEC. Rotating residents are formally evaluated at the end of their assigned training period. Full-time trainees are evaluated at least twice a year — generally at the mid-point and at the end of the academic year. Additional evaluations may occur at the end of each rotation within the program, as required or as benefits the trainee’s development. Programs may also use pre-tests to determine any knowledge deficits which can be addressed through curricular changes. In general, these evaluations assess the trainee’s mastery of educational objectives to determine whether the trainee has achieved the knowledge, skills and professional competencies required for promotion to the next level of training or completion of training.

Upon satisfactory completion of a training program, the Program Director will provide a summative evaluation for each resident which will become part of the resident’s permanent record. This evaluation documents the resident’s performance during the final period of education, and confirms that the resident has demonstrated sufficient competence to enter practice without direct supervision. Trainees who transfer into another institution’s training program prior to completion of the program at Memorial will also receive a summative evaluation to document their level of performance and skill attainment achieved prior to transfer.

## Non-Promotion

In the event that a training program director determines that a trainee is not eligible for promotion to the next level of training, the trainee will receive a written notice of intent which may then be grieved. Except in circumstances where the primary reason for non-renewal occurs

less than three months prior to the end of the agreement, such notice will be sent no later than three months prior to the end of the resident's current agreement.

## New Innovations Resident Management System

MSK utilizes a web-based system called New Innovations (NI) to automate various GME-related processes including evaluations and work hours reporting. Trainees will be assigned a user name and password for access to the NI internet site: [www.new-innov.com/Login/Login.aspx](http://www.new-innov.com/Login/Login.aspx). In general, a trainee's username and password will be initially set to the first initial of their first name plus full last name. For example, for John Smith the username and initial password would be jsmith. Trainees are advised to change their password the first time they log on. For problems logging into the system, trainees should contact their program coordinator for assistance.

### Evaluations

At the end of each rotation or semi-annually, faculty will be notified via email to complete evaluations on the trainees they have supervised. Periodically, trainees will receive email notices to complete evaluations on their supervising faculty. In addition, trainees and faculty will have the opportunity each year to evaluate their program for its effectiveness, compliance with accrediting agency requirements, etc. These assessments make an important contribution to the continuous effort to improve the effectiveness and high quality of the Hospital's training programs. All evaluations by trainees remain confidential. Evaluations of trainee performance are accessible for review by the trainee, upon request.

### Work Hours

MSK conducts regular internal audits of resident work hours to monitor compliance with New York State and ACGME requirements through the NI system. Program coordinators will distribute information on the timing and duration of the internal audit, and provide informational materials on how to enter information into the NI system.

## Resident and Fellow Forum

All full-time and rotating residents and fellows are encouraged to attend recurrent meetings with other residents to discuss topics relevant to their educational and work environment and other resident issues. These meetings are overseen by the Chief Residents and Fellows and resident members of the Graduate Medical Education Committee. Members of the Hospital's Administration may attend by invitation only. Full-time house staff will be notified of upcoming meetings by email, and rotating residents will be informed by their Chief Resident. Trainees are encouraged to suggest relevant topics for discussion to their program's Chief.

## On-Call Suite

When assigned to take in-house call, all rotating and full-time trainees have access to a secure call room for rest in the MSK Call Suite at 402 E. 64th Street.

No reservations are necessary, trainees simply must show their MSK ID to the front desk and they will be given a key to a private room. Please note, non-MSK visitors are not permitted. For additional details, go to the Real Estate & Operations OneMSK page.

From any MSK computer, view a video tour of the On-Call Suite here: Video Tour of On-Call Suite (<https://mskcc.ent.box.com/s/c6i4p9bl2eizcy7ssp6p6rpzvsvwwllo>)

## Code of Conduct

As part of MSK's commitment to the highest standards of ethics, integrity, and professional conduct, all members of our workforce are expected to act in a respectful, collaborative, and responsible manner. This includes treating others with courtesy, communicating clearly, working effectively as a team, addressing issues constructively, and using time and resources wisely.

Our shared values guide how we interact with patients, colleagues, and the broader MSK community. Whether providing care, supporting operations, advancing research, or contributing in any other capacity, each individual plays an essential role in upholding MSK's standards and supporting our mission. Maintaining professionalism, cooperation, and continuous improvement helps ensure exceptional patient care, a safe environment, and a workplace built on trust.

REFERENCE: See OneMSK > Table of Contents > Code of Conduct

## Conferral of M.D. Degree

The NYS Board of Regents is empowered to confer the M. D. degree on physicians who hold a New York State license and meet specific eligibility requirements. Information on eligibility, application process and cost can be found at: <https://www.op.nysed.gov/professions/physicians/conferral-md-degree>

## Dress Code

The Center expects residents and fellows to wear appropriate professional attire. White coats and scrubs are provided to Graduate Staff.

- In addition to a white coat, employees may wear blouses, shirts, polo or oxford shirts with collars, sweaters, casual skirts and dresses, long pants, business suits, pant suits, blazers or sport coats, casual slacks, shoes, dress sandals, loafers or other appropriate professional attire.
- House staff, including rotating house staff, may not wear white coats bearing an institutional logo of their home institution.

This is the minimum standard required for all Memorial Hospital employees.

Training program directors may impose additional requirements. Refer to the HR Policy Manual for Employees (Policy 216) on OneMSK for more information.

## Name of Record

Your legal name as it appears on your U.S. Social Security card will become part of your personnel records. Your MSK Identification Badge and all certificates of completion will reflect this legal name.

## Moonlighting

A full-time trainee enrolled in a training program at MSK who wishes to engage in moonlighting as a physician or other health care provider, inside or outside Memorial Hospital must obtain prior written approval of their Training Program Director (TPD). Note: The Sponsoring Institution or TPD may prohibit moonlighting by the trainee and may rescind approval at any time. PGY-1s are not permitted to moonlight. A trainee cannot be required to moonlight, and any remuneration for moonlighting must be paid directly to the trainee, not to Memorial Hospital.

Prior written approval must be obtained for all moonlighting, including any of the following:

- Internal moonlighting (Voluntary, compensated, medically related work performed within Memorial Hospital)
- External moonlighting (Voluntary, compensated, medically related work performed outside of Memorial Hospital)

The Memorial Hospital Moonlighting Request form must be submitted to the trainee's TPD. If approved, a copy of the Request form must also be sent to the Graduate Medical Education Office. If substantive changes are made to the initial agreement, or at the start of a new academic year, a new Request form must be submitted.

Foreign National Physicians: Trainees sponsored under visas may ONLY participate in internal moonlighting (within MSK). External moonlighting is strictly prohibited. In addition to TPD approval, prior review by the GME office is required in advance of any moonlighting. Please note the following additional restrictions:

- Moonlighting must be within the scope of the physician's core training activities. Any moonlighting that falls outside of the normal scope is deemed by the Department of State as "work outside of the approved program", which is not permitted.
- Activities must be educationally appropriate and not extend the training period
- Supplemental pay cannot exceed 20% of the trainee's annual stipend

Licensure Requirements: For external moonlighting OR internal moonlighting outside the scope of the training program, a full license to practice medicine is required in the state where the activity takes place. For internal moonlighting that is both within the scope of the training program and that occurs under the supervision of a licensed physician, the licensure requirements of the training program apply.

Note that malpractice coverage provided for each trainee by Memorial Hospital does not cover any external moonlighting performed by the trainee outside the scope of their Memorial Hospital training program. Any trainee who engages in external moonlighting must provide their own malpractice coverage and provide documentation of that coverage to the TPD.

Trainee Responsibilities: Upon TPD approval of any moonlighting activity it is the responsibility of the trainee to:

- Adhere to Work Hour limitations set forth in the Institutional 'Clinical and Educational Work Hours Policy'.
- Time spent moonlighting must be included in the calculation of Maximum Work Hours Per Week requirement.
- Notify the TPD or designee if the facility, activities and/or hours of the moonlighting change and complete a new Moonlighting Request Form.
- While engaging in external moonlighting, a trainee must not display any form of MSK identification (such as ID badge, a white coat with a MSK patch, etc.).

Training Program Director Responsibilities: Permission to moonlight will be granted only to a trainee who is in, and maintains, high academic standing in their program. All decisions related to permission for moonlighting are the sole responsibility of the TPD and are not subject to appeal or grievance. The TPD will:

- Require regular reports from each trainee who moonlights, to ensure compliance with both New York State regulations and ACGME requirements, if applicable, regarding work hours.
- Monitor for signs of fatigue when trainee returns from moonlighting.
- Monitor trainee performance to ensure that moonlighting activities are not negatively affecting the trainee's performance and meeting program requirements.

Failure to comply with the MSK GME moonlighting policy, or misrepresentation of the nature or scope of moonlighting, may lead to revocation of moonlighting privileges and/or lead to disciplinary action, up to and including immediate termination of employment

See also "Work Hours Policies".

## Emergency Operations and Disasters

In the event that the Center must activate the Emergency Operations Plan, The Hospital Incident Command System (HICS) will be used as the organizational structure for disaster response at the Center as well as all MSK sites. All residents and fellows assigned to a specific training site are responsible to the respective Incident Commander and/or Medical Care Director at that site as specified in the HICS chart designation. Each program and/or department will conduct internal workforce management through designation of faculty, residents and fellows to response teams, consistent with the hospital and medical staff policy and procedure for disaster response, and/or by the internal department policy. The Incident Commander and/or Medical Care Director (or equivalent) of the HICS will determine as necessary faculty, resident and fellow reassignment or redistribution to areas of need, superseding departmental plans for workforce management. Information on the location, status and availability of residents and fellows during disaster response and recovery will be provided by the Designated Institutional Official (DIO) or designee in coordination with GME administration, program directors and/or chief residents

## Disaster Plan for Training Continuity

Should an event or set of events cause significant alteration or interruption of Memorial's ACGME-accredited training programs, the Hospital will follow the disaster plan guidelines established by the ACGME. The Designated Institutional Official (DIO) will be in contact with all program directors to assess the impact on the educational experience of each program and to determine whether there has been disruption of each program's ability to maintain the educational experience, either temporarily or permanently. Training Program Directors will immediately assess their programs' function and if necessary, develop a recovery strategy, timetable and written plan to address response, recovery and resumption of education and services. In the event that the DIO and program directors determine that a program can no longer provide the appropriate educational experience for the residents, the DIO and program directors will expeditiously seek temporary transfers until such time as the educational program can once again be satisfactorily provided at the Hospital, and/or seek permanent transfers to other programs or institutions. Every effort will be made to ensure that each resident in the affected programs will be able to complete the training year.

## Residency Closure/Reduction Procedures

If the institution intends to reduce the size of a residency program or close a residency program, the Hospital will inform all affected residents, the GME Committee and Designated Institutional Official (DIO) as soon as possible. In the event of such a reduction or closure, the Hospital will make every effort to allow residents already in the program to complete their education. If any residents are displaced by the closure of a program or a reduction in the number of residents in a program, the Hospital will assist the residents in identifying appropriate programs in which they can continue their education.

## Curtailment of Rotations

On rare occasions, the performance or behavior of a rotating trainee does not meet Memorial standards or objectives of the training program. The Training Program Director will evaluate challenged trainees and determine whether remediation of the resident's deficiencies is possible and warranted; or whether to curtail the rotation. In such an event, the Training Program Director will notify the home institute Training Program Director; and inform other institution-specific or oversight agencies as required or deemed appropriate.

## Counseling and Remediation Process for House Staff

At times the conduct, behavior or performance of a trainee may not meet the standards or objectives of the training program. Such circumstances require careful and deliberate intervention. The remediation process is initiated and managed by the training program director in consultation with program faculty, department leadership, the Associate DIO and GME Office. Information on the remediation process stages can be obtained from the GME office. Ideally, the remediation process will move sequentially through each stage; however, steps may be skipped if performance concerns are well-documented and serious, especially those with implications for safe patient care.

## Grievance Procedure: Due Process for Graduate Staff

A Member of the Graduate Staff, (House Staff Officer) referred to in this section as a "Trainee," at Memorial Hospital for Cancer and Allied Diseases, may be an Intern, a Resident or Fellow. Memorial Hospital ("Hospital") may (a) place a Trainee on probation, or (b) suspend a Trainee's postgraduate medical education and training at the Hospital for a specified or indeterminate period, or (c) terminate a Trainee's postgraduate medical education and training before the Trainee's current term ends, or (d) decline to certify that a Trainee has completed satisfactorily his or her postgraduate medical education and training at the Hospital. These actions may be undertaken if the Trainee:

- i. fails to acquire at least the same professional knowledge and skill that Trainees at the Hospital are expected to acquire at the same level of postgraduate medical education and training, or
- ii. fails to carry out satisfactorily his or her professional responsibilities, or
- iii. fails to comply with expected standards of personal or professional conduct, or
- iv. by virtue of his or her actions or threatened actions, presents an unacceptable danger to patients, colleagues or to the institution, or
- v. violates any Center-wide policies or procedures.

In the event of a disciplinary action defined above, the Program Director will give written Notice ("Notice") to the Trainee as soon as practicable.

If the Trainee disagrees with the Program Director, the Trainee may, within five (5) business days after receiving the Notice, deliver a grievance in writing to the Program Director stating in detail why the Trainee disagrees with the disciplinary action ("Grievance").

Promptly upon receipt of the Grievance, the Program Director will request that the Associate DIO appoint a Review Committee to consider and make recommendations concerning the Grievance.

The Associate DIO will appoint the Review Committee to consist of the following:

- One member of the Department's attending staff;
- An appropriate Trainee in any MH GME program; and
- A Training Program Director from another clinical department. This person will serve as the Review Committee's presiding officer ("Review Committee Director").
- Staff support will be provided by the Office of Graduate Medical Education, who shall not be a voting member of the committee.

The Trainee will be informed in writing of the membership of the Review Committee, and that the Notice and the Grievance has been delivered to the Review Committee Director. The Review Committee Director will provide the other members of the Review Committee with the Notice and the Grievance.

The Review Committee Director will promptly convene a meeting of the Review Committee inviting the Trainee's Training Program Director, and the Trainee to attend. The Department Chair or designee of the Department Chair will also be invited to attend. The meeting will be closed to everyone except the previously mentioned individuals. The Trainee and/or the Trainee's Training Program Director or Department Chair may request that specific member(s) of the Hospital's attending staff and training staff or other Hospital employee(s) attend the meeting to deliver testimony to aid the Review Committee in resolving the Grievance. The Review Committee may exercise its discretion in determining whether to honor such request(s) and may determine to call other or additional persons to give evidence. In addition to the Grievance, the Trainee, the Training Program Director and the Department Chair may present an additional written statement to the Review Committee. One or more member(s) of the Hospital Administration may be present to assist with the proceedings. Legal counsel will not be permitted at the meeting. All in attendance at the meeting may take notes of the meeting, but no tape or video record or transcription may be made at the meeting.

The Review Committee will consider the views of the involved parties and any facts properly presented to the Review Committee. The Review Committee will present a written Finding regarding how to resolve the Grievance ("Finding") and deliver a copy of the Finding to the Trainee, the Associate DIO, Program Director and the Department Chair. The separate views of any member of the Review Committee may also be stated in writing and appended to the Finding.

If either the Trainee or the Program Director disagrees with the Finding, he or she may appeal to the Vice President, Medical Education (or designee) by written notice delivered to the Vice President, Medical Education (or designee) within five (5) business days of receipt of the Finding.

The Vice President, Medical Education (or designee) will review the Notice, the Grievance and any other written material the Trainee submitted to the Review Committee, all other documents submitted to the Review Committee, the Finding, and any separate views of the Review Committee members.

The Vice President, Medical Education (or designee) will meet with the Trainee, the Department Chair (or designee) and the Review Committee Director, in separate meetings. A member of Hospital Administration will be present to take notes and gather additional information as needed. Thereafter, within five (5) business days, s/he will render a decision ("Decision") with respect to the Grievance and will notify the Trainee, the Program Director, Department Chair, and Associate DIO in writing of the Decision. The Decision will be delivered by hand to the Trainee or sent via overnight delivery.

The Decision of the Vice President, Medical Education (or designee) shall be final and binding on all parties.

Immediately upon Notice of a disciplinary action of suspension or termination, the Trainee is required to return his or her Memorial Hospital Employee Identification Badge, office keys, pager and all other Memorial property to his or her Training Program Director. In the event the suspension is lifted, or the termination is reversed and the Trainee is cleared to return to the Training Program, the items noted above will be returned to the Trainee.

The Trainee may continue to occupy Hospital housing during the Grievance procedure with the understanding s/he will be responsible for rent up until the date the apartment is vacated, as per the terms of the Housing Lease. In the event the final Decision is termination from a training position at Memorial Hospital, the Trainee must vacate Memorial Housing within five (5) days of the final decision date.

## Policies and Procedures

Graduate Medical Education Policies and Procedures can be found OneMSK > Table of Contents > Graduate Medical Education > Policies & Procedures.

- GME Programs Policy (GME-000)
- Trainee Recruitment, Eligibility, Selection and Appointment (GME-001)
- Promotion, Appointment Renewal and Dismissal (GME-002)
- Due Process and Grievance (GME-003)
- Vacation and Leaves of Absence (GME-004)
- Physician Impairment (GME-005)
- Supervision of Residents and Fellows (GME-006)
- Clinical Experience and Educational Work Hours (GME-007)
- Moonlighting (GME-008)
- Non-Competition (GME-009)
- Substantial Disruptions in Patient Care or Education (GME-010)
- Closures and Reductions (GME-011)

Hospital Policies and Procedures can be found on OneMSK > Table of Contents > Administrative Policy and Procedure Manual.

Rules and Regulations of the Medical Staff can be found on OneMSK > Table of Contents > Rules and Regulations of the Medical Staff.

Key Hospital Policies and Procedures are listed below with references to the appropriate Intranet source.

#### Admission

##### Conditions of Admission

Physical Examination: Minimal requirements for work-up on all Memorial Hospital admissions

SOURCE: Rules and Regulations of the Medical Staff #101, #237

##### Restriction of Admissions

SOURCE: Rules and Regulations of the Medical Staff #102

##### Emergency Admissions

SOURCE: Rules and Regulations of the Medical Staff #103

Urgent Care Center – Management of Registered and Unregistered Patients SOURCES: Administrative Policy and Procedure #4007

#### Advance Directives

SOURCE: Rules and Regulations of the Medical Staff #533

#### Autopsies

SOURCE: Rules and Regulations of the Medical Staff #402

#### Informed Consent /Refusal for Diagnosis and Therapy

SOURCE: Rules and Regulations of the Medical Staff #405 and 405 FAQ

#### Controlled Substances

SOURCE: Rules and Regulations of the Medical Staff #246 and 246-NJ

#### Critical Results and Critical Tests

SOURCE: Rules and Regulations of the Medical Staff #406

#### Health Care Agent/Health Care Proxy

SOURCE: Rules and Regulations of the Medical Staff #542, 543 and 544

#### Health Care Decisions

SOURCE: Rules and Regulations of the Medical Staff #545, 546

#### Deceased Jewish Patients

SOURCE: Administrative Policy and Procedure #4407

#### Death Certificate

SOURCE: Administrative Policy and Procedure #4402

#### Determination of Death

SOURCE: Rules and Regulations of the Medical Staff #525

#### Discharge

SOURCE: Rules and Regulations of the Medical Staff #105

#### Do Not Resuscitate (DNR) Policy

SOURCE: Rules and Regulations of the Medical Staff #518

#### Interactions with Industry

SOURCE: Compliance Policy for Interaction with Industry COMP-C002

Management of Disruptive Behavior in Psychiatrically Disturbed Patients SOURCE:  
Administrative Policy and Procedure #4503

#### Medical Examiner Cases Policy

SOURCE: Rules and Regulations of the Medical Staff #505

#### Medication Regulations and Reconciliation

SOURCE: Rules and Regulations of the Medical Staff #211, 211-A, 212, 212-C and 212-D

#### Notification of Next of Kin

SOURCE: Rules and Regulations of the Medical Staff #201

#### Orders for Treatment

SOURCE: Rules and Regulations of the Medical Staff #204

#### Organ/Tissue/Eye Donation

SOURCE: Rules and Regulations of the Medical Staff #227

#### Patients' Bill of Rights/Patients' Responsibilities

Memorial Hospital abides by the Patients' Bill of Rights, as specified in the State Hospital Code. The Bill of Rights is posted throughout the Hospital and on OneMSK: Administrative Policy and Procedure #3001 and #3001-NJ

#### Preoperative Orders/ICU Orders/Orders for Transfer

SOURCE: Rules and Regulations of the Medical Staff #204

#### Restraint Orders

SOURCE: Rules and Regulations of the Medical Staff #217.

#### Transfers – out of Memorial Hospital

SOURCE: Rules and Regulations of the Medical Staff #104

#### Transfusion of Blood and Blood Products

SOURCE: Rules and Regulations of the Medical Staff #226

#### Transfusion Policy, Autologous

REFERENCE: Rules and Regulations of the Medical Staff #226-B

## Transfusion Reactions

SOURCE: Rules and Regulations of the Medical Staff #226-C

## Transfusion of Blood and Blood Products, Refusal

SOURCE: Rules and Regulations of the Medical Staff #226-D

## Radiology Images and Reports

### Radiology (Including Molecular Imaging)

When requesting a radiologic examination, the physician should include on the requisition all relevant clinical history and any specific questions to be answered in order to maximize the diagnostic yield.

To provide additional training opportunities in the ordering and/or interpreting of scans, a faculty radiologist — the “CT Doc of the Day” — is available for consultation each weekday by calling the CT Reading Room at Ext. 8318.

Trainees are encouraged to use this resource as a means of furthering their education and reducing the incidence of unnecessary or nonproductive testing. From 6pm -10pm, the Body Imaging Fellow is available for Body consultation (see contact information below).

### Images and Reports

All radiology images are available for viewing shortly after an exam is acquired, either on PACS or on the PACS Web application on the clinical hospital workstations, even before they are reported.

The printed report is available in PACS and Epic first as a Preliminary Report (i.e., before being edited, possibly changed, and subsequently verified by the attending radiologist) and then as a final report. Contact the HELP desk at 123-3337 or 646-227- 3337 for help if you have difficulty accessing the images or reports.

### Obtaining Off-Hours Emergency Radiologic Studies and Consultations

The following information is provided to facilitate the obtaining of Emergency radiologic studies and consultations during off-hours from 10 pm – 8 am any day of the week or weekend and on major Memorial Hospital Holidays.

### CT/Ultrasound/Radiographs

#### To *obtain* Body CT

- **Monday – Friday**
  - 8 AM – 10 PM: Contact CT front desk Ext. 122-7280. If no response, contact the RA at Ext. 122-8318
  - 10 PM – 8 AM: Call the RA at Ext. 122-8318 . If no response, contact Evening Shift Body Attending (10 PM – 12 AM) or Night Shift Body Attending (12 AM – 8 AM) via the Page Operator (122-7900)
- **Saturday, Sunday, or Major Holiday**
  - 8 AM – 10 PM: Contact CT front desk Ext. 122-7280. If no response, contact the RA at Ext. 122-8318 from 10 AM to 10 PM
  - 10 PM – 8 AM: Call the RA at Ext. 122-8318. If no response, contact Evening Shift Body Attending (10 PM – 12 AM) or Night Shift Body Attending (12 AM – 8 AM) via the Page Operator (122-7900)

### For results on an Emergency Body CT

- **Monday – Friday**
  - 8 AM – 10 PM: Call Ext. 122-8318
  - 10 PM – 8 AM: Call the RA at Ext. 122-8318. If no response, contact Evening Shift Body Attending (10 PM – 12 AM) or Night Shift Body Attending (12 AM – 8 AM) via the Page Operator (122-7900)
- **Saturday, Sunday, or Major Holiday**
  - 8 AM – 10 PM: Call Ext. 122-8318. If no response, contact Body Fellow via the Page Operator (122-7900) from 10 am to 10 PM
  - 10 PM – 8 AM: Call the RA at Ext. 122-8318> If no response, contact Evening Shift Body Attending (10 PM – 12 AM) or Night Shift Body Attending (12 AM – 8 AM) via the Page Operator (122-7900)

### To obtain an Emergency US study

- **Monday – Friday**
  - 6 PM – 10 PM: Contact US department Ext. 122-2990. If no response, contact Body Fellow on call via Page Operator (122-7900)
  - 10 PM – 8 AM: Call the RA at Ext. 122-8318. If no response, contact Evening Shift Body Attending (10 PM – 12 AM) or Night Shift Body Attending (12 AM – 8 AM) via the Page Operator (122-7900)
- **Saturday, Sunday, or Major Holiday**
  - 8 AM – 10PM: Contact US department at Ext. 122-2990.  
If no response, contact CT Body Reading Room at 122-8318 or the Body Fellow on Call via Page Operator (122-790)
  - 10 PM – 8 AM: Call the RA at Ext. 122-8318. If no response, contact Evening Shift Body Attending (10PM – 12AM) or Night Shift Body Attending (12 AM – 8 AM) via the Page Operator (122-7900)

### For results of Emergency Radiographs

- **Monday – Friday**
  - 8 AM – 5 PM: Call Ext. 122-2799
  - 5 PM – 10 PM: Call Body Resident Ext. 122-8318.
  - 10 PM – 8 AM: Call the RA at Ext. 122-8318. If no response, contact Evening Shift Body Attending (10 PM – 12 AM) or Night Shift Body Attending (12AM – 8AM) via the Page Operator (122-7900)
- **Saturday, Sunday, or Major Holiday**
  - 8 AM – 6 PM: Call Ext. 122-2799. If no response call Ext. 122-8318
  - 6 PM – 8 AM: Call the RA at Ext. 122-8318. If no response, contact Evening Shift Body Attending (8 PM – 12 AM) or Night Shift Body Attending (12 AM – 8AM) via the Page Operator (122-7900)

\*Real Time Call info can also be found at: [app.ggenda.com/landingpage/mskccrad](http://app.ggenda.com/landingpage/mskccrad)

\*Radiologist may be paged if Fellow or resident cannot be reached.

### **Interventional Radiology**

Contact Interventional Fellow via Page Operator.

### **Molecular Imaging and Therapy (Nuclear Medicine)**

Contact Nuclear Medicine Resident or Nuclear Oncology Fellow via Page Operator

## Neuroradiology

M-F 6:00 PM-6 AM, Sat-Sun 24 hours, and holidays 24 hours, contact Neuroradiologist via pager 2752

All other times, contact Radiologist Assistant (RA) at ext. 2361

### To schedule an Emergency CT study

- Sunday – Saturday, Holidays, 6 PM – 7 AM  
Contact: CT Traffic 122-2461 Or CT Tech via Page Operator 122-7900

### To obtain Results for an Emergency CT study

- Monday – Friday, 6 PM – 12 AM  
Contact Neuroradiologist via pager 2752
- Monday – Friday, 12 AM – 5 AM  
Call reading room x8313 and ask for Radiologist Assistant (RA) on duty. (if no one on duty, please page Neuroradiologist via pager 2752)
- Monday – Friday, 5 AM – 7AM  
Contact Neuroradiologist via pager 2752
- Saturday, Sunday, Holidays 7 AM – 5 PM Contact Neuroradiologist via pager 2752
- Saturday, Sunday, Holidays 7AM – 7 AM (next day) Contact Neuroradiologist via pager 2752

### To consult on an Emergency Neuroradiology CT or MRI

- Daily, 6 PM - 8 AM  
Contact Neuroradiologist via pager 2752

### For Neuroradiologic MRI or other Neuroradiology studies:

- Monday-Friday, 6 PM – 8 AM
- Saturday, Sunday, or Major Holidays, 8 AM – 8 AM (next day)  
Contact Neuroradiologist via pager 2752

## Reportable Incidents

### New York State Reporting

The New York State Department of Health (NYSDOH) requires reporting of adverse events, or “emergencies and other incidents which threaten the safety of the patients or the staff in the hospital”. Incidents in this category are evaluated by the Hospital and determined to be either “trackable events” or require the submission of a root cause analysis (RCA) form according to guidelines provided by the NYSDOH. Under the law, the following types of incidents are considered reportable:

#### Level 1 Events (Root Cause Analysis Required)

- Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process within a healthcare setting
- Surgery or other invasive procedure performed on the wrong site
- Surgery or other invasive procedure performed on the wrong patient
- Wrong surgical or other invasive procedure performed on a patient
- Unintended retention of a foreign object in a patient after surgery or other invasive procedure
- Patient death or serious injury resulting from the irretrievable loss of an irreplaceable

- biologic specimen
- Patient death or serious injury associated with a fall while being cared for in a healthcare setting
- Patient death or serious injury associated from failure to follow up or communicate lab, pathology, or radiology test results
- Death or serious injury of patient or staff associated with the introduction of a metallic object into the MRI area
- Patient death or serious injury in circumstances other than those related to the natural course of illness, disease or proper treatment in accordance with generally accepted medical standards
- Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting
- Patient death or serious injury associated with a medication error
- Intraoperative or immediately post-operative/post procedure death in an ASA Class 1 or Class 1E patient
- Death or serious injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds of a healthcare setting
- Patient suicide, attempted suicide or self harm that results in a serious injury while being cared for in a healthcare setting
- Patient death or serious injury associated with patient elopement
- Patient death or serious injury associated with the use or function of a device in patient care in which the device is used for functions other than intended
- Abduction of a patient of any age
- Discharge or release of a patient of any age who is unable to make decisions to an unauthorized person
- Sexual abuse/sexual assault on a patient or staff member within or on the grounds of a healthcare setting

Incidents in Level 1 are evaluated by the Division of Quality and Safety and determined to be either "trackable events" (submission of a Short Form) or require the submission of a root cause analysis (RCA) form according to guidelines provided by the New York State Department of Health.

#### Level 2 Events (No Root Cause Analysis required)

- Misadministration of radiation or radioactive material
- Strike by hospital staff
- External disaster outside the control of the hospital which affects facility operations
- Termination of any services vital to the continued safe operation of the hospital or to the health and safety of its patients and personnel;
- Poisoning occurring within the hospital
- Hospital fire or other internal disaster in the hospital disrupting patient care or causing harm to patients or staff

#### Procedure

- An incident report should be completed online in the RISQ system when a patient has suffered an injury and/or for any event on the NYPORTS list (see below). In addition, any patient who has suffered an adverse event with the potential for injury should be reported.
- The Administrator-On-Call is to be called after hours or on weekends for New York State reportable incidents. Any incident report involving the 900 series on the NYPORTS list should be followed up by the Sentinel Events procedures outlined in Policy and

Procedure #2008 (except codes 914 and 931-935, which only require the submission of a short form).

- The Division of Quality and Safety will determine whether the incident is "reportable through an RCA" or "short form" under current New York State Department of Health guidelines, and will handle accordingly.
- The written follow-up report will be submitted electronically to the New York State Department of Health by the Division of Quality and Safety.

Additionally, Blood administration errors must also be reported under Section 58-2.16 (a) in accordance with the policy outlined in the Blood Bank Procedure Manual. Serious equipment malfunctions must also be reported to the FDA in accordance with the Safe Medical Devices Act of 1990. Misadministration of radioactive material must also be reported to the New York City Department of Health Bureau of Radiation Control and the Bureau of Environmental Radiation Protection in accordance with applicable guidelines.

SOURCE: Administrative Policy and Procedure #2003

### Sentinel Events

A sentinel event is defined as a patient safety event that reaches a patient and results in death, permanent harm (regardless of severity of harm), or severe harm (regardless of duration of harm) not primarily related to the natural course of the patient's illness or underlying condition. According to the Joint Commission, "severe harm" is defined as life-threatening bodily injury (including pain or disfigurement) that interferes with or results in loss of functional ability or quality of life that requires continuous physiological monitoring or surgery, invasive procedure, or treatment to resolve the condition.

The Division of Quality and Safety must be informed of all sentinel events.

After hours, notification should be given to the Administrator-on-Call. In addition, an event report must be entered into the MSK web-based reporting system, Reporting to Improve Safety and Quality (RISQ), within 24 hours of the occurrence of the event. The Vice President, Quality and Safety will determine whether the incident is reportable under current State guidelines to the NYSDOH through the NYPORTS system, and will handle accordingly. The Vice President, Quality and Safety will determine whether the incident is reportable under current State guidelines to the NYSDOH through the NYPORTS system, and will handle accordingly (See Administrative Policy and Procedure #2003 – Incident Reports – New York State Reporting).

Memorial Hospital for Cancer and Allied Diseases has mechanisms for the support of staff who have been involved in sentinel events. Such mechanisms include supervisory consultation, referral to Employee Assistance Programs, and education.

SOURCE: Administrative Policy and Procedure #2008

### Adverse Events/Serious Reportable Events

Information on "never events" or adverse events can be found in Administrative Policy and Procedure #2311.

## Family Abuse and Neglect

All professional hospital personnel are required by state laws to report cases of suspected child abuse or neglect to their respective State Central Registry.

Mandated reporters are required to report suspected child abuse or maltreatment when, in their professional roles, they are presented with reasonable cause to suspect abuse or maltreatment. Reasonable cause to suspect child abuse or maltreatment means that, based on observations, professional training and experience, an assessment has been made and determines the parent or person legally responsible for a child has harmed that child or placed him/her in imminent danger or harm.

A person who participates in good faith in making a report is protected from any liability, civil, or criminal, that might result from the action. However, willful failure to report a case of suspected child abuse or neglect by a person who is required to report, is an offense.

An **abused child** refers to a child less than eighteen years of age whose parent or other person legally responsible for his care:

- Inflicts, or allows to be inflicted upon the child serious physical injury;
- Creates, or allows to be created, a substantial risk of physical injury;
- Commits, or allows to be committed against the child a sexual offense as defined in the penal law

A **maltreated child** is a child under eighteen years of age who is defined as a neglected child by the Family Court Act or who has had serious physical injury inflicted upon him by other than accidental means.

A **neglected child** is a child under eighteen years of age whose physical, mental or emotional condition has been impaired or is in danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care.

Suspected cases of child abuse and/neglect should be referred to Social Work as soon as possible. The Social Worker will coordinate the response, including supporting staff with collecting information regarding the incident(s), future planning related to the assessment of danger to the child and other children in the family, and completing follow-up tasks. The Social Worker will also coordinate with the Director of Social work, who is the designated Abuse/Neglect Coordinator for all MSK facilities.

Contact the Social Worker on your team or call 212-639-7020 if you don't know who the social worker is. The Director of Social Work can be reached at 212-639-7020, pager 4567 or cell: 347-802-5833.

For More information regarding Family Abuse and Neglect and reporting procedures, please refer to Administrative Policy and Procedure #2101

## Restraints and Restrictive Devices

Although MSK makes every effort to prevent, reduce, and eliminate restraint use, restraints are sometimes necessary to protect a patient's safety and the safety of others. MSK is committed to the safety of restrained patients and the protection of their rights. Trained clinical staff monitor restrained patients' response to restraint application to ensure the protection of these rights.

Whenever possible, less restrictive alternative measures, such as modification of the environment, reality orientation, reassurance, diversionary activity, increased frequency of supervision, or having a companion or family member at the bedside, should be considered. All restraints require a comprehensive assessment evaluation and order by a licensed practitioner (as privileged and credentialed). Standards that govern restraint use fall into two categories:

- Restraint for non-violent/non-self destructive behavior management
- Restraint for violent or self-destructive behavior management

## Restraint Orders

- Restraint orders for non-violent/non-self-destructive behavior are limited to 24 hours. A renewal restraint order is required every 24 hours.
- Restraint orders for violent/self-destructive behavior are time-limited and require renewal restraint orders within the following time frames:
  - 4 Hours for patients 18 years of age or older
  - 1 hour for patients ages 9 to 17
  - 30 minutes for patients under 9
- An in-person comprehensive assessment is required with every restraint order and must be completed again with each subsequent renewal order.

## Caring for Patients in Restraints

The patient is assessed a minimum of once every 30 minutes while in restraints. Vest restraints require a reassessment a minimum of once every 2 hours. Ongoing monitoring and assessment to ensure the patient's well-being, physical comfort and safety, privacy, and dignity are documented in the EHR. Patients in restraints for violent or self-destructive behavior must be monitored through continuous in-person observation.

Please see Rules and Regulations of the Medical Staff #217 for specific policy statements, categories of restraints (physical vs. chemical) and ordering, assessment, evaluation and documentation requirements.

## Transfers

### Inter-Hospital Transfers into Memorial Hospital

1. Transfers will be arranged only after the patient/surrogate has received complete information regarding the need for and alternatives to such a transfer.
2. All transfers into Memorial
  - a. should be approved by an attending after discussion with an attending from the transferring hospital.
  - b. ICU Transfers must additionally be cleared with the ICU Director and/or ICU consult attending
3. Transfers to the SDU must additionally be cleared by the SDU Director and/or ICU consult attending.
4. The transfer may not proceed until an MSK bed is available at the appropriate level of care for the patient (i.e. telemetry, isolation or intensive care services).
5. If transfer is delayed or deferred for more than 24 hours, the clinical status of the patient must be updated, and the availability of a bed must be reconfirmed.
6. The Urgent Care Center physician on duty must be notified of all transfers from an ICU or ER type facility, from out-of-state, or any transfer of potentially unstable patients. The

name of the physician (may be the Urgent Care Center physician for Medicine services) who is to examine the transferred patient upon arrival should be provided to the Urgent Care Center staff.

7. All inter-hospital transfer patients will be screened by an Urgent Care Center RN for vital signs and mental status, before admission to a floor or unit. If the patient is unstable, the patient should be further evaluated and stabilized in the Urgent Care Center before admission.

Information on Intra-Hospital transfers, Hospital Transfers out of Memorial Hospital, can be found on OneMSK: Rules and Regulations of the Medical Staff #104

Information on Transfer of Patients to New York-Presbyterian Hospital for Operative Procedures can be found in Rules and Regulations of the Medical Staff #529

# For Your Benefit — Full-Time House Staff Only

## Benefits

All full-time graduate staff (paid by MSK payroll) are eligible to participate in MSK's benefits program. You choose the benefits that best meet the needs of you and your family. The cost is shared between you and MSK. Most contributions toward your share of the benefits are paid with before-tax dollars, which means they will be deducted from your pay before payroll taxes are applied.

Visit [MSKbenefits.mskcc.org](https://mskbenefits.mskcc.org), and type "Clinical Trainees" in the FIND IT *fast* search bar to learn about your benefits options including:

- Medical (includes prescription coverage)
- Dental
- Vision
- Family Building benefit
- Flexible Spending Accounts (FSA) for Health Care and Dependent Care
- Health Savings Account (if enrolled in UnitedHealthcare Consumer Driven Health Plan, UHC CDHP)
- Voluntary add-on insurance policies, including Hospital Indemnity, Accident Insurance, and Specified Disease, as well as other coverages such as Pet Insurance, Identify Protection, and Legal Support
- Life Insurance
- Long-Term Disability (LTD)
- Accidental Death and Dismemberment (AD&D)
- Commuter Benefits
- Retirement Savings Plan (Note: You can contribute and invest. MSK does not make contributions to this plan.)
- Wellness

### When do benefits take effect?

Once you make your benefit elections, your elected/waived medical coverage will take effect the first of the month coinciding with or following your first day of training, based on whether or not your training begins on the first of the month. (Example: If your first day of training is July 1, your benefits will be effective on July 1. If your first day of training is July 15, coverage will be effective August 1).

If your first day of training is after the first of the month, you will be assigned temporary medical coverage for the duration of that month until your benefit choices take effect at the start of the next month. If you are reporting for orientation prior to your first day of training and wish to arrange interim medical coverage, you may contact the HR Resource Center at 646-677-7411 or [HRRC@mskcc.org](mailto:HRRC@mskcc.org).

### When do you make your benefits elections?

You must enroll in or actively waive benefits within 31 days from your first day of training. You will learn how to enroll during orientation. Note: You can't make your elections before your training start date, but you can visit [MSKbenefits.mskcc.org](https://mskbenefits.mskcc.org) to explore your options (type "Clinical Trainees" in the FIND IT *fast* search bar at the top of the screen).

### What if I don't enroll or actively waive?

If you do not enroll in or actively waive coverage within 31 days from your first day of training, you will be assigned default coverage. Your dependents will not be covered if this occurs, and you will not be able to make any changes to your enrollment. (See below for details on when you can make changes.) To learn about default coverage, visit [MSKbenefits.mskcc.org](https://mskbenefits.mskcc.org), and search for "Default Coverage."

### Who is eligible for coverage?

In addition to covering yourself, you can choose to cover your eligible dependents under your medical, dental, vision and AD&D coverage. Eligible dependents include:

- Your spouse (opposite- or same-sex)
- Your domestic partner (opposite- or same-sex)
- Your children (including your spouse/domestic partner's children) until the end of the calendar year in which they reach age 26
- Children for whom you, your spouse, or domestic partner serve as legal guardian through the end of the calendar year in which they reach age 26
- For certain plans, unmarried children beyond age 26 who are incapable of self- support because of a physical or mental disability

### Note about Domestic Partner coverage:

Coverage for your domestic partner requires documentation verifying their eligibility. If you are interested in obtaining this coverage, visit [MSKbenefits.mskcc.org](https://mskbenefits.mskcc.org), and type "Dependent Verification Documentation" in the FIND IT fast search bar to see what types of documentation are required. Contact the HR Resource Center at 646-677-7411 or via e-mail at [HRRC@mskcc.org](mailto:HRRC@mskcc.org) for further details. [Note: The value of the coverage provided to your domestic partner (and their children) will be imputed income for you unless your domestic partner qualifies as your tax dependent.]

### Can I change my benefit elections in the future?

The benefits you elect will cover you (and any covered eligible dependents) through the end of the current calendar year. For the next calendar year, you will be eligible to make changes during the annual Open Enrollment period, usually held in November.

For the current year, it is important to be certain about your benefit decisions because you cannot modify them unless you (or your dependents) have a *Change in Status Event*.

### Examples of a *Change in Status Event* include:

- You get married, divorced, legally separated, or have your marriage annulled in civil court
- You form or terminate a domestic partnership
- You have a child, adopt a child, or a child is placed with you for adoption
- Your child loses eligibility for dependent coverage
- Your spouse, domestic partner, or child gains or loses coverage under another benefit plan, or that coverage is significantly changed

If you have a *Change in Status Event*, visit [MSKbenefits.mskcc.org](https://mskbenefits.mskcc.org), and search for "Change in Status Event" to learn how to make changes to benefit elections through Workday. **Important: You must submit a change through Workday within 31 days of the qualifying event.** Otherwise, you'll have to wait for the next annual Open Enrollment period to change your benefit elections.

## What other benefits are available?

Graduate staff may also take advantage of other benefits such as:

- MSK Voluntary 403(b) Retirement Savings Plan — you fund this account with before-tax dollars and/or Roth after-tax dollars. MSK does not make any contributions to this plan on your behalf.
- Commuter Spending Account Program — you set aside before-tax dollars to pay for eligible transit or parking expenses related to your commute to and from work.
- Guided Wellbeing — This online portal provides a gateway to custom resources and on-demand content. Gain access to evidence-based tools and tips aimed at supporting your overall wellbeing.
- Counseling, Coaching & On-Demand Emotional Wellbeing Resources — You have access to free, confidential short-term and supportive services 24/7/365 for you and members of your household. Licensed counselors are available in person, by phone, or via a wide array of virtual therapy options to support you. Visit the Emotional wellbeing page to learn more.
- HSS Perform – You have guided access to experts at the Hospital for Special Surgery (HSS). Through this program, you can connect with a dedicated Care Concierge for access to full-spectrum musculoskeletal care, including curated resources and appointment scheduling.
- No-Cost Concierge Service for Caregivers – This concierge service can help with caregiving needs like researching, vetting and recommending child and elder care options, completing home safety evaluations, scheduling appointments and arranging transportation, and more. No enrollment is required, and this benefit is free for all MSK employees.
- Employee Discount Program

## Questions?

For more details, visit [MSKbenefits.mskcc.org](https://mskbenefits.mskcc.org). Plan-specific support resources can be found by clicking on “Contacts.” For enrollment questions, contact the HR Resource Center at 646-677-7411 or via e-mail at [HRRC@mskcc.org](mailto:HRRC@mskcc.org).

## Payroll

You can authorize direct deposit of your pay on your first day of work through Workday by clicking on the Pay worklet and selecting Payment Elections from the Actions menu. Deposits may be made into as many as three separate accounts.

## PGY Level Calculation For FTHS

Stipends for Full-Time House Staff (FTHS) are based on the resident’s or fellow’s post graduate years of U.S. or Canadian clinical training, as determined by the Office of Graduate Medical Education in consultation with the training program director.

Only U.S. specialty-specific training is used in this calculation, including required prerequisite training years (a preliminary internship year, for example).

For surgical subspecialties, up to 2 years of research embedded within the surgery residency period will be counted towards PGY calculation, such that someone can be given credit for up to 7 years of residency (or 5 years clinical plus 2 years research).

Professional experiences not included in PGY calculation include:

- Employment
- Military service
- Research (except for the surgical exemption noted above)
- Time spent obtaining other professional degrees

Training experiences not included in PGY calculation include:

- Repeated training
- Training outside of the current specialty
- Partial years of training

Credit for training outside of the U.S. or Canada may be granted based on training program director approval, although similar guidelines should be followed. Credit will not exceed the required prerequisite years of the equivalent U.S. or Canadian pathway.

## Absences from Work

Details regarding absence procedures may be obtained by contacting the Graduate Medical Education Office or Training Program Director. MSK grants leaves to its employees for a variety of life events. However, such leaves by house staff may impact their ability to satisfactorily complete the requirements of their training program. House staff should also consider whether their Medical Specialty Board has established a minimum required training period in order to be eligible for certification. House staff will be provided with information relating to eligibility for certification during their program orientation.

## Satisfactory Completion of Training Programs

Each Program Director has established a standard for time needed for program completion, either the institutional minimum of 42 weeks or greater per academic year. If it becomes apparent that a trainee will not be able to fulfill program requirements due to time away from work, the Graduate Medical Education Office must be notified immediately.

If leave time causes a trainee's time in a program to fall short of the program requirement, the Program Director in consultation with the GME Office may do any of the following:

1. Terminate the trainee's appointment, unless the leave is covered by the Family and Medical Leave Act (FMLA) or New York Paid Family Leave (NYPFL).
2. (See Time-Off Policies and Procedures below.)
3. Continue the appointment with the understanding that the program requirements have not been met. The resident may return to work and remain through the conclusion of the appointment period although he or she may not have met the training requirements and this will be so noted
4. on future requests for references or verification of training.
5. Continue the appointment and permit a one-year extension, if the position is available, to allow successful program completion.
6. Make-up time of shorter duration may be arranged depending on housing and budgetary constraints. Housing and Stipend during a make-up period cannot be guaranteed.

Once the Program Director and GME decides whether to continue an appointment, they will inform the resident of the decision.

# Time-Off Policies and Procedures

## Professional Leave of Absence

Permission for professional leave of absence for academic advancement is at the discretion of each program director who will determine if the request can be granted within the context of the program's educational requirements. Such leave may affect or preclude fulfillment of the necessary requirements for completion of the training program. Refer to Satisfactory Completion of Program Requirements, above.

## Personal Leave of Absence

At the discretion of the Program Director, personal leave of absence may be granted for any personal reason not covered under the listed leaves of absence policies. Such personal leave may affect or preclude fulfillment of the necessary requirements for completion of a training program. The Program Director may respond as outlined in Satisfactory Completion of Program Requirements, above.

## Vacation

House staff are provided a minimum of one week (five business days) of vacation/paid time off annually. Additional paid time off is set by each Training Program Director, consistent with institutional policies. Trainees should contact their departmental GME Coordinator for specific details regarding program vacation/paid time off guidelines, including instructions on how to request and schedule vacation time.

## Sick Time

House staff are provided 88 hours of sick and/or safe time per calendar year under the New York City Earned Safe and Sick Time Act (ESSTA), as outlined in the forthcoming section titled NYC Paid Safe and Sick Leave Law.

## Paid Prenatal Leave

MSK employees have up to 20 hours of paid leave time to attend their own prenatal appointments or obtain health care services during or related to their pregnancy. It may not be used by an individual other than the employee directly receiving prenatal health care services, or for post-natal or postpartum appointments. See HR Policy 411 for more details.

## MSK Short-Term Disability (including Pregnancy and Childbirth)

Short-Term Disability is provided when an employee becomes ill or is injured and, as a result, is unable to work for more than seven calendar days. If this leave causes a trainee's time in a program to fall short of the program requirements, the Program Director may respond as outlined under Satisfactory Completion of Training Program Requirements, above. For additional information, please refer to Human Resources policies #403 and #502.

## Notification Procedure

1. If you cannot report to work due to an illness or injury, you must notify your Program

- Director immediately.
2. If you feel you have sustained an injury/illness at work, refer to the Workers' Compensation section below.
  3. If you have an illness or injury that lasts four or more consecutive calendar days and causes you to miss work, you must call MSK's disability insurance carrier (MetLife), at 833-622-0138 on the fourth day to report your absence.

MSK's Short-Term Disability plan provides for the continuation of regular salary for up to an additional twenty-five (25) weeks. To receive continued pay, leaves must be reviewed and approved by MetLife, MSK's disability administrator. The Short-Term Disability benefit is 100% of pay for 12 weeks (after a 7-day waiting period where sick time or vacation time, if out of sick time - will be used), followed by 85% of pay for an additional 13 weeks. As per the Notification Procedure, trainees must coordinate a leave through their Program Director and MetLife (this includes absences related to pregnancy).

Short-Term Disability lasts for up to 25 weeks during a 52-week rolling-back period, and may not be taken intermittently or in increments of less than one work week, except in cases where MetLife and your department have approved you for an eligible reduced work schedule. Staff remaining in housing will be required to maintain rent payments. In situations of documented disability, Short-Term Disability will be maintained for a maximum of twenty-five weeks or until the conclusion of the appointment, whichever is less. If you are still disabled at the conclusion of your appointment, you may be entitled to continued benefits under state disability, if applicable. MetLife can assist you with these benefits.

Short-Term Disability runs concurrently with other types of leave that you may be eligible for, including FMLA. Short-Term Disability does not cover leave time taken to bond with a newborn (following the disability period) or newly-placed adopted or foster child. See Additional Leave and Pay Policies below.

Following six months of disability, a trainee may be eligible to receive Long Term Disability benefits. The coverage level would depend in part on the elections made during benefits enrollment through Workday.

## Workers' Compensation

If you feel you have sustained an injury/illness at work, you must immediately contact your Program Director and complete an online incident report through Workday within 24 hours. (After you log in, select "Incidents" to begin.) If you are unable to access or complete the online incident report within 24 hours of the incident, your Program Director can and must complete it on your behalf. Broadspire is our Workers' Compensation administrator. They will assign you a claims adjuster and claim number and will contact you approximately one to two days after your incident report is filed. If you have lost time from work, you must also call MetLife at 833-622-0138 to determine what disability and leave protection plans may apply and to apply for a leave under those plans.

## Return to Work

When returning to work, you may need to be cleared by Employee Health by calling 646-888-4000 or via email to [EHWS@mskcc.org](mailto:EHWS@mskcc.org) if either of the following is true:

- You have direct patient contact in your role and have been out of work due to your own illness for more than three (3) days

- You have been absent from work due to your own illness for a period of two weeks or more.

You may need to ask your healthcare provider to complete a Work Capacity Form. Please contact Employee Health at least two business days prior to your return to work.

## Bereavement Leave

MSK allows employees up to three working days of paid bereavement leave to make funeral arrangements or otherwise deal with the death of a relative. The employee is required to take bereavement leave within two weeks of the date of the relative's death.

SOURCE: HR Policy 404.

## Additional Leave and Pay Policies

Depending on your specific circumstances, the following leave and pay policies may apply. Please contact MetLife (MSK's Leave of Absence Partner) at 833-622-0138 to determine your specific eligibility.

### Family and Medical Leave Act (FMLA)

FMLA provides the right to return to the same or an equivalent position, with some exceptions. An absence under FMLA may affect or preclude fulfillment of the necessary requirements for completion of the training program. A trainee may return to the program through the conclusion of the appointment period although they may not have met the program requirements, and this will be so noted on future requests for references or verification of training. The Program Director may consider granting an extension as outlined in Satisfactory Completion of Training Program Requirements above to allow for completion of program requirements. FMLA leave runs concurrently with other types of leave that you may be eligible for, such as Sick Leave, Short-Term Disability and Workers' Compensation (see sections above). Any coverage under MSK's healthcare plans will be continued throughout your FMLA leave period.

#### Qualifications

House Staff who have worked for MSK for 12 months and for at least 1250 hours in the preceding 12 month period may be eligible for up to 12 work weeks of unpaid leave under the FMLA for certain family and medical reasons (including birth of a child, care of a newborn, the placement of a child for adoption or foster care and/ or the House Staff's and/or family member's serious health condition and/or qualifying exigency for family called to covered active military duty to a foreign country) during a 12 month period.

### Paid Parental and Caregiver Leave for Full-Time House Staff

Benefits-eligible full-time House Staff receive up to six (6) weeks of fully-paid leave for the following covered events:

- Birth, care, and bonding with a newborn child.
- Care and bonding with an adopted or foster child.

- Care for an immediate family member (spouse, child or parent) with a serious health condition.

The six weeks of caregiver leave for a relative include the 88 hours of ESSTA time mentioned in the Sick Leave section. ESSTA time runs concurrently with time away for a caregiver leave of absence.

## New York Paid Family Leave (NYPFL) for MSK-Employed Full-Time House Staff

MSK's benefits-eligible full-time house staff working in New York State are entitled to up to twelve (12) weeks of partially-paid leave for the following covered events:

- To provide care to a family member due to a serious health condition;
- To bond with a newborn within the first year of the child's life, or for the first year after the adoption or placement for foster care;
- For qualifying exigencies arising out of an employee's spouse, domestic partner, child or parent being on or called to active duty as a member of the Armed Forces, National Guard or Reserves.

This leave will be paid at 67% of the employee's average weekly wage up to the cap set by the state. Employees may be required to use unused vacation time (all but 5 days) in lieu of NYPFL benefits depending on whether they have FMLA entitlement remaining at the time of their leave. Where allowed, state paid leave plans run concurrently with the GME Paid Parental Leave. In no event may the combined total benefit be more than 100% of an employee's regular rate of compensation.

House staff are advised to consider the impact such a leave may have on their ability to satisfy all MSK, accreditation agency, and/or certifying board training requirements within the academic year. Any extension of training time due to leave time is not guaranteed and must be approved by both the program director and GME Office prior to the start of the leave. Please note that in the event that an extension of training is approved, trainees residing in MSK housing will be expected to vacate their unit as originally scheduled.

### Qualifications

- Benefits-eligible house staff who work at least 20 hours per week are eligible to receive this partially-paid benefit once they have worked 26 consecutive weeks. Benefits-eligible house staff working fewer than 20 hours per week are eligible once they have worked 175 cumulative days.
- New York Paid Family Leave runs concurrently with other types of leave for which they may be eligible, including FMLA.

### Other Important Information

- House staff must provide at least 30 days' advance notice of the leave to both their program director and to MetLife (833-622-0138), whenever practicable.
- MetLife will determine leave eligibility, track requested leave time and issue a leave approval.
- If the employee still has FMLA entitlement remaining by the time their leave begins, they must use unused vacation time (all but 5 days), in lieu of NYPFL benefits.
- If the employee does not have FMLA entitlement by the time their leave begins, they may choose whether or not to use unused vacation time for NYPFL, or receive only the partially-paid benefit. If they opt to receive only the NYPFL benefit, they will be paid by MetLife.

- Employees may not receive more than 26 weeks of state and/or federal leave- related benefits, including disability, workers' compensation and family leave, in a 52-week period.

## NYC Paid Safe and Sick Leave Law

New York City requires employers to provide employees with up to 88 hours of job protected time per calendar year (defined as January 1 to December 31) for the reasons listed below.

- Going to your own medical appointments or recovering from an illness (counted as sick time).
- Caring for a family member (child, parent, spouse, domestic partner, sibling, grandparent or grandchild) or household member with a disability who relies on you for medical care (counted as vacation time).
- Bonding with a newborn or newly fostered or adopted child (counted as vacation or other MSK policy, as applicable).
- Taking time off because a public health emergency has been declared in New York City or because of public disasters or emergencies (counted as vacation time).
- If you or a family member has been a victim of a family offense matter, sexual offense, stalking or human trafficking, or workplace violence (counted as sick time).
- 

To ensure that your time is properly protected, you must take these steps:

- To the extent possible, you must give your program director at least seven days' notice before taking sick or vacation time for scheduled absences, like medical appointments, for yourself or a family member.
- If you use vacation time to care for a family member, whether scheduled or unscheduled, or for a public health emergency, you must provide written confirmation to your program director that the time was used for legitimate purposes.

Source: New York City Earned Safe and Sick Time Act (ESSTA) on OneMSK

## Health Services for House Staff at MSK

### Employee Health Services (EHS)

Employee Health offers evaluation and treatment for work-related illness and injuries, return to work evaluations, as well as OSHA, New York State and City, and Center mandated medical surveillance programs that include testing and immunizations. Prior to July 1<sup>st</sup> of each academic year, newly appointed incoming interns, residents, and fellows will receive information regarding the need for an initial history and physical examination and blood tests, as well as information about services provided by Employee Health.

In the event of an on-the job injury (sharps injury, blood borne pathogen exposure, chemical exposure, etc.), all residents, interns, and fellows are required to report the incident to their supervisor immediately and complete the online Employee Incident Report. The supervisor will call Employee Health and schedule a same-day appointment. Required follow-up of any on-the-job injury will be done at Employee Health or referred to an appropriate provider. In the event of an on-the job injury after hours (after 6pm and before 8am or on weekends), all residents, interns, and fellows are required to report the incident to their supervisor immediately, complete the online Employee Incident Report and to go to the Urgent Care Center (UCC). Required

follow-up of any on-the-job injury will be done at Employee Health or referred to an appropriate provider.

For returning residents, interns, and fellows, an annual health assessment is required. You will be notified when you are due for this assessment. Employee Health is located at 222 East 70<sup>th</sup> Street, between 2<sup>nd</sup> and 3<sup>rd</sup> Avenues, with hours from 8 am to 6 pm, Monday through Friday. Services are also available on the main campus

Monday through Friday from 9 am to 5 pm in room MG03. To schedule an appointment or for information call 646-888-4000 or email [EHWS@mskcc.org](mailto:EHWS@mskcc.org). Compliance with Employee Health requirements is a condition of continued employment.

## Work-Related Stress

Working at a cancer center can require a high degree of personal hardiness and resilience. Practicing good self-care, including attending to one's physical and mental health helps maintain well-being and supports one's ability to care for patients and their families. Trainees are encouraged to make use of all available support mechanisms including their training program director or the confidential voluntary mental health services, below. Training program directors will monitor residents' wellbeing through a variety of mechanisms including faculty and peer feedback, administrative meetings, and personal observation. When concerns arise, the training program director may recommend appropriate interventions as needed such as schedule changes, additional training or clinical support, or referral for voluntary counseling. If you are experiencing burnout or compassion fatigue, support and resources are readily available to help you navigate these challenges.

## Voluntary Mental Health and Supportive Services

Both residents (at the Graduate Staff orientation program) and Training Program Directors (at the Graduate Medical Education Committee and through communications with the Office of Graduate Medical Education) are advised about the availability of confidential mental health services for residents and their families. Residents can access voluntary confidential mental health evaluations, counseling, and referral by contacting Magellan. These services are available at no cost, are time-limited, and designed for self-referral to ensure residents receive the support they need.

Residents do not have to be enrolled in an MSK medical plan to access these services. Licensed counselors are available in person, by phone, or via messaging therapy to support with:

- Supporting mental health well-being through challenges such as stress, depression, anxiety, or grief
- Developing coping strategies for difficult thoughts, mood changes or past trauma
- Accessing treatment and support for concerns related to alcohol or substance misuse
- Enhancing parenting and caregiving skills to support the well-being of children and older adults
- Navigating everyday responsibilities and major life transitions
- Strengthening relationships and fostering healthy conflict resolution
- Managing stress in work and academic settings

You can also take advantage of Magellan's wide array of on-demand resources. Offerings include webinars, podcasts, and other self-help resources for topics such as

cultivating resiliency, practicing self-care, managing work/life stressors, and more. Learn more by visiting [magellanascend.com](https://magellanascend.com) <https://member.magellanhealthcare.com/> or by calling 800-327-8793.

## Administrative Evaluation

Administrative evaluation of residents may be initiated by the Training Program Director in consultation with the Department Chair when there are significant concerns that the resident's work performance has significantly deteriorated due to a potential medical condition, mental health challenge (such as depression or anxiety), or substance-related issues. These evaluations are conducted when a resident's ability to continue in the training program is in question.

The Training Program Director informs the resident that an administrative referral to Employee Health is required. Based on the results of the administrative referral, Employee Health will work in conjunction with the department and Employee Relations advisor to recommend appropriate treatment and next steps. If the resident requires a medical leave, they must complete a return-to-work evaluation through Employee Health before resuming their training program.

## Other Resources

### Housing

Housing is offered to clinical trainees, but not guaranteed. MSK prioritizes Center-managed housing allocations based on training program responsibilities, according to both an institutional and departmental framework.

Details about the MSK Housing Policy can be found here: <https://www.mskcc.org/hcp-education-training/graduate-medical-education/housing> or on the GME OneMSK page: <https://mskcc.sharepoint.com/sites/pub-GME/SitePages/Full-Time-Trainee.aspx>

### Parking

To determine eligibility for MSK Parking, call the Housing office at 646-888-8403.

### Meals and Laundry

Prepaid meal cards are provided to trainees when assigned to work on Thanksgiving, Christmas and New Year holidays; and at other times as specified by their program.

Meals are available for sale in the cafeteria Monday through Friday, 6:30 am - 11:00 pm, and between 7:00 am - 8:00 pm on weekends. Food is also sold in the OR lounge. Snacks and beverages are available in vending machines located throughout the Center and at off-site locations.

"Farmer's Fridge" machines are located in the West Cafeteria and on the main level of the Zuckerman building (by the auditorium).

The Gift Shop at 1275 York Avenue offers beverages and snack items Monday through Friday, 6:30 am - 8:00 pm, from 10:00 am - 5:00 pm on weekends.

All trainees are issued clean lab coats and scrubs on the first day of their program. Soiled laundry may be exchanged for clean garments as often as needed through the Linen Department. All lab coats and scrubs must be returned at the end of the program.

## Tobacco-Free Campus

MSK is a healthcare institution committed to the prevention and treatment of cancer. Smoking and tobacco use, major preventable causes of cancer in this country, are therefore prohibited. MSK is a tobacco-free facility. Employees, ambulatory patients, visitors, volunteers, vendors, students, trainees, and any other individuals conducting business with Center employees on Center premises are prohibited from using tobacco products within any Center building, on any sidewalk, within any courtyards and/or any property surrounding all sites that are owned and operated by MSK (including research facilities and the regional network) and within 15 feet of any entrance or exit (including loading docks, parking garages and parking lots) of all work sites that are leased by the Center. The aforementioned sites will be referred to collectively as "MSK Center Campuses". Cigarettes, cigars, pipes and all other smokeless tobacco products are prohibited from use within and on all MSK Center Campuses. Electronic cigarettes are prohibited from use within all MSK facilities.

The FDA does not recognize this product as an approved smoking cessation device. Referrals for tobacco cessation programs to assist those employees who wish to stop using tobacco products are available through MSKQuits! and the Employee Wellness Program. To support patients and visitors who want to quit, there are regularly scheduled sessions by the Tobacco Cessation Program, with information available on OneMSK.

SOURCE: Administrative Policy and Procedure #8112

## Recycling and Sustainability

The MSK Sustainability Team helps to formulate and champion sustainability projects, programs, and initiatives to reduce the impacts of our daily operations. Focus areas include energy efficiency, waste and recycling, water conservation, paper reduction, food services, and greening the OR. For more information, go to the Sustainability page on OneMSK.

Recycling Program:

- Bottles and cans
- Plastic bottles (no caps), metal cans, glass bottles, juice cartons
- Non-confidential Paper
- Copy paper, envelopes, newspapers, magazines, tissue boxes, equipment boxes, glove boxes, take out boxes from the cafeteria, etc.

Items should be placed in the appropriate green recycling bin.

Contact: [recycling@mskcc.org](mailto:recycling@mskcc.org)

## Onsite Services

- ATM (operated by Citibank)

- **Human Resources Office:** There is an adjunct office located in the main Hospital complex in room C174.
- **Jitneys:** During main business hours there are regularly scheduled jitneys transporting staff between the main campus and our other Manhattan locations. The Main Campus Loop jitneys leave from the 67th Street entrance of the main hospital twice an hour. The Midtown Loop jitneys leave from the Bobst entrance at 444 East 68th Street.

## MSK Websites

The MSK web sites — both OneMSK and Internet — are valuable resources. OneMSK includes the MSK telephone and pager directory; listings of Memorial Hospital physicians with their clinical expertise and publications; a directory of Sloan Kettering Institute researchers; census information and facility updates. OneMSK offers information on relevant clinical topics such as pharmaco-economic issues, formulary changes, infection control rates and sensitivities. It also contains a wide array of employee benefit material, including access to the Workday system, the Center Bulletin, the daily cafeteria menu, and employee discounts.

Online reference guides, including the Laboratory Reference Guide, Infection Prevention and Control Manual and Hospital Formulary can also be accessed from any Windows Workstation Start Menu under Reference Manuals & Tutorial (Clinical Reference Manuals).

The MSK Internet site ([www.mskcc.org](http://www.mskcc.org)) contains information on institutional resources available to the public including general cancer information and links to approved web-based sources, information on the Survivorship and Integrative

Medicine programs, a reference guide to herbs, botanicals and other supplements, as well as numerous other resources.

## Medical Library

The MSK Medical Library is operating virtually for the foreseeable future. To learn more about the online services available and to connect with library staff, please visit the Medical Library's home page ([library.mskcc.org](http://library.mskcc.org)) or click the Library link located on the OneMSK homepage under Resources. The Library's extensive

online data resources can be accessed at all times from any Hospital computer.

The Medical Library home page can be used to link users to an extensive collection of online resources including databases, electronic journals, e-books, and access to the library catalogues of the other institutions which together with MSK comprise the Tri-Institute: Rockefeller University and Weill Medical College of Cornell University.

In addition, programs and departments have specialty-specific libraries and reference materials available for resident use.

Information on these is provided during the training program's orientation of new residents.

## Design and Creative Services

Our Design and Creative Services group serves as MSK's in-house creative department and collaborates with stakeholders across MSK to bring our communications to life with clear, compelling, and effective visual design, illustration, photography, and animation. This in-house team of creative experts produce high-quality visual assets that are used across all mission areas and serve a wide variety of audiences. Some projects this group produces include, but are not limited to: MSK News; Annual Reports; educational brochures; newsletters; branding;

infographics; medical illustrations; animations; photography (portraiture, editorial, events, and clinical); invitations and event collateral; direct mail; print and digital signage; and web and social graphics.

We work closely with our Marketing & Communications colleagues, as well as various departments throughout the institution.

Our group works with the Branding team to ensure that all projects are communicated within brand guidelines, clearly and consistently across all channels. We also work hand in hand with the Editorial team to ensure that the content within our pieces is in the MSK voice and tone. The digital asset management system is maintained by us, providing photography, video and illustrations for use internally and externally.

Please contact Design and Creative Services if:

- You need guidance on what creative needs your department could benefit from
- You would like to arrange a photo shoot
- You are in need of medical illustration or animation
- You are looking for a brochure, newsletter, invitation, direct mail piece to be created
- Need help designing digital or print signage

Please coordinate all orders with your departmental program coordinator in order to determine the appropriate cost center or fund to charge. You **should not charge** the cost center listed on your ID badge. The office is open Monday – Friday, 9:00 am – 5:00 pm. For more information, email [graphics@mskcc.org](mailto:graphics@mskcc.org).