



**Brigham and Women's Hospital**  
Founding Member, Mass General Brigham

Department of Radiology

# Radiology New Employee Orientation

# Agenda

**Brigham and Women's Radiology General Overview**

**Department Leadership Organizational Structure**

**Employee Resources**

**Policy and Procedures, Covid Overview**

**Regulatory Bodies**

**Patient Experience**



# General Overview



# Radiology Snapshot

**1,000+**   
Members of Staff and Research

## BWH

8 Outpatient Locations  
221 Longwood, Coolidge Corner,  
Chestnut Hill, Westwood, Foxborough,  
West Bridgewater, Weymouth & Pembroke

17 MRI Scanners

12 CT Scanners

9 Mammography Units

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800,000 Exams Annually

## BWFH

1 MRI Scanner

3 CT Scanners

6 Mammography Units

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114,000 Exams Annually



# Main Campus

Brigham and Women's Hospital (BWH), world-renowned in virtually every area of adult medicine, is an 851-bed teaching hospital of Harvard Medical School. Consistently ranked by *Newsweek* as one of the top hospitals in the US and globally, BWH's leadership in state-of-the-art treatments and technologies, patient- and family-focused care, patient quality and safety, and biomedical breakthroughs have improved the health of people around the world.



## 75 Francis Street

**Services:** Angiography, Bone Density Studies, CT, Mammography, MRI (1.5T, 3T, and NICU scanners), Nuclear Medicine, Radiography, Radiography and Fluoroscopy, Ultrasound



# Main Campus



## Carl J. and Ruth Shapiro Cardiovascular Center

The Shapiro Center integrates all of our cardiovascular services and state-of-the-art technology into one building to create the most advanced facility of its kind in the region.

### Imaging:

**Hybrid 64-detector PET/CT scanner** – one of the first in the nation – which combines imaging with data to enable physicians to better assess the degree of atherosclerosis in a patient.

**Dual-Source 64-slice CT** first in New England can take an image of the heart within one heartbeat, providing a more detailed image of the heart than ever before.

**3T Magnetic Resonance Imaging (MRI) scanner** - world's premier cardiovascular MRI unit

**SPECT/CT** - eight times faster than the traditional single proton emission computed tomography (SPECT) and enables patients to remain in an upright and more comfortable position.

**Hybrid OR** - enables us to perform advanced hybrid therapies – combinations of catheter-based, conventional, and less invasive procedures



## Hale Building for Transformative Medicine

The goal of the Hale BTM is to promote collaboration and accelerate advancements in care for patients suffering from neurologic, orthopedic, and rheumatologic conditions such as Alzheimer's disease, Parkinson's disease and rheumatoid arthritis. The new building will be able to provide patients with coordinated care across multiple departments- an experience that will truly benefit the patient.

**Diagnostic Radiology – 8 Radiographic Rooms, 2 MSK Interventional Procedure Rooms**

**CT – 1 Unit**

**MRI – 5 Units (3-3T; 1-1.5T; 1-7T)**





# Community Locations



## Brigham and Women's Hospital at 221 Longwood

**Services:** 3 MRI (2-3T; 1-0T for training/simulation)



## Brigham and Women's Imaging Center, Coolidge Corner

**Services:** MRI (1.5T)



## Brigham and Women's Health Care Center, Chestnut Hill

**Services:** Bone Density Studies, CT, Mammography, MRI (1.5T), Radiography, Ultrasound, Breast Imaging





# Community Locations



**Brigham and Women's Health Care Center, Westwood**  
**Services:** Mammography, Radiography(X-ray), Ultrasound



**Brigham and Women's Faulkner Hospital, Jamaica Plain**  
**Services:** Interventional Radiology, Interventional Nephrology, Diagnostic Radiology, Nuclear Medicine, CT (incl. Cone Beam), Ultrasound, Lung Cancer Screening, Breast Imaging



**Brigham and Women's and Brigham and Women's/ Mass General Health Care Centers, Foxborough**  
**Services:** Bone Density Studies, CT, Mammography, MRI (3T), Radiography, Ultrasound



# Community Locations



**Brigham and Women's Hospital,  
West Bridgewater**

**Services:** MRI(3T)



**Brigham and Women's Harbor  
Medical Associates,  
South Weymouth**

**Services:** Bone Density Studies, CT,  
Mammography, MRI (1.5T),  
Radiography, Ultrasound

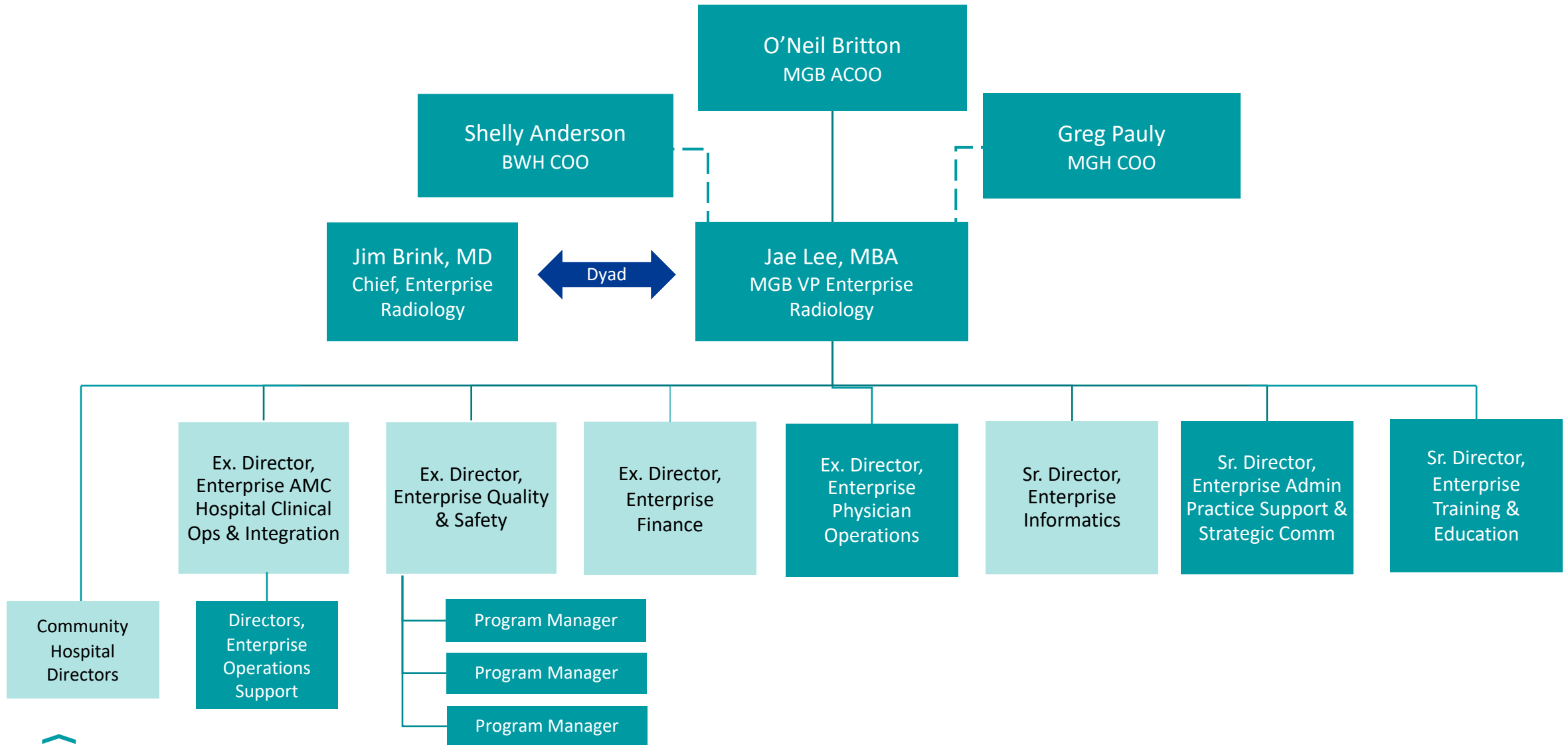


**Brigham and Women's Health Care  
Center, Pembroke**

**Services:** Radiography, Ultrasound,  
and Mammography



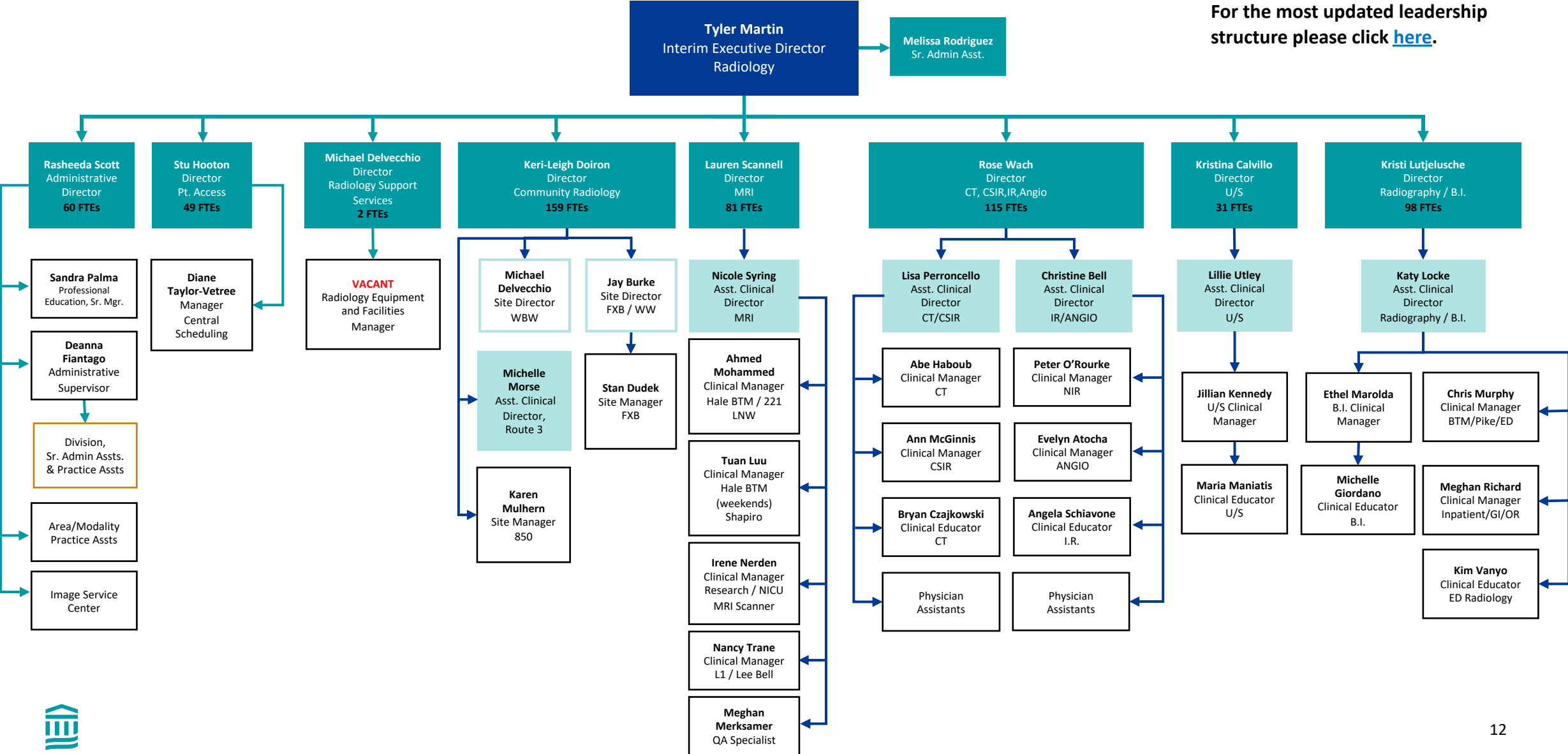
# MGB Enterprise Administrative Leadership



# Radiology Clinical Ops' Leadership

Current state structure – 1/2023

For the most updated leadership structure please click [here](#).



# Clinical Operations and Modality Dyad Partners

Professional Division	Division Chief (MD)
Chest	Andetta Hunsaker
Musculoskeletal	Stacy Smith
Angio/Interventional	Matthew Schenker
Breast	Dylan Kwait ( <i>Interim</i> )
Nuclear Medicine	Marcelo Di Carli
Abdomen	Atul Shinagare
Emergency	Aaron Sodickson
Neuroradiology	Ray Huang
Dana Farber Cancer Institute	Atul Shinagare (Chief DFCI) Greg LeFever (Department Administrator)

Modality	Clinical Operations
X-Ray	Kristi Lutjelasche
Angiography	Rose Wach
Mammography/Breast US	Kristi Lutjelasche
Nuclear Medicine	Victor Gerbaudo
Ultrasound	Kristina Calvillo
CT CSIR	Rose Wach
MRI	Lauren Scannell



# Employee Resources



# Employee Resources

**Pike Notes** – The intranet site for employees and staff of Brigham and Women's Hospital. Named after the long hallway that connects the main campus from Carrie Hall to the Shapiro Cardiovascular Center, Pike Notes provides users quick and easy access to policies, forms, an array of employee resources, events and news. (Utilities)

**PikeNotes**

The logo for PikeNotes, featuring the word "PikeNotes" in orange text above a solid blue horizontal bar.

**BHIS** - The BH IS mission is to be a trusted partner in applying information and technology to Brigham and Women's. This intranet resource provides Epic Training documentations, Epic support, IS project alert, access Radiology Virtual Reading Rooms and more. Can also Google Brigham and Women's Hospital Reading Rooms to get to Virtual Reading Rooms! (Utilities)



## **IS Service Hub**

**[MI2 Service Desk - MGB Radiology Medical Imaging Informatics - Home \(sharepoint.com\)](#)**

Place Radiology (Radiant) and non-Radiology Epic and IT help desk tickets (Utilities)

**Digital Service Hub**



# Employee Resources

[FixIt](#) - Web-based tool, accessible on desktop computers and mobile devices.  
(Brigham at it's Best-Fixit, Utilities)



[BWH Wayfinding](#) - Web based application that gives turn by turn directions throughout the hospital and ambulatory locations. You can find conference rooms, food and beverage locations, amenities, and directions for a patient or visitor in need.



[BWH Bulletin](#) - Brigham and Women's Hospital's weekly print and online news publication, written for and about BWH's 17,000+ employees and highlighting stories from the hospital's mission areas of patient care, research, education and community outreach.

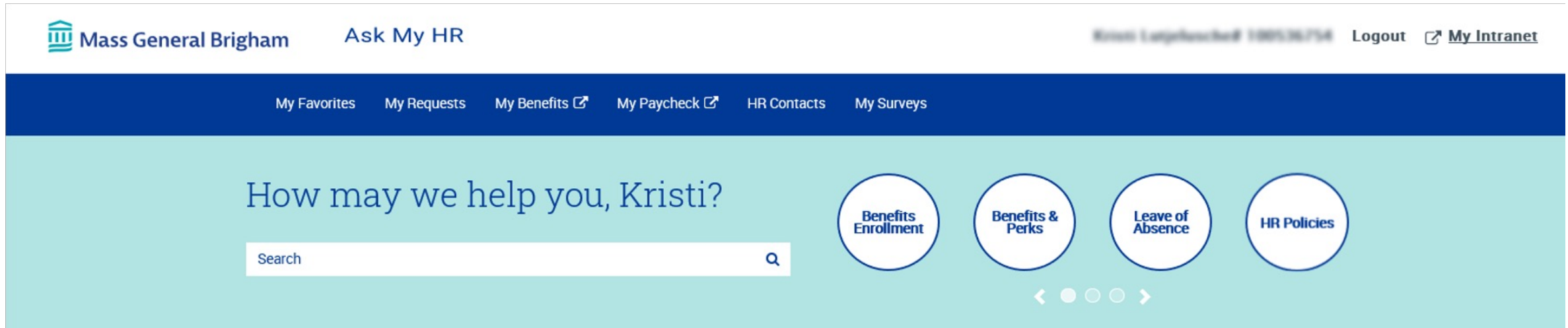


[Mass General Brigham Pulse](#)- Mass General Brigham intranet site for employees and staff.





# From MGB Desktop or laptop, access AskMyHR from within Utilities



The screenshot shows the Ask My HR portal interface. At the top left is the Mass General Brigham logo and the text "Ask My HR". On the top right, it displays the user name "Kristi Lopez/100536754", a "Logout" button, and a "My Intranet" link. Below this is a dark blue navigation bar with links for "My Favorites", "My Requests", "My Benefits", "My Paycheck", "HR Contacts", and "My Surveys". The main content area has a light teal background with the heading "How may we help you, Kristi?". Below the heading is a search bar with the placeholder text "Search" and a magnifying glass icon. To the right of the search bar are four circular icons representing different HR services: "Benefits Enrollment", "Benefits & Perks", "Leave of Absence", and "HR Policies". Below these icons are navigation arrows and a set of four small circles, with the second circle from the left being filled, indicating the current page.

Radiology assigned Human Resource Business Partner

If you need more information or have questions, the HR Support Center can help.

Call 1-833-Ask-MyHR (1-833-275-6947) during normal business hours or [submit an online request](#) at any time.



# Employee Assistance Program and OMCOSS

Employee Assistance Program (1-866-724-4327)

The Employee Assistance Program is a free and confidential Work & Life and wellbeing program offering short-term counseling, consultation, educational programs and referrals. No problem is too big or too small.

<https://eap.partners.org/>

BWH Office of Mediation, Coaching, Ombuds and Support Services

The Office of Mediation, Coaching, Ombuds and Support Services (OMCOSS) is committed to the work of culture transformation at Brigham and Women's.

Our services support Brigham and Women's staff, faculty and trainees as they navigate conflict and engage in the work of personal and professional growth.

[Mediation](#) - Support for conflict transformation

[Coaching](#) - Skill building to promote continued learning

[Ombuds](#) - Impartial, confidential third-party support

[Support Services](#) - Peer Support and direct connection to an OMCOSS Employee Assistance Program (EAP) clinician

[https://www.bwhpikenotes.org/Departments\\_Centers/OMCOSS/default.aspx](https://www.bwhpikenotes.org/Departments_Centers/OMCOSS/default.aspx)



# Absence and Leave Policies

Family and Medical Leave Options (FMLA and PFML)  
Sick Leave and Extended Illness Leave Bank (EILB)  
Pregnant Workers Fairness Policy  
Holiday, Personal, and Vacation Leave  
Military Leave

Leave to Donate Blood, Bone Marrow, or an Organ  
Leave for Jury Duty, Voting, and Court Appearances  
Leave for Victims of Domestic Violence, Sexual Assault, and Stalking  
Leave for Volunteering for SERV, Red Cross Disaster Relief or National Medical Service  
Other Leave: Bereavement, Inclement Weather, and Small Necessities

To request a leave of absence, inform your Manager then start here:

Ask My HR



## Massachusetts Law Chapter 151 (b)

Prohibits discrimination based on an individual's:

- Age(40+)
- Race
- Gender
- National Origin or Ancestry
- Religious creed
- Retaliation
- Color
- Disability (physical or mental)
- Sexual orientation
- Genetic information
- Military personnel
- Criminal record (inquiries only)
- Gender identity and expression



# Departmental E-mail Communications

The Department of Radiology utilizes a marketing tool called, Constant Contact, to streamline the e-mail communications and manage our departmental distribution list. We utilize Constant Contact for Leadership Announcements, Awards, Policy Updates, Radcommons' Updates, the Radiology Departmental Newsletter and more:

**Do not unsubscribe** from this distribution list to ensure you remain up to date. It is strongly suggested that you set an outlook rule to mark all e-mails from [brighamradcomm@partners.org](mailto:brighamradcomm@partners.org) with High Importance.

Department of Radiology <[brighamradcomm@partners.org](mailto:brighamradcomm@partners.org)>  
Department of Radiology Communications



**Reminder:** Check your work email EVERY time you work!

For all questions regarding Social Media, Communications and Marketing, contact the Radiology Customer Engagement and Development Team at [BrighamRadComm@partners.org](mailto:BrighamRadComm@partners.org)



# Departmental E-mail Communications

[radnews](#) - The Radiology Departmental Newsletter provides recent news, announcements, achievements, published journals, and more. All New Hires will be automatically added to the distribution list.



[radcommons](#) – The intranet site for the Department of Radiology that provides news, announcements, employee resources and more. Bookmark this page in order to stay updated.



**2023: Format for all Org and Dept news under construction!**


For all questions regarding Social Media, Communications and Marketing, contact the Radiology Customer Engagement and Development Team at [BrighamRadComm@partners.org](mailto:BrighamRadComm@partners.org)



**Reminder:** Check your work email EVERY time you work!




# Policies & Procedures


1. From the lower left corner of your MassGeneralBrigham desktop click the Microsoft Windows icon: 
2. Click the “Policies and Procedures folder then the “BWH Policies and Procedures” sub folder. You will automatically be taken to “ellucid”.

To search only your facility, click the appropriate link below.

## Welcome to the ellucid Policy Manager!



**BRIGHAM HEALTH**  
BRIGHAM AND  
WOMEN'S HOSPITAL



**Dana-Farber**  
Cancer Institute

[Search BWH Documents](#)

[Browse BWH Manuals](#)

For system related questions  
contact:

























[BWHClinicalCompliance@partners.org](mailto:BWHClinicalCompliance@partners.org)

[Browse DFCI- Inpatient Hospital Manual](#)

[cathy\\_campbell@dfci.harvard.edu](mailto:cathy_campbell@dfci.harvard.edu)

Brigham and Women's Hospital

Manuals / Brigham and Women's Hospital

-  [How to: Front End User Guide](#)
-  [Administrative and Medical Staff Manual](#)
-  [Billing Compliance](#)
-  [Blood Donor Center Procedures](#)
-  [Burn Service](#)
-  [Care Coordination](#)
-  [Comprehensive Stroke Center](#)
-  [Dialysis](#)
-  [Emergency Department](#)
-  [Emergency Management](#)
-  [Environmental Affairs](#)
-  [Epic Downtime](#)
-  [Health Information Services](#)
-  [Human Resources](#)
-  [Information Security & Privacy \(HIPAA\)](#)
-  [Mechanical Circulatory Support \(MCS\)](#)
-  [Nursing Administrative Manual](#)
-  [Nursing Clinical Practice Manual](#)
-  [Nursing CWN Clinical Practice Manual](#)
-  [Nutrition](#)
-  [Perioperative Services](#)
-  [Pharmacy](#)
-  [Procedural Services](#)
-  [Radiology](#)



# Human Resources Policies – HR-307: Attendance

When an employee deviates from the assigned schedule, it is designated as an “**Unscheduled Absence**” on the employee’s attendance record.

Examples of Unscheduled Absences include:

- Calling out (with or without proper notice);
- Arriving to work late;
- Leaving early for or returning late from a scheduled break; or
- Leaving the workplace without permission before the end of the scheduled shift (outside of a break or meal period).

Generally, each unscheduled absence counts as one “**Occurrence**”. However, a series of unscheduled days out of work counts as one Occurrence if they are consecutive days out without a return to work in between.

Three Occurrences (tardy or absent) in a rolling 90-day period are considered “**excessive**” for a full-time employee. This measurement is pro-rated based on the employee’s standard hours.



# Photography and Media Relations Policy

## Photography, Audio, Video Recording, and Interviewing Policy

Do not take or allow to be taken, pictures or recordings of patients for non-clinical or non-research purposes, without first obtaining a written authorization form from the patient, which explains and allows the intended uses and disclosures.

<https://hospitalpolicies.ellucid.com/documents/view/15757>

## Media Relations Policy

All media interactions (including television, newspapers, radio, online news outlets, etc.) where an individual can be perceived to be representative or agent of the hospital, that concerns patient matters, or take place on hospital property must be coordinated with BWH's Office of Strategic Communication.

Members of the media who contact staff should be directed to the media relations team in the Office of Strategic Communications. Consultation with a member of the media relations team is required before participating in any proactive conversation with a member of media.

Refer all media requests to the **Office of Strategic Communications at 617-525-6370.**

<https://hospitalpolicies.ellucid.com/documents/view/2601>





# Social Media Guidelines for Faculty and Employees

Staff may list the Brigham as their place of work on personal profiles such as those on LinkedIn. However, if identifying as a member of the Brigham staff in any online forum, it must be made clear that that person is not speaking for the Brigham.

**The following disclaimer, should appear on the profile:**

*“The comments I am expressing are my own and do not represent the views or opinions of Brigham and Women's or its administration.”*

Staff should be thoughtful about how they present themselves as Brigham staff members on social media. By virtue of being identified as part of the Brigham in social media, staff members are now connecting with colleagues, managers and even patients and donors.

<https://hospitalpolicies.ellucid.com/documents/view/2688>

For all questions regarding Social Media, Communications and Marketing, contact the Radiology Customer Engagement and Development Team at [BrighamRadComm@partners.org](mailto:BrighamRadComm@partners.org)



# Personal Electronic Devices

- No personal electronic devices - Cell Phones cannot be used while providing patient care or performing hospital business. This includes absolutely no texting. Cell phones must not be used in patient care areas.
- If an urgent/emergent call is necessary, the employee needs to inform their manager and must leave the work area.
- Excessive internet use for personal reasons is not allowed during work hours.
- Social networking sites such as Facebook, iTunes, Instagram, Snapchat, Twitter, etc., should not be accessed from any BWH computer during the employee's work hours. **DON'T DO IT!**
- Non-work-related files/applications must not be downloaded from the internet to any Hospital Computer.
- Use of IT Relay workstations for internet access is prohibited.
- Each Division manager may designate the device, location and the times computers for incidental personal use can be accessed, provided use is kept to a minimum and does not interfere with an employee's productivity or the productivity of other employees.
- An employee who has been found to be in violation of this policy may be subject to the hospital's corrective process as outlined in the Corrective Action, Policy HR-503 (Social Media, Electronic Communication and Acceptable Use).



# Human Resources Policies – HR-108: Dress Code / Personal Hygiene

Managers are authorized to establish standards of cleanliness, grooming and dress for employees under their direction, provided that these standards are fully understood and are uniformly and consistently enforced.

An employee's attire shall be clean, neat, moderate in style and appropriate for the type of work being performed and take into account the expectations of patients and visitors served.

Examples of unacceptable attire in the workplace are:

- Short shorts (falling anywhere above the top of the kneecap)
- Tank tops, halter-tops or tube tops (backs covered at all times)
- Exposed midriff and back
- Revealing attire
- Hats or caps (unless part of uniform)
- Beachwear (flip-flop sandals, jellies etc.)
- Distracting or derogatory clothing (offensive language or political statement)
- Jeans, painters' pants and similar denim-like pants (unless part of uniform)
- Prominent uncovered tattoos
- Non-traditional, visible body piercings

Shoes must provide safe, secure footing, offer protection against hazards and have noiseless soles and heels for the comfort of patients and should be appropriate for employee's work environment. **Sandals and open-toed shoes are unacceptable for direct care providers** due to potential safety hazard.



# Human Resources Policies – HR-108: Dress Code / Personal Hygiene

## Fragrance Control

- It is the intent of BWH to control all fragrances use in consideration of our patients, employees and visitors.
- Employees should avoid wearing any product that produces a scent that is strong enough to be perceived by others including, but not limited to: colognes, perfumes, after-shave products, lotions, powders, deodorants, hair sprays and other hair products, and other personal products.
- Air fresheners and room deodorizers must be approved by the Hospital Safety Committee may be used as directed.



# Infection Control

[http://bwhpikenotes.org/patient\\_family\\_care/infection\\_control/default.aspx](http://bwhpikenotes.org/patient_family_care/infection_control/default.aspx)

Health care-associated infections (HAIs) are a patient safety issue affecting all types of health care organizations:

- One of the most important ways to address this is by improving the **hand hygiene** of health care staff
- Comply with current CDC/WHO **hand hygiene** guidelines (NPSG.07.01.01)
- Reduce transmission of infectious agents by staff to patients, decrease incidence of HAIs
- Assess compliance through a comprehensive program that provides a hand hygiene policy, foster a culture of hand hygiene, monitor compliance and provide feedback



# Hand Hygiene

Cleaning your hands is the best way to protect yourself and your patients from germs that can cause infections.

**Use an alcohol-based waterless hand gel** for cleaning your hands:

- Before and after you touch a patient
- Before and after you use gloves
- Before and after you touch equipment or other items in the patient's room
- Before putting in or taking care of urinary catheters, IV catheters, respiratory equipment, or other medical devices that go into a patient's body (clean procedures)
- Before moving from a dirty to a clean part of the body
- Before leaving a clinical laboratory area



Image: Purell

**Wash your hands with soap and water:**

- When you can see dirt, blood, or other body fluids on your hands
- Before eating, drinking or touching food
- After using the restroom
- After caring for patients who are on

Contact Isolation Plus for *C. difficile* or Norovirus or other infections as directed by Infection Control



Image: Purell



# Fingernail Policy

There is evidence that healthcare workers with artificial and long natural fingernails may lend to the transmission of infection.

## **Fingernail Policy (found within the BWH Dress Code/Personal Hygiene Policy, Human Resources):**

- Keep fingernails neatly manicured and of a length that does not compromise patient care.
- Artificial nails, which include any product applied to the natural nail other than polish, are prohibited. These products include, but are not limited to tips, wraps, extenders, appliques, acrylics, gels, and nail jewelry. Polish should not be chipped.











# Environmental Contamination

- There is a continuous flow of pathogens between patients, healthcare worker and the environment.
- Disinfectants and hand sanitizers/soap are effective if used correctly.
- Q: So why do we still have a problem?  
A: People!





# Waste Disposal

DISPOSAL LOCATION	 Blue Non-Hazardous Waste Disposal Bin	 Black RCRA Waste Disposal Bin	 Yellow Trace Chemo Disposal Bin	 Special Locations	 Red Biohazardous Waste Bag	 Sharps Bins	 Regular Trash	 The Drain	
INSTRUCTIONS	NO CODE: Place all unused unlisted medication left in vials, IV, etc, in blue buckets. IF empty, throw in TRASH.	Labelled as hazardous in Epic and/or on Omnicell dispensing alert: Place unused P-listed medication AND any packaging/ wrappers/ containers in black bucket.	Labelled as hazardous in Epic and/or on Omnicell dispensing alert: Place unused D- or U-listed medication into black bucket. (Note in Epic.)	Labelled as chemotherapy in Epic: Place trace/empty chemotherapy agents in Yellow bucket.	Place unused characteristic waste in reusable bag and place in the Pharmacy Out Bin.	Place biohazardous waste into red bags. See hospital policy for more information.	Place all empty syringes, with or without a needle into sharps containers.	Throw non-sharps items that are empty, non-hazardous, and non-infectious into the regular trash.	Flush controlled substances and maintenance IVs down the drain.
EXAMPLES	<ul style="list-style-type: none"> <li>Antibiotics</li> <li>Tylenol</li> <li>Aspirin</li> <li>IV with medication left. Keep tubing attached.</li> <li>Creams and ointments capped.</li> <li>Med-soaked sponges or paper towels</li> <li>Pills and tablets</li> <li>Vials and medication</li> </ul> Barium ✓	<ul style="list-style-type: none"> <li>Warfarin</li> <li>Nicotine</li> <li>Arsenic Trioxide</li> <li>Epinephrine</li> <li>Nitroglycerine</li> <li>Physostigmine</li> </ul>	<ul style="list-style-type: none"> <li>ALL leftover opened, partially used <b>CHEMOTHERAPY</b></li> <li><b>OTHER EXAMPLES</b></li> <li>Aloprostadiil</li> <li>Argatroban</li> <li>Chlorhexidine</li> <li>Cyclosporine</li> <li>Multi vitamin</li> <li>Digoxin (Injection/ Solution)</li> <li>Erythromycin (Topical Soln.)</li> <li>Ferrous sulfate (Oral Solution)</li> <li>ALL INSULIN</li> <li>Loperamide (Oral Solution)</li> <li>Phenytoin (Injection)</li> <li>Promethazine (Oral Solution)</li> <li>Treprostinil (Injection)</li> <li>TPN</li> <li>Other EMAR identified</li> </ul>	<ul style="list-style-type: none"> <li>Empty vials</li> <li>Empty syringes</li> <li>Gowns</li> <li>Gloves</li> <li>Wipes</li> <li>Goggles</li> <li>Empty IV with tubing</li> </ul>	<ul style="list-style-type: none"> <li>Aerosols</li> <li>Inhalers</li> <li>Corrosives</li> <li>Glacial Acetic Acid</li> <li>Glycopyrrolate</li> <li>Sodium Hydroxide</li> <li>Oxidizers</li> <li>Potassium</li> <li>Permanganate</li> <li>Unused Silver</li> <li>Nitrate</li> </ul>	<ul style="list-style-type: none"> <li>Blood and blood product in plastic containers</li> <li>Body fluids (e.g., hemovac, pleurevac, wound drains)</li> <li>Blood-saturated materials</li> <li>Bloody suction canisters</li> <li>Blood transfusion tubing and bag</li> <li>Chest tubes</li> </ul>	<ul style="list-style-type: none"> <li>Empty sharps, as long as they have not come in contact with a P-listed agent</li> <li>Broken or unbroken glass contaminated with blood or body fluid</li> </ul>	<ul style="list-style-type: none"> <li>Empty IV bags</li> <li>Med wrappers</li> <li>Paper towel</li> <li>Uncontaminated Gloves</li> <li>Empty drug vials (non P-listed)</li> </ul>	<ul style="list-style-type: none"> <li>Controlled substances</li> <li>Maintenance IV solutions containing any/all of the following:               <ul style="list-style-type: none"> <li>Potassium Chloride</li> <li>Potassium Phosphate</li> <li>Sodium Phosphate</li> <li>Calcium</li> <li>Sodium Bicarbonate</li> <li>Dextrose</li> <li>Saline</li> </ul> </li> </ul>
SHARPS	NO SHARPS/ SYRINGES	SHARPS (SYRINGE/AMPULE/CARPUJECT) CONTAINING MEDICATIONS ONLY	EMPTY SHARPS/ SYRINGES ONLY	NOT APPLICABLE	NO SHARPS	EMPTY SHARPS ONLY	NO SHARPS	NOT APPLICABLE	
CONTROLLED SUBSTANCES	NO	NO	NO	NO	NO	NO	NO	YES	



# Covid-19 Considerations

## Patient Screening

- 2-3 days prior to appointment. If recent case of Covid, unable to come to hospital until 10 days has passed
- A few days prior to exam, using the MGB Prescreen tool from a mobile device
- Must perform hand hygiene and don a facility-provided mask upon entering

## Employees must:

- COVID-pass completed daily from any desktop upon first access of day
- Mask must be worn at all times while on any MGB premises in public and patient facing areas; recommended in all areas except offices and dining areas.

For most up to date info regarding all MGB-specific Covid policies, please bookmark this link:

[https://pulse.massgeneralbrigham.org/hub/departments/emergency\\_preparedness/coronavirus/covid\\_19\\_clinical\\_policies/return\\_to\\_work\\_criteria](https://pulse.massgeneralbrigham.org/hub/departments/emergency_preparedness/coronavirus/covid_19_clinical_policies/return_to_work_criteria)



# MGB Covid Pass

<http://covidpass.partners.org>

Or will launch automatically from any desktop the first time you log in for the day

COVID PASS

## Please complete your COVID Pass

Start COVID pass by answering the question below

Are you working remotely? *Working remotely means:*  
No face-to-face employee or patient contact at any time during work  
Not at a MGB or DFCI facility

Yes (Remote)

No (Not Remote)



# Covid-19 Practices in Radiology

- Masks must cover mouth and nose.
  - Unmasking in certain areas under selected conditions, as of March 14, 2022 (non-patient facing and dining areas)
  - Continued universal masking in public and clinical areas
- It is okay to be within 6 feet of a co-worker when necessary. However, physical distancing is encouraged when possible.
- No food or beverage allowed in any scanner or control areas, reading rooms, work areas, etc. This is because of masking restrictions.
- Food and beverage allowed only in designated areas approved by Infection Control and physical distancing guidelines must be strictly followed.
- Please talk with your Manager or Director to learn the most up to date practices in Radiology.



# Regulatory Bodies

## TJC: Joint Commission

<https://www.jointcommission.org>

## CMS: Centers for Medicare & Medicaid Services

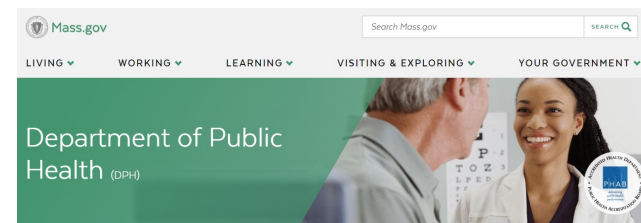
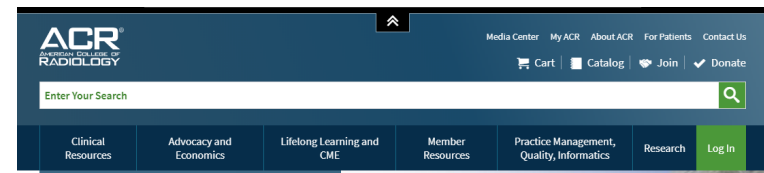
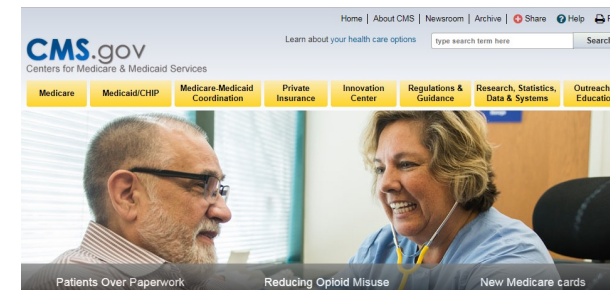
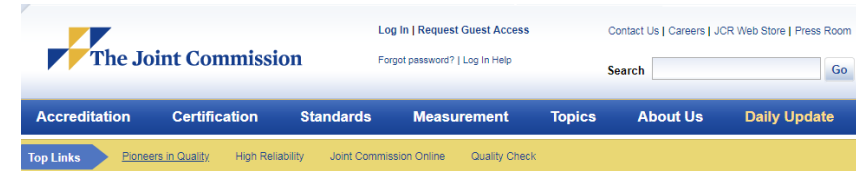
<https://www.cms.gov/&Medicaid Services>

## ACR: American College of Radiology

<https://www.acr.org/>

## DPH: Department of Public Health

<https://www.mass.gov/orgs/department-of-public-health>



DPH promotes the health and well-being of all residents by ensuring access to high-quality public health and healthcare services, and by focusing on prevention, wellness and health equity in all people.



# BWH Safety Reporting

## BWH Safety Reporting

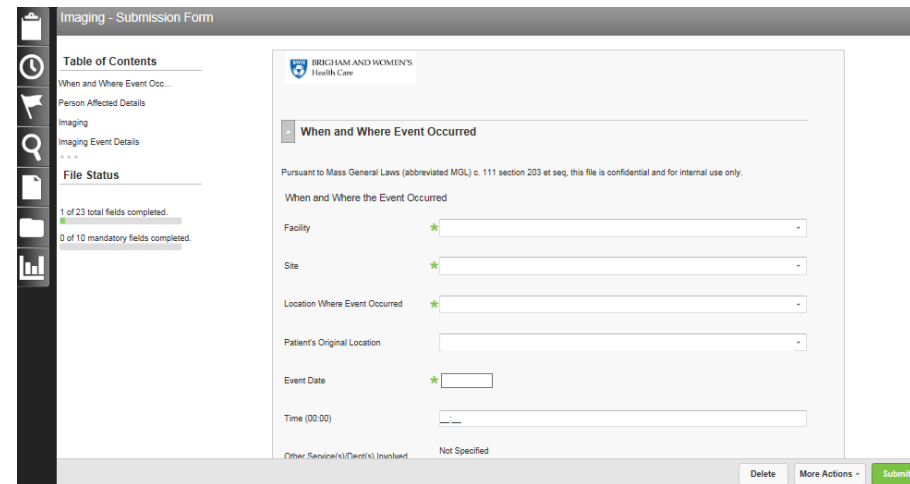
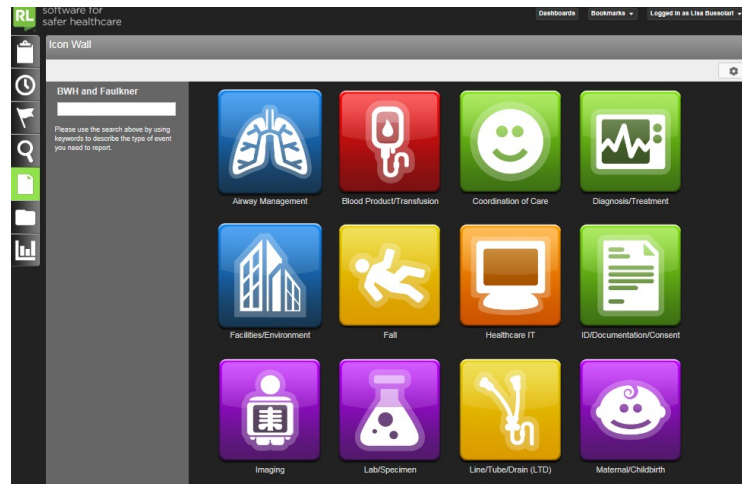
Brigham and Women's Hospital (BWH) is dedicated to providing the safest, highest quality care to all the patients we serve. Part of our commitment to safety includes telling our stories about mistakes we have made, what we have learned from them, and systems improvements that have been undertaken as a result.

- All employees are also encouraged to **file confidential electronic safety reports** from any Partners Computer Workstation by either
  - Go directly to [Safety Reporting BWH website](#), or
  - Start > Partners Applications > Safety Reporting BWH.



# BWH Safety Reporting

1. From the lower left corner of your MGB desktop, click the Microsoft Windows icon:
2. Click on the “Partners Utilities” folder
3. Click on “Safety Reporting-BWHC”
4. Enter event information
5. Submit!



# What Should You Report?

Falls



Patient Identifiers



Lab/Specimen Issues



Adverse Drug Reactions



Environment



Medication Error



Handoff Communication



Security



## Patient and Employee Adverse Events *and* Near Miss Events

*Adverse Events are unexpected, unintended occurrences that results in injury to the patient or employee or have the potential for causing injury*





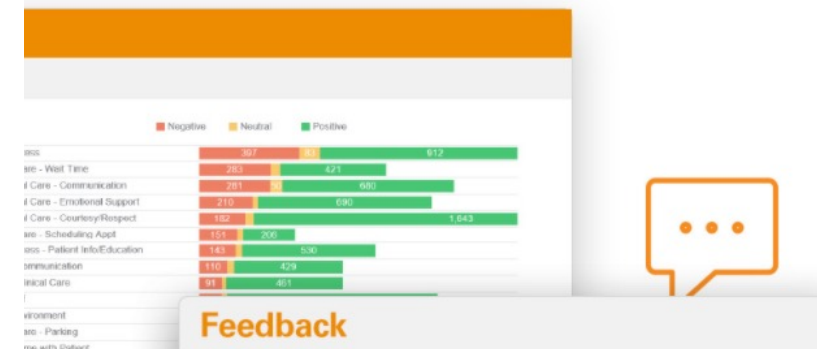
# Patient Experience-Survey

Patient surveys distributed by NRC (patient experience vendor)  
 Most areas surveying approximately 100% of outpatients.

- Some exclusions for patients with multiple appointments.

Patients can be surveyed electronically and by phone.

Comments are reviewed and distributed weekly by modality, division, and department leadership.



# Interpreter Services

The mission of the Interpreter Services is to bridge language and cultural gaps between patients and their providers through the use of trained and competent Interpreters. Use of any interpreter services must be documented in the patient's EMR.

## Who We Are:

The Interpreter Services department provides medical interpretation 24/7 to limited-English proficiency patients and the deaf and hard-of-hearing. The department provides video, face-to-face and telephonic interpreting. We work diligently to bridge the linguistic and cultural gaps between the patients and providers.

## Tips for Working with a Certified Medical Interpreter:

- Provide the Interpreter with a brief overview of the situation prior to seeing the patient
- Speak directly to the patient not the Interpreter
- Speak in a clear natural tone
- Be patient, careful interpretation often takes time
- Pause Frequently to allow for interpretation
- Never ask untrained staff, family members, friends and/or minors to interpret
- Document certified medical interpreter use in Epic using interpreter's ID number



# Interpreter Services

## Need a Medical Interpreter:

Weekdays (8:30am – 5:00pm) please call the office at 617-732-6639 or page:

ASL (Avail. 24/7)	12261/11445
Chinese	17684
Haitian/French	33005
Portuguese	36437
Somali	33738
Russian	12365
Other Languages	617-732-6639

## Spanish Interpreters Available 24/7 by paging:

Emergency Dept	12222 (Spanish)
Tower Interpreter	11900 (Spanish)
Shapiro Interpreter	12200 (Spanish)
CWN Interpreter	13999 (Spanish)
Outpatient Clinics 1	16656 (Spanish – 15 Francis & 221 Longwood Ave)
Outpatient Clinics 2	11800 (Spanish – 45 Francis)
Outpatient Clinics 3	16215 (Spanish – 60 Fenwood – BTM Building)

To arrange services for **other languages** during the weekdays (8:30am – 5:00pm) please call the office at 617-732-6639. On weekends and holidays please page 11900 and the Spanish Interpreter will coordinate an interpreter for the language requested.



# Language Line-Interpreter Service on Wheels

## Language Line machines-Main Campus

- CSIR/L1
- Shapiro/BTM
- L2 Angio/Neuro/Room 18
- Lee Bell x 2
- L1 Diagnostic Radiology
- MSK Radiology (Hale building, Fl. 2)
- Nuclear Medicine

## Interpreter Service on Wheels-Off Sites

- 850 Boylston
- Coolidge Corner
- West Bridgewater
- BWFH
- FXB

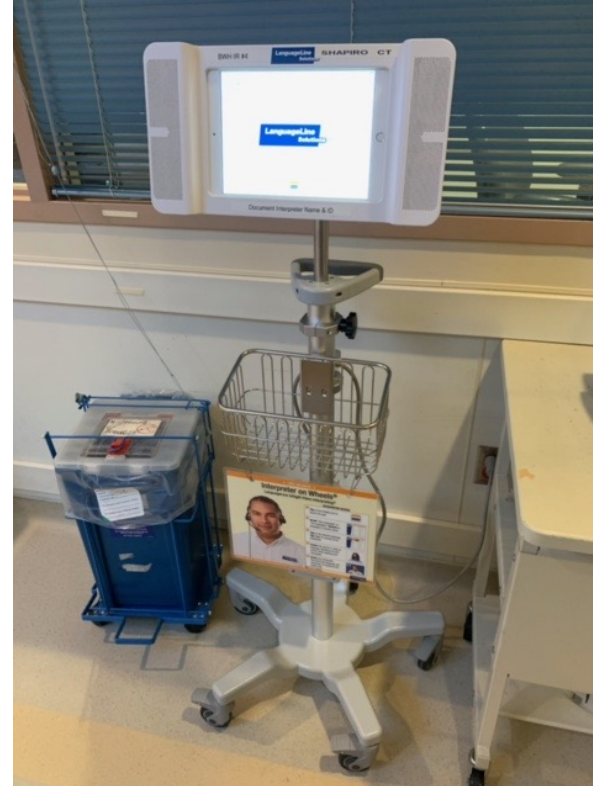


Photo courtesy of Lisa Perroncello



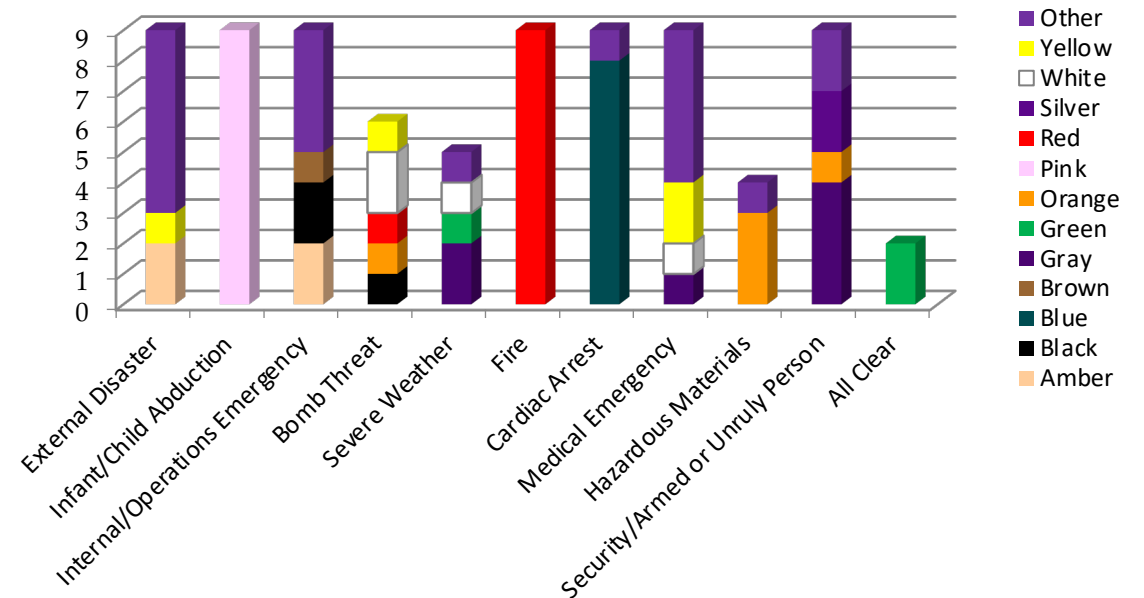
# Emergency Response: Plain Language

Brigham and Women's Hospital transitioned to plain language emergency codes in January 2019

Objectives of transition were to:

1. Align with best practices implemented by healthcare systems, law enforcement agencies, Department of Homeland Security, and National Incident Management System (NIMS)
2. Eliminate "code confusion" amongst employees
3. To provide clear situational awareness and instructions to staff, patients, and visitors during emergency events when communication is critical

MGB Institution Color Codes



# Emergency Response: Revised Communications

1. **Alerting phrase** - “Security Alert,” “Weather Alert,” “Facility Alert,” or “Medical Alert”
2. **Event Type/Descriptor** - Plain description of the situation
3. **Location** - building, address, floor, room/department, quadrant/color as appropriate for the alert
4. **Instructions** - action staff are requested to take

Current	Revised – Color Code plus Plain Language Descriptor	Communication Method
Code Blue Code Red All medical codes	Remain unchanged	Overhead and pager Overhead and pager Pager
Code Pink (Infant Abduction)	“SECURITY ALERT: A missing person described as _____ ( <i>infant, child, patient, visitor</i> ) has been reported last seen at _____ ( <i>location</i> ) wearing _____ ( <i>describe clothing</i> ) heading _____ ( <i>describe direction of travel</i> ). Staff should look for this person and call 7326565 if sighted. “	Overhead Employee Alert System – Life Threatening Situation (email, phone call, text, ALERT US)
Code White (Bomb Threat)	“SECURITY ALERT: A Life Threatening Situation has been identified due to a bomb threat in ( <i>location</i> _____). Avoid the area. All persons in the area of _____ ( <i>describe area</i> ) should _____ ( <i>provide instruction</i> ). “	Overhead Employee Alert System –(email, phone call, text, ALERT US)
Code Grey (Security Emergency)	Security Emergency. No longer an overhead page. Security is notified and dispatched per their procedures.	Phone Radio
Code Amber	Emergency Operations Plan Activation + Level (Virtual, Partial, Full) + Descriptor (Patient Surge, Mass Casualty Incident, Information Systems Downtime, Utility Outage, Facility Alert, Security Alert, etc.)	Overhead for Full Activation Employee Alert System (email, phone call, text)
Active Shooter	SECURITY ALERT: An active shooter is present at _____ ( <i>location</i> ) Safely evacuate or shelter in place immediately. _____ ( <i>any further instruction</i> ).	Overhead Employee Alert System – Life Threatening Situation (email, phone call, text, ALERT US)



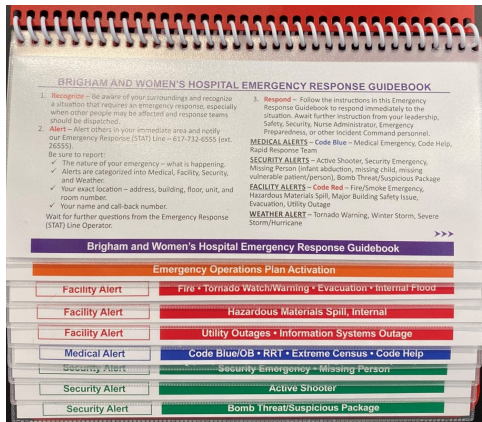
# Emergency Response: Report

- The nature of your emergency.
- Exact location (address, building, floor unit, and room number)
- Your name and call back information
- **Don't hang** up until you are instructed to do so as the operator is required to read back the information to you.



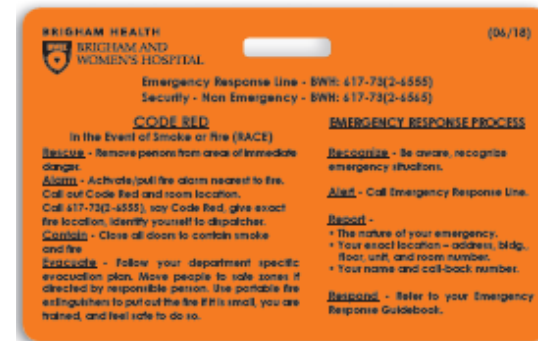
# Available Resources

- The hospital maintains Emergency Response Plans (ERPs) for a variety of emergency events including active shooter, information systems downtime, missing vulnerable person, patient surge, utility outage, floods, and fires.
- ERPs include emergency response instructions that staff should follow during specific emergencies
- ERPs can be found in emergency response guidebooks (red flip books), Ellucid, and on your badge buddy.



Ellucid Policy Manager

[CLICK HERE](#)



Badge Buddies





# Fire Safety: Site Familiarization

- Location of fire alarm pull stations
- Locations and types of fire extinguishers
- Emergency Exits
- Accessible



# Fire Safety: General Tips

- No storage of supplies within 18 inches of ceiling or sprinkler heads
- Do not block access to fire extinguishers or fire alarm pull stations
- No storage in exit corridors or stairway exits
- Extension cords are not allowed unless approved by Facilities
- **To report a fire call: (2-6555)**



# Patient Experience



# Know Where You Work!

In 2020



**BRIGHAM HEALTH**



BRIGHAM AND WOMEN'S  
Department of Radiology

Officially rebranded to:



Mass General Brigham



Brigham and Women's Hospital  
Founding Member, Mass General Brigham



# Stand for Our Brand

This world-renowned identity, image and reputation – our brand – is an important asset. Building and protecting our brand by adhering to brand standards is everyone's responsibility. The hospital-wide campaign, [Stand for Our Brand](#), calls on faculty and staff across our institution to reinforce the Brigham and Women's brand in all e-mail communications and when making presentations.

- **E-mail Signature Templates**

- Please use the E-mail signature templates found on [PikeNotes](#) for Faculty and Staff.
  - Internal and External E-mail
  - Reply/Forward Signature Templates
  - Mobile Signatures

- **PowerPoint Presentation**

- Use a PowerPoint template found on [PikeNotes](#) for all internal and external presentations when representing the Brigham and Women's Brand.

- **Logo Standards**

- Our brand identity is an asset that needs to be protected and enhanced through careful and consistent application of our Logo and Graphic Identity System. When using the Brigham and Women's Brand and Logo, review [the Brand and Logo Guidelines](#) or reach out to the Customer Engagement and Development Team with any questions.



# Service Commitment

- Members of Brigham and Women's Department of Radiology are committed to taking an active role in ensuring that each internal and external customer receives the highest quality of service and the most positive experience possible.
- Our staff frequently provide patients and families with a first and lasting impression of Brigham and Women's and the Department of Radiology.
  - Often this initial encounter sets the tone for an individual's entire hospital experience.
  - As a member of our department, it is essential to remember the vital role we play in providing service to our patients, directly or indirectly. The image we project is a reflection of all of us collectively.
- Each employee is responsible for securing an atmosphere of efficiency, comfort, respect, and dignity.
  - This can be achieved through a commitment to excellence in each facet of our work - from attaining a high level of job proficiency to maintaining a professional demeanor and appearance.
  - To succeed, it is clear that each of us must remain committed to personal and departmental service excellence.
- This training provides an overview of the Brigham and Women's Department of Radiology specific Service Expectations.
  - The intent is to offer consistent service received across the department resulting in a seamless experience for our internal and external customers.



# Service Commitment

Each employee is accountable for a positive first impression.

- **Ensure clean and presentable facilities:**
  - If you see trash in the hallway, please place in the nearest receptacle
  - If there is a spill, please clean up to avoid slip/fall – or immediately call EVS for assistance
  - Keep direct areas of work presentable and organized

- **Make Immediate Contact with your customer:**

- Customers should not have to address the employee first.

- Provide a standard greeting, for example:

**“Good morning, may I help you?”**

Always address the customer as **“Mr.”**, **“Mrs.”**, or **“Ms.”**

If you are on the telephone or unable to greet the customer verbally, immediately establish eye contact and gesture, indicating that his/her presence is acknowledged, and you will be available to assist as soon as possible.



# Service Commitment

- **Present a Courteous and Caring Demeanor:**
  - Establish eye contact.
  - Maintain positive body language and good posture.
  - Use a pleasant and genuine tone of voice.
  - Present a courteous facial expression. SMILE!
  - Always speak courteously using phrases such as: **“How May I help you”, “Is there anything else I can help you with”, “Please”, “Thank you”, and “You’re welcome”.**
  - Consumption of food or drink while performing these duties is unacceptable.





# Impression - Behaviors

- **Practice Effective Listening Skills:**
  - Establish eye contact
  - Maintain positive body language and good posture
  - Allow the customer to express him/herself without interruption
  - Acknowledge your understanding by paraphrasing if necessary
- **Offer Directions:**
  - Always offer to escort the patient if at all possible
  - Deliver directions clearly
  - Ensure the customer understands the directions by asking, for example:  
**“Are the directions clear?” or “Do you have any other questions?”**
  - Courteously repeat the directions if necessary
  - Exhaust all avenues to ensure that the customer’s needs are met and if not, make a telephone call when warranted
- **Give Closure to Each Interaction:**
  - After completing the conversation and verify understanding, close the conversation in a courteous manner
  - Welcome any additional questions. This will make the customer comfortable approaching you again
  - Use a pleasant remark and thank the customer:  
**“You are all set Mrs. Johnson, thank you for your time/patience/understanding today.”**



# Impression - Behaviors

**Imagine that you are the customer.  
How would you like to be treated?**

Click Link (ctrl + click) below for a short video...

[Empathy: The Human Connection to Patient Care](#)

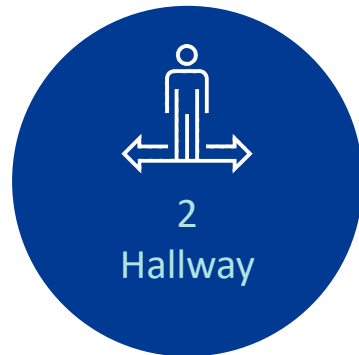


**Remember, we are what people see.**



# Service Touch Points

While not all Brigham and Women's Department of Radiology employees provide direct patient care, our shared responsibility of providing excellent service at all customer interaction touch points is essential.



# Telephone Interactions



Telephone Service Expectations have been developed to assist employees in meeting the Imaging Department's Commitment to excellence.

- **Use a four-part telephone greeting:**

Always answer the phone by:

- Using a friendly greeting
- Introducing yourself
- Mentioning your department
- Asking how you may be of assistance

- **Address the caller by proper name:**

Always address caller by Miss., Mrs., Ms., Mr., Dr., or first name as appropriate



# Telephone Interactions

- **Follow proper hold protocol:**
  - Always ask for permission before placing the caller on hold and set specific hold time expectation.
  - Check back with the caller if unable to meet agreed upon expectation. Ask for permission each subsequent time, prior to putting the caller on hold.
  - Minimize the length and frequency of hold time.
  - Thank the caller for his/her patience.
- **Follow transfer call protocol:**
  - When a call comes in that needs to be transferred to another location within the Radiology or the Brigham and Women's network, the receiver of the call is accountable for re-routing that call as quickly and courteously as possible.
  - Always ask for permission to transfer the call.
  - Provide the destination number to the caller, in case call gets disconnected or caller needs to make a follow up call.
  - Give the person to whom you are transferring the call all the information you have gathered from the caller and let them know that you are putting the call through.
  - Wait until the caller gets through before hanging up.



# Telephone Interactions

- **Use a two-part telephone closing:**
  - Before ending call, ask if the caller needs any further assistance. End call with a thank you.
- **Handling the Telephone:**
  - Familiarize yourself with all of the features of your telephone.
  - Speak clearly.
  - Avoid side conversations while talking on the telephone.
  - Never eat or drink while talking on the telephone.
  - Answer every call within 3 rings.
  - Smile!



# Telephone Interactions

- **Taking Messages:**

When a caller asks to speak to someone who is not available, don't let the call end there. A commitment to customer service means asking if you can be of assistance. You may be able to give the customer the help s/he is looking for.

- If you cannot help the caller, ask if s/he would like to leave a voicemail message.
- If the caller does want to leave a voicemail message transfer him or her to the voicemail system.
- If the caller prefers not to leave a voicemail message it is your responsibility to take and deliver an accurate message in a timely matter.
  - Always ask the caller for the best number to reach them back at

- **An accurate message includes:**

- The date of the call
- The time of the call
- The full name of the caller
- The caller's return telephone number, and preferred time for callback
- The message



# Telephone Interactions

- **Completing Outbound Calls:**

In addition to handling incoming calls you may also be responsible for making outgoing calls. It is an expectation that anytime an outgoing call is made the caller identify:

1. Him/herself
2. The organization
3. The department and
4. The reason for the call

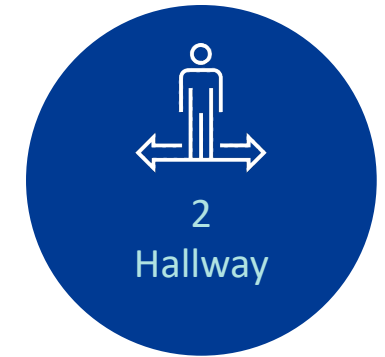
For example:

**“This is \_\_\_\_\_ from the Breast Imaging Department at Brigham and Women's. I am calling to confirm your appointment scheduled for Tuesday April fourth at 2 pm.”**





# Hallway / Public Area Interactions



All Imaging staff members are expected to assist patients and visitors in our respective areas, including surrounding public areas, regardless of job title.

A welcoming employee can be the most pleasant part of a medical visit, in a very confusing environment.

## Service Expectations:

- **Acknowledge patients/visitors in the hallway**
  - Make eye contact and smile
- **Ask patients/visitors if you may be of help**
  - Stop and ask if they have any questions
- **Provide directions and escort patients/visitors to their destination**
  - Walk beside patients/visitors when escorting rather than in front of them. Let patients/visitors get on the elevator first and hold the door open for them



# Check-in Interactions



Check-In Service Expectations have been developed to extend a warm welcome to our patients and visitors.

## Service Expectations:

- **Acknowledge the patients'/visitors' presence**
  - Greet patients/visitors with a warm smile and pleasant tone of voice
  - Thank them for coming
  - If unable to attend to their needs immediately, acknowledge presence and let them know you will be with them shortly. Thank patient for his/her patience
- **Ask how you can help**
  - Establish eye contact
- **Inform patients/visitors of anticipated wait time**
  - This is a responsibility that must be shared by all members of Radiology including front desk and caregiver personnel



# Check-in Interactions

- Always acknowledge the inconvenience and thank patients/visitors for their understanding by saying, for example:  
**“We apologize for the inconvenience and appreciate your patience.”**
- **Provide periodic updates on status**
  - At a minimum once every 15 minutes
- After each update, inform patients/visitors when to expect another update
- Always inform patients of any delays by communicating information at check-in
- Deliver the information by saying, for example:  
**“I need to inform you that the schedule is delayed by approximately thirty minutes.”**
- If you are aware of the reason for the delay, explain it to the patient by saying, for example:  
**“Due to the number of patients ahead of you, you should expect to wait about thirty minutes.”**
- Offer alternatives or comfort items to waiting patients/visitors. Some examples:  
**“Would you like to have your blood work done while you are waiting?”**  
**“Would you like to go for a cup of coffee?”**  
**“If you would like, we can escort you to another area in Imaging where the wait may not be as long.”**



# Exam Room Interactions



Providers and other clinical professionals are expected to consistently follow a process for managing patient interactions when entering an exam room.

## **Service Expectations:**

### **Prior to Exam:**

- Knock before entering
- Introduce yourself and your role
- “Manage up” your coworkers – speak positively about other members of the team
- Apologize for wait if appropriate

### **During Exam:**

- Explain steps you are taking as part of the exam- if possible, sit facing patient and make eye contact
- Keep patient updated during each step
- Check for patient comfort/ concerns

### **After Exam:**

- Explain results of the exam/procedure
- Explain next steps needed (e.g. tests, follow up appointment, etc.)
- Check for questions and understanding
- Ask if there is anything else you can do
- Express your thanks for coming to Brigham and Women's



# Service Touch Points



## Check-Out

All staff are expected to leave a lasting positive impression for our patients/visitors upon check-out.

### Service Expectations:

- **Acknowledge patients/visitors and ask how you can help** - ask if patients/visitors need any follow up appointments/ tests and explain next steps to set expectations
- **Verify if patients/ visitors have any questions** – ask if there is anything else you can do
- **Thank patients/visitors for coming to Brigham and Women's Radiology**
  - This may not always seem the right thing to do, especially if the patient/visitor's needs were not met or bad news was received during the visit.
- **Help patients/visitors find their way** to their next destination if necessary



# Service Touch Points

## Service Recovery

- While we strive for Service Excellence, our best intentions don't always result in an excellent patient experience.
- When complaints or concerns are voiced by patients/visitors, staff will act to the best of their ability to address the problem.
- A four part process, the **LEAD** model, is used for service recovery when addressing a complaint with a patient/visitor:

### Listen

Allow person to be heard

### Empathize

Notice and acknowledge feelings

### Apologize

Acknowledge error without blame and apologize on behalf of hospital for inconvenience

### Do the right thing

Determine the best solution, be timely with action and response

- **When needed, use items from a department specific service recovery toolkit** as part of process to amend the situation
  - **Escalate issues promptly to manager**, when situation cannot be rectified on the spot

## Summary

In summary, in order to succeed, it is clear that each of us must remain committed to personal and departmental service excellence.





# Brigham and Women's Hospital

Founding Member, Mass General Brigham