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Why should we be accredited?

- Accreditation highlights our commitment to provide quality care. It makes a strong statement about our efforts to provide the highest quality services to the patients we serve.
- Accredited health care organizations qualify for Centers for Medicare and Medicaid (CMS) certification without undergoing a government survey. The State of Utah recognizes accreditation as fulfilling state requirements.
- Insurers and other third parties recognize accreditation. Increasingly, it is becoming a prerequisite for insurance reimbursement, to participate in managed care plans, and to bid on contracts.
- Accreditation increases financing capabilities. Lenders may require it as a condition of financing.
- It also improves liability insurance coverage. By enhancing risk management efforts, accreditation may improve access to and reduce the cost of liability insurance coverage.

Who provides accreditation?

Det Norske Veritas (DNV) is our accreditation organization. They have “deemed” status from CMS to survey hospitals. Their accreditation is a nationwide seal of approval that indicates a hospital provides safe, quality care.
How do we become accredited?
DNV confirms that we substantially comply with CMS standards and continuously make efforts to improve the care and services we provide. During a survey, they confirm that we are following the National Integrated Accreditation for Healthcare Organization (NIAHO) standards. These standards integrate the CMS standards and the ISO 9001:2008 standards. Though our accreditation is good for three years, DNV visits each year to help us with our progress.

What happens during a survey?
- **PRELIMINARY PLANNING SESSION:** Introductions and survey schedule.
- **OPENING CONFERENCE AND ORGANIZATION ORIENTATION:** Surveyors identify and become familiar with our operational structure and goals.
- **PATIENT TRACER VISITS IN CLINICAL AREAS:** Patient selection is based on patient population and problems identified in previous surveys. Interviews are conducted with caregivers of the randomly-selected patients and may include a unit tour, during which surveyors look for compliance with patient and environmental safety standards.
- **SYSTEM TRACERS FOR DATA USE, ENVIRONMENT OF CARE, MEDICATION MANAGEMENT, AND INFECTION CONTROL:** Review of performance improvement and patient and environmental safety processes.

How will they audit?
Using the Tracer Methodology, surveyors review current policies and procedures, patient safety goals, documentation, and standards of care. They look to see how we conform to established processes, policies and procedures, and the requirements of standards we use.

What is Tracer Methodology?
The plan to trace a patient’s care process depends on the main diagnostic-related groups (DRGs) for the hospital in conjunction with the care and services the patient received. Surveyors visit multiple care areas within our organization or stay within a single care unit to trace the care, treatment, and services rendered.

What if an accreditation surveyor wants to talk to you?
- Take a deep breath and relax. Be confident. You know this stuff!
- Share patient information with surveyors. They have signed HIPAA forms.
ACCREDITATION

• If you do not understand the question, ask the surveyor to clarify.
• If you don’t know the answer to a question, say, “Let me find the answer for you.” and find your supervisor.
• Be professional. Don’t use the survey to make complaints about your work environment and don’t argue with the surveyor about standards.
• If surveyors ask to see documentation of your care, help them find it. Don’t let them become frustrated while trying to find information. They don’t know our system but they know what must be in the documentation.
• Do not volunteer extra information. Answer the question you were asked, and show what you need to – nothing more.
• Do not discuss past surveys, past citations, sentinel events, or problems in our practice.
• “Speak up” about your organization by talking about processes in place to promote patient safety when it’s relevant to the question.
• Know your quality improvement projects and be able to show them to the surveyor and speak about them.
• Remember, when we do what’s best for the patient, we are always ready!

MISSION-VISION-VALUES

Who is the most important person in our facilities?
The patient.

What is our mission statement?
University of Utah Health Care serves the people of Utah and beyond by continually improving individual and community health and quality of life.

This is achieved through excellence in patient care, education, and research; each is vital to our mission and each makes the others stronger.
• We provide compassionate care without compromise.
• We educate scientists and health care professionals for the future.
• We engage in research to advance knowledge and well-being.

What is our vision statement?
A patient-focused health care system distinguished by collaboration, excellence, leadership, and respect.

What are University of Utah Health Care’s values?
• Compassion
• Collaboration
• Innovation
• Responsibility
• Diversity
• Integrity
• Quality
• Trust
PERFORMANCE IMPROVEMENT

How has University of Utah Health Care improved patient safety and quality of care?
Know the projects that your department has been working on. If you are not sure of the answer, check with your manager.

How do we identify performance improvement priorities?
Improvement opportunities are identified through strategic plans, system goals, event reporting, and publicly reported core measures.

What performance improvement resources are available to me?
We use the structure of ISO, the daily work of LEAN, and a culture of safety to guide our value management system. There are value engineers available to facilitate improvement projects at every level. Contact your manager for guidance.

PATIENT SAFETY

Who do you contact if you have a concern about patient safety?
If you observe something that threatens patient safety or have any concerns about patient safety:

1. Please contact one or more of the following for assistance in addressing the issue:
   a. Your manager/supervisor
   b. Department of Quality and Patient Safety at (801) 585-7305
   c. Patient Safety Manager at (801) 581-2161

2. Complete a patient safety event report to document the concern.

What are some important patient safety practices?
1. ALWAYS CORRECTLY IDENTIFY A PATIENT:
   a. Two patient identifiers should be used to verify the correct identity of a patient prior to delivering care or treatment
   b. These identifiers should be legal name and medical record number if the patient has an armband (inpatient).
   c. These identifiers should be legal name and date of birth if the patient is an outpatient without an armband.

2. COMMUNICATE EFFECTIVELY WITH OTHER MEMBERS OF THE HEALTH CARE TEAM:
   Speak up and share information about clinical changes, concerns, or things in need of attention related to patient care or safety
   a. Use SBARQ to assure good communication during hand-off of care to other team members.
b. **SBARQ** is our methodology for communicating patients’ conditions when transferring responsibility for care to another area or provider.
   - **Situation** going on with the patient
   - **Background** history relevant to situation
   - **Assessment** of patient and “What I think is going on with the patient”
   - **Recommendations or pending items**
   - **Questions or concerns**

3. **PROACTIVELY IDENTIFY RISKS TO PATIENT SAFETY OR THINGS THAT MAY LEAD TO PATIENT HARM.**
   Assess patients for the risk of falling and institute measures to prevent falls.
   a. Be aware of every patient’s level of fall risk.
   b. Know that patients with yellow arm bands and/or yellow socks are at an increased risk of falling.
   c. Evaluate all patients for risk of falling, according to our fall prevention guideline.
   d. Implement measures to prevent falls or injury, based on level of fall risk, as per our fall prevention guideline.

4. **CONSISTENTLY FOLLOW UNIVERSAL PROTOCOL AND TIME OUT PRACTICES.**

5. **VERIFY VERBAL ORDERS, TELEPHONE ORDERS, AND CRITICAL RESULTS WITH A “RECORD AND READ BACK” PROCESS**
   a. LISTEN and RECORD the information by writing down the complete order or test result.
   b. READ BACK the order or test result to verify accuracy.
   c. ASK the individual who gave the order or test result to confirm that the “read back” was correct.

6. **USE ONLY APPROVED ABBREVIATIONS: REFERENCE WWW.MEDABBREV.COM**
   a. Avoid abbreviations in consent forms, discharge summaries, discharge orders, perioperative reports, and when writing drug names.
   b. Be aware of and compliant with not using abbreviations that are on the “Do Not Use” list (available via the intranet).
7. Recognize and Respond to Changes in a Patient’s Condition

Utilize the rapid response team (RRT) as needed in response to patient acute changes or deterioration in condition.

a. Call 1-2222 or use SmartWeb to page the RRT
b. RRT will respond, assess, assist with care as needed, and help arrange transportation to a higher level of care, if needed.

What is a patient safety event?
A patient safety event is anything that harms or threatens to harm a patient. Examples are adverse clinical events, near misses, unsafe conditions, process problems, equipment/supply issues, medication errors, and deficits/errors in communication, coordination, judgment, and skill.

Should patient safety events be reported, and if so, by who?
Definitely! Reporting events is important so that we can improve care and prevent unnecessary harm. Event reports are used to improve care, improve safety, improve efficiency, decrease frustration, and to create change.

Any staff member or health care provider can report a safety event.

How is a patient safety event reported?
Safety events are reported using University of Utah Health Care’s patient safety event reporting system. The patient safety event system is available via the intranet (Clinical → Patient Care → Patient Safety Net) and per a link in EPIC One Chart (EPIC → References → Clinical Apps → Patient Safety Net).

Event reporting does not need to be done in the “heat of the moment,” but should be done as soon as possible after an event occurs or an unsafe condition is identified. Event reports are not used as a disciplinary tool, but as a means to gather data to identify trends, preventative actions, and educational needs.

What is an RCA, and when is it used?
RCA stands for root cause analysis. This is a tool used to identify the factors that contributed to a patient safety event and to identify things that can be changed to prevent recurrence of that type of event. The goal of an RCA is not to place blame, but rather to identify system issues that can be addressed to solve problems and prevent recurrence.

What is a FMEA, and when is it used?
Failure mode and effect analysis (FMEA) is a systematic method used to identify and prevent process problems before they occur. We use a FMEA before a process change to detect potential failures and identify strategies that can become part of the new process to prevent potential process failures. A FMEA may also be used to evaluate a near-miss sentinel event that did not cause patient harm.
What is a sentinel event?
A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, including loss of limb or function, or the risk thereof. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. These events should always be reported in the patient safety event reporting system. For additional clarification or questions, see your manager.

What process is used to examine a sentinel event and why?
Root Cause Analysis (RCA) is the tool most commonly used to examine a sentinel event. This is important because we want to do everything possible to identify things we can address or improve upon to prevent the recurrence of such events.

Physical Environment

How is the physical environment managed at University of Utah Health Care?
It is managed by the Safety and Security Council through the coordination of seven committees. The committees are composed of members across the health system and all facilities are represented. The Safety and Security Council reports to the Operations Council. The seven committees are:

- Safety Committee
- Security Committee
- Hazardous Materials and Waste Committee
- Emergency Management Committee
- Fire Safety Committee
- Medical Equipment Committee
- Utilities Management Committee

This architecture helps us work together to establish and maintain a culture of safety.

Safety Management

Who should you contact to discuss a workplace safety concern?
Present safety concerns immediately to your supervisor or manager. They can usually resolve safety issues immediately. For additional information or rapid support, contact our Safety Officer, Murray Hayward, at (801) 585-2117 or via SmartWeb to send a text to his cell and pager. Comments, concerns, or complements relating to safety can also be emailed to the Safety Officer at AskSafety@hsc.utah.edu.

How do you report a dangerous condition or adverse event?
- Report emergent conditions or events immediately by calling the appropriate support department, such as Facilities and Engineering, Security, Environmental Services, etc.
Physical Environment

- The numbers for these resources are located in the Emergency Flip Chart located in your work area.
- Notify the Safety Officer, Murray Hayward, via SmartWeb, telephone, or through the Hospital Operator at (801) 581-2222.

Document all patient-related events in the PSN (see “How is a patient safety event reported?” above).

How do I secure pressurized cylinders of medical gas (such as oxygen)?

- All pressurized cylinders (e.g., oxygen cylinders) must be secured at all times to prevent tipping and falling.
- They are to be stored in an upright position with a chain or in an appropriate cylinder stand at all times, including during transport.
- In an emergency or as a last resort, they may be laid on the floor if no holder is immediately available.
- You are only allowed to have 12 gas e-cylinders in storage per smoke compartment unless in a storage room designed and rated for that purpose.
- Empty cylinders must be separated from full cylinders.

What is the safety protocol for the MRI lab?

- Never enter the MRI room without a technologist present.
- All patients and staff must fill out a MRI safety screening sheet before entering the scanner room. Nobody will be allowed in the scanner room until the screening sheet is reviewed by a MRI technologist.
- Remove all green oxygen tanks from patients’ wheelchairs or stretchers before entering the MRI control area. MRI compatible oxygen tanks are available.
- Prior to entering the magnet room, all patient monitors and ventilators need to be removed and hooked up to MRI compatible equipment. O2 probes and ECG leads need to be removed. Patient medication pumps will be reviewed by the technologist. Be sure to remove all metal before entering the MRI room.

Security Management

What extension do you dial for an emergency, such as a violent individual, infant abduction, or hostage taking?

Call (801) 581-2222 to report these types of activities.

What if you find unauthorized or suspicious person(s) in your work area?

- In a non-threatening situation, simply offer to help them find where they need to go.
- If the person behaves improperly, or you don’t wish to interact with them, call Hospital Security at (801) 581-2294.
- Off-site facilities should dial 911 for the local police.

What do you do if you receive a bomb threat?

Follow the instructions on the Emergency Flip Chart located in your work area.
What do you do if you come in contact with a powdery substance or suspicious package?
Do not touch the substance. Immediately call hospital security at (801) 581-2294.

HAZARDOUS MATERIAL & WASTE MANAGEMENT
What is a material safety data sheet (MSDS)/safety data sheet (SDS)?
MSDS & SDS include specific information describing hazards, exposure limits, handling procedures, personal protective equipment use, storage requirements, and first-aid procedures related to specific hazardous materials. The U.S. is transitioning from MSDS to SDS by June 1, 2015.

Where can you find a MSDS/SDS?
Chemical safety information is available in the MSDS/SDS binder specifically maintained for each unit or clinic by the designated Hazard Communication Coordinator (HCC). If you don’t know what hazardous materials are used in your area, ask your manager or your HCC.

What if you find a large hazardous material spill?
- Isolate and secure the area to prevent personnel and patient exposure and spreading of the material.
- Notify neighboring areas, the supervisor, and your HCC.
- Contact appropriate responders. The numbers are in the Emergency Flip Chart located in your work area.

What is potentially infectious waste, and how is it handled?
All patient-generated waste is considered potentially infectious.
- **Solid potentially infectious waste (PIW)** must be deposited into biohazard labeled waste containers. PIW should only be placed in the red containers with the orange liners that are labeled as such. (Exception: Off-site units and clinics that have separate waste-handling policies).
- **Liquid potentially infectious wastes** are poured into the sanitary sewer system or must be solidified and decontaminated prior to placement with solid waste.
- **Sharps** are to be disposed of in approved, labeled, rigid sharps containers. Sharps containers must be changed when they reach the designated full line on the container.
- **Chemotherapy/hazardous drug wastes** are disposed of in containers labeled “chemotherapy waste” or if also a hazardous waste into RCRA black boxes.
- **Radioactive wastes** are handled only by Nuclear Medicine or by Radiological Health.
- **Waste medications** are disposed of according to the directions on the “Medication & Medical Waste Process.”
- **Other chemical wastes** are disposed of through Environmental Health and Safety.

EMERGENCY MANAGEMENT
What should you know about personal preparedness?
As health care employees, we have a personal obligation and responsibility to be personally prepared in order to best help
those we serve during emergencies and disasters. The basic level of personal preparedness that all employees should have in place includes:

1. Emergency plan
2. 96-hour kit
3. Car emergency kit
4. Home emergency supplies

Templates and checklists for all of these items can be found on the Emergency Management website. Note that many of these items must be updated or replenished on a yearly basis.

**Where can you easily find information in an emergency?**
The Emergency Flip Chart. It is highly recommended that staff also become familiar with the Emergency Operations Plan (EOP) found on the Emergency Management website.

All staff must memorize the following life safety steps:

1. Your facility emergency phone number (1-2222, 5-2677 or 911)
2. The definition of each flip chart color code (red, pink, purple, yellow)
3. RACE – PASS
5. Code purple’s four steps
   a. Get out (or stay out) of harm’s way
   b. Hide out (or lock down)
   c. Take out (survival mindset)
   d. Help out (others all along the way)

**How is the organization notified when a disaster has occurred?**
A “Code Yellow Activate” page will be sent out via SmartWeb, Amcom, and via an overhead page (where applicable). All emergency instructions can be found on the Emergency Management homepage, in the Emergency Flip Charts, and in the EOP.

All emergency code definitions can be found on the Emergency Flip Chart located in your work area.

**Who is in charge of hospital operations and making decisions about cancelling or postponing appointments and elective surgeries?**
The Incident Commander (administrator on-call). Note: It is important that unit or department leadership (director, manager, etc.) communicate and work closely with the nurse house supervisor (who will notify the admin on-call) during circumstances or conditions when postponing or cancelling services may be necessary.

**Who is in charge of your unit or department?**
Your director, manager, or their designee.

**What is your role in a disaster?**
Each employee is expected to be familiar with and follow the Emergency Flip Chart and any applicable unit or department specific emergency plans or role cards.
FIRE SAFETY

What if there is a fire?
Never shout, “fire.” Use the phrase, “CODE RED.”
Remember RACE for fire safety:
- Rescue those in danger
- Activate the alarm (pull the nearest fire pull station) Off-site facilities dial 911
- Contain the fire (close all doors and windows)
- Extinguish — use a fire extinguisher to put out the fire. If the fire cannot be extinguished quickly and easily, then
- Evacuate — the hospital “defends in place” and evacuates to an adjacent horizontal fire compartment. Community Clinics and similar other locations evacuate to the outside immediately

Where is the location of the nearest fire alarm?
As a general rule, pull stations are located at nursing stations, exits, and at the entrance of stairwell/stairway doors. Check your department or ask your supervisor for the location of the nearest pull station.

How do you operate a fire extinguisher?
Remember PASS for extinguisher use:
- Pull the pin
- Aim the nozzle at base of flame
- Squeeze the handle
- Sweep stream back and forth across base of the fire

MEDICAL EQUIPMENT MANAGEMENT

How do you know the medical equipment you use is safe?
A green equipment safety sticker is placed on all medical equipment showing the date that it is due for preventative maintenance. If the due date on any piece of medical equipment has been reached, remove it from service and call BioMed in Facilities & Engineering Help Desk at (801) 581-2241. Do not use any piece of medical equipment that does not have a valid green safety sticker.

What should you do with defective patient care equipment?
- Immediately remove it from service. Segregate the equipment so others do not use it.
- Save all associated disposables and accessories used on the device for inspection. Order a replacement.
- Place a “Do Not Use” or “Out of Service” tag on the device or equipment. Be sure to identify the problem on the tag.
- Notify your supervisor immediately.
- Notify BioMed at (801) 581-2241.

What if you suspect an adverse patient event is possibly related to a piece of medical equipment?
- Attend to the patient’s needs and remove the patient from the suspected source of danger.
- Segregate the suspected equipment without modification (replace as needed). For IV pumps, leave all tubing attached.
• Immediately notify BioMed of the suspected defective medical equipment at (801) 581-2241.
• Complete a PSN report located on the intranet.

**UTILITY MANAGEMENT**

*What happens in the event of an electrical power failure?*
Our hospitals and many off-site clinics have an emergency power system (generators) that powers lighting (red switches), selected (red) power outlets, and critical safety systems like fire detection/notification, climate control, designated elevators, etc. that are necessary to support patient care.

*What if there is a utility failure such as a medical gas failure, electrical outage, water line failure (flood), or elevator failure?*
All hospital utility failures should be reported to (801) 581-2241. Calls made are assigned in a priority log. Tell the dispatcher the problem, location, and significance to patient care so they can prioritize appropriately. If the elevator you are riding fails, there is a phone in the elevator car, which automatically dials the operator when it is picked up. Personnel will be dispatched to help. In the Community Clinics, please contact your facility’s support staff by phone or pager.

*Note: Do not flush wipes, cloths, or paper towels down toilets.*

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**INFECTION PREVENTION AND CONTROL**

*What does the term “Standard Precautions” mean?*
Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain potentially infectious organisms. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status or diagnosis. These include: hand hygiene; use of personal protective equipment (PPE) such as gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; respiratory hygiene/cough etiquette; and safe injection practices.

*Are additional precautions required for specific conditions?*
Enhanced precautions are required for conditions which have strong evidence for person-to-person, environmental...
Infection Prevention and Control

or airborne transmission; epidemiologically significant organisms; and extremely drug resistant organisms. These precautions include contact, contact plus, droplet, airborne, and AFB. For more information, refer to the intranet under Clinical → Infection Prevention and Control → Isolation Manual & Signs.

What does “hand hygiene” mean?
Hand hygiene is the process of removing or inactivating organisms on hands by using an alcohol-based hand sanitizer (rub hands together, covering all surfaces of hands and fingers until dry) or washing with soap and water (rub hands vigorously covering all surfaces of hands and fingers for at least 15 seconds). Hand hygiene is the single most important and the most effective practice to reduce the transmission of infectious organisms and prevent healthcare-associated infections.

When is hand hygiene REQUIRED?
Whenever an opportunity for transmission of organisms exists.
- Before and after touching a patient, even if gloves are worn
- Before and after touching the patient’s immediate environment
- Before performing a clean or aseptic procedure (e.g., accessing a port, preparing an injection, inserting a line or catheter, etc.)
- After potential exposure to blood, body fluids or excretions (e.g. emptying a drainage bag, changing a wound dressing)
- If hands will be moving from a contaminated-body site to a clean-body site during patient care
- After removing gloves
- After using the restroom

Alcohol-based hand sanitizers are preferred, except when hands are visibly soiled, or after caring for patients with diarrhea, suspected or known C. diff, or norovirus, then you must use soap and water.

How is patient linen managed?
Clean patient linen must be covered during transport and stored in a clean room or area behind closed doors. Soiled linen is considered to be potentially infectious and must be kept separate from clean linen. Don’t shake linens or handle them in any way that may aerosolize infectious agents. Avoid contact between your body/clothing and soiled linen. Contain soiled linen in a laundry bag or designated bin that is covered for transport.

When should patient care equipment be cleaned?
Shared patient equipment (portable X-ray equipment, portable blood pressure machines, glucometer, workstations on wheels, etc.) must be disinfected between patients and whenever visibly soiled. Use one wipe to remove heavy soil,
Infection Prevention and Control

then use a clean disinfectant wipe to thoroughly wet the surface (treated surface must remain wet for the full time indicated on the wipe container). Disposable, single-use patient care equipment must be appropriately discarded after use.

What should I do if I have a needle stick/sharps injury or exposure to open skin/mucous membranes (eyes, nose, and mouth) with a potentially infectious body substance?
- Perform basic first aid, such as washing the affected area with soap and water or rinsing the eyes with water. It is not necessary or recommended to induce bleeding with a puncture or cut.
- Inform your supervisor you have sustained an injury/exposure.
- Report to Work Wellness (AC147 SOM) Monday–Friday 0700–1530, report to the Emergency Department when Work Wellness is closed.
- Work Wellness will provide all subsequent follow-up and indicated treatment/testing.
- For questions or concerns call Work Wellness at (801) 581-2227 or page (801) 339-5080.
- Always use the Emergency Department for emergent injuries.

How can I reduce the risk of health care associated infections?
- Hand hygiene!
- Consistently practice all elements of Standard Precautions.
- Clean all patient equipment with disinfectant after each use.
- Prevent infections related to central lines and urinary catheters. Insert aseptically, assure proper maintenance, and ask every shift does the patient still need this. If there is no approved indication for continuation, discuss removal with the medical team.
- Receive annual influenza vaccination as required.
- No artificial nails or nail extensions when providing patient care.

What is OSHA-required bloodborne pathogen training?
- Any new staff members who may potentially be exposed to blood or body fluids while performing their work are required to complete a training program. This may be accomplished by completing an electronic training module with a competency test. See manager or supervisor for more information.
- The training explains the use of personal protective equipment and risks to HIV, Hepatitis B, and Hepatitis C.
PATIENT RIGHTS

How are patients informed of their rights and responsibilities?
Inpatients receive a copy of the patient rights and responsibilities in the patient education folder. They are posted on the wall in common waiting areas and outpatient clinics in both Spanish and English. Knowing and communicating patient rights is vital to provide ethical care. Nursing staff serve as patient advocates to ensure patient rights are not ignored. It is important to remember the patient can designate who they want their visitors to be and they have the right to withdraw or deny that consent at any time.

How can you communicate with a patient if they are hearing impaired or non-English speaking?
Contact Interpretation Services at (801) 585-0657.

What mechanisms are in place to handle a patient’s complaint?
Patients can voice their complaints directly to a staff member, department manager, or by calling Customer Service at (801) 581-2668. All staff should act within his/her scope to resolve the complaint quickly and completely. If the solution presented does not satisfy the patient, refer the issue to the Customer Service office. Patients may also call Health Facility Licensing at 1-800-999-7339. This bureau is assigned by the Utah Department of Health to regulate health care facilities in the state. Patients may also call the accreditation organization Det Norske Veritas or DNV at 1-866-496-9647

How do we help patients manage their pain?
Patients have the right to appropriate pain screening and/or assessment, and they have the right to make decisions about their pain management.
- Acknowledge and treat the patient’s report of pain.
- Assess and reassess pain on a regular basis.
- Teach patients the importance of pain management.

ETHICS

Where can staff, patients or family members go for help or support with an ethical issue?
Ethical discussions may begin in the clinic or at the unit level between the attending physician, nursing staff, patient, and family or significant other. Clergy may also become involved. If these discussions do not resolve the issue, the patient, family, significant other, or employees can request a consultation with the Ethics Committee. A member of committee is always available. Call (801) 581-2121 and ask for the Ethics Committee member on call or page them through SmartWeb group pager, “Ethics Committee.”
How do you know if a physician has privileges for a procedure?
All clinical areas need to have access to practitioner privileges. Privileges can be located on the intranet at Clinical → Quality & Patient Safety → Provider Privileges at UUHC. If you have questions, contact Medical Staff Services at (801) 587-6023 or page (801) 339-2396. Clinical hospital supervisors are also available 24/7 at (801) 339-7379.

What is a restraint?
- Any method, device, material, or equipment that immobilizes or reduces a patient’s ability to move his or her body freely.
- A medication used to restrict/manage the patient’s behavior/movement and is not a standard treatment or dosage for the patient’s condition.

Restraint for medical/surgical care may be used if a patient’s interference with treatment may lead to harmful consequences (e.g. self extubation, an increased length of stay), if behavior is due to a medical condition, and when other alternatives would not be effective.

Restraint for behavior management may be used in emergency situations where there is a risk of the patient harming self, staff, or others, such as situations of violent or self-destructive behavior due to an emotional or behavioral disorder, and when nonphysical interventions would not be effective. Mostly used at UNI, 5W, and ED.

Chemical restraint is a medication used to control behavior or restrict the patient’s freedom of movement and is not a standard treatment for the patient’s medical or psychiatric condition.

When may restraint use be appropriate?
Restraints may be used:
- For clinically justifiable situations, based on individual assessment, using the least restrictive technique for a limited time.
- When less restrictive alternatives have been evaluated and documented as ineffective.

Restraint is NEVER:
- Used for coercion, discipline, convenience, or retaliation by staff.
- Based on an individual’s history of restraint or dangerous behavior.

What needs to be documented by the physician when using restraints?
- A written order for each calendar day may not be ordered PRN.
RESTRAINTS

• A reason why the patient needs a restraint.
• The choice of restraint (always starting with the least restrictive method).
• The time limitation (based on the patient’s age).
• Appropriate EMR documentation.

See the Restraint of Patients to Promote Medical/Surgical Healing (Non-Violent) policy for other assessments requiring documentation of the restrained patient.

If you apply restraints for your job, do your annual LMS module and the hands-on training.

HUMAN RESOURCES

How are you oriented to your specific job and work area?
Department orientation is done when you start working in a new area and is coordinated by your department manager and/or educator.

How do you know what the job requirements are for your position?
Every position has a job description that identifies the essential functions and skills necessary to perform the job. A copy can be obtained from your manager at any time and employees can access their job description on the intranet under HR & Education.

What education or training is required each year?
Human Resources oversee the computerized, annual mandatory education program through the LMS (Learning Management System). It is available on the intranet at HR & Education → Organizational Development → Learning Management System (LMS). Check your assignments frequently. In addition, you will receive department-specific education as appropriate.

If you, yourself have an ethical, cultural, or religious concern with providing care for a patient, what should you do?
You may speak with your supervisor, who can try to accommodate the situation, but the patient’s care is our primary focus. The patient’s needs must always come first.

How are your skills or competencies maintained or updated on-the-job?
Skills are passed off through observation from your supervisor, preceptor, educator or, in some departments, during regularly scheduled skill days. Department managers continually assess their staff and provide training as needed.

INFORMATION SECURITY AND PRIVACY

The Information Security and Privacy Office is the office responsible for assisting you in protecting
patient information. More information can be found at secureit.utah.edu or privacy.utah.edu or by calling (801) 587-9241.

REMEMBER! YOU are responsible for protecting patient information. Protect patient information like it was your own!

What types of information are restricted and sensitive?

- Any information that relates to the past, present, or future physical or mental health or condition of an individual; the treatment of an individual; or payment for health care services.
- The University’s business and aggregate performance data. This information should never be shared outside the organization without proper authorization.

What should I do if I discover a breach in personal health information (PHI)?

Go to privacy.utah.edu and report your concern. If you need assistance, call the Health Sciences Help Desk immediately at (801) 587-6000. The best action you can take is to prevent breaches in the first place.

Preventing Breaches — How can you ensure patient confidentiality?

Use ESP:

- Encrypt it (always put “PHI” in the subject line of emails with patient information),
- Shred it (hard-copies of PHI should never be put in the trash),
- Protect it (ignore your curiosity to look in the records of people to whom you are not providing services; double-check mailings and documents you give to patients; keep PHI on paper out of public view or locked in a file cabinet or file room; confirm fax numbers; etc.)

Never

- Look up medical information about someone unless you are involved in their care, including family members, any age children, coworkers, friends, etc.
- Look up medical information about someone for a fellow employee.
- Share your password or login information with anyone.
- Discuss medical or personal information about a fellow employee without the employee’s permission.
- Discuss a patient’s condition or treatment in public areas like the elevator, hallways, cafeteria, or outside the facility.
- Leave patient information on unattended computer screens, where unauthorized people can access them. Always log off and/or lock your workstation when you finish or leave the area.
- Place documents with patient information in the trash.
- Post patient-identifying information in a public area (e.g., surgery schedules, unit census, improper white board use, etc.) or on a social networking site.
Do I need to account for patient records that I disclose?
Yes, HIPAA requires documentation when disclosing medical records containing PHI to anyone other than the patient. The process for documenting the release can be found in the Release of Information Manual found on the intranet. Refer questions to the Health Information department (HI).

Can I view family, friends, or my medical records online?
You can view your personal medical record online. However, you may not view anyone else’s medical records without a need to know. If you need to print your personal medical record, please contact the HI department at (801) 581-2180 for assistance.

Where can I get information regarding inpatient coding?
Call (801) 581-4866 with your inpatient coding questions.

What do I do if I believe a patient has more than one Medical Record Number (MRN)?
Contact the Identity Team at (801) 581-4105 or duplicate.mrn@hsc.utah.edu

What do I do if I see an error in a patient’s medical record?
Submit a chart correction request within EPIC by using this path EPIC → Information → chart correction or email to duplicate.mrn@hsc.utah.edu or contact the Identity Team at (801) 581-4105

How long should I keep a record?
Most records have a required retention period. There are approved methods and requirements for retaining records. To see the UUHC record retention policy and schedule see the Records Retention Policy. Note: There are state guidelines that must be met as well. Contact Health Information with questions.

What should I do if I suspect that someone has stolen another patient’s identity?
Contact the Health Information department at (801) 581-2353 with as much detail as possible.

Documentation Tips
If it isn’t documented, it didn’t happen.
Make sure your patient has the proper admission status:
- Inpatient: Based on severity of illness, intensity of care and length of stay; generally appropriate if the practitioner expects hospital services to exceed two midnights.
- Observation: Minimal therapeutic interventions, non-severe illness, minor post-op complication requiring monitoring
- Bedded Outpatient: Needs a bed post-procedure but doesn’t meet inpatient or observation criteria.
Contact your Case Manager if there are questions about admission status.

History and Physical less than 30 days old, may be used but must be updated prior to a surgical procedure admission or within 24 hours of a non-procedural admission.

Discharge Instruction is required for all inpatient and overnight observation stays.

Discharge Order is required for all ambulatory stays.

Use only approved abbreviations –
http://www.medabbrev.com

Where do I find information about medication management processes?
The online Medication Management Process booklet is a great resource and is considered required reading for anyone who prescribes, prepares, administers, monitors, stocks, disposes, or handles any medications. The Drug Information Service (801) 581-2073 or drug.info@hsc.utah.edu is also happy to help with any policy or medication related questions.

What is the process for assuring and documenting proper medication storage?
All medication storage areas are inspected on a monthly basis by clinic or pharmacy staff. Documentation of compliance with medication security and storage is made using the online system called Veriform. Call Pharmacy Services at (801) 581-2147 if you need to set up or make adjustments to your inspection form or to update your inspectors.

ISO 9001:2008

What is the ISO 9001:2008 Quality Management System?
The International Organization for Standards (ISO) has created standards to drive a quality management system. This provides guidance and tools that help ensure services consistently meet customer’s requirements and quality is consistently improved.

As part of our DNV accreditation we must implement ISO 9001 within University of Utah Health Care. Beyond being required, we see this as a valuable tool to improve all aspects of the work we do.

ISO is not a set of prescriptive standards, it is not about perfection, it is about the process. It is more about asking ourselves, “Are we meeting our goals? Is there room for improvement?”
ISO 9001 is a quality management system that provides for consistency and accountability, a process approach to what we do. Our business is health care. Our basic process is “Admission – Treatment – Discharge.” Everything we do has a process.

ISO 9001 principles seek to improve the people, culture, and environment of the work place, and to increase competency, empower decision making, and building mutual trust. It helps to identify needs of the patient and interested parties, to work systematically, not in silos, and to achieve our objectives.

ISO 9001 uses the Plan, Do, Check, Act (PDCA) continual improvement process model and Lean principles

What are the ISO 9001:2008 requirements?
There are 5 standards with requirements that are mandatory. These are sections 4–8 of the standards.

• **Standard 4:** Quality Management System – This standard asks us to, “Say what we do,” and to, “Do what we say.” This is done by documenting items that are important to the organization. For example, we develop organization strategic goals to improve patient processes. In other words, this standard is about improving processes, identifying required documents, control of our documents, and control of our records.

• **Standard 5:** Management Commitment – This standard speaks to those in leadership. It asks them to show commitment to our value management system, to make assignments for providing process improvement and to communicate to appropriate persons. This standard also asks us to develop and plan objectives according to our vision and mission. Processes are reviewed using internal audits and developing corrective plans for improvement if a nonconformity is discovered. For example, customer service feedback relating to exception patient experience.

• **Standard 6:** Resource Management – This standard asks us to provide the resources that are needed to complete our work and to satisfy the customer. It speaks about preparing our staff so they can do their job by creating and maintaining a good working environment. The standard states that the organization shall have competent employees, provide appropriate training, and awareness to quality objectives/goals.

• **Standard 7:** Product or Service Realization – This standard asks us to clearly identify criteria to determine the needs of our patient care services or products and to make sure we meet those needs. We shall measure if we are being successful in meeting the established goals and objectives. We must communicate appropriate information such as response to customer complaints. Also, we must make sure that our monitoring and measuring equipment is working correctly and that documentation is complete.

• **Standard 8:** Measurement, Analysis, and Improvement – This standard tells us that we must perform ongoing internal audits to confirm that the work we are doing is meeting the desired goals. Results must be reported to
leadership so that they may be of help to fix problems. Customer satisfaction must also be measured, reported and acted upon. This continual improvement may involve implementing corrective actions and/or preventative actions.

**ISO 9001 Definitions**

Within ISO 9001 there are words and phrases that may take on new meanings. This list are some of them that will help you as we move forward on our ISO 9001 journey.

- **Control of Documents**: Internal and external documents are controlled to ensure staff, patients, visitors, medical staff, and others have the most current information available. Documents must be legible and have an approval process. For example, this can be accomplished by having version dates displayed on forms/documents, creating a list of documents along with who is responsible for updating or by maintaining the most up to date policy or procedure. See Control of Documents Procedure for more information.

- **Quality Manual**: The organization has a Value Management System Plan. The plan includes the scope, mission, vision, and values. The plan addresses six required documented procedures. The plan describes the organizational strategy/objectives with measures to determine effectiveness.

- **Management Review**: Describes our effective method for obtaining and reviewing audits, customer feedback, process improvement, corrective or preventative actions, changes that could affect our value management system, and effectiveness of our suppliers/contracts.

- **Record Control**: Records are documents that record information such as electronic medical record, policies, procedures, temperature logs, calibration logs, and more. There must be retention and disposition policies in place. Records must be retrievable and stored appropriately. See Control of Documents Procedure for more information.

- **Internal Audits**: Internal auditors must be trained. Criteria, scope, frequency, and method of the audit must be defined. Audit results are shared with leadership. Audits verify that our processes are working correctly. Corrective action plans are put into place to record actions taken to correct the nonconformity. See Internal Audit Procedure for more information.

- **Control of Nonconforming Product/Service**: A procedure is created to determine actions needed when a product (food, medication, equipment) is not acceptable. For example, the procedure explains what staff needs to do if a piece of equipment is not working. The nonconforming product must be segregated from other working or acceptable products. Validation of action must be recorded. For example, recalibration of equipment. See Control of Nonconforming Product Procedure for more information.

- **Corrective Action**: Action(s) documented to record the correction of a nonconforming service or product. See
Corrective Action Procedure for more information.

- **Preventative Action**: Action(s) documented to prevent nonconformity from happening. For example, fire drills. See Preventative Action Procedure for more information.

- **Control of Monitoring and Measuring Devices**: This is equipment management. We have to keep a list of all equipment and make sure equipment (even rental equipment) has been vetted (approved) to be used. For example, the Products Committee vets some equipment prior to having Operations Council approval. We must have mechanisms in place to provide traceability for equipment calibration when needed.

- **Continual Improvement**: We have a Value Management System in place, which analyzes and evaluates processes and improvements. We use ISO 9001 and Lean principles to approach process improvement. We use audits to validate our process improvements and outcomes (Value Summaries) and record outcomes in appropriate electronic databases.

- **Value Management System**: Management system to direct and control an organization with regard to quality. (Value Core Committee)

- **Process**: Set of interrelated or interacting activities which transforms inputs into outputs

- **Procedure**: Specified way to carry out an activity or process

- **Product/Service**: A service for the patient or actual physical/tangible product.

I have read the 2014 version of the **Professional Practice Booklet** and acknowledge my responsibility to understand and practice this information.

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