



Non-Employee Handbook

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1: About UofL Health

About This Booklet

The information in this booklet is a summary. Provision of this orientation information is a regulatory requirement; UofL Health must have documentation that you have completed this requirement. The information in this booklet should be a good reference and resource for you during your time at UofL Health.

Background Information

UofL Health is a fully integrated regional academic health system based in Louisville, KY. With more than 14,000 team members — physicians, surgeons, nurses, pharmacists and other highly-skilled health care professionals — UofL Health is focused on one mission: to transform the health of communities we serve through compassionate, innovative, patient-centered care. For more information on UofL Health, go to UofLHealth.org.

Expertise for the simplest to more complex medical issues

With our vast network of community and academic physicians, we are in communities throughout Kentucky bringing the expertise, care and compassion that is at the core of our mission to every patient we serve. As a leading academic health system, we have attracted specialists from every discipline—seasoned caregivers who have experience with a broad range of complex medical and surgical issues. This means that we treat the simplest medical issues with the same level of care and expertise as we do the more complex issues. Not only do we bring our knowledge to our patients, but we collaborate with professionals throughout the world, ensuring that you have the right treatment options for whatever health issue you may be facing.

What does it mean to be an academic health system?

Through our affiliation with the University of Louisville School of Medicine (SOM), we are developing future technologies, better processes, and more advanced treatments. This means that UofL Health is taking education, research and innovation into our hospital, clinics, and practices. We are providing our patients with the highest possible levels of care by bringing minds from across the system and across the world to work for you.

Research is the academic difference

The hallmark of an academic health system is research. New discoveries, treatments and technology are happening every day right here at UofL Health. Clinical research is vital to finding new and better ways to improve lives, cure diseases and manage ongoing health issues. Our patients may have the opportunity to participate in clinical trials and receive care not offered in other health systems.

As a leader in clinical research, UofL Health participates a wide array of clinical trials, collaborating with UofL Physicians providers, who are key thought leaders in their field. If a patient chooses to enroll in a clinical trial, they could have access to the latest drugs, treatments, and technology, and play an important part in helping transform future care for patients everywhere.

Overview of UofL Health Locations

The UofL Hospital (ULH) Campus consists of:

- UofL Hospital
- UofL Health – Brown Cancer Center
- UofL Health – Jackson Street Outpatient Center
- Institutional Services Center / Parking Garage
- UofL Health – Chestnut Street Outpatient Center
- Lampton Building

The UofL Health – Jewish Hospital (JH) Campus consists of:

- UofL Health – Jewish Hospital
- UofL Health – Heart Hospital
- UofL Health – Frazier Rehabilitation Institute
- UofL Health – Abraham Flexner Way Outpatient Center

Additional UofL Health Locations

- UofL Health – Mary & Elizabeth Hospital
- UofL Health – Peace Hospital
- UofL Health – Medical Center East, UofL Health – Medical Center Northeast, UofL Health – Medical Center Southwest, UofL Health – Medical Center Southend
- UofL Health - Shelbyville Hospital
- UofL Health – South Hospital

2: Values and Professional Conduct

Consistent with the UofL Health mission, and as an organization committed to providing excellent patient care, it is our goal to provide health care, which recognizes the inherent human worth and dignity of all persons; to promote access to our programs and services without restriction; to create a healing environment where physicians, allied health professionals, graduate medical education trainees, staff and patients work together to provide individualized care; to be a leader in advancing the highest quality health care programs and developing resources to meet or exceed the needs of the community we serve and to operate in an ethically and fiscally responsible manner.

Mission

As an academic health care system, we will transform the health of the communities we serve through compassionate, innovative, patient-centered care.

Vision

UofL Health will be Kentuckiana's health care provider of choice.

- Strive to provide a culture of exceptional care.
- Develop collaborative relationships with patients and families.
- Engage and nurture our physicians, nurses, allied health professionals and other team members.
- Develop partnerships that improve the health and well-being of our community.
- Collaborate with the University of Louisville Health Sciences Center to educate the next generation of health care professionals.

Harassment-free Workplace

As a values-based work community, the organization is committed to ensuring a safe, supportive work environment and does not tolerate harassment of any type. The organization prohibits the harassment on the basis of race, color, religion, gender, gender identity, age, national origin or ancestry, citizenship, disability, sexual orientation, marital status, pregnancy, veteran status, membership in the uniformed services, genetic information or any other basis protected by applicable federal, state or local law.

Sexual harassment can occur between people of varying relationships from total strangers to intimate friends. Examples of people who may be affected include supervisors, co-workers, patients, guests, vendors, students, physicians, and clients / customers. A victim of harassment can be someone other than the person being directly harassed but who feels affected by the offensive conduct. For example, an employee who witnesses another employee being directly harassed may be a victim because they saw the person being harassed and thought it inappropriate.

Such behavior will be grounds for disciplinary action, up to and including termination, when submission is a condition of employment opportunities, or such conduct interferes with work performance or creates an unpleasant work environment. Complaints are to be made promptly to the Department Director / Supervisor or a Human Resources representative. The Department Director / Supervisor is responsible for notifying Human Resources immediately so reported incidents will be investigated promptly. *Refer to the Harassment-Free Workplace Policy.*

Violence in the Workplace

UofL Health is committed to maintaining a work environment free of intimidation, threats, or violent acts. These include but are not limited to the following in the workplace: intimidation; threatening or hostile behavior; physical abuse; vandalism; arson; sabotage; use of weapons; possession of weapons of any kind or articles which could be used as weapons; or any other act which, in the opinion of management, is inappropriate to the workplace and violates the organization's core values. In addition, jokes, offensive comments, bullying or comments that imply threats of violence are considered violations of this policy.

Drug-free Workplace

UofL Health recognizes that alcohol and drug abuse are treatable diseases; at the same time, that alcohol and drug abuse are serious social problems that can affect job performance and the work environment and cause significant safety concerns for both patients and co-workers.

UofL Health has a standard of zero tolerance for the use of drugs and alcohol, or other controlled substances, including but not limited to cannabis and Delta-8 THC in the workplace. Those who are taking drugs under a prescription from a physician may be allowed to work as long as the physician indicates they are able to work and as long as they are exhibiting no abnormal symptoms or behavior. Each person is prohibited from consuming or being under the influence of alcohol during working hours. Everyone in the workplace is encouraged to become aware of the need for a drug-free workplace and to be aware of the grave dangers to others that can result from drug abuse in the workplace.

Smoke-free Workplace

UofL Health is committed to healthier communities and the national and state efforts to reduce the negative health effects related to tobacco use and second-hand exposure. As a health care system, it is important we educate and model healthy behaviors for our patients and community, as well as provide a healthier workplace for all. Therefore, smoking and the use of tobacco products are prohibited on the properties of all UofL Health facilities. Prohibited products include

cigarettes, smokeless tobacco, electronic devices, cigars, pipes and other similar inhalant products.

All are expected to adhere to the policy as they are part of our standards of behavior. If a patient or guest ignores the policy, contact Security. If an employee is found ignoring the smoke-free policy, contact their supervisor. Refer to the *Tobacco Free Workplace Policy*.

Scope of Practice

Everyone is expected to act within the scope of their designated role as dictated by job descriptions, privileges granted through the credentialing office, governing boards (i.e., Kentucky Board of Nursing), bylaws (i.e. Medical Staff bylaws) and any other rules and regulations from respective schools and / or employers.

Personal Appearance

It is our policy to require high standards of personal appearance while individuals are on duty to ensure compliance with hospital infection control standards. The many facets of dress and appearance make it impossible to set standards for all situations. All individuals are expected to use sound business judgement when dressing for meetings or events while representing UofL Health. If there is a specific dress code for your school and / or department, then you are expected to abide by that dress code. Supervisors will review the dress code policy to ensure that everyone fully understands it. Name badges are to be worn at all times. Refer to the *Dress and Appearance Standards Policy*.

Violations of Values and Professional Conduct Standards

Any person demonstrating violation of the above values, behavioral standards and / or professional conduct standards will be subject to notification of the appropriate supervisor, instructor or other appropriate individual. Violations will be reviewed by the designated UofL Health representative. The individual will be subject to discontinuation of the established relationship with UofL Health, upon review of the specific circumstance. If you become aware of any violations of these values, behavioral or professional conduct standards, you are obligated to report these violations.

3: Our Patients

Patient- and Family-Centered Care

UofL Health is committed to integrating patient- and family-centered care into all aspects of the care we provide. Patient- and family-centered care is grounded in mutually beneficial partnerships among health care providers, patients and families in all areas of care from planning and delivery to evaluation. The goal is to collaborate with patients and families, encourage their participation in care, share information and create a safe, comfortable environment that supports healing.

Organization Improvement

UofL Health is dedicated to improving quality of care for our patients through evidence-based strategies and practices. Improvement initiatives are managed by fact, using LEAN / Six Sigma methods. We continually strive for improved processes for our patients, families, physicians and staff. Patient Safety is a priority focus for the organization. The multi-disciplinary patient safety committees located at each facility monitor, measure and addresses patient safety initiatives.

Customer Service

Hospitalization is a stressful time for patients and families. Our patients are not here because they want to be, they are often sick, scared, and anxious. For these reasons, do not take negative comments personally. Listen to our guests and smile when you talk with them. Make

patients and families a partner in their care. You can improve the patient and family experience by responding with empathy and compassion, and by including them in their care.

We want our patients to have an excellent health care experience, and we seek their feedback to help us understand what is important to them. Our patients may receive a phone, email or text survey after discharge asking for their perception of the care we provided. The feedback we receive helps us to identify trends and to improve the patient's experience.

Service Recovery

When guests share a concern or complaint, we are to respond using the H.E.A.R.T. model.

- **Hear** the issue, genuinely listen and keep a positive attitude
- **Empathize** – compassionately acknowledge the patient's frustration
- **Apologize** ... And mean it! Offer a sincere apology for what has happened
- **Respond** to the issue, resolve it quickly or engage someone who can
- **Thank** them for sharing their concern

Patient complaints should first be directed to the unit or department involved. If they cannot resolve the complaint to the patient's satisfaction, patients or family members may then also contact the Patient and Family Relations Department directly. Each phone call, letter, or email is recorded, investigated and receives a response, if requested. Patients and families may call the UofL Health Patient & Family Relations Department at [502-562-3775](tel:502-562-3775).

Communication

UofL Health has adopted several modes of standardized communication that have been proven to increase work efficiency and patient satisfaction. Some of the primary communication methods are as follows:

Phone Etiquette

UofL Health employees are expected to answer the telephone with a pleasant tone, stating the name of their department; their own name and then asking, "How may I help you?"

AIDET

Practice the AIDET model (Acknowledge, Introduce, Duration, Explanation and Thank You) with every patient, every time. This model applies when working with patients, visitors, staff and others with whom you may come in contact. AIDET is a framework for staff to communicate with patients and their families as well as with each other. The framework can be used as we communicate with other staff and colleagues, especially when we are providing internal service.

- **Acknowledge** – Acknowledge the patient or customer to help put them at ease and make them feel comfortable.
- **Introduce** – Introduce yourself to help make the customer or patient comfortable with you.
- **Duration** – Explain how long the patient or customer will be waiting. This will help them understand what to expect.
- **Explanation** – Explain the details so that the patient understands what is being done and why it is being done.
- **Thank You** – Thanking the patient or customer will help to further strengthen the experience and encourage an ongoing relationship.

Be sure to always introduce yourself to each patient and family member, and tell them what you are going to do, why you are doing it, how long it will take, and why it is necessary. Thank the patient and their family for allowing you to work with them.

Family Presence

Patients are encouraged and assisted in identifying their “Partners in Care” upon admission. Patients decide when their families and guests may be present. Taking the safety of patients and staff into consideration, we have a secure and easy-to-follow process for identifying after-hours guests (*Family Presence Policy*). The goal of this policy is to meet the psychological and emotional needs of the patient and those who comprise the patient’s support system through open visitation.

Our definitions of Guest, Partners in Care, and Family support our family presence efforts.

1. **Guest:** Anyone whom the patient determines has significance to their well-being and whose presence would enhance their hospitalization.
2. **Partner in Care:** An individual the patient deems as integral in the process of caring and recovery from illness (Note: Partners in Care may not be authorized by law to sign medical consent forms for procedures – see *Informed Consent Policy*).
3. **Family:** Persons identified by the patients as “a group of individuals with a continuing legal, genetic and / or emotional relationship”

Inclusion and Sensitivity

Allowing and respecting differences in both our patients and those with whom we work benefits us all by encouraging creativity, increasing productivity and providing a happier environment. Integrated workplaces also eliminate discriminatory practices. UofL Health encourages and promotes diversity. UofL Health fosters an environment that respects and values diverse backgrounds, perspectives and abilities to provide exceptional care and service to our patients, families and community. We recognize and embrace diversity within our organization by our commitment to educate and develop culturally competent staff and leaders.

Inclusion in health care is concerned with the equitable provision of care and service for everyone; this is our focus. Every day we see and treat individuals from a breathtaking variety of cultures, national origins, languages, races and lifestyles.

Language Services

UofL Health is committed to ensuring that individuals who are limited English proficient (LEP), deaf or hard of hearing and / or blind or visually impaired have meaningful access to the medical services we provide. Our Language Services Department provides in-person, video remote and over-the-phone interpretation services for American Sign Language (ASL) and spoken languages. In-house staff Spanish, French, Swahili, Kinyarwanda, Kirundi and Arabic interpreters are on-call during office hours, and arrangements for interpreters of ASL or any spoken language are made by contacting the department.

A Video Remote Interpreter service is available 24 / 7 for immediate needs for ASL and can be used for spoken languages as well. An over-the-phone interpretation service is available 24/7 by calling the number on the orange and blue Language Line badge buddy from any phone and putting it on speaker phone: 502-992-7722, press option 2 for hospital-based services.

For interpreter requests ahead of time, please fill out the Interpreter Request Form on the intranet (System Departments, Language Services).

For same-day interpreter requests or for next-day requests placed after 4 p.m. please contact the Language Services office at 502-562-3734 or page 562-4550. For general questions, contact via email at LanguageServices@UofLHealth.org. For after-hours interpretation arrangements and questions contact the House Supervisor

UofL Hospital

Monday: 6:45 a.m.-9:30 p.m.
Tuesday- Friday, 24 hours
Saturday – Sunday, 8:30 a.m.-4:30 p.m.
Pager: 502-562-4550
Office: 502- 562-3734

Jewish Hospital/ Frazier Rehab

Monday – Friday, 7:00 a.m.-4:30 p.m.
Pager: 502-587-4836
Office: 502-587-4365

Mary & Elizabeth Hospital

Monday – Friday, 7:00 a.m.-4:30 p.m.
Pager: 502-332-0560
Office: 502-361-6170

4: Compliance, Research, and Ethics

Compliance

UofL Health will conduct itself with the highest level of business ethics and in compliance with applicable laws. This goal can only be achieved and maintained through the integrity and ethical standards of those who represent UofL Health, both employees and non-employees. No set of standards or written rules can substitute for personal integrity, good judgment and common sense. Each person should strive for excellence in performing his or her duties, maintaining a high level of integrity in business conduct. Every person representing UofL Health should perform their duties in good faith and with due care that a reasonably prudent person in the same position would use under similar circumstances.

UofL Health is a non-profit, tax-exempt entity under IRS Code 501(c)3. UofL Health provides community benefits, including indigent patient care, medical training, education and research. UofL Health operates in compliance with IRS rules, regulations and guidelines. No representative of UofL Health shall engage, either directly or indirectly, in corrupt business practices, including bribery, kickbacks or payoffs, intended to induce, influence or reward favorable decisions of any government personnel or representative, any customer, contractor or vendor in a commercial transaction, or any person in a position to benefit UofL Health or the representative of UofL Health in any way.

Cash gifts to physicians or other referral sources are prohibited. Non-cash gifts to physicians or other referral sources that exceed reasonable and personal entertainment are prohibited. If circumstances seem to dictate a gift exceeding a reasonable limit, prior approval must be obtained from UofL Health's Compliance Officer. Prior approval, along with a reason for the gift, must be documented. When the best course of action is unclear, or if a UofL Health representative observes a violation of these standards, representatives are urged to seek guidance from their supervisors and to report the violation to them or to the UofL Health Office of Compliance and Ethics, responsible for the Corporate Compliance Hotline (1-877-426-6759 or 1-877-4COMPLY). Calls to the Hotline will be treated confidentially and may, at the caller's request, be anonymous.

Ethical Aspects of Care, Treatment, and Services

Medicine often involves more than just diagnosis and treatment. Difficult questions involving issues such as mental competence, quality of life and patient and family wishes may arise. Medical ethics is the moral dimension of medical practice.

These people take part in considering the ethical issues of care:

- The patient's provider
- Any health care representative directly involved in the patient's care
- The patient
- The patient's designated representative

In some situations, the Ethics Committee chairperson or Ethics Committee members performing the ethical consultation may feel the ethical concern merits full Ethics Committee discussion and deliberation. At this time, a meeting of the Medical Ethics Committee will be scheduled. The Ethics Committee can be accessed 24 hours a day, 7 days a week by calling the hospital operator and asking for the Ethics person on call.

Patient Rights

UofL Health respects the rights of our patients. Up to date patient rights can be found on our [website](#).

Reporting Abuse and Neglect

UofL Health complies with all state, federal, and local laws for the reporting of suspected abuse, neglect, mistreatment or exploitation. Any individual should take immediate action to report any incident where there is reasonable cause to believe abuse, neglect and / or mistreatment has occurred. Please contact the compliance hotline at 877-4COMPLY immediately if abuse is suspected. Employees and non-employees are protected from discrimination or retaliation for reporting to their supervisors any incident of suspected abuse, neglect or exploitation.

Confidentiality

Information about a patient's condition, care, treatment, personal affairs or records is confidential and may not be discussed with anyone except those responsible for patient care and treatment. Information related to UofL Health business, including but not limited to employee information, systems, vendors and documentation, is also confidential and should not be discussed with anyone except those responsible for those areas, services or employees. Confidential information may appear in both electronic and paper form, such as a computer or medical record. You are responsible for protecting the confidentiality of UofL Health information. The sharing of information should occur only if related to your job or on a need-to-know basis.

Medical Error Disclosure

UofL Health informs patients and, as appropriate, their families of outcomes of clinical care that differ significantly from an anticipated outcome, or which have resulted in a medical error. When such an event occurs, the attending physician responsible for the patient should contact Patient Safety Department at 502-562-2897 (ULH) or 502-587-4883 (JH) to discuss the incident and how the information will be disclosed. If, in these situations, the attending physician considers the disclosure of information not in the best interest of patient care, the physician may consult the Ethics Committee.

Research

In alignment with the Code of Federal Regulations (CFR) 46.112, all research that will be conducted in a UofL Health hospital, facility, UofL Physicians clinic; or involves UofL Health/UofL Physicians patients and/or staff, requires submission to the UofL Health research office (ULHRO) for facility review and approval prior to the onset of the study. The ULHRO ensures research personnel are vetted, HIPAA authorizations are in place, billing plans are compliant, and all relevant contracts are executed. The submission to the ULHRO should occur concurrent to the submission to the IRB so that the review can be conducted simultaneously. Researchers must have UofL Health facility approval in addition to IRB approval before initiating a research project.

The principal investigator (PI) is responsible for meeting the requirements of the Institutional Review Board (IRB); ensuring compliance with the rules and regulations that govern human subject research; and following UofL Health policies and procedures. This includes, but is not limited to, complying with the following items:

1. **Research Personnel:** All research personnel must be vetted through the ULHRO prior to gaining access to UofL Health Facilities or EMR systems for research purposes. The requirements depend on the level of patient contact and the person's role in the research project.
2. **Informed Consent / HIPAA Authorization:** Unless waived by the IRB, legally effective informed consent must be obtained from participants or their legally authorized representative (LAR) as a condition for IRB and UofL Health Facility approval. All relevant requirements in 45 CFR 46.111 and 46.116, and in the FDA regulations in 21 CFR 50.20, 50.25, 50.27 and 56.111 that are applicable to the consent process and the consent document must be satisfied. If the research project involves protected health information (PHI), then a HIPAA Research Authorization is also required. It is imperative that Informed Consent is completed prior to beginning any study related activity. Informed Consent and Research Authorization must be documented in the applicable UofL Health EMR system by the research personnel who obtained the consent from the patient. The informed consent and research authorization document must be signed and dated, and delivered to the health information management (HIM) department for uploading into the patient's chart in the applicable EMR.
3. **IRB reporting requirements:** Research staff must follow the IRB reporting requirements throughout the research study in accordance with applicable laws, regulations, codes and IRB requirements. <https://louisville.edu/research/researchers/compliance/irb/event-reporting>

For more details on UofL Health research requirements, email: Research@UofLHealth.org

5: Technology, and Reporting

Accessing Policies

To find, review or print a policy look for this Policy Tech icon on the desktop of any facility computer.



Once you click on the icon you can search for policies by number, name or by subject.

Occurrence and Medication Error Reporting

Occurrences can happen on any UofL Health property. Occurrences are any events that are considered out-of-the-ordinary, not part of routine business or unexpected such as patient or visitor falls, hospital-acquired infections or medication errors. A “near miss” is any variation in the process that did not affect the outcome, but, if it reoccurred, would have a significant chance of causing a serious adverse event.

UofL Health uses an online occurrence reporting system called RL Solutions. To report an occurrence, you may use any hospital computer and search for the icon that says “Safety Event Reporting”. The person who responds to, witnesses or is involved in an occurrence completes this electronic form as soon as possible. Serious or life-threatening injury occurrences should be reported to the Patient Safety Department immediately. Contact Patient Safety Department at 502-562-2897 (ULH) or 587-4883 (JH). Contact the House Supervisor after hours.

Sentinel Events

A sentinel event is a patient safety event (not primarily related to the natural course of the patient’s illness or underlying condition) that reaches a patient and results in any of the following:

- Death
- Permanent harm
- Severe temporary harm

An event is also considered sentinel if it is one of the following:

- Suicide of any patient receiving care, treatment and services in a staffed around-the-clock care setting or within 72 hours of discharge, including from the hospital’s emergency department (ED)
- Unanticipated death of a full-term infant
- Discharge of an infant to the wrong family
- Abduction of any patient receiving care, treatment, and services
- Any elopement (that is, unauthorized departure) of a patient from a staffed around-the-clock care setting (including the ED), leading to death, permanent harm or severe temporary harm to the patient
- Administration of blood or blood products having unintended ABO and non-ABO (Rh, Duffy, Kell, Lewis, and other clinically important blood groups) incompatibilities, hemolytic transfusion reactions or transfusions resulting in severe temporary harm, permanent harm or death

- Rape, assault (leading to death, permanent harm or severe temporary harm), or homicide of any patient receiving care, treatment and services while on site at the hospital
- Rape, assault (leading to death, permanent harm or severe temporary harm), or homicide of a staff member, licensed independent practitioner, visitor or vendor while on site at the hospital
- Surgery or other invasive procedure performed at the wrong site, on the wrong patient or that is the wrong (unintended) procedure for a patient

Sentinel events need to be reported immediately to Patient Safety Department at 502-562-2897 (ULH) or 502-587-4883 (JH). Contact the House Supervisor after hours.

Concerns About Safety and Quality of Care

Any employee who has concerns about safety or quality of care provided in the hospital may report these concerns to The Joint Commission and / or the State Office of the Inspector General. Hospital leadership asks that staff immediately bring any concerns about safety or quality to their department director or member of the executive staff as soon as possible. We are committed to taking immediate action to assure that safe; high-quality care is always provided.

No disciplinary action or retaliation will be taken against an employee who reports safety or quality of care concerns.

The Joint Commission

One Renaissance Blvd.
Oakbrook Terrace, IL 60181
800-994-6610
complaint@jointcommission.org

Kentucky Cabinet of Health Services

Office of the Inspector General
Division of Licensing and Regulations
908 West Broadway
Louisville, KY 40202
502-595-4079

Computer System and Resources

UofL Health has integrated computer systems designed to meet your total information needs and enhance the value of the health care services you provide. Twenty-four-hour, 7-day-a-week support is provided to troubleshoot hardware or software problems that may arise. To provide you with superior quality user support, we have assembled a qualified support team that can assist you in every aspect of system use. To gain support for computer system related issues, call the Help Desk at 502-588-7003, or email ServiceDesk@UofLHealth.org.

All individuals are expected to conduct their use of computer systems with the same integrity as in face-to-face or telephonic business operations. Any use that is illegal, non-work-related, offensive or in violation of other company policies may be the basis for denial of computer system access.

Internet / Intranet

UofL Health is connected with the internet and other networks. The internet can provide excellent sources of information for research and business use. However, access to the internet or other sites to or through company Intranet resources is authorized only when the access is in conjunction with valid work or project-related requirements. Access to internet sites that are generally considered obscene or racial will not be condoned. Individuals may not use the internet for access to any non-work-related sites and may not access or use information that would be considered harassing, offensive, discriminatory or prohibited by law.

Company management will periodically monitor individuals' use of any company-owned computer system or network. The company may use software designed to prevent users from connecting to non-work-related websites. Individuals who discover they have connected with a website that contains potentially offensive material must immediately disconnect from that site. The ability to connect with a specific website does not imply that users of the company system are permitted to visit that site.

Access to the internet from a company home computer must adhere to all the same policies that apply to use from within company facilities. Individuals should not allow family members or other non-employees to access company computer systems. Remote access is available to physicians and other care providers with appropriate authorization.

The facility reserves the right to monitor and address postings to social networking sites and / or internet sites that are deemed to be detrimental or derogatory to the facility or its patients and staff. Any such postings will be grounds for the individual's relationship with the facility to be terminated.

Cerner Millennium (UChart) for Hospital-Based Services

To support your clinical operations, patient information is maintained using the Cerner UChart. UChart is an advanced system that will make all patient information accessible to providers at all times – no matter if they are at a hospital, a clinic or out in the field. If access to this system is required, it will need to be requested by the Med Staff Office for providers or the sponsoring department leader for other non-employees. The Informatics provider support team offers UChart training. To inquire about training, contact Informatics@UofLHealth.org

EPIC for Provider Clinic (Ambulatory) Services

Contact EpicTraining@UofLHealth.org for questions.

Security / HIPAA

UofL Health takes a proactive approach to system security. While security is a necessary component of any computer network system, a fine line is drawn between a secure network and a usable network. The stronger the security, the more difficult these systems are to use. We try to balance the necessary security measures to ensure patient, employee and company information is protected with a seamless, easy to operate system. We are continually striving to make our systems more productive and easier to use while maintaining a secure environment. HIPAA has become a vehicle to help us achieve this goal.

- UofL Health maintains the network environment. It is inappropriate to attach any network device without prior authorization. Personal devices are prohibited on the internal network.
- *Microsoft Active Directory® (AD)* is a service that provides the ability to control access to systems based on need while restricting access to those systems not authorized.
- *Multi Factor Authorization (MFA) is required to access a UofL Health system remotely. Imprivata is the MFA tool and will require an enrollment.*
- Usernames and passwords, although thought to be a weak form of security, are required. User passwords are at least 8 characters long; they are changed every 90 days with a new unique password. Passwords should not be shared with anyone.
- Any entity, either internal or external, that needs to use the hospital network infrastructure should contact Information Systems for assistance to review the requirements and determine if any security and functionality risk or concerns associated with the installation exists.

- Virus protection is in place and strictly enforced and updated. It is constantly and automatically updated. This server pushes the anti-virus software to every computer on the network and will keep the signature files updated automatically.
- The Information Systems Department maintains a security access system that allows tracking access privileges, including the new hire process and termination process. This system allows us to promptly add and delete users from the system.
- UofL Health has acceptable use policies that define system users and what each user can and cannot do with the computer system. These policies are read and signed by every user authorized to use the hospital's computer system.

Email

Users must take the same care in drafting an email as they would any other communication. Confidential information should not be sent via email. Email is a business communication tool, and users are obligated to use this tool in a responsible, effective and lawful manner. Although, by its nature, email is less formal than other written communication, the same laws apply. Therefore, it is important that users are aware of the legal risk both to them and to the organization, and are also aware of UofL Health's rules of email:

- **Do not** forward confidential information.
- **Do not** send an attachment that contains a virus.
- **Do not** send or forward emails containing offensive or disruptive content, including, but not limited to defamatory, offensive, racist or obscene remarks. If you receive an email of this nature, you should promptly notify a supervisor.
- **Do not** send unsolicited email messages.
- **Do not** forge or attempt to forge email messages.
- **Do not** disguise or attempt to disguise identity when sending email.
- **Do not** send email messages using another person's email account.

Personal Use

The hospital email system should only be used for legitimate business purposes. Sending chain letters, junk mail, jokes and executables is prohibited. All messages distributed via the company's email system are UofL Health property. Personal email (e.g., Yahoo, Gmail) is not accessible on the hospital computers but can be accessed through personal devices (e.g., phones, laptops).

System Monitoring

Users expressly waive any right of privacy in anything they create, store, send or receive on the company's computer system. The organization can, but is not obligated to, monitor emails without prior notification. If there is evidence that you are not adhering to the guidelines set out in the policy, UofL Health reserves the right to take disciplinary action, including termination and / or legal action.

6: Safety and Environment of Care

UofL Health is focused on patient safety. A structure we utilize to ensure patient safety is The [Joint Commission National Patient Safety Goals](#)

Chain of Command

UofL Health creates a proactive environment where staff can be comfortable seeking assistance from others with expertise when a patient status is changing. This is accomplished by:

- Communication with the charge nurse or supervisor
- Communicating with the physician
- Utilizing the *Chain of Command Policy*

Safety Contacts

If you ever have questions or comments regarding a safety or security issue, please contact any of the following:

Topic	Contact	Phone
Overall Hospital Safety	Patient Safety	502-562-2897 (ULH), 502-587-4883 (JH)
Security Issues	Security Department	502-562-3518 (ULH), 502-955-3110 (JH)
Radiation Safety	Radiation Safety Officer	502-852-5232

Occupational Health / Reporting of Exposures

UofL Health requires that all medical staff, students, volunteers and contract workers be immunized in accordance with the Center of Disease Control and Prevention (CDC) guidelines. These include annual tuberculin screening and / or skin testing, and may also require appropriate medical evaluation, immunity against hepatitis B, rubeola, rubella and varicella. Commitment to patient safety also dictates that immunization against influenza occurs every season unless contraindicated.

If exposure to the blood or bodily fluid of a patient occurs, the UofL Health Services Office must be immediately contacted for UofL students, physicians and residents. Treatment, including source patient testing, is covered by the University Workers' Compensation Insurance, but it must be initiated through the UofL Health Services Office. All testing must be done through the Health Services Office or it will be billed to the ordering physician if it is done as a post-exposure management. Students are advised to review their specific health coverage and work with the Health Services Office for both immunization and any post-exposure testing and management.

If an exposure to the blood or bodily fluids of a patient occurs and it involves a non-UofL student, then the student's college or other institution must be notified. The instructor is responsible for initiating this process and should coordinate their efforts with the charge nurse, employee health nurse or Infection Control. The non-UofL student can be treated through the UofL Health Services Office for a fee or can be seen in the UofL Hospital ED. The student and instructor must provide insurance information to prevent a charge to the source patient. Neither UofL Health nor the source patient is responsible for the charges incurred during testing. Please be prepared to provide the insurance information in the event of an occupational exposure.

Slips, Trips, and Falls

Injuries caused by slips, trips and falls can be reduced just by paying attention to your surroundings. Always observe wet floor signs and be alert to such unsafe conditions as:

- Wet, slippery and uneven floors
- Untacked carpeting or rugs
- Loose cords
- Poor lighting

If you notice any of these potentially hazardous situations, try to correct the problem yourself. If you are not comfortable doing so, take steps to prevent others from being injured and contact a supervisor immediately. Patients at greater risk for a fall will have a yellow "Falls Prevention" bracelet, yellow socks, and a yellow door sign to help staff take extra precautions for the patient.

Back Safety

Most back injuries are not caused by a single incident. Instead, back injuries are most often caused by long-term exposure to stress resulting from improper lifting, standing, bending,

reaching, pushing, pulling or sitting. By continually exposing your back to unnecessary strain, you may temporarily or permanently damage muscles or even spinal disc.

When lifting:

- Get assistance if the load is too heavy or large
- Stand with your feet shoulder-width apart
- Bend at the knee instead of at the waist
- Lift with your leg muscles – not your back muscles
- Keep the load close to your body
- Avoid twisting

When pushing or pulling:

- Stay close to the load
- Use both arms
- Push rather than pull, if possible.
You can push twice as much as you can pull.

Needle Safety Devices

Throughout the facility, various needle safety devices are readily available for use that decrease our risk for accidental exposure. None of these items work by themselves. Make sure you understand how to use a particular safety device before you use it for the first time. If you are involved in a procedure where a safety device is not available, please contact the Infection Prevention Office to discuss the procedure and determine which, if any, safety devices are suitable for that procedure.

The most dangerous device is a hollow bore needle. It is especially dangerous when the needle was in a patient's artery or vein and is contaminated with blood. Prevent the exposure; use needle safety devices, pay attention and dispose of needles carefully and promptly. Prevent accidental exposure by using personal protection equipment (PPE) and needle safety devices.

Right to Know

Remember that you have the right to know about the chemicals with which you work. Make sure you read, understand and follow all product labels and the SDSs. Each hospital department has a chemical inventory of the hazardous chemicals in the area. In the event of a spill or exposure, you may call the 3E Company at 800-451-8346 for a Safety Data Sheet or look for the "MSDS Search" icon found on hospital computer desktops.

Hazard Communication

Hazardous substances such as cleaning solvents and anesthetics are commonly found in health care facilities. To protect yourself and others from the potential dangers associated with working with these materials, it is important that you read and follow the *Hazardous Materials and Waste Management Plan*. This plan will tell you about the potential hazards of workplace chemicals and how you can protect yourself against possible risks.

Warning Labels and Safety Data Sheets

Vital information about the chemicals you work with is available through warning labels on products and through Safety Data Sheets (SDS). Warning labels provide basic information about the chemicals while SDSs provide much more detailed information.

Medical Waste

Health care facilities routinely generate copious amounts of potentially hazardous medical waste. There are six main types of waste at UofL Health: general trash, infectious waste,

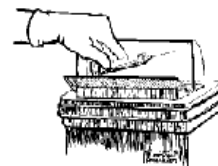
radioactive waste, cytotoxic waste, pharmaceutical hazardous waste and hazardous chemical waste. In all cases, medical waste must be disposed of properly.

General Waste

General waste is waste that is produced at workstations such as wastepaper, wet waste such as food and general waste from public areas such as restrooms. This commonly includes paper products and general trash. Unless it meets the criteria of one of the other waste types, it is general waste.

Infectious Waste

Infectious waste is any waste that is contaminated with organisms capable of transmitting an infectious disease such as HIV and hepatitis. Infectious waste includes items saturated with blood or other potentially infectious body fluids; it must be disposed of in a **RED** biohazardous bag. Other potentially infectious body fluids include amniotic, pleural, pericardial, synovial and peritoneal fluids, saliva during dental procedures, and any time you cannot differentiate between fluids. Disposal of materials such as needles, syringes, scalpels and other sharps must always be disposed of in red leak proof, puncture-resistant containers that are clearly marked with a biohazard warning label. Never throw these items in the trash.



Radioactive Waste

Liquid and solid radioactive waste may include body fluids and solid material from a person receiving treatment. It can be very dangerous. If you are required to handle radioactive waste, always use universal precautions and make sure that it is either stored in a secure area or disposed of in a container that is labeled with the international radiation warning symbol. Never place radioactive waste in the general trash, pour it down the drain or toilet, or leave it in a public area. Unless you are authorized, never empty or move trash containers labeled with the radiation symbol. If you are ever unsure about any radioactive waste, contact the University of Louisville Radiation Safety Department at 502-562-3176 immediately.



Cytotoxic Waste

Medication, such as those given to patients for the treatment of cancer, also requires special handling. This type of waste requires incineration, so it must be placed in specially marked containers. At this facility, those containers are **YELLOW** or have yellow labels indicating that the container is for cytotoxic waste.

Hazardous Pharmaceutical Waste

Some pharmaceuticals are reactive, toxic, ignitable or corrosive and should not be disposed of in municipal landfills. Make sure you discuss this type of waste with your supervisor so you are aware of what may be generated or handled within your unit / department. Make sure you understand the proper disposal techniques for the unused pharmaceuticals administered on your unit/department.

Hazardous Chemical Waste

Waste of this type may be generated in many areas throughout the facility. This type of waste poses a hazard to both the health care worker and the environment if not properly handled. These materials may include chemicals such as mercury, histosol and fuel. Make sure you discuss this type of waste with your supervisor so you are aware of what may be generated or handled within your unit/department.

Bloodborne Pathogens

As a person who works in a health care facility, you are at risk of exposure from bloodborne pathogens. UofL Health has developed an extensive *Exposure Control Plan* designed to protect all health care personnel from exposure and to ensure a process that provides appropriate treatment in the event of exposure. Health care workers need to be aware of the exposure risks when unprotected contact is made with some human bodily fluids.

Those fluids, other than blood, may also be called OPIM (Other Potentially Infectious Materials). Some body fluids are not considered OPIM. These fluids include urine, feces, sweat and tears. If blood is visibly present in any of these fluids, they are considered potentially infectious and should be handled as such. Any time you cannot tell the difference between fluids, you should use exposure precautions.

Types of Bloodborne Pathogens

Three bloodborne pathogens pose the greatest threat to health care workers:

- Human Immunodeficiency Virus (HIV)
- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)

Exposure to Bloodborne Pathogens

Blood and bodily fluids can contain bloodborne pathogens that can be transmitted through:

- Needlesticks
- Open cuts or abrasions
- Mucous membranes of your eyes and nose if contact is made by splash or spray



Protecting Yourself from Exposure

- Always use safety devices when performing procedures using needles or other sharps.
- Always wear appropriate PPE.
- Never recap or break off used needles or other sharps.
- Avoid unnecessary splashing when working with blood or bodily fluids.
- Never eat, drink, apply cosmetics or handle contact lenses in areas where exposure may occur.
- Always dispose of sharps in the appropriate puncture-resistant container.
- Always dispose of all medical waste in the appropriate biohazard bag or container as soon as possible after use.
- If your skin comes in contact with blood or other potentially infectious material, immediately wash with soap and running water, or flush eyes with water.
- If mucous membranes are exposed to contamination, flush with water for 15 minutes then contact your Employee Health Office.

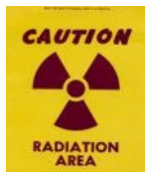
Radiation Safety

The use of radiation at the UofL Health facilities is for diagnostic imaging and therapy. Radiation exposure levels around the facility and for personnel working directly with radiation (i.e., imaging technologists, etc.) are minimal when proper policies and procedures are followed. However, we assume all levels of radiation exposure are a potential risk, therefore, precautions must be taken to minimize the risk of high-level exposure.

Sources of Radiation

There are two general sources of radiation used in healthcare – radiation producing machines (e.g., X-ray units, computed tomography, etc.) and radioactive materials used for imaging and therapy / treatments.

General Precautions



- A "Caution, Radiation Area" sign will be posted on any door to a room with a permanently installed radiation producing machine.
- The walls surrounding the room will have shielding to ensure that outside the room, during the x-ray on time, will have minimal radiation exposure
- If you are in the room during a patient procedure you MUST follow all procedures given to you by the personnel working in the room
- You must NEVER attempt to set up any equipment on your own
- DO NOT go into any areas with this sign unless you have been given permission or are with personnel who can direct you.



- A "Caution, Radioactive Materials" sign will be posted on any door to a room that may have stored radioactive materials.
- All radioactive materials must be secured in a locked area or with someone that is trained.
- DO NOT try to enter one of these rooms unless you have been given permission or are with someone who works in that area.
- ALWAYS be mindful around patients that have been given radioactive material and follow the policies in the area that you are in.

If you are pregnant and your work involves being in the areas of radiation use, please notify the health care personnel in case there are any special precautions to be taken.

Radiation Safety Officer

At the University of Louisville, the Radiation Safety Officer (RSO) is always available to address any questions or comments you may have about radiation safety; call 502-852-5231, or email radsafe@louisville.edu. The director of Medical Imaging may also be contacted.

Magnetic Resonance Imaging (MRI) Safety

Magnetic Resonance Imaging (MRI) equipment is used by UofL Health to help diagnosis many types of illness. MRI systems use powerful magnets and strong electronic current to generate a magnetic field.

1. The MRI magnet is always on; even when a patient is not being imaged. Any ferromagnetic objects that are inadvertently taken into the MRI room will be attracted to the large MRI magnet and cause projectile risks.
2. There are many precautions taken prior to entering the MRI room. You MUST follow any instructions, and procedures from the personnel working in the area and any postings on the walls.

3. Specially trained technologists use the MRI equipment, but all UofL Health employees, volunteers, students, etc., must be aware of the risks when in the area. DO NOT enter the area, and especially the MRI imaging room without the instruction and consent of the personnel that work in the area.

Infection Prevention and Control

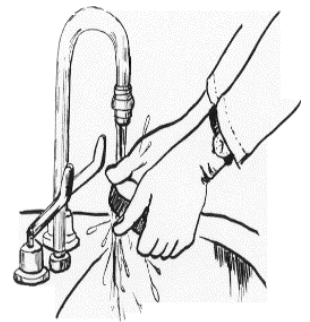
Germ in a health care facility can be dangerous and sometimes deadly. Fortunately, you can reduce the risk associated with germ contact for both you and your patient by utilizing safe infection control practices. Preventing health care associated infections is an essential activity that all of us share. We must do our part in providing a safe environment for our patients.

Hand Washing and Hand Sanitization

- Hand hygiene is the single most important means of preventing the spread of infection. Five moments of hand hygiene during patient care can be found here: [Five Moments of Hand Hygiene](#)
- Before touching a patient or their environment
- Before a clean/aseptic procedure
- After body fluid exposure
- After touching patient
- After touching a patient's environment

Hand hygiene should also be performed:

- After a staff member uses the restroom
- After staff member eats
- Before and after manipulating contact lenses or lip balm
- Anytime hands are visibly soiled



Our first choice in hand hygiene is the use of the alcohol-based hand rub (ABHR) located throughout the facility. The hand sanitizer is quick, easy to use and gentler on the hands than soap and water.

Soap and water should be used when hands are visibly soiled and after caring for a patient with C. diff, and/or diarrhea. If you accidentally get blood or other bodily fluids on your hands, immediately wash with a non-abrasive soap and rinse thoroughly. Adjuncts such as ABHR may be used to sanitize hands at all other times. ABHR should not be a substitute for washing with soap and water after using the restroom and when hands are visibly soiled.

Gloves

Gloves are not a substitute for hand hygiene; however, they play a significant role in reducing the spread of germs. Always wear gloves when contact with blood, bodily fluids or non-intact skin is expected or can be anticipated. The primary non-sterile exam glove used at UofL Health is a synthetic material, not latex. If you have an allergy to latex, make sure you have notified the UofL Health Services Office so they can provide guidance in a safer glove for your use. If you need a special type of glove, that can be arranged through Supply Chain.

Transmission-Based Precautions

Initiating transmission-based precautions and adhering to their guidelines are necessary to prevent the spread of infection. Carefully read, follow all posted precautions warnings, and never enter an isolated area unless authorized to do so and unless you are wearing the appropriate PPE. At UofL Health, we utilize six types of transmission-based precautions in addition to universal (standard) precautions.

Standard Precautions

Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources in the healthcare environment. Standard precautions involve putting a barrier (gloves, masks, face shield) between the health care worker and body fluids. Standard precautions should be used when contact with body fluids, non-intact skin and/or mucous membranes are anticipated.

Please refer to the *Standard Precautions, Transmission-Based Precautions and Isolation (Policy # 3280-0050)* for the most up-to-date precaution guidelines.

Any questions about precautions should be forwarded to the Infection Prevention Department by calling 502-562-4463 (ULH) or 502-587-4870 (JH). The Hospital Epidemiologist can be contacted at 502-562-3473.

Emergency and Disaster Codes

Code	Definition
Code Black	Bomb threat / bomb
Code Yellow External	Disaster that pushes the facility beyond normal operations. Ex: Severe weather, explosion, fire off property that drives people to the facility.
Code Yellow Internal	Internal disaster that is contained to the facility, such as major structural damage, electrical failure, flooding, actual presence of explosive device, hostage situation, outbreak of public disorder or a breach of public peace.
Code Orange External	A spill or release of a chemical off site that drives contaminated person to our facility. Impacted person may need to undergo decontamination (Decon) before entering the facility. (Isolation or quarantine may also be necessary.) Keep away from identified areas.
Code Orange Internal	A spill or release of a chemical that on/within the facility. Keep away from the impacted area.
Code Pink	Missing Infant or Infant Abduction (ULH, MEH, PH).
Code Silver	Brandished Deadly Weapon. Weapon such as gun, knife, scissors, etc. is being displayed. NOTE: Active shooter is called when a firearm is being discharged or has been discharged within the hospital building or on the hospital grounds.
Code Red	Fire / Fire Drill
Tornado Warning	Tornado plan
Code Gray	Immediate Security Assistance may be used when security is needed due to an individual who is displaying violent, disruptive or threatening behavior poses a threat.
Code Blue	Cardiopulmonary emergency
Code Stroke Alert	Any patient exhibiting signs / symptoms of a stroke
Rapid Response	Patient medical assistance
Code EMA	Visitor medical assistance
Amber Alert	A child has gone missing
Golden Alert	A vulnerable adult has gone missing
Code STEMI	STEMI response needed (JH Only)
Code Aorta	Aneurysm response needed (JH Only)
Code MH	Malignant hypothermia response needed

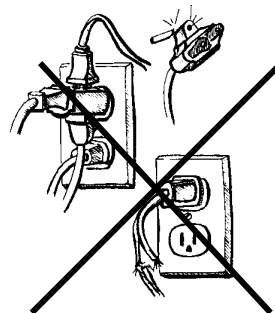
Response Expectations

Your specific duties in the event of a disaster, if any, will be assigned to you on your unit or in the department in which you work. However, everyone is responsible for the following general duties:

- Read, understand and follow the disaster plan policies
- During disasters, do not go to an area as a sightseer
- If you observe un-escorted media personnel in or around the facility, contact Security and UofL Health – Marketing & Communications media relations hotline at 502-588-4444.

Electrical Safety

- Never use a “cheater” to convert a 3-prong plug into a 2-pronged plug
- Do not overload electrical sockets
- Check for frayed or damaged cords before plugging in equipment
- Immediately tag and remove damaged cords from service, then notify your supervisor
- Do not conceal cords under rugs or attach them to the wall with pins or tacks
- Never use extension cords without approval
- Do not work around electricity when your surroundings are wet
- Turn off coffee makers and other appliances when not in use
- Report shocks, even tingles, to your supervisor immediately



Fire Safety

While any fire can be dangerous, a fire in a health care setting takes on a much greater significance because of the patients who are present. Because most patients are not fully able to care for themselves and are not familiar enough with their surroundings to react and escape independently, they are highly dependent upon you and other employees to assist them in the event of fire. Our patients may require special assistance in such an emergency. For these reasons, it is imperative that everyone is prepared to prevent and even respond to an actual fire.

It is good practice to be familiar with your surroundings. Build muscle memory to always have an escape route. Best practice includes knowing multiple emergency exit routes, know where the fire alarms and extinguishers are located, know how to use a fire extinguisher, and know and understand what smoke doors are and are located.

There are two acronyms everyone should be familiar with when it comes to Fire Safety, RACE and PASS. In case of a fire remember RACE. To use a fire extinguisher, remember PASS.

RACE

- **Rescue:** get everyone out of the area.
- **Alarm:** pull the alarm and call 7777. (UofL Physicians practices, Medical Centers Northeast and Southend call 911)
- **Control / Contain:** close all doors and windows.
- **Extinguish:** the fire if it can be done safely, if not evacuate.

PASS

- **Pull:** Pull the pin.
- **Aim:** Aim the nozzle at the base of the flame.
- **Squeeze:** Squeeze the trigger slowly.
- **Sweep:** Sweep side to side.

Security

The Security Department is staffed 24 hours a day to provide a safe and secure environment for the facility and its staff, patients, and guests. At UofL Hospital the security office is next to the ED entrance of the hospital, at Jewish Hospital it is located next to the entrance of the parking garage. Security uses roving patrols to conduct perimeter checks. These officers are armed and commissioned, respond to all calls for assistance outside the facility, assist in traffic management, and write parking citations. Security also uses interior patrols within the facilities. There are several stationary posts throughout the campus.

Facility	Security Office	Phone Number
UofL Hospital Campus	ED Entrance	502-562-3518
Jewish Campus	Frazier Lobby	502-587-4484
Mary & Elizabeth Hospital	ED Entrance	502-361-6510
Peace Hospital	ARC Entrance	502-479-4550
Shelbyville Hospital	ED Entrance	502-835-3151
South Hospital	ED Entrance	502-955-3110
Medical Center Northeast	Back Right Hallway	502-210-4211
Medical Center East	ED Registration	502-259-6911
Medical Center Southwest	ED Entrance	502-995-2444
Medical Center Southend	Main Lobby	502-790-2641

Personal Safety

UofL Health facilities are busy places with many people moving through it each day. Always be aware of your own surroundings, keeping your and the patient's security in mind. Wear your identification badge where it can be seen. Anyone not wearing a badge should be treated as a visitor. Take responsibility for your personal safety by being aware of your surroundings, locking your vehicle and valuables, using well-traveled routes to and from work, and taking other precautions. If you desire an escort to your vehicle (24 hours per day), contact the local Security Department.

The University of Louisville Police Department (DPS) may also be contacted at 502-852-6111 (24 hours a day) for an escort on the downtown campus. Everyone is responsible for the safety of his or her own work site. Take these steps to make your work site safe:

- Secure your personal belongings while at work.
- Try to walk with co-workers when entering or leaving work.
- Stay aware of what is going on around you and walk with confidence.
- If you drive to work, have your car keys in your hand before entering the parking area.
- Remember where you park your car and walk directly to it.

It is important to report any thefts, suspicious activity, or other security concerns to UofL Health Security immediately.

7: For Providers

Abbreviations

UofL Health maintains an “unacceptable” list of abbreviations. These abbreviations are known to cause miscommunication, misinterpretation or confusion. The recipient of the order containing an unclear abbreviation shall request and receive written clarification from the prescriber before processing the order, except in emergency situations.

Abbreviation	Intended Meaning	Common Error	Correction
U or u	Units	Read as “0” or “4”	Spell out “units”
IU	International unit	Misread as “IV” (intravenous)	Spell out “units”
Q.D., QD, q.d., qd	Every day	Misread as QID (period looks like an “I”)	Spell out “every day”
Q.O.D., QOD, q.o.d., qod	Every other day	Misread as “QD” or “QID”. If the “O” is poorly written, it looks like a period of “I”	Spell out “every other day”
Trailing zero (e.g., 1.0 mg)	1 mg	Mistaken as “10 mg” (decimal not seen)	Do not use ending zero
Lack of leading zero (e.g., .5 mg)	0.5 mg	Misread as “5 mg”	Always use leading zero before a decimal point when dose is less than a whole unit.
MS	Morphine sulfate	Confused with MSO ₄ and MgSO ₄	Write “Morphine”
MgSO ₄	Magnesium sulfate	Morphine sulfate	Write “Magnesium”
MSO ₄	Morphine sulfate	Magnesium sulfate	Write “Morphine”

Verbal Orders

Verbal orders shall be accepted only in urgent situations where immediate communication is not feasible. Verbal orders for antineoplastic agents are not permitted under any circumstances. Do not use abbreviations when giving or receiving verbal orders. For example, “1 tab TID” should be communicated as “give one tablet three times a day.”

Verbal orders should include the following information:

- Purpose of medication
- Trade name and generic name
- Prescriber name, phone number or pager number, and ID number
- Patient allergy information
- Age and weight of patient, when appropriate (i.e., heparin, pediatrics)
- Drug name, dose, frequency, and route
- Drug dosage form (i.e., capsule, tablet)
- Exact drug strength or concentration
- Drug quantity and / or duration

Informed Consent

A valid consent must be obtained from all patients and / or the authorized designee for treatment, for certain defined diagnostic procedures, and for all surgical procedures (see Research Section regarding informed consent for research studies). This discussion should be documented in the patient’s medical record. The physician should complete the appropriate

consent form and obtain appropriate signatures from the patient and / or authorized designee and from a witness.

Informed consent includes a clear and concise explanation of the following:

- The patient's condition
- Proposed treatment or procedures and the plan of care
- Potential benefits, risks and hazards of the proposed treatment / procedure
- Possible alternative treatments and / or procedures

In the event of an emergency medical condition where immediate treatment is required to prevent permanent damage and / or to save a life and there is no time to obtain consent, the physician should document the existence of the emergency medical condition in the medical record and, if possible, obtain the signature of a second physician. For non-emergency situations in which there is no authorized designee present to give written consent, verbal consent may be obtained by phone, verified by two witnesses.

Health Information Management

Residents should be familiar with the policy on *Probation, Suspension, and Termination for Delinquent Medical Records at Affiliated Hospital, University of Louisville School of Medicine*.

Residents who have not received instructions in the use of the transcription system should contact HIM Transcription for instructions on access and usage of the dictation system.

A brief, but comprehensive operative progress note must be entered in the medical record immediately after surgery. Operative notes should be dictated immediately after the procedure. Discharge summaries should be dictated within 48 hours after patient discharge and must list the principle and all relevant diagnoses. A Discharge Summary will not be considered complete without a listing of diagnoses. Patient follow-up care is important for continuum of care. A carbon copy (cc) notation facilitates follow-up and should be made an integral part of the dictation.

Death certificates are required to be completed within five working days of notification.

Restraints

We continually work on the inpatient units to use alternative methods for restraining patients and to reduce the use of restraints. We do recognize that there will be certain instances that restraints are required for safe patient care. Recognizing this, we acknowledge that we need to collaborate with physicians to assure that patients receive safe care and ensure that regulations for patient restraints are followed. As you perform your daily rounds on patients, if the patient is in restraints, please assess the need for the continuation of the restraint. Please review the hospital policy *Restraints and Seclusion* for further guidance.

Pain

The identification and the proper treatment of pain is an important part of the patient's individualized plan of care. Discuss and plan the treatment plan for pain with your patient and family, and with the nurse caring for the patient. This plan should include pain management goals, setting realistic expectations, education of the patient and family about pain control and the potential side effects of pain management chosen.

Determine the best approach for pain control including pharmacological and non-pharmacological approaches. When using pharmacological interventions, be sure to assess the patient for adverse outcomes related to opioid treatment. When writing an order, be sure to write

a complete, accurate order for pain ensuring the indication for use and the parameters by which to administer the pain medication. If you are a consulting service, be sure to double check there are no therapeutic duplications.

Advance Directives

UofL Health recognizes a patient's right to make decisions regarding treatment, including the right to consent, to refuse or to alter treatment plans and the right to formulate an advance directive governing care should the patient become incapacitated. Advance directives include verbal statements to the physician, a living will and/or durable power of attorney for health care. Each patient admitted to UofL Health receives written information on advance directives and a copy of rights and responsibilities and is given the opportunity to present an advance directive document for the medical record. Patients are also asked to name a person as a health care surrogate in case of incapacitation and inability to make their own health care decisions.

A patient may revoke an advance directive at any time by making an oral statement to the physician or other health care professional (witnessed by two other health care professionals). Any oral request for changes in advance directives must be documented in the patient's medical record.

8: Acknowledgement Page

I have received orientation information for UofL Health. I have read and understand the contents of this orientation booklet. I have received adequate information about UofL Health ("Hospital") for my position / experience and will pursue the appropriate Hospital source if I have questions. I understand the Hospital has legal and ethical responsibilities to protect the privacy and confidentiality of all patients and their protected health or medical information.

- I shall act in the best interest of the Hospital and in accordance with its policies and procedures, values and professional conduct expectations at all times during my relationship with the Hospital.
- I shall obey Hospital rules and standards concerning patient privacy and confidentiality, and seek guidance about patient privacy and confidentiality issues when needed.
- I shall hold my observation and actions concerning patients, physicians, staff, volunteers and other Hospital associates to the strictest of confidence.
- I shall not inquire, divulge, transmit, copy, release, sell, loan, alter or destroy any confidential information or share any protected health or medical information except as properly authorized.
- I shall report, as soon as possible, any observed privacy or confidentiality violations to Hospital management and fully cooperate with any investigation of conduct that may be a violation of their rules and standards.
- I shall continue my privacy and confidentiality obligations under this acknowledgement after the completion of my relationship with the Hospital.
- I shall not have ownership interest in any information accessed or created by me during my relationship with the Hospital.
- I shall be dismissed from my relationship with the Hospital should I violate this acknowledgement.

Date: _____

Name (print): _____

Signature: _____

Facility: _____

I am a:

- | | | |
|--|---|---|
| <input type="radio"/> House Staff Member | <input type="radio"/> Medical Staff Member | <input type="radio"/> Health Professional Affiliate |
| <input type="radio"/> Medical Student | <input type="radio"/> Student | <input type="radio"/> Volunteer |
| <input type="radio"/> Contractor | <input type="radio"/> Temporary Support Staff | <input type="radio"/> Other |
- _____

Please return Acknowledgement Page as outlined below:

- *House Staff, Medical Staff, Health Professional Affiliate (return to Medical Staff Services)*
- *Nursing Students (return to Nursing Education)*
- *Other students (return to appropriate Hospital Department)*
- *Volunteers (return to Volunteer Services)*
- *Contractors (return to appropriate Hospital Department)*
- *Temporary Support Staff and Contract Personnel (return to Human Resources)*
- *Others (return to Human Resources)*