

# University Hospital Orientation

---

**For Non-Employees**



---

530 South Jackson Street  
Louisville, Kentucky 40202

Version 8.0  
December 2010

---

## Contents

|   |           |
|---|-----------|
| <b>1: About University Hospital</b>                       | <b>4</b>  |
| • About This Booklet                                      |           |
| • Mission and Goals                                       |           |
| • Description of the Hospital and Our Patient Population  |           |
| • Overview of Campus                                      |           |
| • Organizational Improvement                              |           |
| <b>2: Values and Professional Conduct</b>                 | <b>7</b>  |
| • Our Values  |           |
| • Core Behavior Standards                                 |           |
| • Harassment  |           |
| • Violence in the Workplace                               |           |
| • Confidentiality   |           |
| • Drug-free Workplace                                     |           |
| • Smoke-free Workplace                                    |           |
| • Personal Appearance                                     |           |
| • Violations of Values and Professional Conduct Standards |           |
| <b>3: Compliance, Research, and Ethics</b>                | <b>13</b> |
| • Compliance  |           |
| • Ethical Aspects of Care, Treatment, and Services        |           |
| • Medical Error Disclosure                                |           |
| • Research  |           |
| <b>4: Our Patients</b>                                    | <b>17</b> |
| • Patient Rights and Responsibilities                     |           |
| • Informed Consent  |           |
| • Advance Directives                                      |           |
| • Customer Service  |           |
| • Cultural Diversity and Sensitivity                      |           |
| • Reporting Abuse and Neglect                             |           |

---

|   |           |
|---|-----------|
| <b>5: Documentation, Technology, and Reporting</b>      | <b>23</b> |
| • Abbreviations   |           |
| • Legibility and Acceptable Order Writing               |           |
| • Verbal Orders   |           |
| • Health Information Management                         |           |
| • Occurrence Reporting/Sentinel Events/Reporting Claims |           |
| • Computer Systems and Resources                        |           |
| <b>6: Safety/Environment of Care</b>                    | <b>31</b> |
| • National Patient Safety Goals                         |           |
| • Occupational Health/Reporting of Exposures            |           |
| • Slips, Trips, and Falls                               |           |
| • Back Safety   |           |
| • Electrical Safety                                     |           |
| • Fire Safety   |           |
| • Medical Waste   |           |
| • Bloodborne Pathogens                                  |           |
| • Personal Protective Equipment                         |           |
| • Hazard Communication                                  |           |
| • Radiation Safety                                      |           |
| • MRI (Magnetic Resonance Imaging) Safety               |           |
| • Infection Control                                     |           |
| • Emergency and Disaster Codes                          |           |
| • Security and Personal Safety                          |           |
| • Safety Contacts                                       |           |
| <b>7: Acknowledgement Page</b>                          | <b>51</b> |

---

## 1: About University Hospital

### About This Booklet

The information in this booklet is a brief summary. For more extensive information on the topics in the booklet refer to the policies and procedures on *Information Station* (the Hospital intranet), accessible on any computer desktop in the facility. Provision of this orientation information is a regulatory requirement; the Hospital 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 University Hospital.

### Mission and Goals

The mission of University Hospital is to provide inpatient and outpatient hospital based services which meet patient and community needs, while supporting, the educational and research mission of the University of Louisville's Health Science Center.

The University of Louisville Hospital is a part of the Louisville Medical Center and is also an integral component of an academic medical center. The University of Louisville Hospital will actively participate in the development of the Louisville Medical Center in a manner that is consistent with the well being of our academic medical center.

In support of the mission, University of Louisville Hospital shall:

- Provide patient services responsive to the needs of those served.
- Serve as the major regional location of the education of health care professionals and a resource for research in the clinical sciences.
- Be a state-of-the art facility whose caring employees serve the individual needs of the community.
- Participate with the medical staff and other hospitals in activities that positively affect the quality of care and promote the reputation of the hospital and the medical school.

### Description of the Hospital and Our Patient Population

University Hospital has evolved from a county Hospital started in 1823 with 150 beds, to a state-of-the-art complex offering a complete range on inpatient and outpatient services. At University Hospital, a world of medical knowledge is brought to each patient's bedside. As the primary adult teaching Hospital for the University of Louisville's Health Science Center, the next generation of health care professionals are trained here. Our knowledge of the latest medical treatments and techniques means patients at University Hospital receive the most up-to-date treatment in the

---

region. With 404 licensed beds, the acute-care tertiary Hospital provides a full range of diagnostic, therapeutic, emergency, and surgical services, including the region's only Level 1 Trauma Center.

### **Overview of Campus**

The Hospital Campus consists of:

- University Hospital
- The James Graham Brown Cancer Center (BCC)
- The Ambulatory Care Building (ACB)
- The Institutional Services Center (ISC)/Parking Garage  
(Human Resources and the Hospital operator are located on the street level of this structure.)
- UofL Health Care Outpatient Center (HCOC)  
(The following outpatient services are located in this building: Surgery, Pharmacy, Rehabilitation, Imaging, and Clinical Laboratory.)
- The Lampton Building  
(Information Systems is located in this building.)
- Med Center One - 501 East Broadway  
(Accounting, Reimbursement, Business Office, Planning, Public Relations and Marketing, Research Integrity, and Supply Chain Management are located in this building.)
- Danka Building - 502 East Market Street  
(Bone Marrow Transplant and the James Graham Brown Cancer Center Business Office are located in this building.)

### **Food**

The Patio Café is open Monday - Friday

- Breakfast is from 6:30 am - 10:00 am
- Lunch is from 11:00 am - 2:00 pm
- Dinner is from 4:30 pm - 7:00 pm

The Cardinal Court is open Monday - Friday, 10:00 am - 2:00 pm and Saturday - Sunday, 7:00 am - 2:00 pm.

Outtakes is the gift shop located in the front entry of the Hospital. Their hours of operation are Monday - Friday, 7:30 am - 6:00 pm and Saturday - Sunday, 9:30 am - 3:00 pm.

### **Money Machine**

For ready cash, there is an ATM in the Hospital lobby on the first floor directly across from the Admissions Office and in the Ambulatory Care Building basement by the elevators.

---

## **Organizational Improvement**

University Hospital is dedicated to improving quality of care for our patients through evidence-based strategies and practices. Improvement Initiatives are managed by fact and using the Rapid Cycle Change model we continually strive for improved processes for our patients, families, physicians and staff. Patient Safety is a priority focus for the organization and through the multi-disciplinary Patient Safety Committee patient initiatives are monitored, measured and addressed.

---

## **2: Values and Professional Conduct**

### **Our Values**

Each of us who comes to work at University Hospital and the James Graham Brown Cancer Center has our own deeply held sense of what is important and right. At University Hospital and the James Graham Brown Cancer Center we hold a common set of values we feel are necessary to provide quality health care to those in our community. We expect these values to be demonstrated to all who enter our premises - patients, employees, physicians, and visitors.

Failure to abide by these values will be discussed with the appropriate individuals, supervisors, medical staff, etc. and actions taken to assure that the situation is addressed.

### **Respect**

Each person plays an important role in getting the job done; no one's work is more important than anyone else's - appreciation, empathy, and mutual support for one another will contribute directly to our ability to serve our patients. Whether our patients are rich or poor, male or female, old or young, they have entrusted their care to us - they expect to be treated with compassion, understanding, and kindness - this is our responsibility.

The management of University Hospital and the James Graham Brown Cancer Center shall respect the rights of all individuals - employees, patients, physicians, those who provide us with services and supplies, and other customers. We shall constantly demonstrate recognition of the values, opinions, and dignity of everyone who works with us or who uses our services.

### **Trust**

Trust is an essential attribute that exists in healthy and productive relationships with our patients and with each other. Honest interactions between people build trust.

### **Personal Responsibility**

Each person accepts responsibility for meeting his/her job requirements and, in turn, is empowered to make decisions appropriate to discharge those responsibilities.

---

**Learning and Continuous Improvement**

Each person takes responsibility for his/her own learning and for continually improving work processes while holding the organization responsible for offering an environment where learning and improvement are valued.

**Collaboration and Teamwork**

No matter how good any person may be at what they do, it takes the effort of many people to serve our patients well. It takes time and thoughtful action to collaborate; teamwork requires practice. The organization is responsible for supporting the development of the skills each person requires to effectively practice teamwork.

**Constancy of Purpose**

While the issues before us change over time, our organizational purpose does not. As we address these ever changing challenges, delivering values to those we serve must be the clear focus for all we do.

**Core Behavior Standards**

The organization has identified a set of core behavior standards. Below are listed those standards, along with example behaviors that demonstrate adherence to each standard.

**Teamwork**

We work together to provide exemplary service that addresses the needs of our customers and reflects our combined knowledge, diversity, and skills.

- Welcome and support new employees in the organization
- Treat each other with courtesy and respect
- Take personal responsibility to follow through on assigned duties
- Do not say “that is not my job” or “we are understaffed”
- Do not chastise each other in front of staff, patients, or visitors
- Put aside personal differences when working with each other
- Give credit to and encourage others who have done a good job
- Offer help to co-workers who are busy so that the department functions efficiently as a team

**Respect**

We treat customers - patients, their families and visitors, physicians, and co-workers - with fairness and understanding.

- Inappropriate language will not be tolerated
- Tone and volume of voice will not be loud (such as yelling or an inappropriate outburst of laughter)
- Use proper name when addressing customer (Mr., Mrs., Ms., Dr.)
- Keep noise at a minimum, especially in patient care areas

- 
- Do not discuss Hospital business such as staffing or disagreements in front of patients or visitors
  - Remain calm under pressure
  - Use appropriate response and greetings (key words at key times)

#### **Accountability**

We are each responsible for doing everything we can to meet the needs of our customers, while also promoting a positive image of ourselves and the organization.

- Hold each other accountable for upholding standards, behaviors, policies and procedures
- Maintain a professional appearance by keeping your identification badge visible at all times and introducing yourself to patients
- Go outside your role to meet the needs of the customer, department, or organization
- Assist in maintaining a clean, secure, and accident free environment
- Consistently look for ways to improve organizational resources (people, time, and finances)

#### **Communication**

We commit to listening attentively to our customers, being honest and respectful in our dialogue, and exchanging information that is both clear and concise.

- Greet customers by making eye contact and smiling
- Answer the phone stating department, your name, and “How may I help you?”
- Listen attentively, giving full attention to the issue being discussed
- Build trusting relationships with co-workers, recognizing differing viewpoints and opinions
- Address and manage conflict while maintaining dignity and respect
- Engage in tactful, honest communication with all customers

#### **Service Attitude**

We respond to individual customer needs in a caring and positive manner, being sensitive to maintaining the dignity and confidentiality of all involved.

- Practice AIDET
- Knock on the door prior to entering
- Using available means, take responsibility to make right what is wrong
- Respect patient privacy and confidentiality
- Do not discuss patients in public areas (elevators, hallways, lobbies)
- Respect internal customers time, job duties, and responsibilities
- Keep health information safe and secure

---

## **Harassment**

### **(Sexual, National Origin, Ancestry, Disability)**

Any type of harassment in the workplace is inappropriate and will not be tolerated. This includes sexual harassment on the basis of gender identity or sexual orientation, and in the form of unwelcomed sexual advances, requests for sexual favors, or other conduct of a sexual nature. It also includes harassment related to national origin, ancestry, or disability in the form of ethnic slurs, verbal, or physical conduct.

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, visitors, 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 he/she 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 Harassment Policy 916-806.

## **Violence in the Workplace**

The Hospital is committed to providing an environment where the health, safety, privacy, and comfort of its patients, employees, volunteers, students, and others come first. Violence or threat of violence by any person on Hospital premises against any other person will not be tolerated.

## **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 Hospital 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. Both patient and employee information are considered confidential. You are responsible for protecting the confidentiality of Hospital information. The sharing of information should occur only if related to your job or on a need-to-know basis.

### **Drug-free Workplace**

Each person is prohibited from the unlawful manufacture, distribution, dispersion, possession, or use of a controlled substance 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. Everyone in the workplace is encouraged to become aware of the need for a drug-free workplace and to be cognizant of the grave dangers to others that can result from drug abuse in the workplace.

### **Smoke Free Workplace**

University Hospital and the James Graham Brown Cancer Center are committed to establishing a smoke free environment. Our goal is to create a healthy environment for everyone. Smoking in and around the Hospital poses health and safety risk for patients, employees, and visitors. As a health care provider, we must provide an overall healthy environment inside and out. We are empowering all employees to help promote a smoke-free campus.

Visitors and patients found violating the smoke free environment should be reminded of our smoke-free policy. All employees and visitors must leave the Hospital campus to smoke (parking lots are part of the campus). All employees are expected to adhere to the Hospital policy as they are part of our standards of behavior. If a patient or visitor ignores the policy, contact Security. If an employee is found ignoring the smoke-free policy, contact his/her supervisor.

### **Scope of Practice**

Each individual is expected to act within the scope of his/her 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**

Each individual is expected to be neat and well-groomed, and to dress appropriately at all times. 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 must be worn at all times.

### **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, etc. within that individual's organization or program. Violations will be reviewed by the designated Hospital representative, and, depending upon the review of the specific circumstances, the individual will be subject to discontinuation of the established relationship with University Hospital. If you become aware of any violations of these values, behaviors, or professional conduct standards, you are obligated to report these violations to the appropriate supervisor, instructor, etc.

---

## 3: Compliance, Research, and Ethics

### Compliance

University Hospital 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 University Hospital, 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 University Hospital should perform his/her duties in good faith and with due care that a reasonably prudent person in the same position would use under similar circumstances.

The Hospital is a non-profit, tax-exempt entity under IRS Code 501-3. The Hospital provides community benefits, including indigent patient care, medical training, education, and research. The Hospital operates in compliance with IRS rules, regulations, and guidelines.

No representative of University Hospital shall engage, either directly or indirectly, in a corrupt business practice, 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 the Hospital or the representative of University Hospital in any way.

No representative of University Hospital shall make, or offer to make, any payment or provide any other thing of value to another person with the understanding or intention that such payment is to be used for an unlawful or improper purpose. Hospital representatives may provide ordinary and reasonable business entertainment and gifts of nominal value, provided that such entertainment and gifts do not violate any laws and are not given for the purpose of influencing the business behavior of the recipient. Such ordinary and reasonable entertainment and gifts may be given only with the proper approval of the officer, department head for whom the representative works, or the Hospital CEO. Hospital officers and administrators will exercise discretion and control in authorizing such entertainment or gifts.

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 the Hospital's Office for Compliance and Ethics. Such prior approval, along with a reason for the gift, must be documented.

When the best course of action is unclear, or if a Hospital 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 University Hospital's Office of Compliance and Ethics, responsible for the Corporate Compliance Hotline (1-800-431-7245). 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.

All of these people take part in considering the ethical issues of a care:

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

Ordinarily, the patient, his or her representative, and the patient's physician discuss any ethical decisions. If a Hospital representative involved in the direct care of a patient has an ethical concern, the individual should discuss the issue with his/her direct supervisor or the shift supervisor. The supervisor should attempt to discuss the issue with the attending physician. These discussions should be documented in the patient's record. If these normal channels of communication fail, a medical ethics consultation may be necessary. The chairperson of the Medical Ethics Committee or one of the committee members will perform the consultation. The medical ethics consultant will:

- interview the person who has called for the consultation to determine the ethical dilemma or concern and what has happened so far.
- interview other individuals who have been involved with the patient's care, if needed.
- try to clarify any ethical dilemmas involved.
- possibly suggest other persons to bring into the discussion, such as the patient's representative or family member.
- make recommendations about further proceedings related to the ethical issue at hand.

---

In some situations, the Ethics Committee chairperson or Ethics Committee members performing the ethical consultation may feel the ethical concerns merit full Ethic 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.

### **Medical Error Disclosure**

University Hospital 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 Risk Management at 562-3703 or 562-2897 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**

University Hospital has guidelines and minimum standards for research compliance. Any question regarding research requirements at University Hospital should be directed to the Research Integrity Office at 562-3737.

- All principle investigators, study coordinators, and involved staff shall complete mandatory education requirements on the protection of human subjects.
- All principle investigators, study coordinators, and research personnel shall carry out research in compliance with the International Conference on Harmonization (ICH), the World Health Organization (WHO) Good Clinical Practice Standards, regulatory authority standards, HIPAA, and the expectations of the Human Studies Committee. This includes full informed consent to potential subjects.
- All research study coordinators and research personnel staff must have Affiliate Health Professional Status through the Hospital's Medical Staff Services if direct patient care or contact is involved.
- All adverse events must, by law, be reported using the IRB SAE form. A copy should be faxed to the Research Integrity Office at 562-3932.
- Informed Consent for research studies is based on voluntary confirmation by the subject to willingly participate in a particular study after being fully informed of all aspects of the trial. This consent should be documented

- 
- Informed Consent for research studies is based on voluntary confirmation by the subject to willingly participate in a particular study after being fully informed of all aspects of the trial. This consent should be documented by means of a written, signed, and dated informed consent. Informed consent for research studies should include:
    - informing the subject which part of the study is experimental.
    - disclosing the risk and benefits.
    - reviewing the test/procedures that the subject will undergo.
    - discussing time requirements, financial impact, and compensation or medical treatment if an injury occurs.
    - answering any questions the subject may have.
    - allowing the patient time to discuss the study with family and friends.
    - assessing the subject's understanding.
    - giving a copy of the consent to the subject.

---

## 4: Our Patients

### Patient Rights and Responsibilities

University Hospital patients have the right to:

- privacy.
- access to his/her medical records.
- expect a safe care environment.
- expect an environment free from abuse or harassment.
- expect care that considers his/her psychosocial, cultural, and spiritual needs.
- formulate an advance directive, to obtain care consistent with these directives, and to appoint a surrogate to make health care decisions on his/her behalf.
- be involved in all aspects of care, including pain management.
- know the identity and professional status of persons providing services or care to him/her and to know the name of health care or educational institutions involved in their care, including professional relationships among individuals treating him/her.
- voluntary and informed participation in research studies and clinical trials.
- informed consent (see further explanation of informed consent below). Complete and current information from the coordinator of his/her care concerning diagnosis, treatment, and any known prognosis communicated in understandable language.
- access to visitors and a means of communication to others outside the Hospital.
- an interpreter if he/she is hearing impaired or of limited English proficiency and specialized equipment if he/she is visually or hearing impaired.
- refuse treatment permitted by law and the be informed of the medical consequences of his/her actions.
- consult with a specialist at his/her own request and expense.
- an explanation for a need to transfer to another facility and alternatives to such a transfer.
- discharge information, including further treatment and care needed.
- an explanation in detail of his/her total bill for services, regardless of payer source.
- timely notice prior to termination of his/her eligibility for reimbursement by any third-party payer for the cost of his/her care.
- information on Hospital rules and regulation for patients.

- 
- present complaints without retaliation and to understand and use the Hospital's complaint resolution process to resolve the issue.
  - a mechanism for discussing and resolving ethical issues about his/her care.
  - considerate and respectful care that optimizes and recognizes his/her personal dignity.
  - notification of a family member or representative and his/her own physician promptly upon admission.
  - freedom from physical and medical restraint unless medically necessary, only after less restrictive measures have been tried, and only with a physician's order.

**University Hospital patients have the responsibility to:**

- provide, to the best of his/her knowledge, a complete and accurate medical history.
- report unexpected changes in his/her condition to the responsible practitioner.
- report understanding of treatment and diagnosis.
- follow the treatment plan recommended by the primary practitioner responsible for his/her care and accept the consequences of choosing not to do so.
- keep appointments; when unable to do so, notify the responsible practitioner or the Hospital.
- assure that the financial obligations of his/her care are fulfilled as promptly as possible.
- follow Hospital rules and regulations.
- show respect and consideration for the rights and properties of the Hospital and of other persons, including controlling noise, smoking, and the number of visitors within the Hospital rules.
- inform and provide any advance directive and information on a surrogate decision maker acting on his/her behalf.

**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).

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

- The patient's condition
- Proposed treatments or procedures and the plan of care

- 
- Potential benefits, risks, and hazards of the proposed treatment/procedure
  - Possible alternative treatments and/or procedures

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.

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, a verbal consent may be obtained by phone, verified by two witnesses.

### **Advance Directives**

University Hospital 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. Advanced directives include verbal statements to the physician, a living will, and/or durable power of attorney for health care. Each patient admitted to the Hospital 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 his/her 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.

### **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 them and smile when you talk with them. You can make this a better place for them to be by practicing an attitude of caring.

---

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 who you may come in contact.

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. This will put the patient much more at ease.

All inpatients and most out patients get a written survey by mail about one week after discharge that asks them what they thought of the customer service they received while in our care. These results are used to look at customer service trends and to ultimately improve the patient experience.

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 and investigated and receives a response, if requested. Patients and families may call the Patient and Family Relations Department at 562-3775.

### **Communication**

Communication is a vital method of relaying information to staff, patients, and family members. University Hospital and the James Graham Brown Cancer Center have 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**

University Hospital and Brown Cancer Center employees are expected to answer the telephone with a pleasant tone, stating the name of his/her department, his/her own name, and then asking, "How may I help you?"

#### **AIDET**

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.

#### **“Please Ask”**

Our goal is to always provide patient-family centered care, for every patient, every time. Always reinforce with patients and families to “Please Ask” if:

- They don’t see us wash our hands before providing care.
- They have questions about medications.
- They didn’t understand their physicians plan of care for them.
- They question what a nurse or other staff member is doing.

We want patients to be informed and comfortable with their health care experience.

#### **Cultural Diversity 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. University Hospital and the James Graham Brown Cancer Center encourages and promotes diversity.

University Hospital and the James Graham Brown Cancer Center have the only full-time Spanish interpreter on staff in the Louisville area. The interpreter assists our patients and families who speak only Spanish. The interpreter is available from 7:30 am - 4:00 pm; Monday through Friday. For times that the interpreter is not available and for languages other than Spanish, staff may use the CyraCom® phone for “real-time” interpretation. Ask a unit manager for directions on how to use the CyraCom® system. The Hospital also has special TDD phones for use with hearing impaired patients.

---

### **Reporting Abuse and Neglect**

University Hospital 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. Employees and non-employees are protected from discrimination or retaliation for reporting to their supervisor any incident of suspected abuse, neglect, or exploitation.

---

## 5: Documentation, Technology, and Reporting

### Abbreviations

The Hospital maintains both an “approved” and an “unacceptable” list of abbreviations, updated at least annually. New abbreviations should be submitted to the Health Information Management (HIM) Department director for consideration for approval. The HIM Department also maintains a list of nationally identified unacceptable abbreviations. These abbreviations are known to cause miscommunication, misinterpretation, or confusion.

Copies of the “approved” and “unacceptable” lists may be viewed on the Hospital Intranet (*Information Station*). Click on *Policies*, click on *Patient Care Manual*, and chose *Medical Abbreviations List* (600-1010), and *Unacceptable Abbreviations List* (600-1011) from the Table of Contents.

Summary points from the Unacceptable Abbreviations Policy:

- 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.
- If continued use of unacceptable abbreviations occurs, a letter is sent to the individual prescriber by the chair of the Patient Safety Committee citing the continued patient safety issue.
- Persistent noncompliance will be reported to the Medical Executive Committee for further evaluation and possible action.

### Legibility and Acceptable Order Writing

- Incomplete, unclear, or illegible orders shall be clarified and rewritten prior to processing.
- The prescriber should always document physician ID number and pager number after the order to help expedite any questions.
- Always use a black or blue ink pen so writing will clearly show through carbon copies or faxed copies.
- All orders should be dated and timed.
- When an order is written incorrectly, draw a single line through the error and rewrite the order on a separate line.
- **Do not** write additional orders or make changes on previously written orders. Write a new order.
- **Do not** write outside of the designated margins of the order page. Use additional pages as needed.

---

## Verbal Orders

Verbal orders shall be accepted only in urgent situations where immediate written or electronic 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 indication
- 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

The receiver of the verbal order should immediately write the order, read back the entire verbal order to the prescriber, and document on the order sheet as “read back and verified.” The person taking the order is to date and sign the order.

Unsigned verbal order account for nearly 50 percent of incomplete medical records. Per policy, verbal orders should be signed as soon as possible after the order was given.

## Health Information Management

Residents should be familiar with the February 18, 2004 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 Hospital 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 principal and all relevant diagnoses. A Discharge Summary will not be considered complete without a listing of diagnoses. Patient follow-up care is very 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.

Residents who have not received instructions in the use of Soarian (EMR), including how to complete medical records electronically, should contact HIM Record Completion at 562-3058.

Computerized Provider Order Entry (CPOE) orders pending signature can be viewed and signed online.

For more information on these and other issues in HIM, consult the Physician's Handbook on *Information Station: Departments, Health Information Management, Physician Handbook or Physician Resources, HIM Physician Handbook.*

## **Occurrence and Medication Error Reporting, Sentinel Events, and Reporting Claims**

### **Occurrence and Medication Error Reporting**

Occurrences can happen on any hospital 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. The Hospital uses an online occurrence reporting system called Quantros. To report an occurrence, you may use any Hospital computer and search for the square white and red icon that says "Occurrence Reporting" or you may access Quantros through the Hospital Intranet, *Information Station*. The person who responds to, witnesses, or is involved in an occurrence completes this form as soon as possible. Serious or life-threatening injury occurrences should be reported to Risk Management immediately. Contact Risk Management at 562-3703 or 562-2897.

A "near miss" is any variation in the process that did not affect the outcome, but if it recurred would have a significant chance of causing a serious adverse event.

---

### **Sentinel Events**

A Sentinel Event is an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Examples of critical incidents include loss of limb or function, unanticipated death, surgery on the wrong patient or wrong body part, infant abduction, rape, patient suicide, health care associated infection, medical gas system failure, and patient elopement.

The phrase “or the risk thereof” includes any process variation for which a recurrence would cause a significant change or serious adverse outcome. The event is called “sentinel” because the seriousness of the incident signals a warning that requires immediate attention. Sentinel events need to be reported immediately to Risk Management.

### **Reporting an Actual or Potential Claim**

Hospitals and physicians purchase malpractice insurance coverage to cover the cost of being sued for professional wrongdoing that results in injury or damage. In order to be covered by your insurance, it is important to report actual or potential incidents that may result in a malpractice claim. Please report such events to the Hospital Risk Management Department at 562-3703 or 562-2897. You will be directed to the insurance carrier who covers you for malpractice insurance. The following types of incidents need to be reported as soon as possible:

- Unexpected deaths, suicides, or sudden cardiopulmonary arrest
- Unanticipated neurological, sensory, and/or systemic deficits such as brain damage, paralysis, partial or complete loss of hearing or sight, and sepsis
- Birth-related injuries or death
- Severe burns
- Severe internal organ injuries such as laceration of an organ, infectious process, foreign body retention, and sensory or reproductive organ injury
- Substantial disability resulting in fractures, amputation, or disfigurement

### **Computer Systems and Resources**

University Hospital has many 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-days-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 562-3637.

---

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**

University Hospital is connected with the Internet and other networks. The Internet can provide excellent sources of information for research and business use. However, access to and from the Internet or other sites to or through company Internet resources is authorized only when the access is in conjunction with valid work or project-related requirements. Access to the 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. Internet usage is monitored by WebSense®.

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 web sites. Individuals who discover they have connected with a web site that contains potentially offensive material must immediately disconnect from that site. The ability to connect with a specific web site does not, in itself, 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.

#### **Siemens NETACCESS®**

To support your clinical operations, patient information is maintained through the use of the Siemens Hospital Information System called *Invision*®. *Invision*® is a longitudinal collection of electronic health information for and about your patients. A physician specific module has been created to allow easy access to patient information. This module is

---

called *NETACCESS*®; it allows clinicians to access their patients information both internally and externally to the Hospital.

Health Information Management offers Soarian training at orientation. For training, contact the HIM Department at 562-4672.

#### **Computerized Provider Order Entry (CPOE)**

Our Computerized Provider Order Entry (CPOE) tools facilitate measurable results like fewer errors, increased compliance, reduced cycle times, and reduced length of stay. These solutions work because they recognize that effective *CPOE* is not just about entering orders, but includes the Medication Administration Record, Nursing Assessment, and other components. It is about improving the entire care delivery process - creating an interactive care model that supports decision-making and reduces variance in care. It is about enabling care providers to communicate clearly and work together as an effective and efficient team.

#### **Security/HIPAA**

University Hospital 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.

- The Hospital maintains the network environment. It is inappropriate to attach any network device without prior authorization.
- *Novel Directory Services* (NDS)® and Microsoft Active Directory (AD)® are services that provide the ability to control access to systems based on need while restricting access to those systems not authorized.
- User name and passwords, although thought to be a weak form of security, are required. Users 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 so that we can review the requirements and determine if any security and functionality risks or concerns associated with the installation exist.

- 
- Virus protection is in place and strictly enforced and updated. Our current anti-virus is McAfee®, it is maintained on a server in the data center. It is constantly and automatically updated. This server pushes the anti-virus software to every PC on the network and will keep the signature files update automatically. We also run McAfee® server software on all of our servers with the same automatic updates. Our GroupWise® email system is also protected with McAfee® and GWVA®, which provides anti-virus protection, attachment blocking, size restrictions, content filtering, and other features that protect the operation and functionality of GroupWise®.
  - 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.
  - The Hospital has acceptable use policies that define system users and what each user can and cannot do with the compute system. These policies are read and signed by every user authorized to use the Hospital's computer system.
  - If you are interested in the more technical aspects of our systems, please contact Information Services at 562-3937.

#### **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 seems to be less formal than other written communication, the same laws apply. Therefore, it is important that users are aware of the legal risk both to themselves and to the Hospital, and are also aware of the Hospital rules of email:

- **Do not** send emails with any libelous, defamatory, offensive, racist, or obscene remarks.
- **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 University Hospital property.

**System Monitoring**

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

---

## **6: Safety/Environment of Care**

The University of Louisville Hospital and the James Graham Brown Cancer Center are focused on patient safety. A structure we utilize to insure patient safety are the Joint Commission National Patient Safety Goals.

### **The 2010 National Patient Safety Goals**

- Improve the accuracy of patient identification
- Improve the effectiveness of communication among caregivers
- Improve the safety of using medications
- Reduce the risk of health care associated infections
- Accurately and completely reconcile medications across the continuum of care
- The hospital identifies safety risk inherent in its patient population

### **Universal Protocol**

- Conduct a pre-procedure verification process
- Mark the procedure site
- Perform a time-out before the procedure

### **Chain of Command**

University Hospital 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:

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

*Please refer to the Chain of Command Policy (600-1005) for more information.*

### **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 a 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. Contact information for both the Joint Commission and

---

the State Office of the Inspector General can be found on *Information Station* or at the following:

**Kentucky Cabinet of Health Services**  
Office of Inspector General  
Division of Licensing and Regulations  
908 West Broadway  
Louisville, KY 40202  
(502)595-4079

**The Joint Commission**  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181  
1-800-994-6610  
[complaint@jointcommission.org](mailto:complaint@jointcommission.org)

### **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 the physicians to assure that patients receive safe care and ensure that regulations for patient restraints are followed. As you perform your daily rounds on the patients, if the patient is in restraints, please assess the need for the continuation of the restraint and if needed sign, date and time the restraint order every 24-hours.

### **Pain**

The identification and the proper treatment of pain control 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 also with the nurse caring for the patient. Determine the best approach for pain control and write a complete accurate order for pain ensuring the indication for use and also the parameters by which to administer the pain medication.

### **Occupational Health/Reporting of Exposures**

Thousands of health care workers are injured on the job each year. However, in those facilities where safety is made a top priority, accidents and injuries are substantially reduced. University Hospital is deeply committed to providing and maintaining a safe environment for our employees, patients, and others who work here. To do so requires the continuous cooperation and support of each person.

Simply by learning a few safety guidelines, using common sense, staying alert, and putting safety first, you will be making a considerable contribution toward your own safety as well as that of all University Hospital patients, visitors, and employees. At University Hospital, safety is an important part of your job. To do your job properly, you must always

---

put safety first.

By reading this booklet, you will become familiar with some basic but extremely important safety information. As a person working in the Hospital, you will also receive more detailed safety information when you report to your department or unit.

University Hospital 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 TST skin testing and may also require appropriate medical evaluation, immunity against hepatitis B, rubeola, rubella, and varicella. Commitment to patient safety also dictates the immunization against influenza occurs every season unless contraindicated.

If an exposure to the blood or bodily fluids of a patient occurs, the 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 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 part of 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 Health Services Office for a fee or can be seen in the Emergency Department. The student and instructor must provide insurance information in order to prevent a charge to the source patient. UofL Health Care nor the source patient are 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

The goal of the University Hospital Falls Prevention Program is to decrease the number of patient falls and injuries from falls, to educate staff and patients about fall prevention, and to maintain a safe environment.

Injuries caused by slips, trips, and falls can be greatly 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 knees instead of at the waist.
- lift with your leg muscles—not your back muscles.
- keep the load close to your body.
- avoid twisting.

---

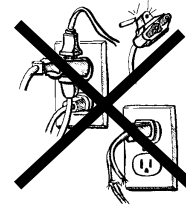
**When pushing or pulling:**

- stay close to the load.
- use both arms.
- push rather than pull if possible. You can push twice as much as you can pull.

**Electrical Safety**

To use electricity safely:

- 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.



If you have questions regarding proper use of electricity, contact the Engineering Department at 562-3265.

**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.

To truly be prepared to respond to a fire:

- memorize emergency exits and evacuation routes.
- know the location of the fire alarms and fire extinguishers.
- know how to use a fire extinguisher.
- know the smoke doors in your area.

---





The acronym **RACE** may help you remember the steps to take in responding to a fire. **RACE** stands for **R**escue, **A**larm, **C**ontrol/Contain, and **E**xtinguish.

**Rescue:** Rescuing persons in immediate danger is your primary concern and should be performed simultaneously while sounding the alarm.

**Alarm:** You should pull the alarm or call extension 20. Be certain that you give the operator the area of the fire.

**Control/Contain:** To prevent smoke and toxic gases from spreading and to cut off the oxygen supply to the fire, close all doors and windows. Stuffing wet towels or blankets under doors will also help.

**Extinguish:** If the fire is small and contained, you may try to extinguish it. However, make sure that the alarm has been activated before you try to put the fire out. Otherwise, begin evacuation procedures - horizontally to an adjacent smoke compartment, or vertically to exit the building.

| <b>R</b> ESCUE  | <b>A</b> LARM   | <b>C</b> ONTROL/<br><b>C</b> ONTAIN   | <b>E</b> XTINGUISH   |
|---|---|---|--|
|  |  |  |  |

If you do attempt to extinguish a fire, it is essential that you know how to use a fire extinguisher. The acronym **PASS** may help you remember the four steps for proper fire extinguisher use. **PASS** stands for **P**ull, **A**im, **S**queeze, and **S**weep.

**Pull:** Pull the pin between the two handles.

**Aim:** Aim the nozzle at the base of the fire. If you fail to aim at the base and instead aim to high, you may actually cause the fire to spread.

**Squeeze:** Slowly squeeze the two handles together.

**Sweep:** Sweep the nozzle from side-to-side so that the entire area of the fire is completely covered. Keep spraying until the extinguisher agent has run out.

---

### Calling a “Blue Flash”

In order to reduce confusion and panic, the intercom announcement for a fire is “*Blue Flash*.” It will be repeated 3 times and the operator will also identify the location of the fire. For example: “Code Blue Flash, 9 East...” Once it has been determined that the threat of fire no longer exist, the announcement “Blue Flash All Clear” will be made.

### Medical Waste

Health care facilities routinely generate large amounts of potentially hazardous medical waste. There are six main types of waste at University Hospital: general trash, infectious waste, radioactive waste, cytotoxic waste, pharmaceutical hazardous waste, and hazardous chemical waster. In all cases, medical waste must be disposed of properly.

### General Waste

General waste is waste that is produced at workstations such as waste paper and wet waste such as food. 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 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 852-5232 or call the Nuclear Medicine Department at 562-3176 immediately.

#### **Cytotoxic Waste**

Medication, such as those given to patients for the treatment of cancer, also require 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 a yellow label 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. This facility implements a program to capture and properly dispose of hazardous pharmaceutical waste.

Unused pharmaceuticals must be disposed of in “black” containers located in your unit/department.

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.

You may encounter a patient who has been exposed or contaminated with a chemical. These patients need to be directed to the Emergency Department. The acronym **SPOTT** can help remind you what to do if you are the one to encounter exposed or contaminated patients.

---

Survey the area and the situation. Look for evidence of chemical contamination such as odors, dry powder on clothing, or wet clothing.

Protect yourself, others, and the environment from contamination. Direct the patient to go back outside the Hospital immediately and not to re-enter the Hospital.

Outside of the building: this is where the patient needs to go. Have them use the nearest exit. Assist the patient in getting to the ambulance bay of the Emergency Department to the decontamination doors.

Telephone the operator by calling #20 on the nearest phone. Go into the Security Office, call the operator, and call a Code Orange Decon ER. Return to the area with the patient while maintaining a safe distance.

Tell the Emergency Department nurse or incident commander everything you know about the situation. The ED will take control of the situation at this time.

Congratulations, you have just protected yourself, our patients, and our hospital from a potentially dangerous situation.

### **Bloodborne Pathogens**

As a person who works in a health care facility, you are at risk of exposure from bloodborne pathogens. University Hospital 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. This plan is located in the yellow safety manual or on *Information Station*.

Health care workers need to be aware of the exposure risks when unprotected contact is made with some human bodily fluids. These potentially infectious bodily fluids include:

- blood
- amniotic fluid
- vaginal secretions
- pleural fluid
- pericardial fluid
- cerebrospinal fluid
- synovial fluid
- peritoneal fluid

---

Those fluids, other than blood, may also be called OPIM (other potentially infectious materials). Some body fluids are not considered to be 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 personal protective equipment (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 with water if eyes are exposed.
- If mucous membranes are exposed to contamination, flush with water for 15 minutes, then contact the Health Services Office at 852-6446.



---

### Universal (Standard) Precautions

Universal or Standard Precautions are safeguards designed to protect you. By following these precautions as detailed in the *Exposure Control Plan* and by assuming that all patients and bodily fluids are infected with a Bloodborne virus or other potentially infectious organism, your risk of exposure will be greatly reduced.

### Personal Protective Equipment

Personal protective equipment (PPE) is a vital barrier between you and hazardous or contaminated materials. Make sure you have read the *Exposure Control Plan* and that you are aware of the following:

- Always wear PPE that is appropriate for the task you are performing.
- At University Hospital, PPE is provided at no cost to you.
- Use, remove, and dispose of PPE according to the instructions in the *Exposure Control Plan*.
- Never pick up broken glass with your hands. Use a broom and dustpan, and wear eye protection. The facility has blood spill kits available in all patient care areas as well as eye protection and other PPE.
- Handle soiled laundry as little as possible and avoid agitation.
- Place soiled laundry in the appropriate leak proof bags.

#### Types of PPE

- Gloves
- Gown
- Aprons
- Goggles or safety glasses
- Face shields
- Mouthpieces
- Resuscitation or ventilation devices
- Other protective equipment such as ear plugs, hard hats, or special shoes may protect you from other situations not involving the blood or bodily fluids of the patient.



#### Gloves

Gloves are among the most common piece of PPE. Here are a few things to remember about using gloves.

- Always wear gloves when contact with blood, bodily fluids, or non-intact skin is expected.
- Patient care gloves are to be used once, then thrown away.
- Never wash patient care gloves.
- To prevent latex allergy, the primary exam glove at University Hospital is made of a synthetic material.

- 
- Cover cuts and abrasions with bandages before wearing gloves.
  - Replace gloves if they become torn or punctured.

### **Needle Safety Devices**

Throughout the facility, various needle safety devices are readily available for use. These devices have been reviewed by multidisciplinary groups. These groups have identified products that enhance our workplace safety and that decrease our risk of 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 Control 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 PPE and needle safety devices.*

### **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 *University Hospital Hazardous Materials and Waste Management Plan* located on *Information Station*. This plan will tell you about the potential hazards of workplace chemicals and how you can protect yourself against possible risks.

### **Warning Labels and Material Safety Data Sheets**

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



Before working with any chemicals you should know the following:

- what types of hazardous materials are in your workplace
- how to identify and read *Material Safety Data Sheets*
- what to do if a warning label is missing or unreadable

- 
- what happens if products are missing or unreadable
  - what happens if products are mixed
  - how to dispose of hazardous substances
  - what type of person protective equipment (PPE) must be worn
  - what type of first aid should be given in an emergency

### **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 *Material Safety Data Sheets*. Each Hospital department has a chemical inventory of the hazardous chemicals in that area. In the event of a spill or exposure, you may call the *3E Company* at (800)451-8346 for a MSDS or request a copy from Materials Management at 562-4039.

### **Radiation Safety**

Under normal circumstances, radiation exposure levels associated with health care are extremely low and safe. However, because exposure to high levels of radiation can be dangerous and even deadly, precautions must be taken to minimize the risk of high-level exposure.

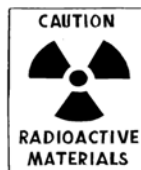
### **Sources of Radiation**

There are two general sources of radiation. They are:

- Radiation producing machines such as X-ray units.
- Radiation producing materials such as isotopes used in imaging examinations.

### **General Precautions**

- Unless authorized, avoid areas or objects containing the international radiation warning symbol.
- Never attempt to set up or operate portable X-ray units. Only licensed Radiology Techs can operate X-ray equipment.
- Minimize the time spent around any radiation source.
- Maximize your distance from the source.
- Always wear a lead apron or stand on the other side of the wall to shield yourself during exposure.
- Properly dispose of syringes, radioactive liquid, or other waste when caring for patients being treated with radioactive materials.
- When entering the room of a patient being treated with radiation to perform your normal duties, limit the time you spend in the room.



---

### **Pregnant Employees**

All pregnant employees must recognize the risk involved with radiation and should:

- minimize any exposure to radiation throughout their full term.
- never accompany patients into X-ray rooms while exposure is made or stand within 8 feet of portable X-ray units.
- not be assigned to care for patients who receive diagnostic or therapeutic radiation.
- notify the appropriate department supervisor and Employee Health immediately upon learning of a pregnancy.

### **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 852-5232. The Nuclear Medicine Department may also be contacted at 562-3176.

### **Magnetic Resonance Imaging (MRI) Safety**

Magnetic Resonance Imaging (MRI) equipment is used by University Hospital to help diagnose many types of illness. Many MRI systems use powerful magnets and strong electronic current to generate a magnetic field. This can cause metallic objects to unexpectedly move and/or stick together. *The magnets used in MRI scanners are always considered to be on or energized.*

Because the magnet is always on, MRI systems create potential safety risks for anyone near the MRI system. Ferromagnetic metals are easily drawn toward a MRI scanner. Some examples of ferromagnetic objects include oxygen tanks, wheel chairs, ink pens, IV poles, hair barrettes, etc. If you are unsure about the metallic properties of an object in your possession, leave it outside of the MRI environment.

Specifically trained technicians are allowed to use the MRI equipment while all Hospital employees must be made aware of the potential safety risk. Most MRI systems do not create sound nor any mechanical movement. Therefore, it is easy to assume that the machine is not in operation. Again, it is very important to follow the safety guidelines and signage that is posted outside the MRI environment.

Prior to entering the scan room you should always verify that you do not have metallic objects in your pockets or on your body, such as necklaces, etc.

---

MRI Red Rules checklist will be completed prior to entering the scan room to ensure all equipment is MRI compatible.

## **Infection Control**

Germs 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 infection 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. You should perform hand hygiene:

- after arriving at work.
- before and after each patient contact.
- after removing gloves.
- before and after eating.
- after using the restroom.
- before leaving work.



Our first choice in hand hygiene is use of the alcohol gel located throughout the facility. The hand sanitizer is quick, easy to use, and gentler to the hands than soap and water.

Soap and water should be used when hands are visibly soiled and with C. diff patients. 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 alcohol gels and foams may be used to sanitize hands at all other times. Alcohol-based handrubs 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 an important 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 reasonably anticipated.

The primary non-sterile exam glove used at University Hospital is a synthetic material, not latex. If you have an allergy to latex, make sure you have notified the 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 the Materials Management Department.

### **Isolation**

Initiating isolation and adhering to isolation guidelines are necessary to prevent the spread of infection. Carefully read and follow all posted isolation warnings and never enter an isolated area unless authorized to do so and unless you are wearing the appropriate personal protective equipment. At University Hospital, we utilize 3 types of isolation in addition to universal (standard) precautions.

These 3 types of isolation are **Airborne Respiratory Isolation**, **Droplet Respiratory Isolation**, and **Contact Isolation**. Some illnesses require a combination of these types of isolation. For example, a patient with chickenpox (varicella) will require both contact and airborne respiratory isolation.

Any questions about isolation should be forwarded to the Infection Control Department by calling 562-4463 or 562-3794. The Hospital Epidemiologist can be contacted at 562-3473.

**Airborne Respiratory Isolation** involves preventing transmission through dissemination of either airborne droplet nuclei (small particle residue 5 microns or smaller) or dust particles containing infectious agents. The microorganisms can be widely dispersed by air currents, therefore special ventilation and high filtration masks (N95) are required (plus use gowns and gloves).

**Droplet Respiratory Isolation** prevents transmission via droplets generated from the source person primarily during coughing, sneezing, talking, and during the performance of certain procedures such as suctioning and bronchoscopy. These droplets containing microorganisms are propelled a short distance through the air. Special ventilation is not required, and a traditional surgical mask prevents droplets from being deposited on the health care worker's nasal mucosa or mouth (plus use gowns and gloves).

**Contact Isolation** is designed to prevent direct and indirect contact transmission. Direct body surface to body surface contact and physical transfer of microorganisms occurs when there is direct patient contact as through turning, bathing, or physical examination. Indirect transmission involves contact through contamination of such items as stethoscopes, hands that are not washed or sanitized, and contaminated instruments or dressings. Appropriate barriers such as gowns and gloves are required, attention to hand hygiene is essential.

---

## Emergency and Disaster Codes

A disaster is any event that disrupts the ability to provide medical care and treatment. For example:

- natural catastrophes such as earthquakes, fires, floods or tornados
- large-scale accidents involving aircraft, trains, motor vehicles, or explosives
- accidents involving hazardous agents
- riots or civil disturbances
- telephone or computer outages
- internal incidents such as oxygen system cut off or boiler explosion

### Response Responsibilities

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 plans in the yellow safety manual in your work area or located on *Information Station*.
- During a disaster, do not go to an area as a sightseer.
- If you observe unescorted media personnel in or around the facility, call Security immediately at 562-3518.

### Emergency and Disaster Codes

| Code               | Definition   |
|--------------------|--|
| Operation D        | Large scale disaster. When the number of casualties coming in exceeds the medical capabilities of the on-duty Emergency Department staff.  |
| Code Orange        | Internal disaster, such as major structural damage, electrical failure, flooding, actual presence of explosive device, hostage situation, out break of public disorder, or a breach of public peace. |
| Code Orange Decon  | Person(s) coming to the hospital will need to be decontaminated.   |
| Code Orange Infant | Infant abduction   |
| Code Silver        | When a firearm is being brandished, discharged, or has been discharged within a Hospital building or on Hospital grounds.  |
| Blue Flash         | Fire Emergency   |
| Dark Cloud         | Tornado Plan   |
| Code 200           | Person(s) out-of-control (call Code Silver if the person has a weapon).  |
| Code 900           | Cardiac Arrest   |
| Stat Response      | Decline in patient status; needing intervention  |
| Code EMA           | Person on hospital grounds in need of Emergency Medical Assistance   |
| Code EMA Pink      | Person in labor on Hospital grounds in need of Emergency Medical Assistance  |

---

## Security and Personal Safety

### 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 visitors. The Security Office is located in the Emergency Room entrance to the Hospital. Security uses roving patrols on bikes 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, including the Emergency Psychiatric Services Waiting Room and in the parking areas.

### Personal Safety

Our Hospital is a busy place with many people moving through it each day. Always be aware of your own security and the security of patients and others. Wear your identification badge where it can be seen. Anyone not wearing a badge should be treated as a visitor.

You should 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), call the Security Department at 562-3518. The University of Louisville Police Department (DPS) may also be contacted at 852-6111, 24-hours-a-day, 7-days-a-week, for escorts.

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.
- Be alert 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.
- Call Security if you want an escort when leaving work.

Report thefts, suspicious persons, and other security concerns to Security in a timely manner.

---

## 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 | Risk Management              | 562-3703 or 562-2897  |
| Security Issues         | Security Department          | 562-3518  |
| Radiation Safety        | Radiation Safety Officer     | 852-5232  |
| Reporting Abuse         | Social Services Department   | 562-3008<br>(Monday - Friday;<br>8:00 am - 5:00 pm)   |
|                         |                              | Call the Operator<br>after hours or on the weekends<br>(Operator will contact<br>Social Services) |
| Compliance Concerns     | Corporate Compliance Hotline | 1-800-431-7245  |



---

## 7: Acknowledgement Page

I have received orientation information to University Hospital. I have read and understand the contents of this orientation booklet. I received adequate information to University of Louisville Hospital/James Graham Brown Cancer Center ("Hospital") for the purpose of 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 observations and actions concerning patients, physicians, staff, volunteers, and other Hospital associates in 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 rule 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.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

Address and Telephone Number: \_\_\_\_\_

I am a:  House Staff Member  Medical Staff Member  Health Professional Affiliate  
 Medical Student  Student  Volunteer  
 Contractor  Temporary Support Staff  
 Other (specify): \_\_\_\_\_

My fellowship, residency, student status, etc. ends: \_\_\_\_\_

Please return Acknowledgement Page as outlined below:  
House Staff, Medical Staff, HPAs, (return to Medical Staff Services)  
Nursing Students (return to Nursing Education and Research Department)  
Other students (return to appropriate Hospital department of contact)  
Volunteers (return to Volunteer Services)  
Contractors (return to appropriate Hospital department of contact)  
Temporary Support Staff (return to Nursing Office and/or Human Resources Department)  
Others (return to appropriate Hospital department of contact)



