



COMPASSION - ACCOUNTABILITY - INTEGRITY - RESPECT

Welcome to

UMC
UNIVERSITY MEDICAL CENTER

New Hire Orientation
2019



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ANNUAL MANDATORY TESTING

Annually each employee must complete at minimum the below listed courses. As new hires you will complete these 12 out the 15 during orientation. You will be assigned via our online learning management system: Chest Pain Training, Stroke Education and Confidentiality. Please **complete them within the first 30 days of employment**. This topics will be presented by either and industry expert or documented in this book. Note that the list of annual mandatory tests may change by year and by job type. It is important to finish all mandatory tests before the end of the year. For computer assistance please contact the IT Training Department x7803.

- ☐ Antimicrobial Stewardship
- ☐ Blood Borne Pathogen
- ☐ Chest Pain Training
- ☐ Confidentiality
- ☐ Corporate Compliance
- ☐ Discrimination and Harassment
- ☐ Emergency Management
- ☐ Fire Safety
- ☐ Hazard Communication
- ☐ HIPAA Training
- ☐ Infection Prevention
- ☐ Information Security
- ☐ National Patient Safety Goals
- ☐ Safety Training
- ☐ Stroke Education



THINGS TO REMEMBER

- Call your manager. It is your responsibility to contact your manager and discuss this week's schedule. The number and person to contact is listed on your orientation schedule page obtained during processing.
- Please also discuss with your manager the badge access form. This form must be completed and submitted to Badging in order to obtain your badge.



- Parking: There are designated parking for all staff. Please use the appropriate locations. Parking stickers are available in the Badging Office.

UMC HISTORY



University Medical Center has been serving the health care needs of Southern Nevadans since 1931, when a dusty dirt road was the only way to reach the fledgling 20-bed hospital and its one doctor and nurse.

Back then, Las Vegas had a population of only 4,000, was a railroad watering stop and little else. Fans were the only means of combating the scorching summer heat.

Only a few hardy motorists used the poor road between Los Angeles and Salt Lake City. There was no Boulder City, North Las Vegas or Henderson.

Hospital needs were met by a small general hospital which sufficed until 1931, when construction on Boulder Dam began and brought to the area the first of what would be an influx of more than 12,000 residents, creating a demand for more hospital facilities.



By 1931, Las Vegas had grown to 7,000 residents, and because of the effect of the Depression, many were unemployed. For every worker hired at the dam, it was estimated that four came looking for a job and either were refused employment or were unable to stand the rigors of work in Black Canyon.



New medical facilities, however, were urgently needed and in 1931, with the Nevada Legislature about to go into session, county commissioners passed a resolution asking for state permission to borrow construction funds.

By then, several ambulance trips were necessary each day between Las Vegas and the dam site. The temperature in

Black Canyon was recorded at more than 140 degrees. There were many more cases of heat prostration than accidents. Even after the government built a hospital in Boulder City, it still was unable to handle all of the sick and injured from the dam.

For the first two years of its existence, the new county hospital operated with one doctor and one nurse, both on duty or on call 24-hours a day, seven days a week.

Also that year, Dr. Hale Slavin was hired as county physician and obtained funds from the County Commission to open a surgical facility. The hospital now had a surgical wing, x-ray machine and

an autoclave, making it possible for the hospital to do its own sterilizing for the first time. By 1942, the hospital trustees decided a house physician was necessary and Dr. J.C. Cherry was hired for \$150 a month. According to news reports, the hospital's roof leaked when it rained and pans were placed around to catch the water. Lights were strung along exposed pipes in the operating room, water came from the well, and a septic tank handled the sewage.



In the early days of the hospital, there were no ambulances. The job of picking up the sick and injured and transporting them to the emergency department belonged to the local mortuaries.

In the early 1950's, in response to numerous requests from physicians and private citizens, the hospital was renamed Southern Nevada Memorial Hospital. With the name change, the hospital began to undertake a new mission - keeping up-to-date with the latest development in medical technology and treatment and expanding its services to meet the needs of a rapidly growing and diverse community.

Between the early 1950's and the late 1970's, expansion of the hospital progressed rapidly.

By the mid sixties, Southern Nevada Memorial Hospital had a new \$1.6 million three-story circular wing and a \$590,000 outpatient building. In 1968, the Lions Clubs of Clark County funded a burn care unit at the hospital.



In 1978, a six-story medical education center was built on the west end of the hospital campus. The \$4.5 million project was funded by a federal grant.

Construction on a seven-story patient tower was completed in early 1979 with the addition of a new obstetrics unit and an enlarged burn care unit.

In February 1986, the hospital's name was changed to University Medical Center of Southern Nevada to better reflect its role as a teaching institution and a medical center offering complete care.

In 2010, Children's Hospital of Nevada at UMC was formed to brand the exclusive care that is second to none in Nevada.

In 2013, the UMC Governing Board was formed to oversee the operations and strategic plan of UMC.

Today, UMC is home to Nevada's Highest Level of Care

OUR MISSION, VISION AND VALUES**Mission:**

To serve our community by providing patient-centered care in a fiscally responsible and learning focused environment.

Vision:

To be the premier academic health center

Values:

Compassion, Accountability, Integrity, Respect





THE UMC DIFFERENCE

As an academic medical center with a rich history of providing life-saving treatment in Southern Nevada, UMC serves as the anchor hospital of the Las Vegas Medical District, offering Nevada's highest level of care to promote successful medical outcomes for patients.

Trust Nevada's Highest Level of Care

UMC provides patients with access to a wide range of exclusive and specialized services, including Nevada's ONLY Level I Trauma Center, ONLY Designated Pediatric Trauma Center, ONLY Burn Care Center and ONLY Center for Transplantation.

The UMC Trauma Center provides life-saving care to community members, visitors and residents of nearby states. Serving patients in a 10,000-square-mile area, the UMC Trauma Center provided care to approximately 12,500 patients in 2016. The UMC Trauma Center has a survivability rate of 96 percent, including patients who were transported to UMC with less than a 1 percent chance of survival.

The UMC Lions Burn Care Center recently became one of only 67 hospitals in the nation to be verified as a Burn Center by the American Burn Association and the Committee on Trauma of the American College of Surgeons. This achievement recognizes the UMC Lions Burn Care Center's commitment to providing patients with the highest level of burn care.

Cutting-Edge Technology

From advanced robotic surgery to revolutionary wireless pacemakers, UMC remains committed to offering the latest breakthroughs in medical technology.

In 2017, UMC became the first hospital in Nevada to offer a procedure to implant the world's smallest pacemaker, which is approximately the size of a large vitamin.

UMC also offers an innovative Robotic Surgery Program, utilizing advanced tools to provide the least invasive, most precise options available. UMC's da Vinci Xi Surgical System combines advanced robotic, computer and optical technologies to assist surgeons with a wide range of operations.

The Future of Medicine

Further establishing its position as a leading academic medical center, UMC formed a strategic partnership with the UNLV School of Medicine, with the hospital serving as the anchor partner for the newly developed school to deliver the region's finest academic medicine.

MY COMMITMENT TO ICARE

I have the power to improve someone's moment, outcome, recovery and life!

My actions and behaviors have a direct impact on how our patients, colleagues and physicians feel and talk about UMC. Therefore, I commit to using the principles of [ICARE4U](#) in every interaction:

- I** -**dentifying** myself by name, position and title; and identifying customers by their preferred name:
 - Greet my "customers" with words of welcome, such as "Hello! Good morning!"
 - Share a smile, make eye contact and use open body language
 - Use a friendly tone, facial expressions and expressions of care through my body language
 - Look the part by dressing professionally and proudly wearing my name badge
- C** -**ommunicating** why I am in the area, what I am going to do, and explaining how long it will take and the expected outcome:
 - Sit down at eye level whenever possible
 - Set expectations for the visit — inform patients and colleagues how long it will take and what can be expected (pain, waiting, etc.)
 - Use basic language that is easily understood
 - Explain the care plan of the day/shift
 - Share any information/findings as appropriate
- A** -**sking** permission to enter the room, conduct an exam, clean the room or speak in front of others:
 - Maintain dignity when you are examining or helping
 - Offer choices whenever possible
- R** -**esponding** to patient and staff questions promptly, or finding an answer and providing feedback to them when needed:
 - Leave my name and phone number on the whiteboard
 - Work as a team to manage issues and concerns
 - Act with urgency — showing I care
 - Anticipate needs
 - Follow up and check back. If I say I will be back, I will return promptly. If I can't deliver on what I said I would, I will explain and apologize. I will do my best to make it right by offering something else.
 - Manage expectations — let the person know what I can and can't do. If I can't do something, I will not just state "policy." I will offer something else, apologize and provide service recovery when needed.
 - Give clear instructions and explanations of next steps
- E** -**xiting** every conversation by asking, "*Is there anything else [I can do 4-U?](#)*":
 - Encourage the patient to call me/nurse/charge nurse, if needed
 - Promote colleagues and other team members by letting your customers know they are "well taken care of" by excellent physicians, nurses, etc.

PAYROLL

PAYROLL FAQ'S

Q. Do I need to clock out for lunch?

- A. Yes, all hourly employees must clock out and back in for their lunch period. See Meal Period policy V-66 for additional details.

Q. Does UMC have a rounding rule when clocking in and out?

- A. We utilize the seven (7) minute rounding rule for calculating hours worked. If you clock in 7 minutes or less before the beginning of your shift the hours will round to your scheduled start time. If you clock in 7 minutes or less after the beginning of your shift the hours will round to your scheduled start time, however, according to the Tardy Policy, you will be late. The 7 minute rounding rule is for pay practices only.

Q. What do I do if my payroll check is not correct?

- A. You will need to take your pay stub to your manager or the person responsible for managing time cards in your department and explain that you feel there is a discrepancy. Once the error has been identified, you will need to make a copy of your pay stub to submit with a payroll correction. The department will be required to submit the correction, a copy of the time card report and your pay stub to the Payroll Department. If we receive this no later than 1:00 p.m. on Wednesday following pay day and the adjustment is in excess of \$100, you can elect to receive a correction check on Friday after 7:00 am to 4:30 pm. These checks will not be direct deposit. All corrections received after the Wednesday deadline will be processed with regular payroll checks the following week.

Q. When is pay day?

- A. We are paid bi-weekly on Friday. Pay periods end on Sunday night at 10:30 pm Payroll checks are distributed to a department designee on Friday. Please check with your department to verify the designated schedule for distribution in your area.

Q. Where is the Payroll Department located?

- A. We are located on the 4th floor of the Trauma Center, Suite 401. We are open Monday through Friday from 7:00 am until 4:30 pm. Our phone number is 383-2225.

2019 Payroll Schedule

<u>PAY PERIOD #</u>	<u>DATES COVERED</u>	<u>PAY DATE</u>
01 (JAN)	12/17/2018 to 12/30/2018	01/04/2019
02 (JAN)	12/31/2018 to 01/13/2019	01/18/2019
03 (FEB)	01/14/2019 to 01/27/2019	02/01/2019
04 (FEB)	01/28/2019 to 02/10/2019	02/15/2019
05 (MAR)	02/11/2019 to 02/24/2019	03/01/2019
06 (MAR)	02/25/2019 to 03/10/2019	03/15/2019
07 (MAR)	03/11/2019 to 03/24/2019	03/29/2019
08 (APR)	03/25/2019 to 04/07/2019	04/12/2019
09 (APR)	04/08/2019 to 04/21/2019	04/26/2019
10 (MAY)	04/22/2019 to 05/05/2019	05/10/2019
11 (MAY)	05/06/2019 to 05/19/2019	05/24/2019
12 (JUN)	05/20/2019 to 06/02/2019	06/07/2019
13 (JUN)	06/03/2019 to 06/16/2019	06/21/2019
14 (JUL)	06/17/2019 to 06/30/2019	07/05/2019
15 (JUL)	07/01/2019 to 07/14/2019	07/19/2019
16 (AUG)	07/15/2019 to 07/28/2019	08/02/2019
17 (AUG)	07/29/2019 to 08/11/2019	08/16/2019
18 (AUG)	08/12/2019 to 08/25/2019	08/30/2019
19 (SEP)	08/26/2019 to 09/08/2019	09/13/2019
20 (SEP)	09/09/2019 to 09/22/2019	09/27/2019
21 (OCT)	09/23/2019 to 10/06/2019	10/11/2019
22 (OCT)	10/07/2019 to 10/20/2019	10/24/2019 (Thurs)
23 (NOV)	10/21/2019 to 11/03/2019	11/08/2019
24 (NOV)	11/04/2019 to 11/17/2019	11/22/2019
25 (DEC)	11/18/2019 to 12/01/2019	12/06/2019
26 (DEC)	12/02/2019 to 12/15/2019	12/20/2019

HIPAA

UMC PRIVACY and SECURITY PRACTICES

This digest summarizes appropriate personal conduct to ensure compliance with HIPAA's standards. See the Administrative Policy Manual and any department-specific policies and procedures for more information.

DO

DO NOT

- Access**
- DO know who is allowed in restricted areas, allowed to see PHI, or allowed to use computers.
 - DO wear your UMC Badge at chest height at all times
 - DO look only at what you need to do your job.

- DO NOT allow unknown and unescorted persons in restricted areas.
- DO NOT look at your, your family member's, or your friend's or neighbor's information. Never access patient information without a professional need to know.
- DO NOT allow unknown persons to access charts.
- DO NOT access non-UMC databases without an appropriate reason.

- Breaches**
- DO immediately attempt to retrieve PHI received by unintended recipients.
 - DO immediately report any known or suspected breach of PHI to the Privacy Officer.
 - DO immediately report lost or stolen devices used for UMC business to the IT Service Desk (2227).

- DO NOT ignore faxes received in error, unattended records or papers with medial information, or inappropriate posts to social media such as Facebook, Twitter, Instagram, or YouTube.
- DO NOT discuss patient information with anyone who does not have a need to know.

- Cameras**
- DO use UMC-issued cameras for approved identification, treatment, or education purposes.

- DO NOT use personal cameras or mobile device cameras while at UMC.

- Computers**
- DO log off or lock computers when you leave them.
 - DO password-protect and use approved encryption software on any portable equipment such as laptops, smart phones, tablets, etc.
 - DO use strong passwords: at least 8 characters using letters, numbers and special characters that cannot be easily discovered.

- DO NOT use unauthorized flash drives or disks.
- DO NOT leave mobile equipment unattended.
- DO NOT share passwords.
- DO NOT use another user's log on.
- DO NOT keep passwords where others can find them.
- DO NOT visit internet sites unrelated to your job.
- DO NOT remove privacy screens from

DO

DO NOT

		<p>Workstations on Wheels (WOWs).</p> <ul style="list-style-type: none"> – DO NOT allow patients to connect devices to the non-public UMC network. – DO NOT store PHI on computing devices. PHI is to be stored on UMC-managed servers and systems ONLY. – DO NOT utilize UMC electronic equipment for unauthorized purposes.
Copiers / Printers	<ul style="list-style-type: none"> – DO keep in secured areas and utilize secure printing features. – DO remove copy and prints jobs immediately. 	<ul style="list-style-type: none"> – DO NOT allow patients to utilize machines. – DO NOT leave copy or print jobs sitting on machines.
Disclosures	<ul style="list-style-type: none"> – DO record any disclosure of PHI that is not for routine treatment, payment, operations, or that has not been authorized by the patient. – DO send all requests for copies of records to HIMD. 	<ul style="list-style-type: none"> – DO NOT give patients copies of anything but discharge instructions and prescriptions from the nursing units.
Disposal	<ul style="list-style-type: none"> – DO shred or use a locked blue recycle bin for paperwork containing PHI. – DO contact the Information Security Officer to wipe or physically destroy devices or media containing PHI. 	<ul style="list-style-type: none"> – DO NOT overstuff destruction bins or leave them unlocked. – DO NOT leave bin keys unsecured. – DO NOT dispose of computers, smart phones, or tablets without appropriately wiping the device.
E-Mail & Messaging	<ul style="list-style-type: none"> – DO use the minimum necessary PHI in all messages. – ALWAYS use [Secure] to encrypt PHI before transmitting PHI outside of UMC. – DO protect messages from unauthorized viewers. – DO immediately report suspicious emails to IT. – DO verify email addresses before sending. 	<ul style="list-style-type: none"> – DO NOT send unencrypted PHI outside UMC's network. – DO NOT send any PHI outside UMC's network without manager or IT approval. – DO NOT use PHI or identifiers in the subject line. – DO NOT open unknown attachments. – DO NOT click on links in suspicious emails. – DO NOT save or print messages via web mail access. – DO NOT send PHI via personal email accounts such as Gmail, Yahoo, Hotmail, or others.

DO

DO NOT

- Fax
- DO use a fax cover sheet.
 - DO double-check fax numbers before sending messages.

- DO NOT send faxes to unsecured locations.
- DO NOT send faxes without verifying the recipient.

- Patient Rights
- DO respect patient rights granted by HIPAA:
- Right to a Notice of Privacy Practices (NPP)
 - Right to object to some uses and disclosures; document their request.
 - Directory Restrictions - Know if a patient has requested any Directory Restrictions. Understand the privacy flags:
NFP (Not For Publication)
PASSWORD - Limit visitors and calls to those who know the password.
 - Right to Access – Refer patients to the Health Information Management Department for access to or copies of their records.
 - Right to an Amendment – Refer patients to Health Information Management Department to have missing or erroneous records corrected.

- DO NOT discuss information in front of visitors without the patient's consent.
- DO NOT confirm the presence or give the location of any NFP patient. The recommended response is, "I'm sorry, there is no information available for a patient by that name."
- DO NOT create or divulge a patient's password.

- Personal Mobile Devices
- DO subscribe to a service that can remotely wipe your personal device if lost or stolen.
 - DO subscribe to anti-malware for your device.

- DO NOT text or instant message identifiable patient information.
- DO NOT store PHI on your device.

- Public Areas
- DO use the lowest voice possible for confidential discussions.
 - DO use a screen filter or be sure monitors are not visible to the public.
 - DO use cover sheets to shield PHI.

- DO NOT discuss or display protected information in public areas, e.g. the cafeteria or break room.
- DO NOT display PHI on whiteboards or sign-in sheets.

- Social Media
- DO report any patient information or hospital information posted on-line to the Privacy Officer.

- DO NOT post any patient condition, treatment, or identifiers on-line, even if your social media group is limited.
- DO NOT mention or discuss patients that you have treated.
- DO NOT mention the names of family members or friends of patients you have



New Hire Orientation Team Member's Workbook

DO

DO NOT

- Transport
- DO cover and secure PHI when transporting charts or reports.
 - DO safeguard PHI from loss, theft, or unauthorized access when you are transporting PHI.

treated.

- DO NOT post pictures of you or coworkers while at work.
- DO NOT remove any form of PHI from UMC unless authorized.
- DO NOT leave PHI or devices in vehicles.
- DO NOT allow patients to maintain custody of UMC's original chart.

Record all disclosures as required, including errors and accidental disclosures.

Report any violations, threats, or suspicious activity to your supervisor and to the IT Service Center at 383-2227. You may also report to the Privacy Officer at 383-3854. The Hotline (AlertLine) can be reached at 1-888-691-0772, or via the link on the UMC Intranet Home Page.

Refer to the following for more information:

UMC HIPAA Policies, Procedures and Resources, Administrative Policy manual, Clark County Privacy & Security Policy, and department-specific procedures: <http://umc-polandproc/pp6.nsf>

UMC HIPAA Forms: <http://umcintranet/hipaa/index.asp>

Office for Civil Rights - <http://www.hhs.gov/ocr/privacy/>

PATIENT SAFETY GOALS

What are the National Patient Safety Goals?

The National Patient Safety Goals (NPSG) are a tool, or guidelines, from the Joint Commission that provide direction on good practices for quality patient care and help to improve business operations. The purpose is to promote specific improvements in patient safety. The NPSG highlight problematic areas in healthcare and describe evidence and expert based solutions to these problems. Every employee, agent, contractor, student and volunteer is a piece of the puzzle that makes us UMC, and it is our responsibility to uphold the National Patient Safety Goals.

National Patient Safety Goals 2019

Identify patients correctly

- Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
- Make sure that the correct patient gets the correct blood when they get a blood transfusion.
- See UMC Policy I-176: Patient Identification**
 - UMC requires the use of two (2) unique identifiers. These may include any two of the following: Patient Name, Patient Date of Birth, Account Number

Improve Effectiveness of Communications Among Caregivers

- Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- Take extra care with patients who take medicines to thin their blood.
- Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
- See UMC Policy I-120: Critical Tests/Critical Results Reporting - This policy defines the following:
 - What tests or results are considered critical
 - Who must be informed of critical results
 - The timeframe for reporting critical results
 - Process for addressing critical results if responsible person cannot be reached

Use Medications Safely

- Label all medications, medication containers, and other solutions on and off the sterile field in the perioperative and other settings

- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy
- Maintain and communicate accurate patient medication information (Medication Reconciliation)
- See UMC Policy 1-113: Medication Reconciliation

Use Alarms Safely

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
- See UMC Policy I-260: Alarm Management.
 - RNs must know the alarms associated with his/her patient and must set parameters based on patient condition or acuity
 - Alarm parameters should be determined with each assessment
 - Clinical alarms should not be silenced or discontinued
 - Concerns with alarm operation or alarm fatigue should be reported via the Safety Intelligence (SI) system

Reduce Risk of Healthcare Associated Infections

- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.
- See UMC Policy IC 4.0: Standard Transmission Based Precautions
 - Requirements for Hand Hygiene are incorporated into this policy
 - Perform Hand Hygiene before and after patient contact
 - No artificial nails
- See UMC Policy IC 4.8: MRSA/ORSA Active Surveillance and UMC Policy IC 4.7: Contact Precautions
 - Both policies outline guidelines for decreasing the transmission of infections related to multi-drug resistant organisms

Identify patient safety risks

- Find out which patients are most likely to try to commit suicide
- See UMC Policy PP 102: Suicide Precautions
 - Policy outlines the method for screening patients
 - Policy outlines precautions for those identified at risk

Prevent mistakes in surgery

- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- Mark the correct place on the patient's body where the surgery is to be done.
- Pause before the surgery to make sure that a mistake is not being made.

****For more details of this year's Patient Safety Goals please logon to the Intranet***

What is all this talk about "Joint Commission" accreditation?

The Joint Commission (formerly known as JCAHO or the Joint Commission on Accreditation of Healthcare Organizations) is a regulatory organization that surveys healthcare organizations to ensure that a high level of quality is maintained as well as compliance with the latest standards. Joint Commission standards focus on state-of-the-art performance improvement strategies that help healthcare organizations to continuously improve the safety and quality of care. Achieving accreditation makes a strong statement to the community about our efforts to provide the highest quality services. Joint Commission standards focus on state-of-the-art performance improvement strategies that help health care organizations continuously improve the safety and quality of care, which can reduce the risk of error or low quality care. These surveys are conducted as "surprise visits" It is for this reason that the organization must be ready at all times. Once accreditation is obtained it is good for three years.

Why is it important to be accredited?

Joint Commission accreditation can attract qualified personnel who prefer to serve in an accredited organization. In some markets, accreditation is becoming a prerequisite to eligibility for insurance reimbursement, for qualifying for Medicare and Medicaid certification, and to participate for managed care plans and contract bidding.

Reporting Patient Safety Issues

The UMC Handbook of Information for Our Patients and Visitors reads:

We would like to become your partner in the prevention of medical errors. It is important that, as a patient, you participate in your own care to reduce the chance of errors by asking questions to understand your condition and treatment. Processes are in place at UMC to report safety

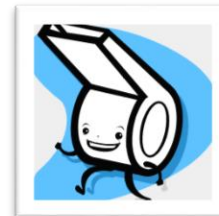
issues and patient safety errors.

**Safety Hotline — 2111**

This number can be dialed at any time to report an unsafe environment (water on the floor, sparks coming out of an electrical outlet, etc.).

"Whistle Blowing"

Do you have a complaint about the quality of care at your Joint Commission accredited health care organization? Do you have a serious concern about Patient Safety or Standards compliance?



Here at University Medical Center, all employees are educated on the tools that are in place to report these concerns. It is everyone's responsibility to report patient safety issues in the Patient Safety Net (PSN). Not reporting the problem is as serious as the problem itself. Each department should have a poster of the **Patient Care Communication Channel**, which identifies the chain of command to resolve patient issues. This is a nurse/physician communication tool that is used when an adequate solution is not found to a patient problem. Employees are further educated that if a problem still exists, despite following UMC's tools of communication, they have the right to report these concerns directly to the Joint Commission (www.jointcommission.org). UMC will take no retaliatory disciplinary action against employees for reporting safety or quality of care concerns to the Joint Commission.

Performance Improvement (PI) – Unit or Hospital Wide

The Center for Quality and Patient Safety Department is the overseer of improving organizational performance. Departments utilize the PDMAI model to plan, design, measure, assess, and improve the quality of patient care provided, thus increasing the probability of improved patient outcomes. Performance improvement is an on-going process. The PSN is a valuable resource when looking for ideas for departmental PI projects.

PDMAI – UMC's Performance Improvement Model

The ultimate goal of UMC is to provide all levels of health care, from basic to highly skilled, in settings that meet or exceed community standards. These goals will assure treatment of each patient, employee, staff member, and/or visitor with dignity, respect, kindness and understanding. UMC has a program known as the Improving Organizational Performance (IOP) Program that continually evaluates these goals to assure quality of patient care is provided to increase the probability of improved patient outcomes. Patient safety, satisfaction, and perception of care are all trended and evaluated. A systematic approach is necessary to obtain the information. The model UMC has adopted is called the PDMAI.

Patient Rights/Patient Safety

The *UMC Handbook of Information for Patients and Visitors* is available in the Admitting department or from the nurses on the units. The handbook includes information about the vision and mission statement of the hospital, patient rights, guidelines for services, parking, advance directives, billing information, pain information, and general guidelines for patient safety and management of a safe and therapeutic environment.



Patients have the right:

- To quality care regardless of race, creed, color, etc.
- To be respected and treated with dignity and concern
- To know information about their condition, and the qualifications of their caregivers.
- To informed consent, and participation in decisions regarding their care
- To confidentiality and privacy (including NFP), with information restricted to people directly involved in their care.
- Neonatal/Pediatric Patients/Parents or guardians have the right to:
- A safe and therapeutic environment in relation to age, growth and development, and social circumstances.
- Take their child from the hospital A.M.A. if the child is not on police hold.
- Home Bound-Hospital teaching when the criteria is met (Administrative Policy 1-6.3)

Health Care Advance Directives

There are 2 basic forms of Advance Directives that are acknowledged in Nevada.

- Health Care Declaration (Living Will) – a written statement that describes the medical treatment that an individual wants or does not want at the end of their life.
- Durable Power of Attorney – a written document that names another person to make medical decisions for an individual. The patients' signature must be acknowledged before a notary public or by two adult witnesses known by the patient.

EMPLOYEE ASSISTANCE PROGRAM

Aaron Stagg, LMFT, CEAP
Aaron.Stagg@umcsn.com
Office: 702-207-8267
Cell: 702-813-3038

The Employee Assistance Program (EAP) is a confidential counseling, information and referral service that is provided to UMC employees, their spouses and dependents.

Main Components of EAP

Counseling and Assessment: The EAP provides short-term individual, couple, and family counseling services in-house.

Referral: If a UMC employee or family member is in need of services that we do not provide directly through the EAP, we strive to locate and connect you with appropriate resources in the community.

Management and Organizational Support:

- **Management Consultations:** A manager can call the EAP for assistance in dealing with organizational and/or employee issues.
- **Workshops:** Soft skill workshops are available for management and employees on topics such as: *Teambuilding, Stress Management, Leadership skills, Communication, Overcoming Burnout, Dealing with Change, Time Management*. These workshops can be presented during team meetings, employee training activities or lunch time learning classes.

Confidentiality

It is the policy of the Employee Assistance Program to ensure your confidentiality. All EAP records are kept in a secure file, separate from personnel records. Your supervisor will not be notified of your EAP involvement, nor will your personal information be shared with any individual or organization, unless authorized by you, in writing.

Fees

Counseling, Training, and Consultations within the EAP are offered at no cost to the employee or family members.



UMC CARE TEAM

Who Are We?

The UMC Care Team is a group of volunteer employees and community partners, who have been trained in psychological first aid, peer mentoring, group facilitation, and resources for referral. Our purpose is to provide support for UMC employees, patients and family members in their time of need. We are here because we CARE!

Employee Support

We provide personnel, hospital, and community resources that serve as a support for the UMC employees who are experiencing an emotional or physiological impact resulting from exposure to one or more of the following:

- Unintentional human errors and system failures that result in patient or employee harm
- Death of a patient or co-worker
- Patient aggression
- Difficult medical condition or procedure
- Caregiver fatigue
- A large scale emergency event

Services

- **One-on-one:** A member of our Care Team can provide a listening ear, emotional support, and assistance with the moment and ongoing needs. Peer support services are confidential and voluntary.
- **Group:** The Care Team can facilitate group briefings and de-briefings for caregiver teams
- **Referral** – Our team members can provide information and referral for resources in the hospital or community as needed to help meet acute or ongoing employee, patient, or family member needed. Referral resources may include medical providers, support groups, psychotherapy, treatment programs and clergy.

CULTURAL AND LINGUISTIC SERVICES

The Cultural and Linguistic Services Department at UMC provides qualified and certified medical on-site Spanish interpreters as well as a telephonic and sign-language interpreting for Limited English Proficient and Deaf and/or hard of hearing patients in an effort to remove any communication barriers that may inhibit the delivery of high quality medical care.

- UMC **On-Site** Spanish Interpreters and Video Remote Interpreting (**VRI**) for *Sign Language*: xTALK or **x8255 or (207-8255)**
- Telephonic Interpreter / Language Line: Speed-dial 789 or 8789. Over 200 languages available.
- For on-site ASL (American Sign Language) dial 702-610-4722

Do's

1. Always offer the patient the option to use an interpreter if needed.
2. Allow time for introductions. The patient has a right to know who makes up their healthcare team including their interpreter.
3. Look at and speak directly to the patient, not the interpreter.
4. The interpreter is acting as your voice and should be as transparent as possible during your communication with the patient, therefore use first person when speaking to the patient. Example: "I would like to know if you have ever had a heart condition?"
5. The interpreter is required to repeat everything that is being said therefore refrain from making any side comments that should not be conveyed to the patient.
6. Speak in concise sentences and avoid abbreviations.
7. Document on chart that you used an interpreter
8. Verify patient's understanding, ask the patient to repeat in their own words, instructions or other information that has been communicated, with the interpreter present.

Don'ts

1. Do **not** look at the interpreter and say, "Ask her if she has ever had a heart condition".
2. Do **not** ask the interpreter to sign and stamp consents, unless the provider has fully explained the procedure and its risks to the patient.
3. Do **not** ask the interpreter to explain procedures to the patient.
4. Do not ask the interpreter to take the patient's medical history.
5. Do not ask the interpreter to assist you with any medical procedure.
6. Do not speak in long sentences and highly technical vocabulary when talking to patients.
7. **ONLY** use our staff interpreter or telephonic interpreter.
8. Do not use a family member, a friend or another patient.
9. Do not use an employee as an interpreter.
10. If you have not been tested for proficiency, do not use yourself as an interpreter.
11. **NEVER** use a minor to interpret for a patient.

WORKPLACE VIOLENCE

Circumstances of hospital violence differ from the circumstances of workplace violence in general. In other workplaces such as convenience stores and taxicabs, violence most often relates to robbery. Violence in hospitals usually results from patients and occasionally from their family members who feel frustrated, vulnerable, and out of control

**Bullying**

- Taunting, teasing or making jokes about a co-worker.
- Sabotaging another employee's work or copying, plagiarizing or stealing work
- Deliberately isolating or excluding a co-worker from work related activities.
- Yelling, screaming, sarcasm, or other verbal abuse

Veterans in Crisis

- Look for clues that your visitor is a veteran
- Once you've determined the subject is a combat veteran, take extra safety precautions.
- The situation can become violent very quickly
- Veteran's actions may be somewhat or completely out of his conscious control at that moment
- Combat veterans can have some pretty dramatic responses to being startled
- Do things that will calm him
- Talk about ties you have to the military
- Let him/her talk, as long as it is helping him wind down
- Think of the subject's behavior as symptoms of an injury, not as a mental illness
- Remember, be respectful!

Prevention*Using Situational Awareness*

- Trust your "gut" or intuition. Many times a person's subconscious can notice subtle signs of danger that the conscious mind has difficulty quantifying or articulating
- Trusting your gut and avoiding a potentially dangerous situation may cause you a bit of inconvenience, but ignoring such feelings can lead to serious trouble.
- The discipline part of practicing situational awareness refers to the conscious effort required to pay attention to gut feelings and to surrounding events even while you are busy and distracted
- Individuals need to learn to be observant even while doing other things



Public Safety

What We Do:

- **Public Safety** - Provides campus wide security and investigative services for the UMC hospital network. We also oversee all access and control, surveillance and security systems.
- **Safety Program** - Responsible for planning, developing, and coordinating the safety and occupational health component of employees, materials, equipment, and environments to achieve safety effectiveness. Ensures compliance with Life Safety Code, DOT and EPA regulations, deals with Hazardous Waste and serves as ADA liaison for UMC.
- **Emergency Preparedness Program** - Provides education, training, and resources to allow UMC to prepare for, mitigate, respond to and recover from major emergencies and disasters in our community.
- **Badging Office** - Provides employees and others ID badges, access control, and parking permits.



Where We Are:

- **Public Safety** - Officers are posted at the Main Entrance, the ER and Trauma. We also perform roving patrols throughout the hospital. Our Control Room is located in the ER ambulance bay and can be reached at **x1810**, or in an **EMERGENCY** at **x 2777**.
- **Transportation** - Located in the PPC area.
- **Safety** - Located across from the Radiology main entrance
- **Emergency Preparedness** – Located across from the Radiology main entrance
- **Badging** – Located at near patient records

CONFIDENTIALITY

During the course of your activity at the University Medical Center of Southern Nevada (UMC) and its affiliates, you may have access to information which is confidential and/or proprietary. This information may not be accessed, used, or disclosed except as permitted or required by law and in accordance with UMC's policies and procedures. In order for UMC to properly care for patients, certain information must remain confidential. Improper access, use, or disclosure of confidential and/or proprietary information can cause irreparable damage to UMC, its patients and workforce members. Confidential and/or proprietary information that must be safeguarded from improper access, use, or disclosure includes, but is not limited to:

1. Any personally identifiable information relating the past or present provision of healthcare to an individual, eligibility of an individual for healthcare, or payment for the provision of healthcare to an individual.
2. Medical and certain other personal information about employees.
3. Medical Staff records and committee proceedings.
4. Financial and statistical records, strategic plans, internal reports, contracts, memorandums, peer review information, communications, computer programs, technology, source code, third-party information, client or vendor information, etc.
5. Other information protected by regulatory or legal requirements.

I understand, acknowledge and agree that:

1. It is my responsibility to use confidential and/or proprietary information as minimally necessary to perform my legitimate job duties at UMC.
2. I will not access any UMC electronic or other record relating to myself, any family member, friend, or acquaintance unless I have a legitimate need to know for the purposes of executing my assigned job duties at UMC, and only with written permission from my manager.
3. It is not permitted for me to obtain copies of records for myself, or anyone else, without submitting to the Health Information Management Department (HIMD) a valid authorization or other sufficient legal documentation demonstrating my authority.
4. I will not access any UMC electronic or other record relating to a public figure (including but not limited to entertainers, athletes, or prominent businesspersons, etc.) unless I have a legitimate need to know for the purposes of executing my assigned job duties at UMC.
5. If I am required to access non-UMC records or data to carry out my duties, I will not access this information without a legitimate need to know for the purposes of executing my assigned job duties at UMC.
6. I understand that moving or copying confidential and/or proprietary information from its secure source requires written permission from the data owner. Examples would include

copying patient data to my workstation's hard drive, email account, or a USB storage drive. If approved, IT Security must be contacted to assist with securing the movement of the information.

7. I am obligated to hold confidential and/or proprietary information in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with applicable policies and procedures of UMC, or with state or federal law.
8. I am obligated to immediately report any known or potential inappropriate access, use and/or disclosure of confidential and/or proprietary information to UMC in accordance with UMC policies and procedures.
9. I am obligated to comply with safeguards designed to protect the privacy and security of UMC's confidential and/or proprietary information consistent with applicable policies and procedures of UMC, and state and federal law.
10. I am obligated to ensure hard copies of confidential and/or proprietary information are securely stored in their designated location at all times, and are shredded or disposed of in designated shredder containers when no longer needed.
11. I am obligated to ensure printed or electronic confidential and/or proprietary information is never left unattended or exposed to unauthorized persons.
12. If I am issued a unique user code, it is my responsibility to maintain this code in a confidential manner. This user code is my signature for accessing computer systems. If I believe my unique user code is compromised I will immediately report that to UMC's Information Security Officer.
13. My access and use of all hospital computer systems and other sources of confidential and/or proprietary information is subject to routine, random, and undisclosed surveillance by the hospital.
14. Failure to comply with my confidentiality obligation may result in disciplinary action or termination of my employment or affiliation with UMC in accordance with UMC's standard policies for workforce sanctions for privacy and security violations.
15. Impermissible access, use or disclosure of confidential and/or proprietary information about a person may result in legal action being taken against me by or on behalf of that person.
16. I understand that licensed health care providers are subject to sanctions for impermissible access, use, or disclosure of confidential and/or proprietary information, including license revocation, suspension, probation and public reprimand.
17. Any intellectual property or idea developed by me at the direction of UMC, in furtherance of UMC business interests, and / or on UMC time, or any intellectual property or any idea derived there from, belongs exclusively to UMC.
18. My confidentiality obligation shall continue indefinitely, including at all times after the termination of my employment or association with UMC and its affiliates.

I have read and understand this Confidentiality Agreement, have had my questions fully addressed, and have had an opportunity to have a copy made for my permanent personal records.

RECRUITMENT

Frequently Asked Questions Regarding Employment with University Medical Center

If you have a question not answered here, please contact UMC Human Resources at **(702) 383-2230** or www.umcsn.com.

Completing an Employment Application

1. What jobs are currently available at UMC?

Open positions at UMC are posted online at www.umcsn.com. A listing of open positions is also posted in the Employment Center at Delta Point and on the board near the cafeteria. The list is also posted in each UMC facility not connected physically to the hospital.

2. How do I know if a position is still open for me to apply?

Check the closing date on the job announcement. When a position is closed or filled, the job announcement will be removed from the UMC website immediately. On some occasions, Human Resources may extend a current job posting or re-open a job announcement that was previously closed. To avoid missing any open posting, please check our website regularly and/or fill out an online Job Interest Card. The open position lists are updated every Tuesday and Friday.

3. Do I need to be a Clark County resident in order to apply for a position at UMC?

If you are hired into a benefited position, except for those working in Laughlin, NV, you will be required to establish and maintain a principal place of residency within the boundaries of Clark County within ninety (90) days of initial employment with UMC. If you drive and own vehicle(s), you will be expected to provide proof that a NV license has been obtained and each private vehicle has been registered with the NV Department of Motor Vehicles.

4. How do I apply for a position?

You may apply online for any current postings by visiting www.umcsn.com. You do not need to create a separate application for every job that you apply to. You may either update your current application or create and save another application in your applicant account at any time to apply for another position. In an effort to go green, UMC will not accept a paper application.

5. Where do I go to apply for a job with UMC?

You may utilize any computer with Internet access. If you don't have a computer, you can use a computer with web access at many local agencies, including local libraries and

community centers. Just visit our website at www.umcsn.com. You can also apply online at the UMC Employment Center, 901 Rancho Lane, Suite 160.

6. What if I don't have an e-mail address?

We recommend creating a free account at hotmail.com, google.com, or yahoo.com. It only takes a few minutes to set up an account. Although the job application gives you a choice of paper or e-mail notifications, in an effort to go green UMC will only be sending electronic notices.

7. Can I apply for more than one position at a time?

Yes. Our site allows you to apply for multiple positions.

8. What if a position I am interested in is not listed on the website? Can I submit a job application anyway?

UMC only accepts applications for posted positions. However, you can fill out an online Job Interest Card to receive an e-mail notification each time a position opens whose category matches one of the categories you have chosen.

9. If I apply for the same position multiple times, will you notice my application more?

This will not increase your chances of being contacted.

10. I would like to include a cover letter with my application, addressed to the appropriate individual. How can I find out the name of this person?

All job applications received will automatically be directed to the appropriate Analyst. It is not necessary to address a cover letter to a specific individual. If you would like to include a cover letter, you can add an attachment to your application online.

11. How do I know my application was received?

When you are done by clicking the 'Accept' button on the digital signature screen, you will receive a message that starts with, "Thank your applying for employment with University Medical Center of Southern Nevada. Please be assured that your application packet will be reviewed and given thorough consideration....." You may then proceed to click on the 'Logout' link in the upper-right-hand corner.

12. How many of my previous jobs should I put on my application?

It is important that you show your entire employment history including all qualifying experience. Qualifying experience is experience that meets the requirements as posted on each job announcement. It is also important to note any gaps of employment. Our applicant tracking system allows you to add as many jobs previously held.

13. Can I request an application package be sent to me by mail?

UMC will not mail out application packages. Applicants are required to use the online application system by visiting www.umcsn.com.

14. I already applied for one job; do I need to apply again if I am interested in another job?

Yes. Each application is evaluated separately for each position you apply to.

15. Can I just submit a resume?

You can add your resume as an attachment to the application. However, a resume is not accepted in lieu of an application.

16. What if I miss the application deadline?

Late applications will not be accepted. Check our website regularly and apply for new jobs as soon as they are posted to avoid missed deadlines.

UMC Employment Process

17. How will I know what's going on with my application? When will I hear back?

You will be notified by e-mail if it is determined that you will not be advancing to the next step of the employment process. Candidates who are selected to advance to the interview process will receive a phone call or e-mail from the hiring department. You can also check your application status by logging on to your applicant account with your username and password. Due to the volume of applications received, it may take weeks before notices go out. The exact timeframe will vary depending on the position for which you applied. It is our goal to respond to all applicants in a timely manner. Please note that it is the applicant's responsibility to provide an accurate e-mail address, and to update the contact information online.

18. Should I call the Human Resources to get an update on my application?

The status of your application will be sent to you via e-mail. You can also look it up from your applicant account. Should you have any further questions and need answers on the recruitment process, please refer to this *Frequently Asked Questions*. After that, if you still have unanswered questions, please contact UMC Human Resources at (702) 383-2230.

19. How does the application process work?

Make sure you submit a complete employment application. Incomplete applications will not be processed. If the application does not document that job requirements are met, you will not move forward in the selection process. Additional information will not be accepted after the recruitment closing date.

20. What is an incomplete application?

Incomplete applications include but are not limited to:

- Omission of your work history including current UMC employment;
- "See resume" or likewise is considered to be an incomplete application;
- Omission of complete education data; or
- Failure to provide information on professional licenses, registration, or certification as required by the job to which you applied

21. What is an eligibility list?

Applicants who meet the minimum qualifications of the posted job announcement but are not referred to the manager to interview will be placed on the eligibility list. The Human Resources Department reserves the right to refer only the most qualified applicants for interview. Eligibility lists will usually remain in effect for ninety (90) calendar days.

22. Will I get an interview if I am on the eligibility list?

Applicants on an eligibility list may be called to a hiring interview after the hiring department completes the first round of the interviews and requests to interview more candidates.

23. I am placed on the eligibility list. Should I apply again when I see the same job posted on your website?

Yes. The job posted may be for a different department and/or division.

24. How soon will I be notified of interview results?

Usually within two weeks after your interview depending upon the complexity of the selection process.

25. Do I have to go through pre-employment background check prior to employment?

Yes. Employment is contingent upon background clearance including criminal background check, and employment and education verifications.

26. Do I have to have medical examination prior to employment?

Yes. Employment is contingent upon the results of a physical examination and/or drug test.

General Questions about Working at UMC

27. Will UMC sponsor me for a work visa?

UMC does not sponsor for work visas. Qualified applicants must be able to submit proof of eligibility to work in the United States.

28. Is there a probationary period for new employees?

Yes, new regular full-time or part-time employees serve a probationary period.

29. I am a current employee and would like to transfer to a different position within the organization. Do I need to complete an employment application?

Yes. The filling of posted vacancies is based on a competitive process. This means you are subject to the same application requirements as an external applicant. However, unlike external applicants, you may apply for positions that are posted for internal or current UMC employees only.

30. I am a per diem employee now and would like to become a part-time or full-time employee. What should I do?

Two methods:

- Apply for a posted vacancy online. With this option, you are subject to the same application requirements as an external applicant, and/or
- As a per diem employee, you are entitled non-competitively to the next available regular full or part-time position in your classification if you have worked 2081 hours. With this option, you must submit a written request to HR prior to the position being posted. HR, upon receipt of your request, will place you at the bottom of the list of per diem employees in your classification eligible for such consideration.



New Hire Orientation Team Member's Workbook

WORKERS' COMPENSATION

How to File a Work-related Injury

1. A C-1 Form (Notice of Injury or Occupational Disease) must be filed with your employer within 7 days of your accident or injury. Forms can be found on the intranet.
2. For an exposure, call the ODA immediately, then follow the process listed in the Blood Borne-Pathogen policy. The policy is located on the UMC intranet in the Administrative manual. Direct questions to the Infection Control or Employee Health.
3. An injured employee seeking medical treatment must notify the physician if it is a work-related injury. The physician must complete a C-4 Form (Physician's Report of Initial Treatment).
4. All initial treatment for on-the-job injuries must be obtained from an approved UMC quick care. In case of an emergency or life-threatening situation, the UMC Emergency Room (ER) may be used.
5. The Physician's Disability Statement Form must be completed and signed by the physician at each medical appointment. It is the employee's responsibility to return the completed form to his/her supervisor and the UMC Worker's Compensation Office as soon as possible.

**FOR ASSISTANCE CONTACT
THE UMC WORKER'S
COMPENSATION OFFICE
702-383-3742**

*All Injured Employee
Must Call
CORVEL*

**Employee Injury Call Center
(877) 764-3574**

Registered Nurses – Immediate Care – Bilingual
Nurses Available

At anytime, you can call and speak with a
registered nurse and determine immediate care.
All nurses specialize in occupational injuries and
will ensure you get the care you need.

UNIVERSITY MEDICAL CENTER OF SO. NEVADA
1800 W. Charleston Blvd., Las Vegas, NV 89102



"Notice of Injury/Exposure or Occupational Disease" (Incident Report) Pursuant to NRS 616C.015
CONTACT ODA / INFECTION CONTROL HEALTH NURSE ASAP FOR PUNCTURE WOUNDS / BODY FLUID EXPOSURE

Employee Name: _____ SSN: _____ Dept. Name/#: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ ☐ Cell ☐ Home DOB (MM/DD/YYYY): _____ Date of Hire (MM/DD/YYYY): _____
Job Title: _____ Age: _____ Sex: ☐ Male ☐ Female Marital Status: _____
Place where Accident Occurred: _____ Time of Accident: _____ ☐ AM ☐ PM
Date of Accident / Occupational Disease / Exposure (MM/DD/YYYY): _____

FOR EXPOSURES ONLY: Patient Contact (Name): _____ Room #: _____
Type / Brand of Device Involved: _____

What is the nature of Injury or Occupational Disease / Exposure? _____
List any Body Part(s) involved: _____
Name of Witnesses: _____
Name of Person the accident was reported to: _____ Date Reported (MM/DD/YYYY): _____
Did the accident happen in the normal course of work? ☐ Yes ☐ No
Was anyone else involved? ☐ Yes ☐ No → Name(s) of others involved: _____
Was first aid provided? ☐ Yes ☐ No → If yes, by whom? _____
Did Employee leave work because of the injury? ☐ Yes ☐ No → If yes, when (date / time): _____
Has Employee returned to work? ☐ Yes ☐ No → If yes, when (date / time): _____
Briefly describe accident or circumstances of occupational disease in detail: _____

My employer/insurer may have made arrangements to direct me to a health care provider for medical treatment of my industrial injury or occupational disease. I have been notified of these arrangements.

- ▶ TO FILE A CLAIM FOR COMPENSATION, SEE THE REVERSE-SIDE SECTION ENTITLED CLAIM FOR COMPENSATION, FORM C-4.
- ▶ THE EMPLOYEE MUST SIGN, DATE AND RETAIN A COPY OF THIS FORM.

Signature of Injured or Disabled Employee: _____ Date (MM/DD/YYYY): _____

For assistance with Workers' Compensation issues you may contact the Office of the Governor - Consumer Health Assistance.
Toll Free: 1-888-333-1597 Website: govcha.state.nv.us Email: cha@govcha.state.nv.us

1. Accident was a result of: ☐ Equipment Failure ☐ Improper Procedure ☐ Unsafe Act
☐ Other (specify): _____
2. Manager Investigated and Verified employee's description of the Accident / Illness? ☐ Yes ☐ No
↳ If no, explain: _____
3. Was Employee referred to an approved Medical Provider? ☐ Yes ☐ No
↳ If no, explain: _____
Signature of Supervisor / Person reported to: _____ Date (MM/DD/YYYY): _____

FORM C-1 #002-008 (REV. 11/02/13)

PAGE 1 OF 2

THIS IS A TWO-SIDED FORM

WORKER'S COMP PROTOCOL



FORMS AND INSTRUCTIONS CAN BE FOUND ON THE UMC INTRANET – HUMAN RESOURCES – WORKERS COMPENSATION

HHS-2017-0006

TRAUMA OUTREACH**UMC Trauma**

Level I Adult and Level 2 Pediatric Trauma Center

- American College of Surgeons (ACS) Verified
- State Designated
- Nevada's FIRST and ONLY!!!
- Free standing Trauma Center vs. built into an Emergency Room



UMC Trauma and Service Area Coverage

- 1.85 – 1.9 Million Residents
- Over 40 Million Visitors per Year
- 10,000 square miles including Southern Nevada, parts of California, Utah and Arizona

Trauma Responsibilities

- Outreach and Education - "Injury prevention through education"
- Research and Publication - "Publish or perish"

HEALTH AND LIFE BENEFITS

Upon hire or transfer into a benefitted position, you are presented with a packet of benefits information (health plan enrollment, supplemental life insurance options, and other misc plans, i.e., AFLAC, etc).

To access plan information please logon to the internet.

Plans offered:

Clark County Self-Funded (PPO)

Health Plan of Nevada (HMO)

**Documentation is mailed to your address on record
It is very important to keep your address information current**

FAIR EMPLOYMENT AND CULTURAL DIVERSITY

First and Foremost

- All employees have the right to work in an environment that is free from discrimination.
- Each employee should conduct him/herself in a professional manner and demonstrate respect for colleagues, patients and visitors at all times.
- Supervisors and Managers must also:
 - Monitor the workplace for discriminatory conduct and communication.
 - Take all reports of discrimination seriously.
 - Document and forward all allegations of fair employment law violations to the EOPM for direction and/or investigation.

UMC's Equal Opportunity/Affirmative Action Plan - What does it say?

- That our mission is to: create a workplace that reflects our community; recognize and respect the value of our unique personal characteristics and experiences; and support our diverse workforce in its goal of exemplifying Compassion, Accountability, Integrity and Respect.
- That UMC will not discriminate on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity or expression, or genetic information in employment.
- That UMC will not tolerate sexual harassment of a UMC employee by another employee, vendor, contracted service provider, or official of the hospital.



Fair Employment Laws (Protected Categories)

- **Title VII of the Civil Rights Act of 1964**, as amended: race, color, sex (includes gender identity/sexual orientation), religion, and national origin.
 - **The Pregnancy Discrimination Act of 1978**: pregnancy, childbirth, and related medical conditions.
- **The Equal Pay Act of 1963 (EPA)**: men and women doing the same work.
- **The Age Discrimination in Employment Act (ADEA) of 1967**: individuals age 40 and above.
- **Title I of the Americans with Disabilities Act (ADA) of 1990**, as amended.
- **The Genetic Information Nondiscrimination Act of 2008 (GINA)**
- **Nevada Revised Statutes (NRS 613.330)**: race, color, sex, religion, national origin, age, disability, sexual orientation and gender identity or expression.

Harassment and Sexual Harassment

- Harassment
 - Impermissible conduct may include, but is not limited to: offensive jokes; slurs; epithets or name calling; physical assaults or threats; intimidation; ridicule or mockery; insults or put-downs; offensive objects or pictures; or interference with work performance.
 - The law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, but harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).
- Sexual Harassment
 - Hostile Work Environment – practices ranging from unwelcome sexual advances, direct requests for sexual favors, and other verbal or physical harassment of a sexual nature, to workplace conditions that unreasonably interfere with an individual's job performance or create an intimidating or offensive working environment (for persons of either gender).
 - Quid Pro Quo – submission to, or rejection of unwelcome sexual conduct is used as the basis for an employment decision.

Also prohibited:

- Retaliation for filing a charge of discrimination, participating in an investigation, opposing discriminatory practices, or requesting an accommodation.
- Employment decisions based on stereotypes or assumptions about the abilities, traits, or performance of individuals due to race, age, etc.

Accommodations

- **Disability:** an individual with a qualifying physical or mental impairment can request an accommodation to be able to perform the essential functions of his or her position. Each accommodation is determined on a case-by-case assessment; for example, an employee with diabetes may need regularly scheduled breaks during the workday to eat properly and monitor blood sugar and insulin levels, or an employee with cancer may need leave to have radiation or chemotherapy treatments. The test is whether the accommodation would be an undue hardship on UMC.
- **Pregnancy:** an accommodation request from a woman affected by pregnancy, childbirth or related medical conditions should be considered in the same manner as other employees similarly abled or disabled from working.
- **Religion:** an employer must accommodate the religious belief or practice of an employee unless doing so would pose an undue hardship (minimal burden). Examples of some common religious accommodations include flexible scheduling, voluntary shift substitutions

or swaps, job reassignments, and modifications to workplace policies or practices, or allowing the use of particular head coverings or other religious dress.

Complaint Reporting Process

- Report the alleged misconduct to the immediate management team as soon as possible.
- Management should report the complaint to the EOPM for appropriate action.
- Contact the EOPM directly.
- File a charge with an outside agency: **EEOC – (702)388-5099 or NERC – (702)486-7161**
- Must be reported within 300 days from the last date of the alleged unlawful conduct.
- See also UMC's Equal Opportunity/Affirmative Action Plan policy booklet on the EOPM intranet page for more information, or contact the EOPM directly at (702)207-8264.

EMERGENCY MANAGEMENT & PREPAREDNESS

1. **SAFETY HOTLINE NUMBER ext. 2111** {For questions/concerns that are not urgent, Discussed}
2. **EMERGENCY SECURITY (PUBLIC SAFETY) NUMBER ext. 1810** {Emergency Security, Discussed}
3. **EMERGENCY CODES BADGE CARD**
4. **CALL ext. 5** from any hospital phone for most situations requiring Emergency Response on-campus. (See Poster and Badge Cards for specific information)
5. **CALL 383-2000 (press 0)** using a cell phone, this will bypass recording and connect to PBX Operator.
6. **CALL 911** from a "red phone" at most UMC Off-site locations if provided (or 911 from office phone).
 - **CODE RED** - Actual Fire
 - **CODE BLUE** - Cardiac Arrest
 - **CODE WHITE** - Stroke
 - **CODE ORANGE** - Hazardous Materials Spill
 - **CODE PINK** - Pediatric/Infant Abduction
 - **CODE PINK DRILL** - Pediatric/Infant Abduction Drill
 - **CODE TRIAGE (Internal/External)** - Disaster (& Standby)
 - **CODE RED DRILL** - Fire Drill
 - **CODE GREEN** - All Clear (Return to normal operations)
 - **CODE SILVER** - Person with a Weapon/Active Shooter
 - **CODE GRAY** - Combative Person without a Weapon/Workplace Violence
 - **CODE BLACK** - Bomb Threat
 - **CODE PURPLE** - Lockdown

Emergency Management Program

Hospital Incident Command System (HICS)

- **Command** – Command and General Staff
- **Planning** – The "planners", gather information, sets plan
- **Operations** – The "doers", provide response/medical
- **Logistics** – The "getters", provide resources for response
- **Finance** – The "trackers", time/labor and resource documentation. Needed for payment and reimbursement

UMC's Emergency Operation Plan (EOP)

The Emergency Operations Plan (EOP) outlines an organized process for responding to, managing, and recovering from a variety of incidents, emergencies, or disasters, both internal and external, which could confront the University Medical Center of Southern Nevada (UMC) and surrounding community.

UMC Staff Roles and Responsibilities

UMC will need you in the event of an emergency or disaster.

Evacuation Equipment Training



What equipment do we have?

- Evacuation Chair
- Stryker Sled/Slyde
- Med Sled

Where are they located? (See Evacuation Annex)

- Evacuation Chair – select stairwells
- Stryker Sled/Slyde – all patient care units except NE building – 1300, BCU, 1400, 1500
- Med Sled – NE Building

How to use? (See EP Page, links)

- Video links for each equipment

Terminology Used in UMC's Response to Disaster Situations

The **Emergency Preparedness Department** (Emergency Management Program/Public Safety) has some major changes incorporated into this discipline to meet new Joint Commission standards when responding to disaster situations. UMC has adopted the **HOSPITAL INCIDENT COMMAND SYSTEM (HICS)** to provide common terminology with outside responding agencies such as ambulance services, fire and police departments, as well as, the *Clark County*. The *Hospital Incident Command System* provides common terminology, modular organization, integrated communications, unity of command, span of control, and comprehensive resource management.

The ICS chain of command incorporates four sections under the overall leadership of the **INCIDENT COMMANDER**. Each of the four sections, **PLANNING**, **OPERATIONS**, **LOGISTICS**, and **FINANCE**, has a **CHIEF** appointed by the *Incident Commander*.

THE FOLLOWING ARE MAJOR MANAGEMENT ICS RESPONSIBILITIES:

The **INCIDENT COMMANDER** sets objectives and priorities and has overall responsibility at the incident.

The **PLANNING CHIEF** develops the action plan to accomplish the objectives, collects and evaluates information and maintains resource data. Examples of functions under this authority are *Resources Unit Leader, Situation Unit Leader, Documentation Unit Leader, and Demobilization Unit Leader*.

The **LOGISTICS CHIEF** organizes and directs operations associated with maintenance of the physical environment and provides adequate food levels, shelter, and supplies to support the medical objectives of the hospital. Examples of this function are *Service Branch Director and Support Branch Director*.

The **OPERATIONS CHIEF** coordinates and supervises the *Medical Services, Ancillary Services, and Human Resources Services*. Examples of this function are all *Laboratory Services, Radiology Services, Pharmacy Services, all In-Patient Services, Hazardous Materials incidents, Triage/Treatment Services, and Staff Support Service within six different branches: Medical Care Branch Director, HazMat Branch Director, Security Branch Director, Staging Manager, Infrastructure Branch Director, and Business Continuity Branch Director*.

The **FINANCE CHIEF** monitors costs related to the incident and provides accounting, measurement, time recording, and cost analysis. Examples of this function are *Time Unit Leader, Procurement Unit Leader, Compensation and Claims Unit Leader, and Cost Unit Leader*.

In addition to the four *Chief Functions* that report to the *Incident Commander*, there are also four *General Staff functions* that report directly to the *Incident Commander*, they include: **Public Information Officer, Liaison Officer, Safety Officer, and (if needed) Medical/Technical Specialist**.

THE FOLLOWING ARE THEIR MAJOR RESPONSIBILITIES:

The **INFORMATION OFFICER** handles all media inquiries and coordinates the release of information to the media as well as providing information to UMC Disaster Personnel.

The **LIAISON OFFICER** is the contact person between UMC and all outside (responding) agencies and is deeply involved when the disaster situation requires multi-jurisdictional response.

The **SAFETY OFFICER'S** function is to develop and recommend measures for assuring personnel safety and to assess and/or anticipate hazardous and unsafe conditions.

The **MEDICAL/TECHNICAL SPECIALIST'S** function is to provide incident-based expert information to the Incident Commander (i.e. weapons of mass destruction, decontamination, and biological terrorism information).

**Please review UMC's Emergency Management Program and Emergency Operations Plan located on the Intranet, Emergency Preparedness Page.*

FINALLY, PLEASE NOTE BELOW THE VARIOUS LOCATIONS OF THE DISASTER COMMAND STATIONS:

INCIDENT COMMAND CENTER

LOCATION: PROVIDENCE SUITE 5TH FLOOR TRAUMA

PHYSICIAN PERSONAL POOL

LOCATION: PHYSICIAN'S LOUNGE

CLINICAL PERSONNEL POOL

LOCATION: NURSING ADMINISTRATION – 1ST FLOOR

INFORMATION/MEDIA CENTER

LOCATION: OUTSIDE TRAUMA AND ACROSS THE STREET

DECONTAMINATION AREA

LOCATION: OUTSIDE ED AT ENTRANCE INTO AMBULANCE BAY

NON-CLINICAL PERSONAL POOL

LOCATION: BISTRO/CAFETERIA

EMSYSTEM (HavBed) AND FIRSTWATCH STATION

LOCATION: MONITORED BY PATIENT SAFETY AND INCIDENT COMMAND STAFF

FAMILY ASSISTANCE AND WAITING AREA

LOCATION: DAY SURGERY REGISTRATION LOBBY

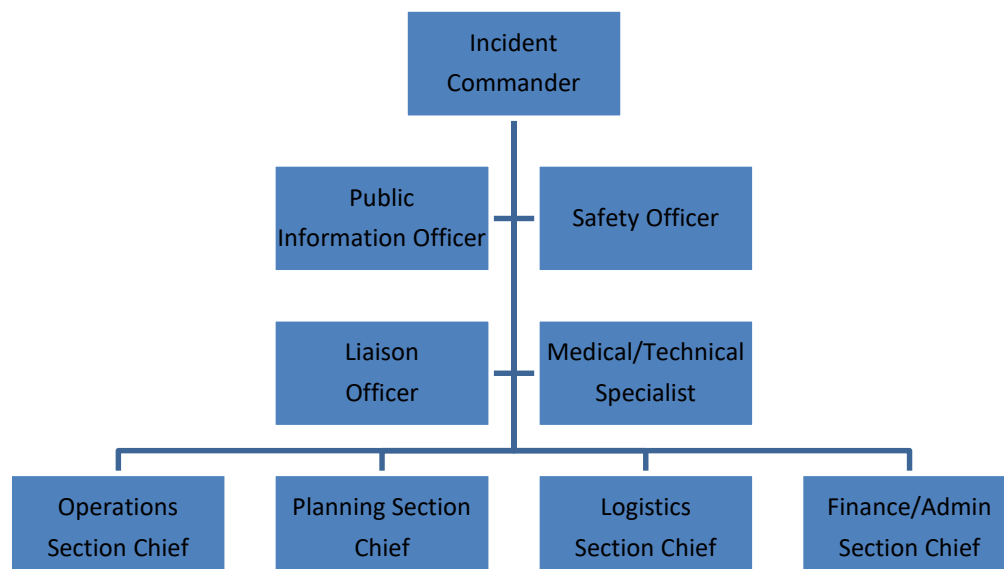
PRIMARY TRIAGE AND CASUALTY TREATMENT AREA

LOCATION: OUTSIDE ADULT ED

CLOSED POD LOCATIONS

TBA – DURING INCIDENT

Hospital Incident Command System



SAFETY PROGRAM AND HAZARD COMMUNICATION

UMC is committed to providing a safe environment for delivering quality patient care services. Our goal is to provide an environment of care which is free of recognizable hazards to staff, patients, visitors, and the community.

Your safety is our main concern. Report all safety concerns, unsafe issues or conditions immediately to your supervisor/manager for rapid resolution. **Or notify the Safety Manager at ext. 2007, Safety Hotline ext. 2111.**

Personal Protective Equipment (PPE) May Include



Electrical Safety and Tips

- Do not use frayed or damaged cords
- Do not use extension cords (their use can only be authorized by the SAFETY MANAGER)
- Do not use any electrical equipment in wet areas
- Do not pull a plug out of an outlet by the cord
- Do not use portable heaters
- Do not engage in the act of daisy chaining

Do Not Daisy Chain



Do Not Use Unless for Emergency



Only for Computer Equipment



Medical Gas Shut-Off

- To work safely you must know where the shut off controls for medical gases (like O₂) are located.
- Only charge nurse or designee, Engineering, and in surgical areas a designated person (per the anesthesiologist or surgeon) can shut off the medical gases when necessary. Only Engineering can turn gas back on.

Clinical Engineering

- Make a note of the Clinical Engineering tags



FAQ's

Q: Is there clinical equipment I wouldn't call Clinical engineering for?

A: Yes, infusion pumps, CPMs, SCDs, Plaxipluse and K-mod/K-thermia units goes to the equipment distribution for repair and PM. These items are usually placed in your department's "soiled utility" room for collection.

Q: My equipment is at a Quick Care, will you come here to fix it?

A: It is normally quicker for you to send the broken item via the courier. However items that are too large will be repaired on site.

Q: I cannot be without my equipment, can I have a loaner?

A: Clinical Engineering does not have spare equipment. But can direct you to someone who does.

Q: Should I let Clinical Engineering know if I moved equipment to another location or department?

A: Yes, it is important to know where all the equipment is in order to do PM.

Q: How are "Operator Errors" handled at UMC?

A: An operator error is defined as an unintentional act performed by a user that renders the device partially or completely inoperable. The Clinical Engineering department can send a technician to provide in-service for that person. Additionally, they provide Staff Development reports to help identify areas that need continued education.

System Failure and Basic Staff Response

Failure Of:	What to Expect:	Who to Contact:	Responsibility of User:
Computer Systems	System down.	Data Processing (ext. 2227)	Use backup manual/paper systems .
Electrical Power Failure (Emergency Generators Work)	Many lights are out. Only RED plug outlets work.	Facilities Department (ext. 2301)	Ensure that life support systems are on emergency power (red outlets). Ventilate patients by hand as necessary. Complete cases in progress ASAP. Use flashlights.
Total Electrical Power Failure	Failure of all electrical systems.	Facilities Department (ext. 2301) and Respiratory Therapy (ext. 2334)	Utilize flashlights and light-sticks, hand ventilate patients, manually regulate IV's, and do not start new cases.
Elevators Out of Service	All vertical movement will have to be done by stairwells.	Facilities Department (ext. 2301) and All Cost Center and Unit Managers	Review fire and evacuation plans, establish services on first and second floor , use carry teams to move critical patients and equipment to other floor.
Elevators stopped between floors	Elevator alarm bell sounding.	Facilities Department (ext. 2301) and Public Safety (ext. 2310)	Keep verbal contact with personnel still in elevator and let them know help is on its way.
Fire Alarm System	No fire alarms or sprinklers,	Facilities Department (ext. 2301)	Institute Fire Watch; minimize fire hazards, use phone or runners to report fire.
Medical Gases	Gas alarms, no O ₂ or medical air, or Nitrous Oxide (N ₂ O)	Facilities Department (ext. 2301) and Respiratory Therapy (ext. 2334)	Hand ventilate patients; transfer patients if necessary, use portable O ₂ and other gases, call for additional portable cylinders.
Medical Vacuum	No vacuum, vacuum system fail and in alarm	Facilities Department (ext. 2301), Respiratory Therapy (ext. 2334), and Sterile Processing (2720)	Call Sterile Processing for portable vacuum, obtain portable vacuum from crash cart, finish cases in progress, and do not start new cases.
Natural Gas – Failure or Leak	Odor, no flames on burners, etc.	Facilities Department (ext. 2301)	Open windows to ventilate, turn off gas equipment, do not use any spark producing devices, electric motors, switches, etc.
Nurse Call System	No patient contact.	Facilities Department (ext. 2301)	Use bedside patient telephone if available; move patients, use bells, dispatch a rover to check patients.
Patient Care Equipment/Systems	Equipment/system does not function properly.	Clinical Engineering (ext. 2729)	Replace and tag defective equipment
Sewer Stoppage	Drains backing up.	Facilities Department (ext. 2301)	Do not flush toilets, do not use water.
Steam Failure	No building heat, hot water, sterilizers inoperative, limited cooking.	Facilities Department (ext. 2301)	Conserve sterile materials and all linens, provide extra blankets, and prepare cold meals.
Telephones	No phone service.	Communications 384-3470	Use overhead paging, pay phones, cellular phones, use runners as needed. Use Red Emergency phones.
Water	Sinks and toilets inoperative	Facilities Department (ext. 2301)	Conserve water, use bottled water for drinking, and be sure to turn off water in sinks, use RED bags in toilet.
Water Non-Potable	Tap water unsafe to drink.	Facilities Department (ext. 2301), Food Services (ext. 2343), and All Cost Center and Unit Managers	Place "Non-Potable Water - Do Not Drink" signs at all drinking fountains and washbasins.
Ventilation	No ventilation; no heating or cooking.	Facilities Department (ext. 2301)	Open windows or obtain blankets, if needed, restrict use of odorous/hazardous materials.

Fire Safety

- Smoking is prohibited at UMC
- Participate in fire drills
- Know areas of Congregation
- Ensure 18-inch clearance between the bottom of the sprinkler heads and stored items.
- Exits, corridors and stairwells are required to be unobstructed at all times.

A/B/C



- Dry chemical (powder)
- Will work on all types of fires (multi-purpose)
- Most common at UMC
- May use it on anything with CURRENT (electric)

Halotron



- Filled with Clean Agent (evaporating liquid)
- Protects Sensitive Electronic Equipment
- For use in Data or Mechanical Rooms
- Identified at UMC by green/white striped tape on bottom



INFECTION CONTROL

Healthcare Associated Infections

- 2,000,000 Infections
- 99,000 Deaths
- 4th largest killer in the United States
- CMS "Never Events"
- Federally mandated reporting
- Costs \$45 billion



Hand Hygiene

The #1 most effective method of reducing the spread of infection

Soap and Water



Alcohol-Based Hand Sanitizer



Exposure Prevention

- **Never** re-cap used needles
- Utilize sharps containers (Call EVS to replace when 3/4 full)
- Discard contaminated items in red bags/boxes
- Hepatitis B Vaccination
- **PPE:** Use masks & eye protection whenever there is potential for splashing

Exposure Protocol

- Wash the affected area thoroughly
- Report the exposure **IMMEDIATELY**
- Notify your immediate supervisor
- You will be guided through the process by your supervisor

QUALITY AND PATIENT SAFETY

Regulatory Compliance

Agencies in which we must adhere to:

- Centers for Medicare (CMS)
- The Joint Commission (TJC)
- State of Nevada – Department of Health
- OSHA
- CLIA (Clinical Lab Improvement Amendment)
- CAP
- OIG
- DEA
- Other Accreditation Agencies (i.e. Trauma)

Quality

Quality is:

- Data – collection, analysis, action
- Benchmarking – TJC/CMS, HCAHPs
- Core Measures
- POA – present on admission
- Performance Improvement Indicators
- Quality Improvement Projects

What is Reported

HCAHPS	AMI	Sepsis	CLABSI	CAUTI
SSI	MRSA	CDI	HCP	ED
Stroke	VTE	Perinatal	Mortality	Readmits
Death in Surgery	Complications	Heart Failure	Pneumonia	SCIP
Endoscopy	Sentinel Events	Restraints	LOS – Certain Conditions	Meaningful Use

Reporting Safety Events

Use UHC Safety Intelligence to report any safety concerns or issues. This can be accessed on the home page of the intranet. Click the icon and following the instructions to log in.

What should be reported?

Any actual adverse event or potential event including:

- Medication Events
- Falls
- Unexpected Deaths
- Injuries
- Unexpected transfer to higher level of care
- Surgical injuries
- Wounds
- Near Miss

Root Cause Analysis (RCA)

A RCA is preformed anytime there was a sentinel event or safety issue occurs. From RCA we can learn what happened, who was involved, when and where it happened, was there harm, what the chances for reoccurrence and what the consequences are.

Examples of Sentinel Events

- Surgery performed on the wrong site or patient
- Wrong surgery performed
- Retained foreign objects
- Death or serious injury due to incorrect use of a device
- Patient suicide or attempted suicide within the hospital setting
- Death or Serious injury associate with a med
- Development of Stage 3, 4 or unstageable pressure ulcer
- Fall related injuries

HANDLING PATIENT COMPLAINTS

All Patients have the right to lodge a complaint

If a patient or patient's representative has a complaint, every staff member should make an attempt to immediately investigate and resolve the complaint when and where it is lodged. If the complaint cannot be resolved by the immediate staff member, then the complaint should be escalated up through the department's chain of command.

What is a Complaint?

A complaint is defined as any expression of dissatisfaction brought to the attention of the staff. Complaints can be resolved by the staff present at the time of the complaint. If a complaint cannot be resolved at the time of the complaint, then it becomes a ***grievance***.

What to Do...

- Listen closely to the complaint
- Resolve patient Complaints using ***ICARE4U*** and engage your supervisor/manager, if needed
- Department staff are empowered to resolve complaints with the complainant at the time of the complaint
- The Patient Experience office is available for assistance, but is not the primary 'go to' source for addressing patient complaints.
- Read more about patient complaints by reviewing the hospital 'Patient Complaint and Grievance' policy, which is available on the intranet.

What NOT to Do...

- Do not immediately dismiss or ignore the complaint
- Do not argue with the complainant
- Do not mandate that the complaint is put into writing before investigating it
- Do not send the complaint directly to the Patient Experience or Risk Management office without first attempting to resolve the issue
- Do not rush to judgment

If you have questions or need clarification, please contact our Quality or Experience Team:

- ***Shaunda Phillips – Risk Manager – ext. 3644***
- ***Haley Hammond – Director of Patient Experience – ext. 3715***

TIPS FOR SUCCESS

Tips on How to Succeed in your New Job:

- **Have a Plan** – Conduct a detailed research of your position and internal department workings. Quickly transition cultural norms of conduct into your day-to-day interactions.
- **Identify the “Success Profile”** – Move closer to people who are either excelling in the role you have or seem to be successful and well-connected in UMC. Learn ‘how’ they get the job done.
- **Set Realistic Goals** – Keep initial objectives and goals short, achievable, and tethered to what is reasonable for a new person to handle.
- **Listen and Learn** – Listen for cues related to why practices are done a certain way. The better you blend partnership with being a student, the faster you can gain supporters for your ideas down the road.
- **Maintain an Expanded Network** – Treat people with respect and take an interest in what they do. Take the initiative in helping with projects and be willing to learn.
- **Communicate Regularly with your Manager** – Prepare insightful questions for your regular check-ins.
- **Thank People** – At every opportunity, sincerely thank someone for helping you, spending time with you, or giving you the inside scoop.

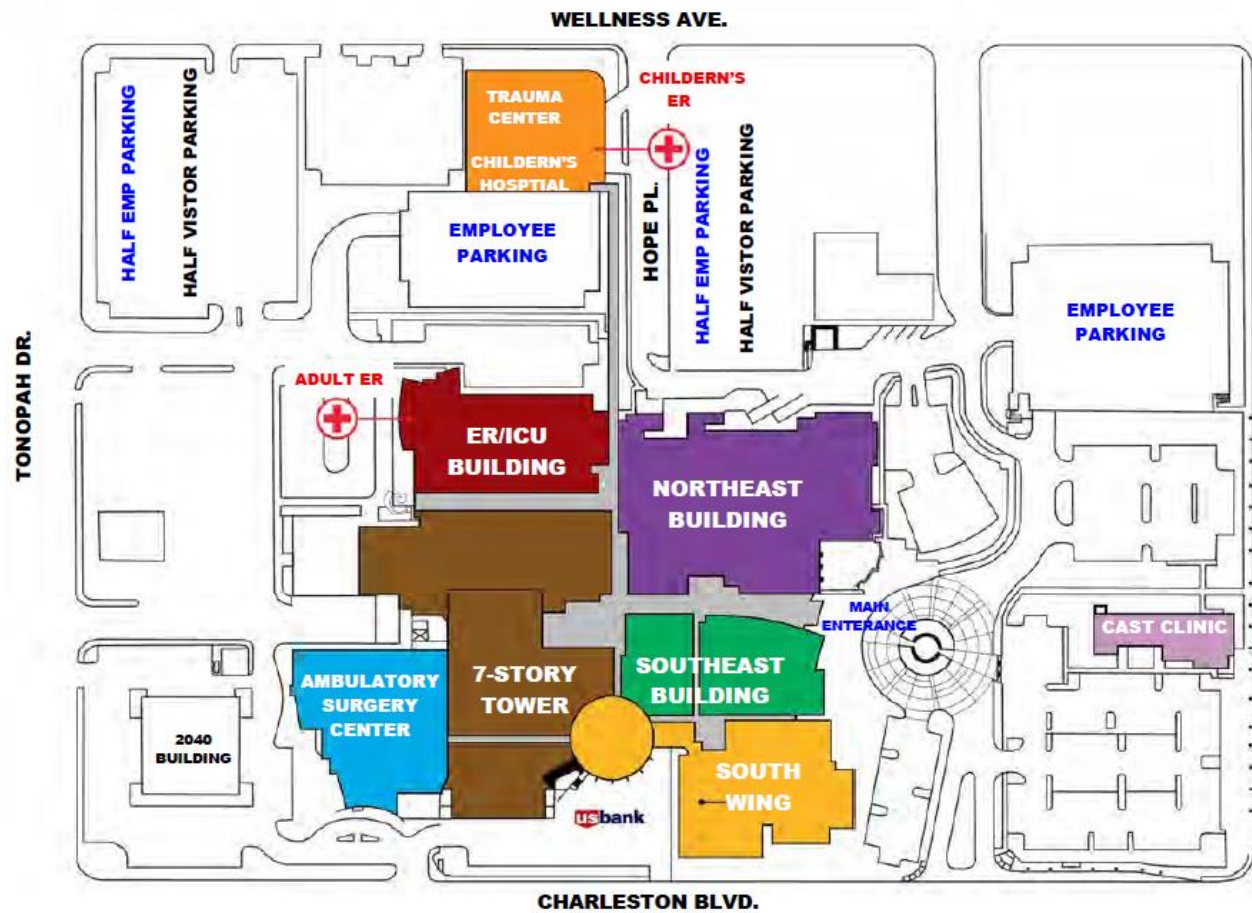
In Order to be Successful Remember:

- **Absorb Learning** – You won’t know everything. Be patient and observant.
- **Stay Focused** – Check and clarify with your manager if a request to participate in a non-essential project, meeting, or other concerns comes your way.
- **Establish Yourself** – Stay humble to the team you are working with, ask questions, and influence others with your thoughts when your expertise is sought out.
- **Be Positive** – Even casually, never disparage your former company or employer. Don’t show frustration about why the department does things a certain way. See the challenges, and the opportunities, as well.
- **Avoid Gossip** – Politely acknowledge you don’t know the about the situation and don’t take sides.
- **Evaluate your Progress** – Set monthly check-ins for yourself to evaluate your next moves and stay on track with career growth and development.

GENERAL REFERENCES

Quick Extension/Number Look Up

Department or Agency	Extension/Number
AlertLine	1-888-691-0772
Central Transport	x7999
Chaplaincy	x2434
Compliance	x6211
Corvel (Employee Injury Call Center)	877-764-3574
Employee Assistance Program	x8267
Human Resources Office	X3784
Infection Control Pager	702-381-0157
Inpatient Pharmacy	x2617
IT Support 24/7	X2227
Kronos (Time clock)	x1670
Language Line	789 or 8789
Medical Emergency	5 or 911
Medical Records	x2255
Neonatal ICU	x2443
Occupational Therapy	x2239
Oncology	x2183
On Duty Administrator	77 NEED (6333)
On-site American Sign Language	702-610-4722
On-site Spanish interpreters	xTALK (8255)
Organizational Development	x8226
Outpatient Clinic	x3642
Patient Placement	x2331
Pediatric Emergency	x3734
Pediatric ICU	x3949
Pediatrics	x3939
Pharmacy Administration	x2606
Privacy Officer	x3854
Public Safety Emergency 24/7	x2777
Public Safety Non-Emergency	x1810
Resource Center	x2604
Respiratory	x2334
Safety Hotline	x2111
Safety Manager	x2007
Social Services	x2671 opt. 1
Worker Compensation Office	x3742





POLICIES AND PROCEDURES

The following policies and procedures are important for you to be familiar with as an employee of UMC. These are current as of the date you receive them, but they are updated on occasion as needed, and all UMC employees are responsible for the most recent version of any policy or procedure. A comprehensive list of up to date UMC policies and procedures can be found on the UMC intranet at <http://umc-polandproc/pp6.nsf>

- Dress Code
- Employee Communication
- Meal Periods
- Patient Attendant Use / Direct Observation
- Just Culture
- Availability to Work
- Political Activity
- Possession of Weapons
- Workforce Sanction Policy for Privacy and Security Violations

DRESS CODE

SUBJECT: Dress Code	EFFECTIVE: 3/94
POLICY #: I-54	REVISED: 5/99, 10/4, 5/08, 8/12, 9/15, 6/16, 6/17
AFFECTS: Organization Wide	

PURPOSE:

To implement organizational standards for personal appearance and apparel. To present a professional and business-like image to UMC customers and the public. To provide a safe and healthy environment for employees and customers.

POLICY:

Personal appearance is a direct reflection of the professionalism of the organization and its services. Clothing or personal hygiene that creates a health and/or safety hazard or is disruptive to other employees, patients, or the public will not be permitted. The best and most efficient control has to come first from the employee's own judgment. The following are guidelines for all University Medical Center and contracted employees, students and residents. **This policy applies to all UMC, contracted employees, medical staff and volunteers.**

RESPONSIBILITY AND PROCEDURE:

- A. Identification badges must be worn at all times, above the waist, and must be clearly visible, facing forward. Badges may not be worn backwards or altered/defaced with stickers, ink or pins.
- B. Clothing will be clean, neat, pressed and in good repair and appropriate to the work environment. Clothing purchased by UMC as a uniform must be worn by employees in the classifications specified by UMC. Clothing or general appearances that are provocative are never acceptable. See-through clothing is not permitted. Clothing that is extreme and draws attention to itself due to it being outside of the general norm for a hospital setting is not permitted.
- C. No denim or camouflage material of any color is to be worn while on duty. This includes scrubs, shirts, pants, dresses, skirts, jackets, vests, cover-ups, etc. Departments that require uniforms may not have denim in the uniform. Scrubs are to be worn by direct care providers only.
- D. Tops must be such that they cover the upper body and midriff. Tube tops, halter-tops, racerback tops or crop tops are not permitted. Discretion must be used with sleeveless attire and tight fitting apparel. Shoulder straps must be at least two inches in width unless an outer garment is worn to cover the shoulders. All shirts with shirttails must be tucked in.

- E. Pants/skirts/dresses must be appropriate. Skirt and dress length must not be more than (4) inches above the center of the knee and have a finished hem. Maxi dresses must not touch the floor/ground. Pants must have a finished hem. Cut-offs, shorts, overalls, skorts, or tightly fitting pants/skirts are not permitted.
- F. Tee shirts, sweat suits, sweat pants, sweatshirts and warm-up suits are not permitted. Blue TEAMUMC polo shirts may be worn with denim pants or skirts on Friday only. Long sleeved solid color tee shirts may be worn under scrubs.
- G. Shoes must be clean, neat, and in good repair. Shoes that tie will be laced and tied at all times. Shoestrings must be clean and in good repair. Opened toed shoes are not permitted in direct patient care areas and shoes must be appropriate for job duties. (NOTE: Nursing personnel may wear athletic shoes. Appropriate foot covering such as socks must be worn to offer additional protection against potential hazard exposure while in the workplace). All other departments may wear athletic shoes at the discretion of the Department Head. Open toed dress shoes may be worn in the non-patient care areas of the hospital with the approval of the Department Head. Thongs (flip flops, shoes that expose all four sides of the foot) are not permitted in the hospital.
- H. Hats may be worn in those jobs classifications that require them for health/safety reasons otherwise hats or head coverings of any kind are not permitted. Hats must be plain with no writing or pictures. Hats with bills will be worn with the bill forward.
- I. Every employee is expected to maintain an acceptable level of personal hygiene so as to not offend customers or other staff. Personal hygiene is a component of good health and staff should present as a role model. The use of deodorant is encouraged. The use of excessive or heavy scented cologne, perfume and aftershave lotion is discouraged due to possible health sensitivities.
- J. Hair must be clean, neat and arranged in such a manner as to not interfere with safety or infection control parameters. Hair colors not found in nature and styling that is extreme and draws attention to itself due to it being outside of the general norm for a hospital setting is not permitted. Beards must be clean, neat and trimmed as to not interfere in safety or infection control.
- K. Fingernails must be clean and of appropriate length as to not interfere with assigned work, safety or infection control. Artificial nails are defined as any material applied to the nail for the purpose of strengthening or lengthening the nail including, but not limited to: wraps, acrylics, tips, gels, tapes, any applique'

other than those made of nail polish, and nail piercing jewelry of any kind. Artificial nails are prohibited for employees who:

- a. Have contact with patients or their immediate care environment
- b. Are required to don sterile/examination gloves
- c. Handle pharmaceutical, biological materials
- d. Apply wound products to a patient
- e. Handle or reprocess equipment or instruments
- f. Are food service workers who directly handle food

Natural nails must be well groomed and of reasonable length, preferably $\frac{1}{8}$ inch but no longer than $\frac{1}{4}$ inch beyond the fingertip. Specific departments may institute more stringent measures based on established standards of care in that department.

- L. Employees should limit their jewelry as to not interfere with work activities or cause a safety hazard. Long chains and necklaces should be worn within the confines of the uniform. No bracelets, other than medical alert bracelets, are to be worn by direct care providers. There will be no visible body piercing allowed except for pierced ears. No branding/jewelry implants shall be visible or exposed when on duty.
- M. Tattoos that are lewd, fear inducing, gang related or advocate hate, sexual, racial, ethnic or religious discrimination shall not be visible or exposed while on duty.
- N. Each Department Head may require additional standards and/or specific uniforms as directed by job responsibilities within that department. Additional standards and/or uniforms must be approved by the Chief Executive Officer. Departmental standards cannot be less stringent than the hospital's dress standards.
- O. All employees are required to conform to the dress code. Employees who do not comply will be sent home using CAL Bank time to change clothes and to return to work. Employees who have been counseled and continue not to comply with the dress code may be disciplined. Supervisors are responsible and accountable for enforcing the standards in a fair, equitable manner. Employees with questions regarding these standards or the consequences for violating them should consult their supervisor.
- P. ICARE4U principles require staff to be "present" and aware of their surroundings at all times. Earbuds, headphones, and listening devices are prohibited. Additionally, staff will not walk through the workplace while texting or talking on the phone.



New Hire Orientation Team Member's Workbook

EMPLOYEE COMMUNICATION POLICY

SUBJECT:	Employee Communication	EFFECTIVE:	3/99
POLICY #:	I-78	REVISED:	9/10
AFFECTS:	Organization Wide		

PURPOSE

To portray a positive professional image of staff to clients and the community
To promote a safe, efficient and harmonious work environment
To ensure safety and promote a positive environment conducive to quality customer interactions

POLICY

Employees will conduct themselves in a manner that promotes a positive image to patients, visitors, physicians and other staff members.

Concerns regarding staffing, work conditions, or personal issues will not be vented to patients, families and visitors. These issues should be addressed with management where they can be corrected.

Employees will speak in a quiet controlled tone while in work areas, especially patient care areas.

UMC has designated English as the language in which all business will be conducted at the Hospital and its outlying facilities.

1. English is to be used among employees in the work environment when conducting business with each other and when patients or customers are present or in the immediate area.
2. While on duty, all communication between staff and patients, visitors, or customers will be conducted in English unless interpretation or translation is requested or required.
3. Employees who speak languages other than English may speak to each other in their language on their own time, i.e., before or after their designated work schedule and on breaks and lunch.
4. All employees are expected to be considerate of each other's linguistic diversity.

When acting on behalf of or representing the hospital in any capacity, employees will conduct themselves in a manner consistent with the philosophy of the Hospital.

MEAL PERIODS

SUBJECT: Meal Period	EFFECTIVE: 10/12
POLICY #: V - 66	REVISED: 5/13
AFFECTS: Organization Wide	

PURPOSE

To establish a meal period procedure for hourly employees.

POLICY

1. Hourly employees shall receive not more than one (1) uninterrupted meal period of a minimum of 30 minutes for shifts of eight (8) continuous hours or more. Meal periods are neither time worked nor time on pay status unless an employee is required by UMC to remain on the job at a work station or the employee is interrupted to perform substantial duties during such period. An employee who remains at a work station during his/her meal period, but is not required to do so by UMC, shall not be compensated for the meal period.
2. It is the responsibility of the supervisor or manager to schedule and communicate the timing of an employee's meal period.
3. Hourly employees shall clock out and in using a UMC automated timekeeping system in a location specified by their supervisor or manager when taking their uninterrupted meal period.
4. Employees are expected to use their meal period for their own benefit. UMC also expects employees to use this time in a manner which will not interfere with the work of other employees or with the normal operational efficiency of the hospital.
5. UMC recognizes there may be exceptional circumstances when an hourly employee is required by his/her supervisor to work through the meal period, or the meal period is otherwise interrupted because of work demands. Such exceptions must be kept to a minimum and every effort must be made by the employee, manager and supervisor to schedule and plan for employee meal periods.
 - a. In the event this circumstance arises, the employee is to (1) obtain supervisory approval before working through or interrupting their meal period; (2) clock back in to begin working (or do not clock out initially if you know you are required to work through the meal period); (3) have the supervisor complete and sign a *Time Report Change Authorization Form* reflecting the time worked.
 - b. In the rare situation where the employee cannot obtain supervisory approval to work through the meal period, the employee will be paid for all time worked and the

employee may be subject to progressive disciplinary action. A *Time Report Change Authorization Form* must be completed to reflect the time actually worked.

- c. Supervisors or managers are to approve and sign the form in these circumstances and ensure that the adjustments are processed properly.
6. Employees taking fewer than 30 minutes for a lunch period must be compensated for the full 30 minutes. Unless otherwise approved by a supervisor, such time shall be considered unauthorized compensation and the employee shall be subject to progressive disciplinary action.
7. Employees taking longer than 30 minutes shall be docked compensation in 15 minute increments in accordance with FLSA guidelines. Unless otherwise approved by a supervisor, such time shall be considered an unauthorized extended lunch period and the employee shall be subject to progressive disciplinary action.
8. If an employee is not adequately and fully paid for any time worked during meal periods, the employee is expected to bring such pay issues to the attention of his/her supervisor as soon as such error is realized, so corrections can be made within the pay period of the event. A *Time Report Change Authorization Form* must be completed to reflect the time actually worked.
9. Combining of employee breaks with lunch to extend the lunch period is prohibited.
10. Progressive disciplinary action for incidents of failing to clock out and/or back in, unauthorized extended lunches and/or unauthorized overtime for a short lunch period shall be as follows:

a. First Incident	Non-disciplinary verbal counseling
b. Second Incident	Non-disciplinary verbal counseling
c. Third Incident	Written counseling
d. Fourth Incident	Second written counseling
e. Fifth Incident	One day suspension without pay
f. Sixth Incident	Three day suspension without pay
g. Seventh Incident	Suspension Pending Termination

Disciplinary actions issued under this policy will automatically be removed after six (6) months from the date of the discipline providing no ensuing discipline of the same or similar nature occurred and shall not be used in future disciplinary matters.

11. Original/completed *Time Report Change Authorization Forms* shall be kept in the employee's department for a period of three years.

PATIENT ATTENDANT USE/DIRECT OBSERVATION

SUBJECT: Patient Attendant Use and Observation	EFFECTIVE: 5/10
POLICY #: I - 200	REVISED: 9/14, 11/15, 11/16, 08/17
AFFECTS: Organization Wide	

PURPOSE:

To outline a process for requesting and discontinuing patient care attendants.

POLICY: Using an EBP tool to identify patient population that will improve the patient safety environment.

- Continuous observation is provided by utilization of a patient attendant for patients who meet certain behavioral or medical criteria using the Patient Attendant Assessment Tool (PAAT).
- Patient attendants shall be trained and have validated competencies recorded.
- Any documentation that is not currently in the electronic health record (EHR) will be retained in the patient's medical record.

PROCEDURE:

A. Use of Patient Attendant Assessment Tool (PAAT) MRUO2432 (See Appendix 1 *Patient Attendant Assessment Tool*)

1. The Patient Attendant Assessment Tool (PAAT) is a clinical document that requires the primary nurse to assess the need for a patient attendant. (See appendix 1). A score of 4 or more points will indicate the patient is a good candidate for an attendant.
2. Once a patient care attendant has been approved by the director/ACNO/CNO, the Patient Attendant Assessment Tool (PAAT) form must be completed by the primary nurse every shift based on the patient's current condition.
3. Using the PAAT, evaluations will be conducted a minimum of every eight hours. The PAAT tool scoring drives the utilization of the patient attendant (PA).
4. Alternatives to the use of patient attendants include, but are not limited to:
 - 3.1 Requesting the patient's family members' help
 - 3.2 Redirection or reorientation
 - 3.3 Keeping nightlight on
 - 3.4 Applying reminder signs or cue cards
 - 3.5 Pain management

- 3.6 Keeping the two half side rails (near the head board) and one foot rail up and keeping the patient bed in the lowest position. Include fall mats if indicated.
- 3.7 Using music
- 3.8 Using bed and or chair alarm
- 3.9 Giving verbal reminders
- 3.10 Requesting volunteer services to increase cognitive stimulation
- 3.11 Moving the patient to the room near the nurses' station
- 3.12 Requesting interpreter services
- 3.13 Integrative therapies (Healing Touch)
- 3.14 Pet therapy
- 3.15 Providing a bedside commode
- 3.16 Labeling the patient's room
- 3.17 Altering or covering the placement(s) for lines or tubes
- 3.18 Providing items for the patient to hold or other type of distraction
- 3.19 Offering a repetitive activity (e.g. folding clothes, walking with staff)
- 3.20 Promoting rest and sleep
- 3.21 Requesting a physical therapy referral for gait assessment or assistive device(s)
- 3.22 Reviewing medications for interactions or side effects and lab results for abnormalities
- 3.23 Maintaining a steady light level in the patient room as evening approaches
- 3.24 Having soothing, quiet voice and conversation
- 3.25 Using less restrictive devices
- 3.26 Considering possible alcohol withdrawal for acute behavior changes or confusion and utilize the alcohol withdrawal protocol (See Policy I-269 UMCSN Alcohol Withdrawal Policy)
- 3.27 Adopting environmental modifications (e.g. adjusting lighting and stimulation, clearing the path from the bed to the bathroom, lowering the bed height)
- 5. A charge nurse/clinical supervisor/director will review the need for cohort or patient attendant observation with the responsible nurse per PAAT score. This review evaluates the behavior, less-restrictive alternatives attempted, resource availability and staff training/competency. Utilizing the decision algorithm for approval.
- 6. If the PAAT score is < 4 points and the use of patient attendant is not indicated, the primary nurse should review and implement appropriate alternatives and document in the patient's plan of care.
- 7. It is the primary nurse's obligation to ensure that the patient with a patient attendant is reassessed every 8 hours that continued use of patient attendants is appropriate and the

PAAT score is recorded. Documentation of appropriate continuation of patient attendant must be recorded in the EHR.

8. Patient attendants should not be used for clinical assessment (e.g. monitoring for seizure activity, airway management).
9. Patient attendants should not be used as an alternative to security.

B. Patient Attendant Use

1. Patient attendants and/or cohort/camera observation may be used to improve safety issues for a patient with behavioral concerns, heightened awareness patients or medical issues for whom other alternatives have proven ineffective.

* NOTE: Although patients with suicidal behavior may utilize continuous observation, their care is detailed in Policy PP102 Suicide Precautions.

2. Heightened awareness issues may include, but are not limited to:

3.1 Patient deemed incompetent by the Psychiatric physician

3. During the initial nursing assessment, a risk assessment of behavioral/heightened awareness will be performed to determine the type of observation that best addresses patient safety needs:

5.1 Cohort or Camera Observation

Behavior: patient is at *potential*, but not immediate risk of self-injury (e.g. complies with staff directions, able to be diverted, “unsafe”/“heightened awareness” behavior able to be managed with minimal staff direction) (See Appendix 2 *Unsafe Behaviors*)

Observation Requirements: constant camera observation, with notations of behavior are made by exception using the Camera Observation Record (See Appendix C condition changes.

5.2 Patient Attendant Observation

Behavior: patient is at *immediate* risk of self-injury or injury to others (e.g. does not comply with staff directions, unpredictable, impulsive, psychotic or violent behavior, “unsafe” behavior unable to be managed with staff direction) (See Appendix 2 *Unsafe Behaviors*)

Observation Requirements: constant patient attendant presence and observation, with notations of behavior made every 15 minutes.

* NOTE: Camera observation may be used in conjunction with this level, but is not required.

C. Patient Attendant Observation

1. Patient attendant staff will:

1.1 Provide patient care within scope of practice

- i. Patient attendants that are not licensed or certified may assist with activities of daily living.

1.2 Remain within "line of sight" of the patient at all times in case of need for assistance/intervention for "unsafe" behavior.

- ii. When observing two or more patients via line of sight, should one patient require direct care, another staff member must maintain line of sight for the patient(s).

1.3 Engage the patient in conversation, listen therapeutically, offer reassurance and reinforce education. Encourage the patient to share concerns with the physician and nursing staff.

- 1.3.1 If the patient is non-communicative, convey a willingness to listen, and engage in conversation as appropriate.

1.4 Reinforce patient/family education regarding need for and requirements of patient attendant observation

1.5 Report patient needs/requests to the patient's primary nurse.

1.6 Report behavior, conversations to the patient's primary nurse and oncoming staff.

- 1.6.1 "Unsafe" behavior (see Appendix 2 *Unsafe Behaviors*) will be reported to the primary nurse (and documented) when they occur.

2 Patient attendant staff will use the:

- 3.1 Patient Observation Log (MRU02171) to document their observations of patient behavior every 15 minutes. Behavior that is considered more "unsafe" is listed under the "Behavior Codes" column on the form, and will be immediately reported to the nursing staff.

D. Cohort and/or Camera Observation

1. Cohort and/or camera observation staff will maintain constant visual observation via the camera monitor. The monitor screens will not be left unobserved at any time.

2. Cohort and/or camera observation will maintain constant patient observation and avoid engaging in non-essential and distracting activities (such as personal communications, use of electronic devices or reading).

3. Camera staff will use the:

- 3.1 Camera Observation Record (see MRU02431) to document their observations of patient behavior by exception. Exception will be considered those behaviors that

warrant notification of staff (see *Unsafe Behaviors*). Behavior that is considered more “unsafe” will be immediately reported to the nursing staff (See Appendix 2 *Unsafe Behaviors*).

* **NOTE:** If the patient is on a higher level of observation AND camera observation, the staff member will document on the observation record for the highest level of observation.

3.2 Restraint Documentation to note safety, rights and dignity aspects of observations if restraints are in use.

E. Patients under patient attendant or camera observation will have their privacy protected during personal hygiene activities and during medical/nursing treatments.

* **NOTE:** Patients on suicide precautions observation will be assisted by a staff member (RN, CNA, Patient Attendant) when using the bathroom. The staff member will remain outside the bathroom door; staff will maintain privacy while ensuring safety. If verbal communication is not maintained, the staff member will preserve patient dignity and knock first before proceeding to enter for purposes of performing a safety check.

1. Meal and break relief for patient attendants and camera observation staff will be coordinated with the Charge Nurse specific to the unit in which the patient resides to ensure that these patients are continuously observed.
2. If a patient is in restraints, follow the guidelines in Policy I-43 Restraints, Use of.
3. Change of shift hand-off/reporting will occur between ongoing and off-going patient attendants and camera observation staff.

3.1 Additional information will be provided by the nursing staff assigned to this patient population.

RELATED POLICIES:

Policy I-43 Restraints, Use of

Policy PP-102 Suicide Precautions

Policy I-269 Alcohol Withdrawal Screening

REFERENCE:

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APPENDIX:

Appendix 1 – Patient Attendant Assessment Tool (PAAT)

Appendix 2 – Unsafe Behaviors

Appendix 3 – Algorithm for Requesting Patient Care Attendant

Appendix 4- Camera Observation Record

Appendix 5- Patient Observation Log (Q15min)

JUST CULTURE

SUBJECT: Just Culture	EFFECTIVE: 5/11
POLICY #: I - 217	REVISED: 2/14
AFFECTS: Organization Wide	

PURPOSE:

Maintaining a positive safety and security culture requires a willingness to address and remedy all operational shortcomings as soon as they become evident. This in turn relies on comprehensive reporting of all incidents and risk exposures, whether large or small, which may pose hazards to UMC's patients, visitors, staff or operations. Those who observe, discover, are involved in, or are even responsible for such incidents and risk exposures are expected and encouraged to report the circumstances. As a matter of UMC policy, all safety issues will be reported – immediately – through appropriate channels.

UMC is committed to the greatest possible openness and frankness in reporting. Subject to specific limited qualifications set out below, no blame will be apportioned to individuals following their reporting of mishaps, operational incidents or other risk exposures, including those where they themselves may have committed breaches of standard operating procedures.

The only exceptions to this general policy of no blame apportionment relate to the following serious failures of staff members to act responsibly, thereby creating or worsening risk exposures:

- Premeditated or intentional acts of violence against people, damage to equipment/property;
- Violation of a policy, procedure or an established practice;
- Actions or decisions involving a reckless disregard toward the safety of our patients, family and staff, or significant economic harm to UMC; or
- Failure to report safety incidents or risk exposures as required by standard operating procedures and/or this policy.

Staff members who act irresponsibly in one of these ways remain exposed to disciplinary action. A staff member's compliance with reporting requirements will be a factor to be weighed in UMC's decision-making in such circumstances.



AVAILABILITY TO WORK

SUBJECT: Availability to Work	EFFECTIVE: 8/14
POLICY #: I - 242	REVISED: NEW
AFFECTS: Organization Wide	

It is the responsibility of all UMC employees to be available to complete work assignments unless otherwise agreed to by the employee and his/her supervisor.

1. Employees paid hourly are required to follow the attendance and tardy articles in the SEIU, Local 1107 collective bargaining agreement.
2. Employees exempt from overtime compensation as defined by the Fair Labor Standards Act (FLSA), whether they are covered by a collective bargaining agreement or not, shall refer to the following policies:
 - a. Employees are required to be available and ready to work on the days and times established by their supervisor. Failure to be available may be considered insubordination and grounds for disciplinary action.
 - b. Employees are expected to communicate and receive approval from their supervisor for exceptions to their required availability to work. Employees who fail to communicate their availability with their supervisor in a timely manner may be disciplined. Such lack of communication on multiple occasions may result in suspension pending termination for a serious policy violation.

POLITICAL ACTIVITY

SUBJECT: Political Activity	EFFECTIVE: 8/14
POLICY #: I - 243	REVISED: NEW
AFFECTS: Organization Wide	

1. No employee may hold a UMC position and a County elected office at the same time. A County elected office is a "type" of County position and therefore a UMC employee may not serve simultaneously as a County Elected Official. However, a UMC employee may serve as a non-County elected official of a municipality, the state, or school district if such service does not conflict with UMC/County or state ethics policies and laws, or the needs or mission of UMC.
2. Notice of intent to campaign for elective office. In order that the appropriate decisions may be made by supervisors regarding possible conflicts of interest and possible re-assignments, any employee desiring to campaign for, and hold, an elective office shall:
 - a. Submit a memo to his/her department head stating his/her intention to seek an elective office. The memo should state the political office the employee is seeking, list any leave time that the employee may be requesting for use to campaign for that office, and any other relevant information the department head may request; and
 - b. Be provided with a copy of this policy and given an opportunity to discuss it with his/her supervisor.
3. Compliance with UMC/County conflict policies, guidelines and laws.
 - a. Upon receipt of a Notice of Intent to Campaign for elective Office, a department head shall review the assigned duties of the employee to determine if any conflict may or will exist if the employee is elected. If such a conflict is determined to exist, the department head shall consult with the Chief Executive Officer to determine if a change in assigned duties is feasible and is in the best interests of UMC. If such a change is not feasible or is not in the best interests of the UMC, and the employee still chooses to seek the elective office, the employee may be separated from employment with UMC.
 - b. If the determination is made that a change in assigned duties is not feasible or is not in the best interest of UMC, the employee shall be informed of that determination and that his/her decision to seek, or serve in, elective office will create a conflict in violation of UMC's policies and mission.

4. Compliance with Federal "Hatch" Act. A department head shall consult with the County Counsel and the Chief Financial Officer to determine compliance with the Federal Hatch Act for any individual who:
 - a. Is an employee of that department and who submits a Notice of Intent to Campaign for Elective Office; or
 - b. Is an elected official and:
 - i. Is a UMC employee who is being considered for transfer into that department; or
 - ii. Is a UMC employee who is being considered for promotion or change of assignment or duties within that department; or
 - iii. Is being considered for a position within that department.
5. Political Activities. In addition to those applicable provisions of these policies and procedures, an employee who is seeking an elective office or who serves as an elected official shall not:
 - a. Engage in any political or campaign activities during his/her assigned work hours, except during scheduled lunchtime.
 - b. Leave of Absence Without Pay (LWOP) cannot be used to campaign for elective office.
 - c. Engage in any political or campaign activities while on UMC property.
 - d. Use any UMC owned or supplies equipment, service, or supplies for any political or campaign purposes.
6. Leave status for service as an Elected Official.
 - a. No UMC employee, while serving as an elected official, shall be eligible for any form of paid compensation from UMC, including accumulated leave time.
 - i. Whenever a UMC employee is performing his/her duties as an elected official, including travel time to and from a place of such service, he/she shall be placed in LWOP status and shall remain in that status until completion of his/her duties as an elected official.
 - ii. While in LWOP status the employee/elected official shall be subject to all conditions of such status applicable to any other employee, as provided for in this policies and procedures manual.

- iii. LWOP status for performance of duties as an elected official must be applied in a continuous manner, and may not be used intermittently with any other form of leave time or work hours.
 - b. No Extended Illness Bank hours may be used during any period in which an employee is performing his/her duties as an elected official.
- 7. Ethics Policies- Employees who seek elective office or who serve as elected officials are subject to the same ethics policies, guidelines, and laws adopted by UMC as any other employee, except where a specific provision of the NRS, applicable to that elected official, may supersede those policies, guidelines, and laws.

POSSESSION OF WEAPONS

SUBJECT: Possession of Weapons	EFFECTIVE: 7/95
POLICY #: I – 244 [Previously Human Resource Article XX]	REVISED: 9/02; 9/06; 8/14
AFFECTS: Organization Wide	

1. A UMC employee shall not bring a weapon (including, but not limited to knives, guns, clubs, explosive devices, or any “look-a-like” object that resembles an object that has a potentially violent use, if, under the surrounding circumstances, the purpose of keeping or carrying the object is for use, or threat as use, as a weapon) onto UMC property or into a UMC vehicle. A UMC employee shall not carry a weapon while on duty or on UMC property unless both of the following requirements are met:
 - a. The employee has been issued a permit to carry a concealed weapon by the Las Vegas Metropolitan Police Department or is exempt from having to carry a permit in accordance with NRS 202.365 and the weapon has been registered with the UMC Director of Public Safety; and
 - b. The department head and the Chief Executive Officer have authorized the employee to carry a weapon as an essential element of the job.
2. UMC reserves the right to further determine the definition of a weapon and may prohibit other devices on an individual basis.
3. Any employee discovered with a weapon on UMC property or in a UMC vehicle contrary to this policy will be subject to disciplinary action.

WORKFORCE SANCTION POLICY FOR PRIVACY & SECURITY VIOLATIONS

SUBJECT: Workforce Sanction Policy for Privacy & Security Violations	EFFECTIVE: 10/14
POLICY #: I – 246	REVISED: NEW
AFFECTS: Organization Wide	

Purpose:

To facilitate compliance with the privacy and security standards at UMC and to establish standards for workforce sanctions related to violations of UMC's privacy and security standards.

Definition:

Workforce members include all staff, privileged medical staff, teaching staff, residents, students, vendors, contractors, or others that access UMC's facilities or electronic information on behalf of UMC.

Policy:

Sanctions for privacy and security-related violations must be applied consistently to all workforce members utilizing the standards outlined below.

Procedure:

Privacy and security violations will be reported to supervisors, managers, or directors and the Privacy Officer immediately upon discovery.

Managers, Directors, and Medical Directors, in conjunction with the Privacy Officer, are responsible for investigating the cause and circumstances surrounding the privacy or security violation. Once the fact-finding is completed, Managers and Directors are responsible to ensure the sanctions standards outlined below are appropriately applied to workforce members.

Documentation of the application of workforce sanctions shall be retained in the workforce member's personnel or similar status file in accordance with records retention requirements.

University Medical Center of Southern Nevada

Standard Sanctions in Response to Privacy & Security Violations by Workforce Members

Level of Violation	Cause or Motivation	Type of Violation	Examples of Violations	Recommended Actions (One or more)
Level I Errors in handling restricted or sensitive information or in maintaining security measures	<ul style="list-style-type: none"> Unintentional Lack of training Inexperience Poor judgment Poor process 	<ul style="list-style-type: none"> Clerical Error Process Error Technical Error Judgment Error 	<ul style="list-style-type: none"> Leaving an active computer screen with access to PHI/PII unattended Leaving PHI/PII, in any format, unattended in public areas Disclosing PHI/PII without identity verification Discussing PHI/PII in public or other inappropriate areas Sending PHI/PII to wrong postal, FAX, or e-mail address 	<ul style="list-style-type: none"> Letter of expectations, including provisions for mitigation, if appropriate Inclusion of expectations/mitigation steps on performance evaluation Repeat of Privacy & Security Training Discussion of policy and procedures Warning documented in record New Confidentiality Agreement signed
Level II Breach in the terms of the Confidentiality Agreement and/or UMC policies concerning use and disclosure of restricted or sensitive information or in maintaining security measures	<ul style="list-style-type: none"> Intentional, but non-malicious Curiosity Concern Compassion Carelessness Compulsiveness 	<ul style="list-style-type: none"> Unauthorized Non-job related Inattention to policy 	<ul style="list-style-type: none"> Failure to properly dispose of paper and electronic media in an appropriate and approved manner Failure to implement appropriate safeguards for electronic PHI/PII Failure to complete required Security and Privacy Training and/or to sign appropriate Confidentiality Agreements Using someone else's computer account Installing unauthorized software with potential to harm systems Failure to report a security or privacy violation Failure to establish a Business Associate Agreement Failure to follow Special Restriction for Out-of-Pocket Payment for Services A second Level I violation within 6 months 	<ul style="list-style-type: none"> Final written warning, requiring written corrective action plan in response Ineligible for transfer or promotion for up to 12 months For faculty and students, referral to School Administration for review of violation of academic code Suspension of information system user privileges Suspension of workforce status Suspension of research projects Inability to participate in research for up to 12 months
Level III Breach in the terms of the Confidentiality Agreement and/or UMC Policies concerning use and disclosure of restricted or sensitive information, for personal gain or to affect harm on another person	<ul style="list-style-type: none"> Malicious intent Financial gain Revenge Protest Gross Negligence for Confidentiality or Security Agreements 	<ul style="list-style-type: none"> Theft, including identity theft Malicious actions: i.e., alteration or deletion of data; making systems inaccessible Willful disregard for policy 	<ul style="list-style-type: none"> Accessing the record of any person, including coworkers, friends, or family, without a professional need-to-know Access and unauthorized disclosure of PHI/PII for personal gain or to affect harm on another person Unauthorized access of PHI/PII of Public Figures for any reason Malicious alteration, deletion, or removal of PHI/PII from UMC facilities Unauthorized publication or broadcasting of PHI/PII A pattern of routine security violations due to inattention, carelessness, or a cynical attitude toward security discipline A third Level I or second Level II violation within 6 months 	<ul style="list-style-type: none"> Suspension pending termination Termination of information system user privileges Ineligible for future information systems access Revocation of Medical Staff privileges Termination of workforce status; ineligible for return or rehire Termination of research projects Referral to Law Enforcement for potentially criminal activity



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