COMPLIANCE & HIPAA

Known or suspected compliance and or privacy concerns must be reported.

ohcp@uchc.edu 860.679.6060

Privacy Incident Form

REPORTLINE

1.888.685.2637
uconn.ethicspoint.com
Available 24 hours a day, seven (7) days a week

Key HIPAA Reminders

Do not:

- Access patient information unless you have a work-related reason to do so.
- Access your own medical records using work-issued electronic medical record access.
- Discuss PHI in high-traffic areas such as the cafeteria or elevator.
- Dispose of PHI in a trash bin - use a secure shredder bin.
- Share your passwords with anyone and lock your computer when not in use.

Violation of privacy and security policies is subject to disciplinary action up to and including termination.

HIGH ALERT MEDICATIONS

The following drugs are most likely to cause harm to a patient if a mistake should occur:

1. Alteplase
2. Argatroban infusions
3. Chemotherapy agents
4. Epoprostenol and Treprostinil
5. Fentanyl patches (disposal)
6. Heparin infusions
7. Insulin (continuous infusions and subcutaneous)
8. Medication infused on an epidural pump including interscalene or regional nerve block
9. Narcotic infusions (continuous, PCAs and epidurals)
10. Magnesium Infusions for pre-term labor or pre-eclampsia
11. Oxytocin infusions for labor induction or augmentation
12. Sodium Chloride 23.4%
13. Tenecteplase
14. MiFEPRIStone (Mifeprex®)

You can prevent a serious error by paying close attention when ordering, dispensing or administering these "high alert," high-harm medications!

Nursing Practice Manual: "Medications: High Alert, Double Check Of"

BUD VS. EXPIRATION DATE

Beyond Use Date (BUD)	Expiration Date
Date or time after which a drug may not be used, stored, or transported. It is calculated from the date or time of altering the drug.	Date or time the manufacturer gives after which the product cannot be used. This does not include any alterations to ingredients done afterwards.
Use a BUD if the product has been altered in any way.	
Single-Dose Vial **(SDV)**	Use within **1 hour** of opening. ★ Label vial with that date and time.
Multiple-Dose Vial **(MDV)**	Use within **28 days** of opening. ★ Label vial with that date.
Sterile IV bag removed from outer packaging	Baxter IV bags **50mL** or less = **15 days** after opening outer packaging Baxter IV bags **100mL** or more = **30 days** after opening outer packaging

Always go by the earliest date!

CHECKING COMPETENCIES

Check the procedure competencies of residents/house staff

1. **Go to:** myevaluations.com
2. **Username:** ucnurse
3. **Password:** ucnurse
4. **Click on** "verify procedure abilities"
5. **Search by** MD name

UConnALERT

UCONN ALERT UConn Health utilizes UConnALERT as an emergency notification system.

Register to receive emergency notifications at: **alert.uconn.edu**

IN THE EVENT OF AN EMERGENCY DIAL 911.

RESTRAINTS

A restraint is any:

1. Manual method or physical or mechanical device.
2. Material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely.
3. A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

- All patients have the right to be free from restraints/seclusion.
- All efforts will be made to prevent emergencies necessitating restraint and/or seclusion.
- The least restrictive and effective restraint will be used when needed.
- The reason for restraint, not the location, will determine which restraint standards apply.
- Restraint orders and nursing documentation must **both** reflect the specific location that the restraint is placed on the patient, for example: Left wrist/Right wrist.
- An order must be obtained for the initiation and discontinuation of restraints.
- Timing for orders, reassessment, reevaluation and renewal, monitoring & assessment and observations differ between Violent / Self-Destructive and Non-Violent / Non-Self-Destructive restraints.

Nursing Practice Manual: "Restraint Use: Non-Violent, Violent"

DOCUMENTATION

- Document ALL professional screening and assessments within **24 hours** of admission.

Columbia Suicide Severity Rating Scale (C-SSRS)

1. Completed by RN in ED during triage.
2. Completed by Inpatient RN during Admission Assessment, if not already completed this encounter.
3. Completed by Inpatient RN during Admission Assessment for **ALL** patients admitted to Inpatient Psychiatry.

Falls Risks Screening

1. All patients upon presentation to the ED.
2. All inpatients upon admission.
3. Upon transfer to new unit.
4. With any change in patient condition.
5. At Minimum, 3 times per day; approx. 8 hours apart.
6. After any procedure in which any level of sedation or anesthesia was administered.
7. After any fall.
8. Outpatient = Annually or with change of condition.

- Complete H&Ps no more than 30 days before or 24 hours after patient admission, and update note within 24 hours after admit. H&P must be in chart within 24 hours after admit or before procedures with sedation or anesthesia.
- Verbal orders are restricted to **EMERGENCY** situations when it is impossible to enter it into a computer. **Refer to HAM Policy 06-019.**
- All ENTRIES in the medical record must have **date**, **time**, and **signature**!

Concerns with EPIC documentation? Contact x4400

UNAPPROVED ABBREVIATIONS
Official "Do Not Use" List

Do Not Use *(Intended Meaning)*	Use Instead
U or u *(unit)*	unit
IU *(international unit)*	international unit
Trailing zero *(X.0 mg)*	X mg
Lack of leading zero *(.X mg)*	0.X mg
$MgSO_4$ *(magnesium sulfate)*	magnesium sulfate
MS *(morphine sulfate)*	morphine sulfate or magnesium sulfate
MSO_4 *(morphine sulfate)*	morphine sulfate
Q.D., QD, q.d., qd *(daily)*	daily
Q.O.D., QOD, q.o.d., qod *(every other day)*	Every other day

Hosp. Admin. Manual (HAM) Policy #12-002: Approved and Non-Approved Abbreviations and Charting Terms

REGULATORY

If you have a regulatory question or concern such as:

- An adverse event
- DPH, TJC, CMS, OSHA visit or question

Please contact the Office of Accreditation and Regulatory Affairs at regulatory@uchc.edu or x7015

Adverse events, must be reported as soon as possible

- Into the Safety Intelligence (SI) system.
- To the Senior Director of Accreditation and Regulatory Affairs at x7015 and Director of Quality at x7685.

UCONN HEALTH
UCONN JOHN DEMPSEY HOSPITAL

CLINICAL MISSION, VISION, AND STRATEGY

MISSION

To serve through healing, teaching, and discovery.

VISION

Leadership in clinical excellence through service, innovation, and education.

OVERALL STRATEGY

Use the academic advantage to create unparalleled quality.

NURSING MISSION, VISION, AND VALUES

MISSION

Caring practice to promote hope, healing, and the highest level of safety and wellness for our patients and community.

VISION

Lead exceptional patient-centered and family-centered care through collaboration, compassion, innovation, and evidence-based practice.

OVERALL STRATEGY

Accountability; Compassion; Diversity; Excellence; Integrity; Professionalism; Respect; Collaborative Communication.

DIVERSITY

- We acknowledge that building an inclusive culture that supports diversity of thought, of data, and of teams will deliver the best health care.
- We value diversity, equity, inclusion, and belonging as crucial to our mission to enhance the health and well-being of every patient.
- We affirm the value of an inclusive environment and diversity within our workforce that includes age, race, ethnicity, sexual orientation, gender identity, ability differences, preferred language, and religion. Embracing these differences is embedded within our beliefs and aspirations.
- We recognize that excellence, teamwork, service, and innovation are only possible when guided by these beliefs.
- We work collectively to address systemic barriers around the social determinants of health, health disparities, and bias.
- We work to foster a culture powered by authenticity, civility, and kindness. Transforming health care and delivering health equity requires perspectives from providers, professionals, staff, and learners from diverse backgrounds and building an environment in which all feel welcome and are positioned to thrive.
- We challenge ourselves to do this work every day and with every person we serve.

WHAT YOU NEED TO KNOW ABOUT

UCONN HEALTH
UCONN JOHN DEMPSEY HOSPITAL

2023-2024

If questioned by any Surveyor, **you are permitted to use this pamphlet for help** to answer a Surveyor's question.

HELPFUL HINTS

- Wear your current ID badge at all times.
- It is OK not to memorize what to do, but you **must know where to find the information.**
- Know the location of all manuals, policies & procedures:
  1. Nursing website **nursing.uchc.edu**
     - Infection Control
     - Hospital Administrative Manual (HAM)
     - Nursing Practice Manual
     - Unit-Practice Manual
     - Stroke Policy, Protocol and Program Manual
  2. Pharmacy website **health.uconn.edu/pharmacy**
     - Pharmacy Policies and Procedures
  3. UConn Health website **health.uconn.edu/policies**
     - UConn Health Policies and Procedures

CLEANING INFORMATION

- **WET TIME FOR DISINFECTANT WIPES**
  PURPLE TOP Super Sani-Cloth®
  Remain wet on surface for **2 minutes** and allow to air dry.
  ORANGE TOP Sani-Cloth® Bleach
  Remain wet on surface for **4 minutes** and allow to air dry.
  RED TOP Sani-Cloth Plus®
  Remain wet on surface for **3 minutes** and allow to air dry.
- **SCREEN CLEANERS**
  Gently wipe equipment surface to remove dirt and grime from touch screen and allow to dry.

INFECTION CONTROL

- Open EKG packs of electrodes need to have an expiration date marked on the bag of **30 days** out and the bag needs to either be double folded down or sealed in a Ziploc bag.
- In outpatient areas, linen and/or exam paper must be changed between each patient. Stretcher and exam table mattresses will be cleaned with an approved EPA registered disinfectant-detergent for appropriate wet time per manufacturer instruction for use. Exam table must remain uncovered to allow disinfectant to dry. Upon completion of drying the room will be considered clean. When arriving a patient in the room a new clean cover will be applied.
- AquaSonic ultrasound gel must be marked with a **28 day** expiration date from the date it is opened.
- All equipment must be cleaned prior to storage in the clean utility room. If the equipment is in the clean utility room it is considered clean.
- Upon inpatient discharge any soiled equipment that is not cleaned should be removed and placed in the soiled utility room. Once a patient room and equipment cleaning is complete, equipment located in that room is to be considered clean.
- Empty IV bags and tubing should be disposed of in regulated medical waste containers.
- To prevent or reduce the burden of environmental contamination that occurs during use, and to ensure that the surface can be properly cleaned and disinfected, routinely assessing surfaces for the removal of tape or other adhesive residue.

ICM Policy 1.7: Regulated Medical Waste ("Red Bag Waste") Disposal

EMPLOYEE HEALTH SERVICES

Main Building, Ground Floor, Room CG228

In the event of accidental exposure to blood or other body fluids:

- **Report to Employee Health Service (EHS):** Monday-Friday, 8 AM - 4 PM
- **Call x2893 as soon as possible** following the exposure.
- **Report to the Emergency Department** whenever EHS is closed (nights, weekends, holidays).

EHS provides immunization and immune screenings for infectious diseases.

Report all work-related injuries or illness to Occupational Medicine (x2893)

EOC PROGRAM

UConn Health Environment of Care Safety Officer - **Kevin Higgins, x4925**

If you experience a problem with:

- **Hazardous Materials & Waste -** x2723
- **Medical Equipment -** x2954
- **Utilities -** x2125
- **Radiation Safety** - x2250

Environmental Control Center 24/7 - x2348

R - Rescue	**P** - Pull
A - Alarm	**A** - Aim
C - Close	**S** - Squeeze
E - Evacuate	**S** - Sweep

EMERGENCY PROGRAM

POLICE-FIRE-MEDICAL: DIAL 911
PATIENT CARE EMERGENCIES: DIAL X7777

- **Emergency Management** - x3317
- **University Fire** (Farmington Campus) - x2525
- **University Police** (Farmington Campus) - x2121

"HARD COPY" LOCATIONS OF EOP

- Incident Command Center, C2038
- Back-up Incident Command Center, LM056
- Nursing Supervisor's Office, T2340
- Office of the Director of Emergency Preparedness & Planning

ON-LINE: https://eop.oem.uconn.edu/referenced-plan/uconn-health

HOSPITAL INCIDENT COMMAND CENTER

Location: C2038 Conference Room
Phone Number: 860-679-3591
Fax: 860-679-8835

BACK-UP HOSPITAL INCIDENT COMMAND CENTER

Location: LM056 Hospital Director's Conference Room
Phone Number: 860-679-1278
Fax: 860-679-8835

Refer to the Wall-Mounted Red Emergency Guide for More Details.

PATIENT RELATIONS

The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

Patient Rights and Responsibilities

The Patient Rights and Responsibilities Policy affirms that all patients receiving care, treatment or services at UConn Health have fundamental, overarching rights. The policy also describes important patient responsibilities to support a safe, respectful and non-discriminatory environment and creates consistency in who should respond, and how, when a patient or visitor behaves in a discriminatory, harassing or biased manner toward any employee or trainee. The Patient Rights and Responsibilities statement is available to patients on admission and is posted on the website and throughout the institution.

Complaints and Grievances

Complaints and concerns are always taken seriously. To resolve an issue as soon as possible, it should first be discussed with a supervisor or manager. If not resolved to the complainant's satisfaction, they may file a grievance with the Patient Relations Department at 860.679.3176 or patientrelations@uchc.edu

UCH Clinical Policy 08-030: Patient Rights and Responsibilities
UCH Clinical Procedure: Managing Discrimination from Patients

SERVICE ANIMALS

- A dog or miniature horse that has been individually trained to do work or perform tasks for an individual with a disability is considered a service animal.
- The task(s) performed by the dog must be directly related to the person's disability.
- When it is not obvious if it's a service animal, only **limited inquiries** are allowed.
- Staff **may only ask two questions:**
  1. Is the dog (or miniature horse) a service animal required because of a disability?
  2. What work or task has the animal been trained to perform?
- Staff **cannot**
  - Ask about the person's disability
  - Require medical documentation
  - Require vaccination records for the dog
  - Require a special ID card or training documentation for the dog
  - Ask that the dog demonstrate its ability to perform the work or task.

UCH Clinical Policy: Animals in the Clinical Practice and Patient Care Areas

INTERPRETERS

- To ensure equal access to all services of UConn Health through effective communication, all Limited English Proficiency (LEP), Deaf and Hard Of Hearing (HOH) patients *and their companions* will be advised of their right to have qualified interpreters provided in their preferred language, at no cost to them.
- Bilingual employees may not interpret unless deemed qualified by the Interpreter Services Office.
- The use of minors as interpreters is strictly prohibited, except in the case of a life threatening emergency.
- Telephone and VRI interpreters are available 24/7; contact Operators **(x2000)** for urgent needs.
- **Interpreters for Deaf and HOH** shall be provided no later than:
  - **Two hours** when an onsite interpreter will be provided
  - **Within 25 minutes** when through VRI

UCH Clinical Policy: Interpreters/Language Access for Persons who are LEP, Deaf or Hard of Hearing

CHAPLAINS

Chaplains provide spiritual support for patients, families, and staff.

Chaplains can be reached through the Operators **(x2000)**.

ETHICS

Resources available at JDH to support medical ethical decision-making are:

Medical Ethics Committee

Anyone can refer an issue to the Medical Ethics Committee, including patients.

Contact the hospital operator (x2000) and ask to speak with the Chair or a member of the Ethics Committee.

ADVANCE DIRECTIVE

At the time of admission, all patients are asked if they have already established an advance directive **(AD)** and their response is documented on the advance directive form (HCH-561). A copy of the advance directive, if available, is placed in the medical record.

A patient may revoke or revise their AD at any time. Do Not Resuscitate **(DNR)** orders may result from discussion of AD. DNR orders may also be discontinued at any time, according to the wishes of the patient or their representative(s).

SAFETY INTELLIGENCE®

- Our system to report patient safety events is Safety Intelligence (SI).
- In the EPIC EMR, the link to the SI system is located under "Clinical References" in the EPIC toolbar.
- The SI system should be utilized to report any condition that:
  - Has not impacted a patient but has the potential to harm **(Near Miss Events)**
    - ★ All near miss events are reviewed to assess if they meet criteria for a Good Catch Award
  - Reaches a patient but does not cause serious harm **(Precursor Safety Event)**
  - Causes serious harm to a patient **(Serious Safety Event)**
- Adverse drug reactions should also be reported via the SI system.
- The SI system should include specific, objective facts of an event without assumptions and is non punitive. Employee roles may be included but individual involved names should not be.

PERFORMANCE IMPROVEMENT

Examples of Performance Improvement initiatives underway at JDH:

- Medication Safety
- Medication Reconciliation
- Improved Patient Throughput
- Decreased rate of falls with harm
- Improvement with sepsis core measure compliance
- Glycemic control
- Bar Code Medication Administration **(BCMA)** scanning
- Improved Patient Experience as rated by **HCAHPS**
- Central line-associated bloodstream infection **(CLABSI)** Prevention
- Catheter Associated Urinary Tract Infection **(CAUTI)** Prevention
- Prevention of C. Diff.
- 911 versus 7777
- **Unit specific PI** _____

WORKPLACE VIOLENCE

UCONN HEALTH DEFINITION: Any violent act or threat of violence directed at persons at work involving workforce members, patients or visitors. Violent acts or threats of violence includes, but is not limited to, physical assaults, threats (Verbal, non-verbal or written), harassment and/or intimidation.
*** In the event of an emergency police must be contacted immediately. Dial 911.**

REPORTING WORKPLACE VIOLENCE

1. Notify your supervisor.
2. Follow UCH HR* "procedures for reporting workplace violence incidents."
3. Complete the workplace violence reporting form.

UCH HR Policy 2017-02: Workplace Violence Prevention
***UCH HR Procedures:** Workplace Violence Prevention Procedures
UCH HR Form: Workplace Violence Incident Report Form

ABUSE

All employees, including members of UConn Public Safety, whether mandated reporter or not, must immediately report any suspicion of abuse or neglect, regardless of age or vulnerability, to their immediate supervisor in person or by phone. The immediate supervisor of the reporting employee will immediately notify the head of the clinical area, where the alleged incident occurred, for immediate escalation.

a. John Dempsey Hospital- Chief Operating Officer or designee
b. University Medical Group- Chief Operating Officer or designee
c. School of Medicine- Dean of the School of Medicine or designee
d. School of Dental Medicine- Dean of the School of Dental Medicine or designee
e. Graduate School- Dean of the School of Medicine or designee
f. Research- VP of Research or designee

UCH Clinical Policy: Abuse and Neglect: Identification, Assessment, and Response

OXYGEN TANKS AND USAGE

- Secure oxygen tank in a proper holder when in use.
- Store oxygen tanks in designated areas, and in appropriately marked tank racks.
  - i.e.) Empty tanks, with 500PSI or less, should be in the **EMPTY** rack.
- Use oxygen tank usage chart to determine how long an oxygen tank will last, depending on the liter flow in use.
- **For Transport ONLY:** 750PSI or greater.
- Always turn off the flow when not in use.
- Always confirm that you have an MRI safe/ compatible tank before using in the MRI suite.

Oxygen Tank Usage Chart

PSI in Tank	FLOW RATE (L/MIN) 1LPM	2LPM	3LPM	4LPM	5LPM	6LPM
2000	9 HRS	4.5 HRS	3 HRS	2.25 HRS	2 HRS	1.5 HRS
1900	8.5 HRS	4.25 HRS	3 HRS	2 HRS	1.75 HRS	1.5 HRS
1800	8 HRS	4 HRS	2.75 HRS	2 HRS	1.75 HRS	1.5 HRS
1700	7.5 HRS	3.75 HRS	2.5 HRS	1.75 HRS	1.5 HRS	1.25 HRS
1600	7 HRS	3.5 HRS	2.5 HRS	1.75 HRS	1.5 HRS	1.25 HRS
1500	6.5 HRS	3.25 HRS	2.25 HRS	1.5 HRS	1.25 HRS	1 HR
1400	6 HRS	3 HRS	2 HRS	1.5 HRS	1.25 HRS	1 HR
1300	5.5 HRS	2.75 HRS	2 HRS	1.5 HRS	1 HR	1 HR
1200	5 HRS	2.5 HRS	1.75 HRS	1.25 HRS	1 HR	1 HR
1100	4.5 HRS	2.25 HRS	1.75 HRS	1 HR	1 HR	45 MINS
1000	4 HRS	2 HRS	1.5 HRS	1 HR	1 HR	45 MINS
900	3.5 HRS	1.75 HRS	1.5 HRS	45 MINS	45 MINS	45 MINS
800	3 HRS	1.5 HRS	1.25 HRS	45 MINS	45 MINS	30 MINS
700	2.5 HRS	1.25 HRS	1 HR	30 MINS	30 MINS	30 MINS