



Dear University Hospital Employees:

Welcome to University Hospital. I am delighted to have you on our team of talented employees, all of whom are dedicated to *putting our patients first*.

The New Jersey Medical and Health Sciences Education Restructuring Act established our hospital as a separate, standalone entity and an instrumentality of the State on July 1, 2013. This transition continues to give all our valued employees opportunities to advance our mission of improving the quality of life for all those we touch through excellence in patient care, education, research, and community service.

We look forward to having you on board as we work to shape our future. I am confident we have the potential to become one of the leading academic medical centers in the country.

I believe you will find much satisfaction in contributing to our important mission, and I look forward to your success at University Hospital.

Sincerely,

Chief Human Resources Officer

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Key Highlights and Achievements

Our Mission: *As New Jersey’s public academic health center, University Hospital is committed to providing exceptional care to every patient, every time.*

Our Vision: *Partnering with our communities, University Hospital Improves health for generations to come.*

☐ University Hospital (UH) is a 519-bed hospital, owned and operated by the State of New Jersey. It is the primary teaching hospital and clinical research site for Rutgers University –RBHS/New Jersey Medical School (NJMS).

☐ UH is one of the largest employers in Newark, with a total of over 3,700 full-time employees and a total active medical staff of 497; its Annual Operating Budget is approximately \$600 million.

☐ The *Center for Liver Diseases* at UH is one of two providers for liver transplant services in the State of New Jersey. More than 1,000 liver transplants have been performed since 1989.

☐ University Hospital is certified by The Joint Commission for *Advanced Disease Specific Heart Failure Care*. University Hospital is currently the only hospital in Northern New Jersey with *Advanced Certification in Heart Failure Care*. The New Jersey Comprehensive Stroke Center at University Hospital was recognized by The Joint Commission with advanced certification as a comprehensive center.

☐ UH is one of three Level 1 Trauma Centers in New Jersey. The *hospital receives severely injured accident victims from throughout northern New Jersey via air emergency transport called NorthSTAR (Northern Shock Trauma Air Rescue).*

Fast Facts 2022

519	Beds
3,731	Full-time Employees
17,000	Admissions
1,200	Births
75,000	Emergency department visits
107,774	Emergency Medical Services responses
230,000	Clinic outpatient visits

UH's role in the community is reflected in its payer mix and commitment to the medically indigent. It is the largest provider of Charity Care services in the state, and Medicaid and uninsured patients account for approximately 60% of its gross revenues. The level of charity care services provided by UH represents approximately 25% of its patient case volume.

- The University Hospital Center for Advanced Liver Diseases and Transplantation has been ranked first in the nation based on an estimated one-year survival rate of 98.7 percent. Opened in 1989, the center was the first in New Jersey and has performed more than 1,500 liver transplant surgeries. The national ranking was issued by the Scientific Registry of Transplant Recipients; UH shared the top spot with Beth Israel Deaconess Medical Center, a teaching hospital affiliated with Harvard Medical School.
- In addition, the liver program has been designated a Center of Excellence by the Clinical Sciences Institute of Optum, a leading information and technology-enabled health services business.
- *Newsweek* magazine has named University Hospital one of the nation's top maternity care hospitals for 2021 based on data reported by The Leapfrog Group. The distinction recognizes hospitals that have excelled in providing quality care to mothers, newborns and their families. Approximately 1,600 babies are born each year at University Hospital, an average of more than four births per day, and the hospital hosts more than 24,000 prenatal patient visits per year. Among New Jersey hospitals, UH's Cesarean-section rate ranks among the lowest, its episiotomy rate is among the lowest, and its Vaginal Birth after Cesarean (VBAC) rate is among the most successful. University Hospital was the first hospital in Essex County to be designated as a Baby Friendly Hospital, a global program of the World Health Organization and UNICEF. The Regional Perinatal Center is well established for handling some of the state's most complicated pregnancies and medically fragile newborns. The Center offers ancillary services such as counseling for women with chronic health conditions, evaluation and prevention for moms at high risk for pre-term births, and care for pregnant women with significant high-risk medical problems like hypertension, heart disease, immunodeficiency conditions, substance use disorder, and diabetes.
- University Hospital has been awarded top grades annually for heart failure and stroke care by the American Heart Association (AHA) and the American Stroke Association under their Get with the Guidelines program. In addition, AHA has awarded our EMS team the highest ranking for STEMI care under its Mission: Lifeline program. The awards recognize high quality cardiac care as measured by accepted standards including timely, evidence-based treatment with angioplasty and medications proven to improve outcomes for heart attack patients. A STEMI is a serious type of heart attack that involves damage to the full thickness of the heart muscle.
- University Hospital's medical staff includes 48 physicians named to the Castle Connolly "Top Docs" directory. The mission of Castle Connolly Medical Ltd. is to help consumers find the best healthcare. The top doctors who are listed in the directory were nominated by their peers in an extensive survey process of thousands of American doctors each year. These Top Doctors' medical educations, training, hospital appointments, disciplinary histories - and much more - are screened by the Castle Connolly physician-led research team. Those doctors who are among the very best in their specialties and in their communities.

Office of Community Relations

The Office of Public Affairs is responsible for implementation of strategic marketing initiatives, hospital branding, internal and external communication, crisis communications, social media and press relations.

Internal communications include: flyers, posters, TV monitors, hospital bulletin boards and UH Weekly Update. All materials must be approved by the Office of Public Affairs and only hospital-related events and programs can be promoted. Hospital-wide communications must be approved and distributed by the Office of Public Affairs only.

CONTACT: marketing@uhnj.org

WEBSITES

The following two websites will provide you with important and timely information about University Hospital. From these websites, you may access other hospital-related sites.

UHNet www.uhnj.org/uhnetweb

UHNet was designed specifically for UH staff and features links to important documents and videos.

University Hospital www.uhnj.org

The University Hospital website is the definitive guide to University Hospital. It features a comprehensive listing of key services, the physician's referral directory; hospital history, updates on hospital awards and recognition, directions, and key information for patients and staff.

UH Weekly Update

Issued each Wednesday via 'Special Message' email, the UH Weekly Update was established to create a hub for new information and resources important to the UH staff.

Patient Experience

Standards

Dress Code

Following the dress code contributes to a positive impression in your daily contact with patients, visitors and fellow employees.

Phone Etiquette

Answer every call with: *Good morning/afternoon/evening, (your unit/department), (your name) speaking, How can I help you?*

Noise Level

Take an active part in maintaining a quiet and healing environment. Be aware of your own volume in hallways and other public areas.

Attitude

A positive attitude, eye contact, a smile, a friendly tone of voice—all contribute to creating a space where patients and visitors feel welcome.

Cell Phones

Cell phones should always be on vibrate or with simple sound alerts only. Personal cell phones should never be used via text or voice while you are working.

Elevator Etiquette

Smile and say “hello” when you get on the elevator. The *patient elevators* are for patients—if a patient in a wheelchair or stretcher gets on the elevator, get off.

One Goal, One Passion, Every Patient, Every Time

DRESS CODE POLICY

Policy Title:	Dress Code
Department/Manual:	Human Resources
Issue Number:	831-200-251
Date Issued:	04/2010
Date Reviewed/Revised:	03/2016, 2/10/2022
Supersedes:	
Approved By:	Chief Human Resources Officer
Final Approval:	Chief Human Resources Officer
Attachments:	None

I. PURPOSE

The Dress Code policy is designed to maintain and perpetuate the reputation of University Hospital (UH) employees for providing outstanding health care and customer service. By adhering to professional standards of dress, safety, and hygiene throughout the facility, all UH employees will project competence and credibility during their interactions with patients, colleagues, and the general public. At the same time, the policy ensures that all UH employees will support the hospital's vital effort to create and preserve a safe, therapeutic environment that controls infection and facilitates treatment and healing.

Given the wide range of UH employee responsibilities and work situations, department managers will adjust this policy's general dress guidelines when necessary, such as to meet heightened safety and/or infection control requirements in a clinical setting, or to fulfill other specialized obligations that might arise for employees representing UH to the broader public.

II. SCOPE

This policy applies to all on-duty regular and temporary, full-time, part-time, per-diem employees, students, volunteers, vendors working on behalf of UH, or any other individuals using the institution for clinical experience or clinical research, on all shifts, and at all sites.

III. POLICY

1. Managers and supervisors may prohibit staff members from working until they change into appropriate attire or make other adjustments necessary to comply with policy. The employee may be required to leave the hospital without pay until returning in appropriate attire.

2. Standards of dress and appearance will be communicated to position applicants during the interview process and to newly hired employees as part of UH Orientation and as part of the specific department orientation. Failure to comply with these standards or specific department dress code will result in progressive disciplinary action.
3. Some duties may require employees to wear uniforms/scrub suits or safety articles, or to adhere to more specific requirements than those set forth in this policy. Supervisors will inform employees when they are subject to more restrictive unit/departmental appearance or dress code standards that supersede this policy's general guidelines.
4. Students need to follow their school or institution's uniform and/or dress code policy if its requirements are more specific than requirements set forth in this policy. All other requirements in this policy apply.
5. Closeness and frequency of contact with patients, the public and fellow employees demand a high degree of personal cleanliness at all times. Such cleanliness is an essential condition of quality patient care and overall professional demeanor.
6. When an employee requests reasonable accommodation for religious or disability reasons, supervisors shall consult with the Manager – EEO, Leaves and Labor Relations in Human Resources to ensure compliance with state and federal laws. In all cases however, it is expected that the underlying purpose and principles of this policy will be fulfilled.

IV. GUIDELINES

A. Identification Badge:

- 1 The University Hospital identification badge is a required part of each employee's attire and must be worn at all times while on duty, above the waist, and visible to the public.
- 2 Badges are not to be covered with pins, ornaments, stickers, or any other objects. The front face of the badge is to be clean and displayed front-side-out (not covered or reversed) so that the name and photo are always visible.

B. Attire:

Neat and clean dress demonstrates pride in the job and is a courtesy to those around you.

- 1 Clothing worn by staff members must be neat, clean, wrinkle free, and in good condition, free from offending odors, and fit properly.
- 2 Employees must wear appropriate undergarments to avoid an unprofessional appearance.
- 3 University Hospital does not have "casual" or "dress down" days.
- 4 Certain departments may require special dress standards, such as wearing uniforms. In those areas that have a defined uniform, the guidelines for that area will be followed.

Examples of inappropriate dress that may be offensive and unprofessional include, but are not limited to:

- a. Mini-skirts
- b. Dresses or skirts with excessively high slits
- c. Excessively tight, sheer, or revealing clothing, low cut/slung garments
- d. Fish-net stockings
- e. Denim blue jeans, skirts, or jackets, including "dark wash" denim. Denim jean clothing in colors other than blue are acceptable if they are clean, and in good condition with no holes, ragged hems, frayed, or patches.
- f. Shorts or cut-offs

- g. Leggings, stretch pants, spandex, and any pants above the calf
- h. Pants worn below hip level (“sagging”) or excessively loose clothing
- i. Halter tops, tank tops, low cut or see-through blouses/shirts, muscle shirts, shirts that expose the midriff, clothing that exposes undergarments or could be perceived as sexually provocative to a reasonable person
- j. Under garments should not be visible under clothing and/or through clothing. Neutral under garments should be worn under uniforms.
- k. Backless dresses or tops, spaghetti strap blouses, unless worn with a jacket
- l. Faded, tie-dyed, bleached, torn, ripped, frayed, patched, un-hemmed clothing or clothing that gives an unkempt appearance
- m. Caps, hats, or bandanas unless worn for medical or religious reasons or for nature of specific duties (physical plant). Baseball caps are not acceptable unless part of established departmental uniform. Hoods are never appropriate to wear while working.
- n. Clothing, including t-shirts, sweatshirts, caps, jackets, etc. with lettered logos or advertising (unless the logo identifies University Hospital), or with offensive/suggestive images or messages, clothing with logos for alcoholic beverages, tobacco products, nudity, or illegal substances.
- o. Beachwear and sportswear, sweat pants, sweat suits, jogging suits, velour sweat suits, exercise clothes, fleece or flannel.

Examples of appropriate dress:

- a. Suits
- b. Dress pants, no more than 3” above the ankle
- c. Business casual dress pants (i.e., Dockers, chinos, khakis)
- d. Skirts
- e. Casual dresses
- f. Dress shirts, ties recommended
- g. Button down blouses
- h. Collared polo shirts
- i. Sweaters, vests
- j. Sports coats, blazers
- k. UH collared shirts, sweaters, and pants
- l. Tucked in shirt-tails

C. Hosiery and Socks:

Direct caregivers: Hosiery or socks must be worn at all times.

Non-direct caregivers: Do not have to wear hosiery or socks as long as a professional appearance is maintained.

D. Accessories, Jewelry, and Adornments:

Excessive jewelry and accessories must not pose an infection or physical hazard to the patient, self or to another person or cause a distraction.

- 1. Accessories should be simple and conservative.

2. Jewelry worn by employees must be reasonable shape and size, appropriate to the work setting, and may not interfere with patient care, job performance, or safety. Earrings and small nose studs are the only acceptable forms of visible or detectable pierced jewelry. Rings must be small enough to allow for the use of gloves, with no risk of tearing the gloves.
3. Wallet chains or any hard chain apparel, including, but not limited to, metal chain belts and clothing ornaments, are not permitted.
4. Visible tattoos and body art may offend some patients, visitors, and co-workers while at the workplace and should be covered whenever possible. Managers also have the discretion to require that an employee cover any tattoo(s) or combination of tattoos that could be considered offensive.

E. Grooming and Personal Hygiene:

Good personal hygiene is required. Other employees, as well as patients and guests, have a right to expect general cleanliness and good dental hygiene from the staff.

1. Every individual must be physically clean, well groomed, and take steps to ensure appropriate general body hygiene (cleanliness, lack of offensive body/mouth odor, cigarette or cigar smoke odor, etc.)
2. Every individual should avoid excessive use of fragrances, and must be sensitive to scented chemicals that may be offensive, cause allergic, or other adverse reactions for patients, visitors, or staff.
3. Excessive makeup should be avoided.
4. In most instances, an employee may wear his or her hair the way he or she chooses while working, as long as it remains well trimmed, well groomed, and business-like in appearance. Long hair must not obstruct vision and must be controlled to prevent contact with the patient, equipment, or supplies. A hair net may be required in certain settings.
5. Beards, mustaches, and sideburns are to be neatly trimmed and groomed and should not interfere with job performance and safety.
6. Artificial nails may not be worn by staff involved with direct patient care. Fingernails should be trimmed, clean and neat, should not interfere with job performance and should comply with the Infection Control fingernail policy.
7. Proper hand washing techniques are important for personal safety and control of infection.

F. Footwear:

For safety reasons, all employees must wear shoes that are appropriate to their job. Shoes should promote a professional appearance, and be clean and in good repair.

1. Direct caregivers: Closed-toed shoes must be worn at all times. They must provide safe, secure footing and offer protection from hazards in the work area.
Non-direct caregivers: Open-toed shoes may be worn as long as they look professional.
2. Protective shoes with reinforced toes are required when specified by individual departments.

The following are not appropriate footwear for the workplace.

- a. Slippers
- b. Thongs (even if “dressy”) or beach shoes
- c. Flip flops (even if “dressy”)
- d. Excessively high-heeled shoes. Heel height must not be more than 3 inches as not to pose a threat to the individual’s safety or ability to maneuver freely as required by the job.
- e. Sports sandals
- f. Rubber rain boots
- g. “Timberland” or other work boots, if not required for nature of specific duties.

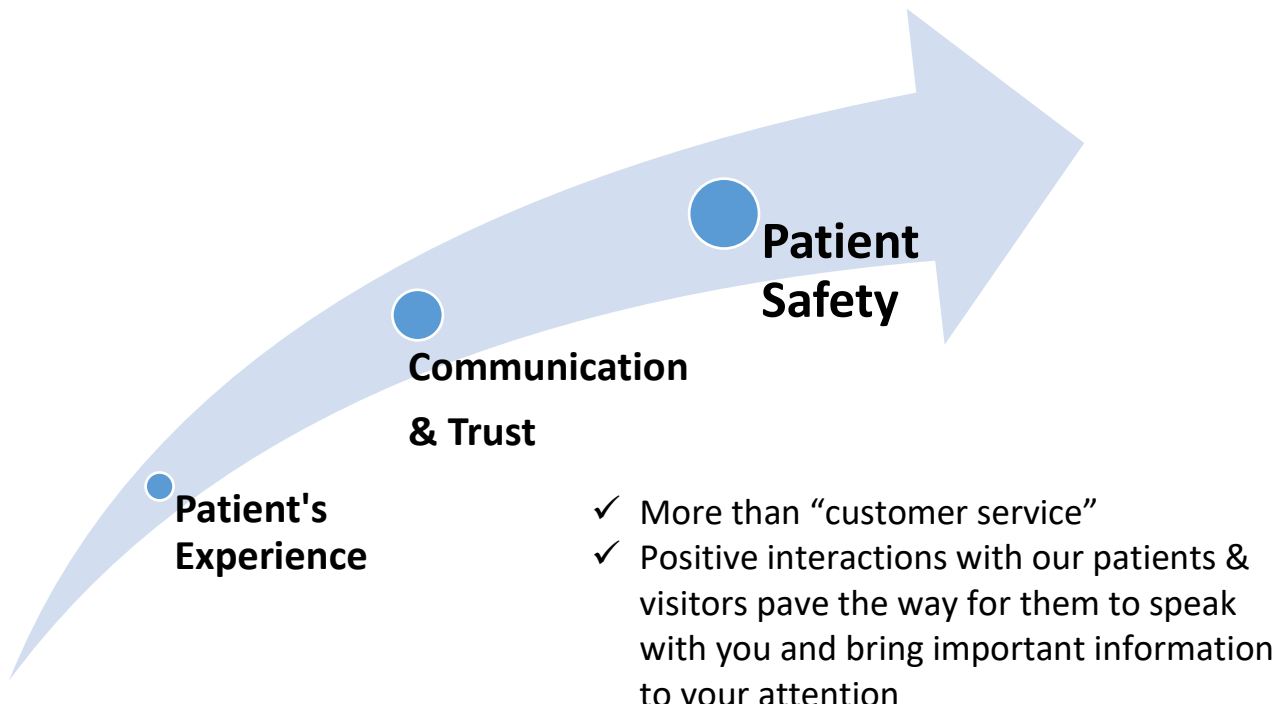
G. Other Considerations:

- 1. Chewing gum is not considered appropriate in the presence of patients, visitors, or guests.
- 2. Employees are not permitted to wear sunglasses indoors.
- 3. The use of earphones, headphones, Bluetooth devices, Walkman or iPod in public or patient care areas is not permitted, unless a necessary part of the job, such as dictation/transcription. Use outside of these areas is allowed only at the discretion of management. Use in the UH dining room while on break or lunch is permitted.
- 4. Department managers will exercise judgment and discretion to permit exceptions to the policy when appropriate, such as celebration costumes, department moving/relocation, special inventory occasions, or emergencies.

V. RESPONSIBILITY

All levels of management, including department managers and supervisors are responsible for teaching, role modeling and enforcing the Dress Code policy through consistent application. Podiatry Residency Program Directors are likewise responsible for rotating residents’ compliance with this policy.

Patient Experience → Patient Safety



Measuring the Patient’s Experience: The CAHPS Survey

- CAHPS: Consumer Assessment of Healthcare Providers & Systems
- Data is publicly reported via Hospital Compare website.
- Value-based purchasing (VBP) is a financial incentive for hospitals to improve the patient experience.
- Press Ganey (PG) is University Hospital’s patient survey vendor.

Which patients receive survey

- ✓ Inpatients receive the HCAHPS (Hospital CAHPS) survey.
- ✓ Ambulatory Care Services patients receive CGCAHPS (Clinician & Group CAHPS).
- ✓ Emergency Dept. patients receive regular PG survey. *CAHPS is coming soon!*
- ✓ Same Day Surgery patients receive regular PG survey. *CAHPS is coming soon!*

Guiding Principles:

1. Communicate while the patient is waiting.
2. Make a positive impression: You are “On Stage”
3. Listen.
4. Don’t blame the patient, or another department.
5. Encourage the patient & family to ask questions.
6. Know how to handle complaints.
7. Follow through.
8. Keep your language simple- communicate effectively.
9. Relate to the person.
10. Work as a team!

Keep it Positive:

Instead of this...	Say this...
That’s not my department.	I’ll find the right person to help you.
I don’t know.	I’ll find out for you.
He/she is not my patient.	I’ll help.
We’re short-staffed.	I’m sorry you are waiting. Is there anything I can do for you right now?
I don’t understand what you want.	I think I understand. Is this what you mean...? (<i>Restate to confirm understanding</i>)
NO.	Here is what I <u>can</u> do for you. (<i>Offer an alternative.</i>)
Hold on.	Please hold on for just a minute.
“OK” or “Bye”	Is there anything else I can help you with?

One Goal. One Passion. Every Patient. Every Time.

UH Patient Experience



Numbers to Know

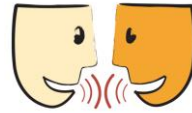
<i>Environmental Services (24/7)</i>	2-1500
<i>Maintenance</i>	2-1500
<i>Dietary (missed meals)</i>	2-6152, 2-6153
<i>Hospital Operator</i>	2-6000
<i>Medical Records</i>	2-5608
<i>Patient Relations</i>	2-6410
<i>Information Desk (UH Main Lobby)</i>	2-4040
<i>Patient Transport (call for a wheelchair)</i>	2-7433 or 2-1688 for the Tele-tracking System

Putting Our Patients First

Language Services

RESOURCES...

- ✓ Bilingual UH staff member wearing blue Interpreter Badge
- ✓ Phone Interpreter: **1-866-455-8165**
- ✓ Video Remote Interpreting (VRI for Sign Language) Locations:
 - i. Bed Management (UH-C454)
 - ii. Patient Relations Dept. (UH-C242)
 - iii. Emergency Department (UH-C level)
 - iv. Ambulatory Care Center (CC-B1115)



If the patient refuses phone/VRI and requests an in-person interpreter:

- ✓ Bilingual UH staff member wearing blue Interpreter Badge can interpret
- ✓ Contact Patient Relations Dept. at ext. 2-6410 (or PCC at ext. 2-5677 after hours/weekends) immediately and we will attempt to obtain an interpreter from an outside agency
- ✓ If patient's visit is being scheduled, advise the Patient Relations Dept. (ext. 2-6410) IMMEDIATELY that an interpreter will need to be scheduled for a future visit.

REMEMBER...

11. ALWAYS ASK the patient what is their preferred language.
12. ALWAYS DOCUMENT how you communicated with the patient.
e.g. "Patient was asked their preferred method of communication and indicated that needs Spanish interpreter. Staff member Jane Doe/phone service/ VRI used for interpreting."
13. NEVER ASSUME it's OK to use a friend or family member to interpret.
14. ONLY UH staff wearing the **BLUE "Interpreter" badge**, affixed to the UH ID badge, are permitted to communicate clinical information to a patient needing an interpreter.



Visitor management information is needs to be added. We are modifying the Patient relations information and will have that to you shortly

For safety and security of all team members and visitors all individuals inside the hospital are required to wear an authorized ID visible above the waist. Visitors are provided a visitor badge for both the ED and the main hospital. The “color of the day” visitor badge schedule is communicated monthly to team members. The visitor badges change color daily to ensure visitors are accurately recorded in our visitor management system. The system provides a visible way for employees to recognize an authorized visitor pass. The badge color changes daily. Employees seeing a visitor without the authorized color displayed are encouraged to redirect the visitor to the front desk to receive the appropriate badge. If any concerns arise security is to be notified with the location and description of the unauthorized person.



Visitation Color of the Day
April 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					Red 1	Orange 2
Green 3	Pink 4	Blue 5	White 6	Red 7	Orange 8	Grey 9
Pink 10	Blue 11	White 12	Red 13	Orange 14	Grey 15	Purple 16
Blue 17	White 18	Red 19	Orange 20	Grey 21	Purple 22	Green 23
White 24	Red 25	Orange 26	Grey 27	Purple 28	Green 29	Pink 30

Culturally Competent Patient-Centered Care

University Hospital embraces education as a core value, and characterizes our organization as a national leader in designing and delivering educational programs, and assuming a leadership position in facilitating culturally competent education and practices. In tandem with this value, University Hospital has developed the following summary that defines and addresses facets of culturally competent patient-centered care.

Culture and Linguistics **Culture** is defined as values, beliefs, customs, knowledge, language and practices shared by a group. It often affects an individual's perception of care providers as well as the quality of services they deliver. The Joint Commission (JCAHO) has developed Standards that provide a framework for embracing culturally and linguistically appropriate patient-centered care for hospitals and health care facilities. These standards are consistent with national CLAS (Culturally and Linguistically Appropriate Services) standards generated from the U.S. Department of Health and Human Services' Office of Minority Health.

Cultural and linguistic competencies include:

- Awareness of culture-based treatment protocols and patient care practices;
- Acquiring knowledge of health-related beliefs, attitudes, practices, and communication patterns of patients and their families to improve services;
- Understanding and demonstrating sensitivity and skills to population-specific issues such as health-related beliefs and cultural values, nutritional preferences; disease prevalence among ethnic and/or cultural groups and;
- Implementing knowledge-based skills to provide effective clinical care for patients from specific ethnic, cultural or racial groups.

Benefits of Culturally Competent Patient-Centered Care:

- Enhances staff and patient communication
- Enhances staff cultural knowledge and skills
- Improves overall employee morale
- Enhances staff performance and teamwork to achieve UH's mission
- Enhances patient satisfaction and expands consumer base
- Characterizes UH as an organization of choice by students, employees and consumers

Health Literacy at UH: The *ASK ME* Program

It is important for clients and patients to understand as much as possible about their healthcare at University Hospital. Staff who have patient contact are urged to encourage patients to ask the following critical questions:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Encouraging clients and patients to take care of their health helps them to:

- Take better care of themselves
- Prepare for medical tests
- Take medications as prescribed
- Be less afraid

Concluding message: Information is power and we're on your side!

Applicable Standards, Federal/State Legislation and UH

- *Policy Prohibiting Sexual and Other Types of Harassment*
- *Limited English-Proficient & Hearing/Speech-Impaired Communications Policy (UNDER REVIEW)*
- *U.S. Dept. Health and Human Services National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards)*
- *Joint Commission (JCAHO) Standards for Culturally and Linguistically Competent Care for Hospitals, Ambulatory, Behavioral Health, Long Term Care, and Home Care*
- Consistent with 14 standards "cross walked" with national CLAS Standards
- *New Jersey Bill S144*
- *Titles VI and VII of the Civil Rights Act of 1964*

Employment Law and University Hospital Diversity/Cultural Competency Guidelines for Staff

The following listings include federal, state and Joint Commission standards that address workplace diversity, equal opportunity, and cultural and linguistic competency guidelines that University Hospital employees should be aware.

The Americans with Disabilities Act (ADA)

The ADA prohibits discrimination against a "qualified individual" with a disability who can perform the essential functions of a job with or without "reasonable accommodation".

The Civil Rights Act, Title VII

Title VII prohibits employment discrimination based on *race, color, religion, sex and national origin*.

Equal Pay Act (EPA)

The Equal Pay Act requires that men and women be given equal pay for equal work in the same establishment. The jobs need not be identical, but they must be substantially equal. It is job content, not job titles, that determines whether jobs are substantially equal.

Fair Labor Standards Act (FLSA)

FLSA Applies to full-time and part-time employees in the private sector and in federal, state and local government that establishes: minimum wage, premium pay for overtime, child labor protections, and recordkeeping requirements.

Family and Medical Leave Act (FMLA)

FMLA provides employees with the right to take unpaid or earned leave for birth of a child or placement of a child through adoption or foster care, and care of an employee's family member (child, spouse, parent) with a serious health condition.

Occupational Safety and Health Act (OSH Act)

OSHA governs occupational health and safety in the private sector and federal government to ensure that workers are protected against unsafe work environments and workplace hazards that can cause injuries, illnesses or death.

Pregnancy Discrimination Act (PDA)

PDA states that discrimination on the basis of pregnancy, childbirth or related medical conditions constitutes unlawful sex discrimination under Title VII.

New Jersey Bill S144

NJ Bill S144 requires physicians licensed to practice medicine in New Jersey are required to complete cultural competency training as a condition of re-licensure and as a component of medical school curriculum.

New Jersey Law Against Discrimination (NJLAD)

NJLAD prohibits employers from discriminating in job-related actions including recruitment, interviewing, hiring, promotions, discharge and compensation on the basis of *race, creed, color, national origin, nationality, ancestry, age, sex, AIDS/HIV and related illnesses*.

University Hospital embraces education as a core value, and supports initiatives that advocate programs that embrace cultural and linguistic competency. Examples of our hospital's commitment to these initiatives include:

- Bloodless surgery
- Religious accommodations and pastoral counseling
- Cultural dietary accommodations
- Volunteer medical interpreter services (including Language Line and Deaf Talk)
- Dedicated (contracted) translation services (example - Patients' Bill of Rights)
- Health Literacy (the "Ask Me" program)
- Commitment to reducing health disparities
- Embracing/reinforcing tenets of service excellence to enhance patient sati

Emergency Preparedness

Preparedness starts at home!

Ensure you have a plan for you and your family in the event disaster strikes.

The following sources provide an abundance of information regarding:

- ❑ What types of disasters can affect me and my family?
- ❑ Why should I create a disaster plan?
- ❑ How should I react during a disaster?
- ❑ What items should be contained in a disaster kit?
- ❑ How can I help others when disaster strikes?

Additional On-line Training and Educational Resources

UH - Center for Emergency
Preparedness and Response

www.uhnj.org/cepr/index.htm



www.state.nj.us/njoem



FEMA

www.fema.gov/emergency-managers/national-preparedness/training



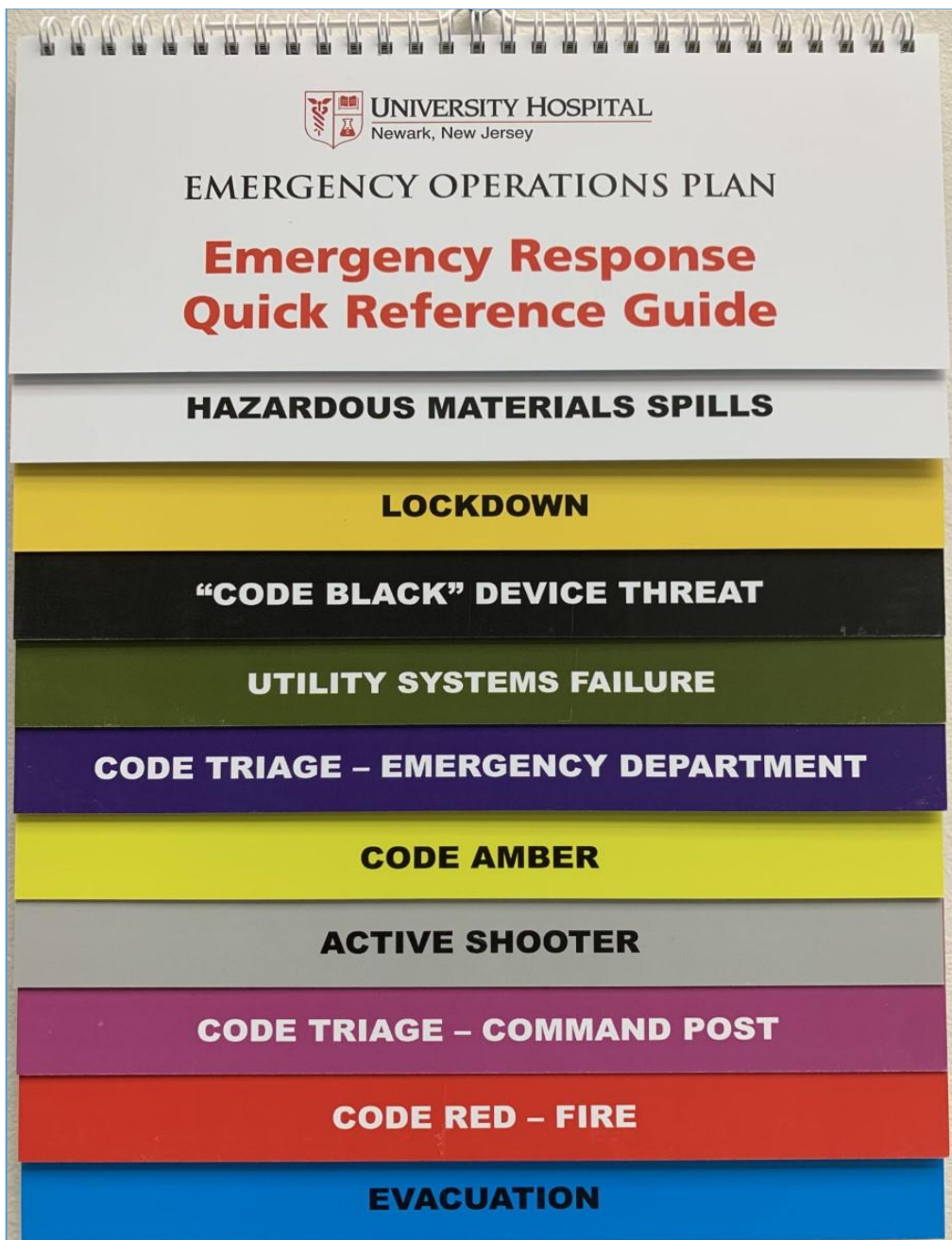
www.ready.gov



Michael Feravolo, CEM, CHEP
Coordinator, Emergency Management
(973)972-4668, fax (973)972-5788
feravomr@uhnj.org

Emergency Response Quick Reference Guide

- The Emergency Response Quick Reference Guide provides critical information and guidance on how to respond to emergent situations. The Quick Reference Guide serves as a supplement to the Comprehensive Emergency Operations Plan located on all Business Continuity Computers and within the MCN Policy Manager.
- The Quick Reference Guides are located throughout University Hospital's owned and operated buildings.



Emergency Preparedness

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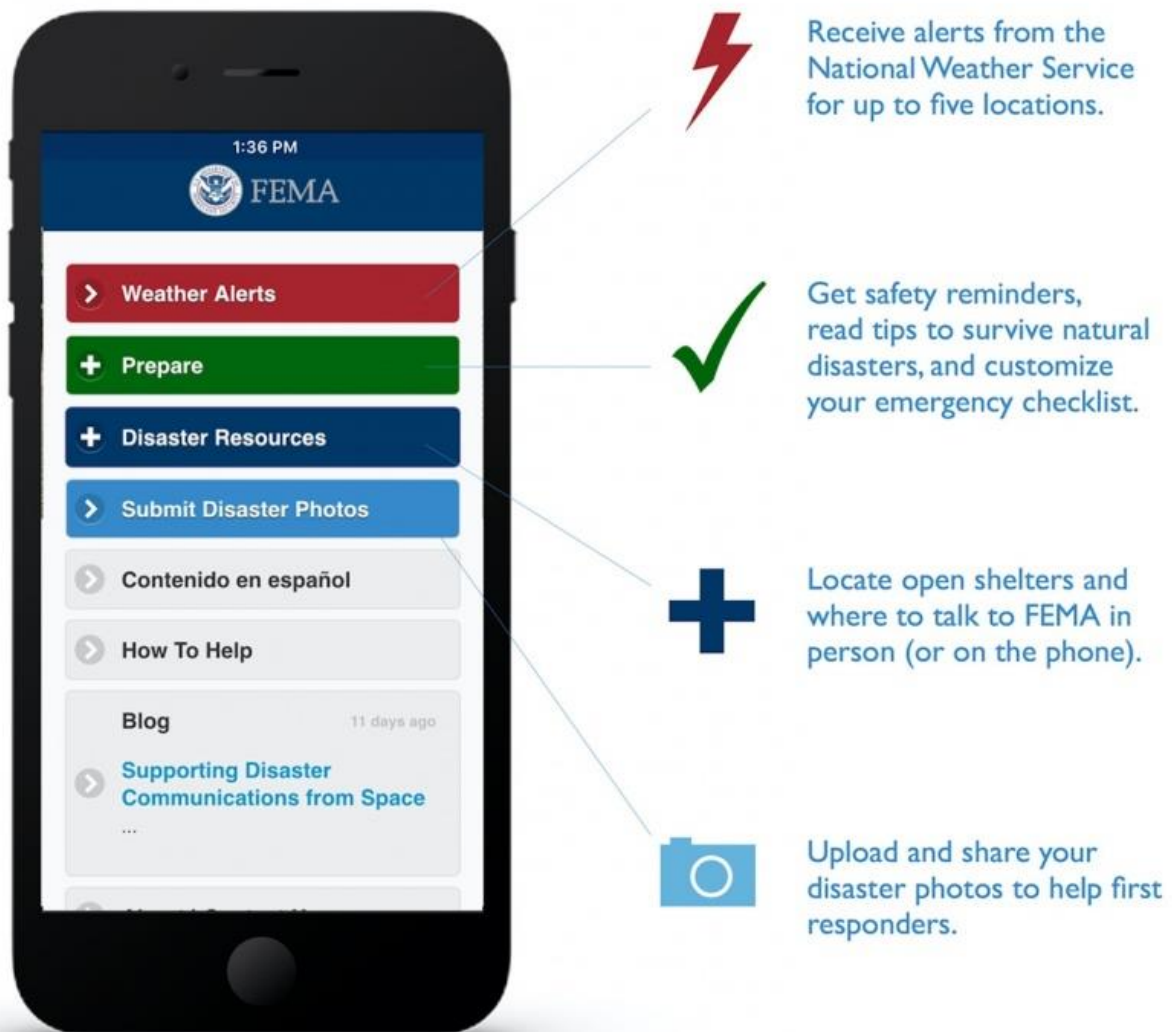
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- ❑ How should I react during a disaster?
- ❑ What items should be contained in a disaster kit?
- ❑ How can I help others when disaster strikes?

Michael Feravolo, CEM, CHEP
Coordinator, Emergency Management
(973)972-4668, fax (973)972-5788
feravomr@uhnj.org

The FEMA App: A simple and easy-to-use tool

- Receive fast and reliable weather alerts from the National Weather Service for up to five different locations nationwide.
- Learn how to prepare for emergencies and useful tips to keep you and your loved ones safe before, during and after disasters.
- Locate open shelters and disaster resource centers near you.
- Submit photos of damage in your area.
- Prepare your emergency kit, make a family plan, and set reminders.





RUN

When an active shooter is in your vicinity:

- > If there is an escape path, attempt to evacuate.
- > Evacuate whether others agree to or not.
- > Leave your belongings behind.
- > Help others escape if possible.
- > Prevent others from entering the area.
- > Call 911 when you are safe.

HIDE

If evacuation is not possible, find a place to hide.

- > Lock and/or blockade the door.
- > Silence your cell phone.
- > Hide behind large objects.
- > Remain very quiet.

FIGHT

As a last resort, and only if your life is in danger:

- > Attempt to incapacitate the shooter.
- > Act with physical aggression.
- > Improvise weapons.
- > Commit to your actions.

<https://www.facebook.com/READYNEWJERSEY/videos/active-shooter-response-training/1241196455897750>

University Hospital Environment of Care (E.O.C.)

Fire Incident Response Protocol



Upon hearing the Fire Alarm or the activation of the strobes, go behind a closed door. Do not continue to walk in the corridors.

Code Red is the code for a fire. Stay calm.

- **In the event of a fire or smell of smoke: Activate the nearest Pull Station then call 1-1-1,** this will connect you to the Call Center, clearly report the location of the fire/smoke.
- **Clear the corridors and elevator lobbies (NO ONE should be walking or standing in these areas, this includes; Patients, Visitors, Doctors, Residents, Volunteers and Vendors)**
- Each staff member should know the location(s) of the fire extinguishers on their unit. They are typically found by the stairwell and pull stations.
- Operate the pull station by simply pulling the handle in the down direction. In some areas you may notice a clear plastic case over it, simply lift it up and proceed to pull the handle down.
- Know the location of the stairwells.
- **NEVER** use the elevators in the event of a fire. Stairs are to be used!
- Before opening a door, be sure to feel the door and latch with the back of your hand, if it is hot do not open the door. If it is not hot, open the door slowly.
- All doors are to be closed to prevent the spread of smoke/fire.
- Know the fire response plan for your unit and where to evacuate to, if needed.

All staff members including Practitioners are expected to respond to fire alarm activations. They should follow the direction of the staff on the unit. Between the hours of 9 p.m. and 6 a.m. audible devices are not required to be activated during fire drills.

The Medical Gas Shut-Off Valves are located in the corridors; they are only shut off when given instruction by the Nursing Department and/or Respiratory Dept. Nursing and Respiratory Departments will ensure all patients on Medical Gases have been safely transferred from Piped Medical Gases to portable systems.

Fire/Smoke Barrier Doors will automatically close upon a fire alarm activation:

- on the **floor** of the fire alarm activation
- the floor **above** the fire alarm activation &
- the floor **below** the fire alarm activation

All other doors throughout the building must be manually closed.

<u>PASS:</u>	How to use a fire extinguisher
PULL:	Pull the pin between the 2 handles
AIM:	Aim the nozzle at the base of the fire
SQUEEZE:	Squeeze the handles together
SWEEP:	Sweep the extinguisher from side to side <i>When a fire extinguisher is discharged even for a few seconds, it must be removed and replaced with a fully charged extinguisher-bring the discharged extinguisher to A-220 or call 2-1500 to have it replaced.</i>
<u>RACE:</u>	
RESCUE:	Rescuing patients in immediate danger is your priority.
ALARM	Alarm never hesitate to sound the alarm. Remember to call out <u>“CODE RED,”</u> One person should pull the alarm and call 1-1-1 with the location as another co-worker rescues the patient. Teamwork is Essential.
CONTAIN	Once a fire alarm is initiated the smoke and fire doors will automatically close on the floor of the activation, on the floor above the activation and below the activation. <u>All other odors must be manually closed on every floor.</u> <ul style="list-style-type: none"> • Always keep door clear of obstructions • Never prop open the doors (It is a violation to use chocks to keep doors open) • Close all doors to limit oxygen to the fire and transfer of smoke • Stuff wet towels under the doors to keep smoke out
EXTINGUISH Or EVACUATE	If the fire is small, extinguish

An “ALL CLEAR” will be announced by the operator once the building has been declared safe by the Fire Department.

If actual fire occurs, the Pull Station must be activated even if the fire has been put out. The Fire Department must still come in to investigate the area and give an “All Clear”, declaring the area safe. If an actual fire has occurred the room/area is to be considered a forensic site and must be secured, this includes not discarding any items involved in the fire.

HAZARDOUS MATERIALS AND HAZARDOUS WASTE FACT SHEET

Environmental & Occupational Health & Safety Services (EOHSS)

HAZARD MATERIALS MANAGEMENT

- **Right-To-Know Training:** Staff who may be exposed to hazardous chemicals as part of their employment receive initial and biennial refresher Right-To-Know training through EOHSS as required by the Hazard Communication (HAZCOM) standard
- Departments provide specific training as needed or when changes occur in the department
- Safety Data Sheets (SDS) are accessible 24/7 on the UH intranet my.uhnj.org and located in A104 Call Center which is open 24/7
- **Laboratory Safety Training** is provided for laboratory employees on line through EOHSS
- In the event of a chemical or drug spill call **2-1500**

HAZARDOUS WASTE MANAGEMENT

- 1. Chemical Waste Accumulation and Disposal – EOHSS – 2-3411**
- 2. Infectious Materials and Regulated Medical Waste and Sharps**
 - Call 2-1500 for a pickup
 - Call EOHSS 2-3411 with questions
 - **Infectious Materials** training is provided by Infection Control
 - In the event of a blood or other infectious spill call **2-1500**
- 3. Chemotherapeutic Materials and Hazardous Drug Wastes – EOHSS call 2-3411**
 - In the event of a chemotherapeutic or other hazardous drug spill call **2-1500**
 - Place empty (TRACE) vials/bags/tubing of chemo waste in yellow containers
 - Place unused (BULK) containers of chemo waste or other hazardous drug waste in black containers
- 4. Radioactive Materials and Wastes – Radiation Safety**
 - Office of Radiation Safety Services Department administers the radioactive materials and waste program.
 - In the event of a radioactive materials spill call **2-1500.**

TRAINING

- Hazards materials (including HAZCOM and Lab Safety) and hazardous waste (including chemical, biological and pharmaceutical) refresher training is computer based through Health Stream. EOHSS provides classroom training as needed.

SECURITY FACT SHEET

Security Department operates 24 hours a day, 7 days a week and can be reached at the following number: Security Department - 2-5000

FOR ALL EMERGENCIES DIAL – 111
ALL CODES, ONE NUMBER ONE CALL!

Protect property by preventing theft:

- Limit access to restricted areas.
- Report hazards promptly.
- Use keys and electronic access codes properly.
- Secure your workstation if left unattended.

To protect your own personal property:

- Keep wallets and pocketbooks locked securely.
- Avoid carrying large amounts of cash.
- Avoid leaving valuables in your car.

If a theft occurs: Report it immediately and try to remember details about anyone you saw near or in the area (height, weight, distinguishing marks, etc.)

If violence occurs:

- 1) Protect yourself first, immediately notify Security (panic button or phone).
- 2) Help nearby patients and visitors stay calm.
- 3) Give the person what he or she wants, if possible.
- 4) Do not try to take away a weapon.

Identification Badges: All employees are always required to wear their employee identification badge.

Visitors: Visitors will be given a visitor's pass which they must always carry with them.

In the event of an Infant/Child Abduction:

- The hospital will be 'locked down' – not allowing anyone with an infant/child to leave the building until the missing person is found.
- Operator will announce "CODE AMBER".
- Be observant of people
- Call 1-1-1 if you notice anything suspicious.
- Infant/Child Abduction policy can be accessed at MCN Policy Portal

Security Escort:

Contact the Department of Security by calling extension 2-5000

- The Department of Security can provide a safety escort service for any employee, student or faculty from the main hospital and Ambulatory Care Center.
- The escort is available 24/7.

EVOLV Weapon Detection

- The EVOLV weapons detection system combines powerful sensor technology with proven artificial intelligence (AI) security ecosystem integrations to ensure safer, more accurate threat detection at an unprecedented speed and volume
- EVOLV is in the following areas:
ACC, ED Lobby, Ambulance Entrance, Main Lobby
- RU Police assigned to ED waiting area 24/7 and lobby entrance 16 hours/day.
- Employee entrance closed to direct all persons to enter through the detectors in the Main lobby & ED.
- Search process has removed contraband from entering the building

Evolv Express®



Panic Button

Staff should know the location of the buttons on their unit. Directors/Managers should identify the location of the devices to all new staff members/volunteers.

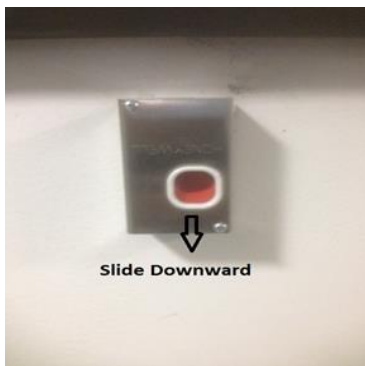
When the button is activated, the signal will go directly to Security Command Center. Security Officer will be immediately notified and respond for assistance.



Commonly located under the Nursing Station:

Insert your finger in the red button and slide **forward**, the red tab will protrude from the end portion of the panic button. The Panic Button has been activated.

It may be located on a wall, such as in the Cath. Lab or Pathology:



Insert your finger in the red button and slide **downward**, the red tab will protrude from the bottom portion of the panic button. The Panic Button has been activated.



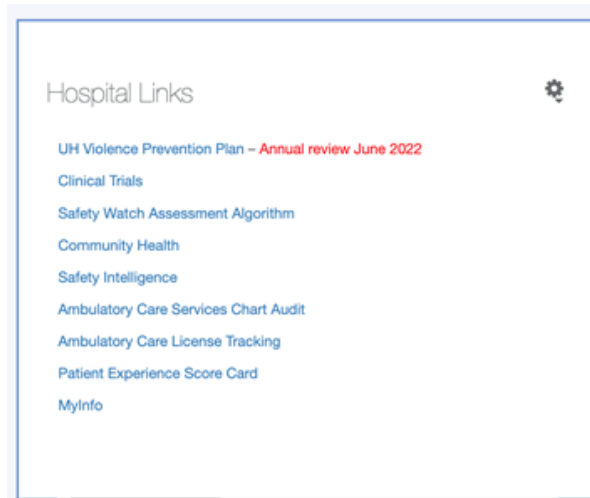
Insert your finger in the red button and slide **upward**, the red tab will protrude from the top portion of the panic button. The Panic Button has been activated.

Workplace Violence

The New Jersey (NJ) Violence Prevention in Healthcare Facilities Act is a State law that directs health care facilities in NJ, including hospitals, to create programs to combat physical violence or credible threats of violence against employees.

The UH Violence Prevention Plan 2022 has been added to the Hospital portal and to MCN.

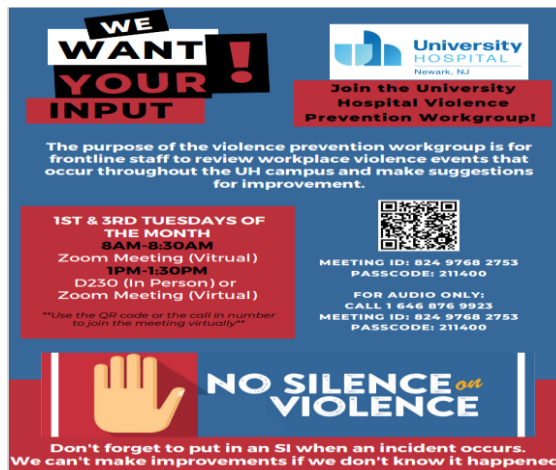
The link is in the "Hospital Links section" of the Welcome page on the portal (see screenshot below).



The Case Review Work Group of the Violence Prevention Committee is responsible for:

The review of de-identified, aggregated data that has been compiled for incident investigation reports by the appropriate department designated by the facility, to identify trends and, if needed, to make recommendations to prevent similar incidents.

This work group is open to all employees who would like to participate.



WE WANT YOUR INPUT!

University HOSPITAL
Newark, NJ

Join the University Hospital Violence Prevention Workgroup!

The purpose of the violence prevention workgroup is for frontline staff to review workplace violence events that occur throughout the UH campus and make suggestions for improvement.

1ST & 3RD TUESDAYS OF THE MONTH
8AM-8:30AM
Zoom Meeting (Virtual)
1PM-1:30PM
D230 (In Person) or
Zoom Meeting (Virtual)

MEETING ID: 824 9768 2753
PASSCODE: 211400

FOR AUDIO ONLY:
CALL 1 646 876 9923
MEETING ID: 824 9768 2753
PASSCODE: 211400

NO SILENCE out VIOLENCE

Don't forget to put in an SI when an incident occurs. We can't make improvements if we don't know it happened!

UTILITIES MANAGEMENT FACT SHEET

The Physical Plant department is responsible for implementing the utilities management program at University Hospital to include the following systems: emergency power, electrical power, heating and ventilation, air conditioning, fire protection and fire detection. A preventive maintenance program has been established and implemented for each of these components as well as for elevators, plumbing, boiler, and steam production and piped medical vacuums and gases.

Elevators

There is an emergency call button inside each elevator, which is used to call for assistance when the normal operation of the elevator is affected.

Emergency Generators

Emergency generators are University Hospital's back-up system when normal power fails and are tested monthly by the Physical Plant department.

- Emergency generators provide power instantaneously after power failure.
- All Department Directors/Managers are notified prior to testing.
- Lights may flicker when transferring to or from emergency power.
- Red receptacles are powered by the emergency generators

Hot Water Temperature

Hot water temperature is maintained between 105 to 120 degrees Fahrenheit and checked daily in-patient care areas.

Electrical Safety

Extension cords in lieu of fixed wiring is prohibited, however UL approved multi-outlet power strips with built-in fuse or circuit breaker protection may be used temporarily until such time as fixed wiring is installed.

Multi-outlet power strips may not be used to support appliances such as refrigerators, microwaves, and coffee pots. They are recommended for use with our computer systems.

Portable space heating devices are prohibited in all areas of the Hospital.

Emergency outlets are identified by a red colored cover plate.

All work requested for University Hospital Maintenance should be referred to the Work Control Center at extension 2-1500.

Electrical Safety

Safety Tips for Plugs and Receptacles:

- Electrical plugs **MUST** be pushed all the way into receptacles in wall sockets. Failure to do so could result in a fire.
- If the receptacle is loose and doesn't hold the plug tightly (plug sags or fall outs), notify the Call Center Immediately (2-1500) to have it replaced.
- Make sure all electrical cords are in good condition, if they are frayed or cracked, **Do Not** use them. Take the item **Out of Service** and notify the Call Center (2-1500).
- Do Not pull on cords - to disconnect the plug (**pull from the plug**).
- Cords should not be pulled tightly across (this may cause the plug to come out of the receptacle or partially come out, leaving the prongs exposed).
- Cords should not be kinked or twisted.

Work Control Center at extension 2-1500.



MEDICAL EQUIPMENT FACT SHEET

What is medical equipment?

Medical equipment is used for the specific purposes of life support and monitoring, diagnosis, treatment of disease or rehabilitation following disease or injury; it can be used as stand alone or in combination with any accessory, consumable or other piece of medical equipment.

Equipment Maintained by Clinical Engineering Include:

- EKG machines, infusion pumps, anesthesia machines
- Ultrasound machines, defibrillators, ventilators, infusion pumps
- X-ray machines, patient bedside monitors, blood pressure monitors
- Sterilizers, surgical lasers

Equipment Not Maintained by Clinical Engineering Include:

- Office machines
- Wheelchairs
- Patient beds*

*Physical Plant Maintenance Department repairs equipment such as beds, tables and stretchers.

Who do I call when medical equipment breaks?

Call the **Hospital Call Center** for equipment repairs at **2-1500**

How do I know that the **medical equipment I work with is safe to use?**




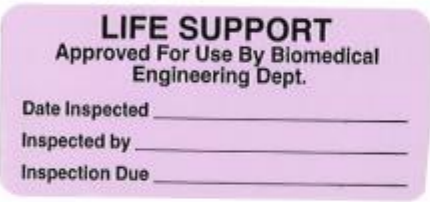



All hospital medical equipment is safety checked and tagged with an inspection sticker by Clinical Engineering.

Maintenance Preventive Maintenance (PM) for medical equipment includes safety and function checks.

The PM schedule varies depending on the type of equipment and the manufacturer requirements, e.g. once a year for most medical devices, every six months for defibrillators.

There are no yearly maintenance requirements for certain items. Only a safety check is performed when the unit is first installed and whenever the item is brought to Clinical Engineering for repair. These items include, but are not limited to scales, exam tables, otoscopes, and thermometers.

Types of Labels Found on Medical Equipment and Tracked by Clinical Engineering

 <p>UNIVERSITY HOSPITAL CLINICAL ENGINEERING DEPT 5 5 7 1 8</p>	<p>Asset number label assigned to hospital owned equipment for inventory purposes.</p>
 <p>UNIVERSITY HOSPITAL CLINICAL ENGINEERING DEPT. 94859</p>	<p>Asset number assigned to non-hospital owned (long term leased equipment) for inventory purposes.</p>
 <p>Approved For Use By Clinical Engineering Dept. Date Inspected _____ Inspected by _____ Inspection Due _____ BE294</p>	<p>Inspection label affixed to signify inspection and preventive maintenance work was done to the medical equipment. (Color varies from year to year).</p>
 <p>LIFE SUPPORT Approved For Use By Biomedical Engineering Dept. Date Inspected _____ Inspected by _____ Inspection Due _____</p>	<p>Inspection label affixed to signify Life-Support equipment preventive maintenance (Defibrillator, Ventilator, Anesthesia Machine).</p>
 <p>Non-Hospital Owned Equipment Safety Check This device safe for intended use under normal operating conditions at the time of inspection. _____ Date _____ Initial _____ UH- NON-HOSPITAL OWNED DEVICE CLINICAL ENGINEERING DEPT * N H O D 1 5 0 0 0 *</p>	<p>Inspection label affixed to signify that inspection was performed on non-hospital owned medical equipment (Loaner, Rental Demonstration and Patient owned equipment and valid).</p>
 <p>CLINICAL ENGINEERING DEPARTMENT THIS EQUIPMENT SERVICED BY OUTSIDE VENDOR</p>	<p>Label affixed to signify that the equipment is under service contact with outside vendor, who is responsible for the repair, inspection, and preventive maintenance work.</p>
 <p>ROUTINE INSPECTION NOT REQUIRED. REF: CLINICAL EQUIPMENT MGMT. PLAN</p>	<p>Label affixed to no risk equipment to signify that routine inspection is not required.</p>

What should I do if I discover **an alarm sounding** on a piece of medical equipment?

Alarms alert staff whenever there is a problem involving the patient or the equipment itself. If you discover an alarm is sounding on a piece of medical equipment or if you suspect a patient is having trouble, immediately notify a member of the Nursing or Medical staff so that appropriate follow-up can occur. **DO NOT ATTEMPT TO SILENCE THE ALARM.**

What should I do if the **equipment malfunctions** during patient use?

- Turn off the equipment and disconnect patient **except** if device provides life support. If equipment provides life support such a ventilator, call for assistance
- Isolate and tag the item, note that the item was involved in an incident, be sure to save and bag all accessories such as cables and tubing
- Do not attempt to remove wall mounted equipment, simply tag it
- Call Clinical Engineering at 2-1500; Have your manager notify Risk and claims
- Submit an incident report to Risk and Claims; Do not tamper with the equipment
- Do not allow anyone except Clinical Engineering to adjust or repair the item

What **personal devices** are **NOT allowed** into University Hospital?

Hotplates, Toasters, Toaster Ovens, Electric Frying Pans, Woks, rotisseries, fans, space heaters

Can I use my cellular phone in the Hospital?

Cellular phone use is prohibited in many patient care areas of University Hospital. Prohibited areas are marked with signs. Radio frequency transmitting devices such as cellular phones can interfere with some medical equipment such as cardiac monitors, intravenous pumps, etc.

Remember.... ALL medical equipment, including outside equipment brought in by vendors, must be checked by Clinical Engineering before it is placed into service or used on a patient.

UH Office of Ethics & Compliance
(973) 972-3450 Helpline: (855) 431-9966

A University Hospital compliance program has been established to define and govern the conduct expected of employees, to provide guidance on resolving questions related to business conduct and ethical issues, and to establish a mechanism by which employees can report violations. When providing patient care and serving community need, UH conducts business with complete integrity.

Office of Ethics and Compliance

Phone: (973) 972-3450

Fax: (973) 972-0005

Email: uhethics@uhnj.org

Location: Stanley S. Bergen Building
65 Bergen Street; Suite 1214
P.O. Box 27050, Newark, NJ 07101-6750

University Hospital is committed to an environment where open, honest communications are the expectation, not the exception. We want you to feel comfortable in approaching your supervisor or management in instances where you believe violations of policies or standards have occurred.

In situations where you prefer to place an anonymous report in confidence, you are encouraged to use this hotline, hosted by a third-party hotline provider, EthicsPoint. You are encouraged to submit reports relating to violations stated in our [Code of Conduct](#), as well as ask for guidance related to policies and procedures.

The information you provide will be sent to the Office of Ethics and Compliance team by EthicsPoint on a confidential or, if you so choose, an anonymous basis. We assure you that your concerns will be thoroughly promptly investigated. At UH, we do not support or allow retaliation against our employees for reporting their concerns in good faith.

Report a complaint by calling the UH Compliance Helpline Number **1 (855) 431-9966**

File a complaint Online (<https://uhcompliancehelpline.alertline.com>)

It's important to remember when working at UH, that you read our policies on using your phone, taking photographs, social media, visiting patients, and keeping the privacy of your fellow colleagues safe when they are treated at the hospital. In short, here are some guidelines:

- Do not take photographs or videos or use video/phone applications while at work where patients or patient information can be viewed.
- Do not post information about patients or their information on social media sites without the consent of leadership. Remember to ensure your opinions do not appear to represent the hospital's opinions in public.
- You are not allowed to make social visits to patients, including your work colleagues who are patients, while working or off duty visiting, without obtaining a visitor's badge. You cannot use your work badge.
- You should never look up your own information, your co-worker's information, or anyone else's information you are familiar with or just for curiosity without an appropriate work-related reason to access their and your own information. To access your own information, you should use your MyChart feature.
- Keep PHI secured at all times. Dispose papers with PHI in shredders only, including armbands, written patient lists for the day, stickers for medicine or IV bags, and notes.



Infection Prevention

Infection Prevention and Control at University Hospital - It's Critical!

Infection prevention and control is one of **the** most important practices in any hospital.

All sorts of communicable diseases, including blood-borne pathogens, TB and multi-drug resistant organisms can be spread from patient-to-patient, patients-to-staff, staff-to-patients and even among staff and visitors.

That's why learning to prevent or contain infection is extremely important.

University Hospital's Infection Prevention and Control Department is focused on preventing healthcare-associated infections and containing existing infections. This is accomplished through strict adherence to a variety of hospital protocols.

But it's up to us! All of our prevention and control strategies are meaningless if University Hospital employees don't do their part. It can't be emphasized enough: You are the star of the University Hospital Infection Prevention and Control program and you determine whether it is successful or not.

How Can We Stop The Spread of Infection?

There is much you *can* and *should* do to prevent the spread of infection at UH. **Let's get busy!**

Clean Your Hands!

The *single* most important thing YOU can do to prevent infection is to perform hand hygiene with either alcohol hand sanitizer or soap and water. **This goes for everyone!**

Important Tips:

- Always follow the 5 Moments for hand hygiene (this will be explained in detail during the hand hygiene part of orientation)
- Perform hand hygiene before and after patient contact, and/or contact with environmental surfaces in the patient's room
- Wash your hands with soap and water after contact with patient on Special Contact precautions, when hands are visibly dirty or soiled with blood or other body fluids or after using the toilet.

- Hand Sanitizer – apply for 20-30 seconds

Soap and Water – wash for 40-60 seconds.

Time yourself by singing "Happy Birthday" to yourself **(maybe others will join in!)**

- Use hand sanitizer if hands are not visibly soiled.
- Do not wear artificial nails or extenders, if you are a patient care provider or prepare items used on or by patients or clean patient environment

Get the Flu Vaccine

It is still the most effective way to prevent the flu. **It is mandatory at University Hospital except if an exclusion is made.** Employee Health Services provides free flu vaccine to employees. For more information call at 2-3066.

Wear PPE - Educate Visitors When/How to Wear PPE

Also known as Personal Protective Equipment, this is basically "barrier" clothing or equipment which protects healthcare professionals from being exposed to and/or spreading infection. Some of these items include gloves, masks, eye protective glasses and gowns.

Remember...

- Cover your Operating Room scrubs if you are wearing them outside of the OR or the procedure area.
- Remove booties, masks, surgical bouffant or caps and discard appropriately if leaving the OR.
- Do NOT wear booties, surgical bouffant, caps or masks, etc. to the cafeteria, in the elevator or when walking the hallways, etc.

Post Appropriate Isolation Signs On Room Doors...

When a patient has an infection that could spread to others.

Date and Cover Opened Food in the Patient Food Refrigerators...

To alert you to what items are fresh - or need to be tossed.

Place Soiled and Ripped Linen in the Correct Receptacle - Cover and Maintain an Appropriate Fill Level

Ripped linen - goes into the "Reject Bag" (if it is not soiled).
Soiled linen - goes into the "Soiled Linen Bag."

Call 2-1500 to Report....

Any major infection control issue requiring Maintenance or [Environmental Services action \(e.g.dust/debris in the air vents, empty/broken soap or sanitizer dispensers or stained or misplaced ceiling tiles\).](#)

Use the Correct Garbage Bag

Use the “Clear Bag” for regular trash.

Use the “Red Bag” for Regulated Medical Waste only.

What is Regulated Medical Waste (RMW)?

RMW is waste that is contaminated with blood or body fluids that may transmit communicable disease and requires special handling for disposal

Examples:

Clear Bags: Everyday garbage

IV tubing that has a streak of blood

Emptied foley bags

Red Bag: Empty blood transfusion bags

Visibly bloody gloves

Note: Very little goes into the Red Bag. The rule of thumb is: if something is so saturated with blood it could be wrung out, it goes in the Red Bag. Everything else goes into the Clear Bag.

What Surgical Care Practices Minimize the Risk of Infection?

- Use clippers or depilatory if hair removal is required to prep operative site.
- **Never use razors;** use of the word **shave** in medical record implies razors were used.
- Ensure appropriate selection, time and duration of antibiotic for surgery type.
- Maintain appropriate glucose and temperature levels.

We - ALL OF US - Need to be More Accountable!



Taken in part from “Making Hospital Staff Accountable for Patient Experience” by Chelsea Rice, for Health Leaders Media, March 4, 2013

An organization's culture, despite what's written on its mission statement, is the collective body of its staff's behavior. Patients' ongoing interactions with hospital staff create hundreds of opportunities to leave impressions, both positive and negative.

There needs to be more accountability in healthcare...

In healthcare, the staff is on a stage, and the patients are the judging audience, armed with patient and satisfaction surveys that are **publicly viewed!**

How Can We Prevent Central Line Infections?

Each year, an estimated 41,000 central line-associated bloodstream infections (CLABSI) occur in U.S. hospitals. These infections are usually serious and often increase length of stay, increase medical costs and most importantly, increase the chance that a patient could die.

You can help prevent Central Line-Related Blood Stream Infections (CLABSI), Catheter Associated Urinary Tract Infections (CAUTI), and Ventilator Associated Pneumonia (VAP) by remembering to “**BUNDLE UP**” to prevent infections.

CLABSI Bundle:

Prevent Central Line-Related Blood Stream Infections (CLABSI), by implementing this “BUNDLE.”

- Wash hands
- Use the custom kit
- Wear full barrier protection
- Optimal catheter site selection, with subclavian vein as the preferred site
- Chlorhexidine skin antiseptics
- Full body drape
- Document the checklist
- Daily review of line necessity, with prompt removal of unnecessary lines
- Investigate circumstances if infection develops

CAUTI Bundle:

Prevent Catheter Associated Urinary Tract Infections (CAUTI) by implementing this “BUNDLE.”

- Aseptic insertion and proper maintenance is paramount.
- Bladder ultrasound may avoid indwelling catheterization.
- Condom or intermittent catheterization in appropriate patients.
- Do not use the indwelling catheter unless you must!
- Early removal of the catheter using reminders or stop orders appears warranted.

VAP Bundle:

Prevent Ventilator Associated Pneumonia (VAP) by implementing this “BUNDLE.”

- Elevate the Head of the Bed 30-45 degrees
- Implement daily Sedation Vacations”
- Assess patient ability to breathe on their own to determine patient readiness to extubate
- Ensure Peptic Ulcer Disease Prophylaxis to prevent stomach ulcers from developing
- Ensure appropriate Deep Venous Thrombosis Prophylaxis to prevent blood clot.

De-Clutter, Deep Clean and Organize!

Who is Responsible for University Hospital's Infection Prevention and Control Program?

Staff involved with implementing the infection control program include:

- Wina Padilla BSN, RN CIC- Director Infection Prevention & Control
 - Nimfa Dagunton BSN, RN, CIC – Supervising Infection Preventionist
 - Monica Carter MS, RN, CIC – Infection Preventionist
 - Derrick Sieck MPH -Infection Preventionist
 - Debbie Hughey –Infection Prevention Technologist
- They are located on UH, G100. Phone 2-5790



WASH YOUR HAND

University Hospital Quality Improvement Department Patient Safety

Quality patient care and safety are a shared responsibility of everyone. The Quality Improvement Department is committed to providing quality health care service to all patients in the safest manner possible. The outcomes of patient care and safety are continually measured, assessed and improved. Quality Improvement and patient safety priorities are set annually and an interdisciplinary, collaborative approach is used to continuously improve process and outcomes of care. University Hospital participates in the national quality agenda: improving care for Heart Failure, AMI, Pneumonia, Stroke and VTE Prevention. The Patient Safety Goals include reducing harm to hospitalized patients, including preventing Catheter-associated UTIs, Surgical Site Infections, pressure injuries, falls and VTEs and reducing readmissions by ensuring smooth transitions of care.

Our QI Team includes a Quality Director, Quality Manager and QI Specialists who serve as QI Consultants for the hospital and medical staff by providing guidance in the use of PI tools and concepts for designing effective unit and department improvement projects. They also serve as facilitators for the multidisciplinary teams that are chartered to improve outcomes and patient safety in order to meet our hospital quality and safety goals and to achieve national recognition for excellence in patient care. Measurement and evaluation are essential to a data-driven quality improvement program and these functions are carried out by a Sr. Outcomes Evaluation Specialist and data support staff. A monthly dashboard is produced for the hospital community, Quality Pulse, that captures the key quality and safety performance metrics and our progress in meeting our goals. We participate in a national comparative clinical database that is used to establish benchmarks and performance overtime is analyzed through the use of control charts using the statistical process control methodology.

Patient Safety

“Putting Patients First...Keeping Patients Safe” is the Patient Safety program “motto”. As part of the Quality Improvement Department, patient safety is an ongoing effort led by two Patient Safety Analysts. All adverse patient events are reported via an online system called Safety Intelligence (SI). All staff at University Hospital has access to SI via computers in clinical areas and via the hospital portal. Depending on the type of event, a Root Cause Analysis (RCA) may be completed; some events and RCA results are reported to the NJ State Department of Health.

Patient Safety Analysts provide guidance in risk reduction of serious preventable errors and near misses in the delivery of health care. They work to develop and implement the hospital Patient Safety Plan, conduct Failure Mode and Effects Analysis (FMEA) to prospectively analyze risk and development of risk reduction strategies, and coordinate UH safety activities with relevant UH medical staff committees. On a daily basis, our analysts work closely with hospital staff of all levels in an effort to further our culture of safety.

**Questions? Contact the Department of Patient Safety
Extension 2-9317 UH/B2**

Safety Intelligence (SI)

Safety Intelligence is an electronic event reporting database maintained by Vizient®, in conjunction with University Hospital, for reporting, tracking, and trending patient safety events.

Enter an SI event whenever an unexpected occurrence or variation in care occurs that places, has placed or may place a patient in harm.

HOW TO ENTER A SAFETY INTELLIGENCE (SI) EVENT

FROM CLINICAL LINKS



Mandatory fields are noted as *

Tips

- Clinical links is located on each computer in all patient care areas.
- You are encouraged to note your role (Reporter Role). However, you may enter an SI anonymously if preferred.
- The system will automatically log out after 15 minutes. There is no Save function.
- Use SBAR to describe the event: situation, background, assessment, recommendation.
- Enter a factual account of what happened, avoid accusations.
- Describe any factor you feel may have contributed to the event.
- Focus on patient safety, always keeping the patient in mind.

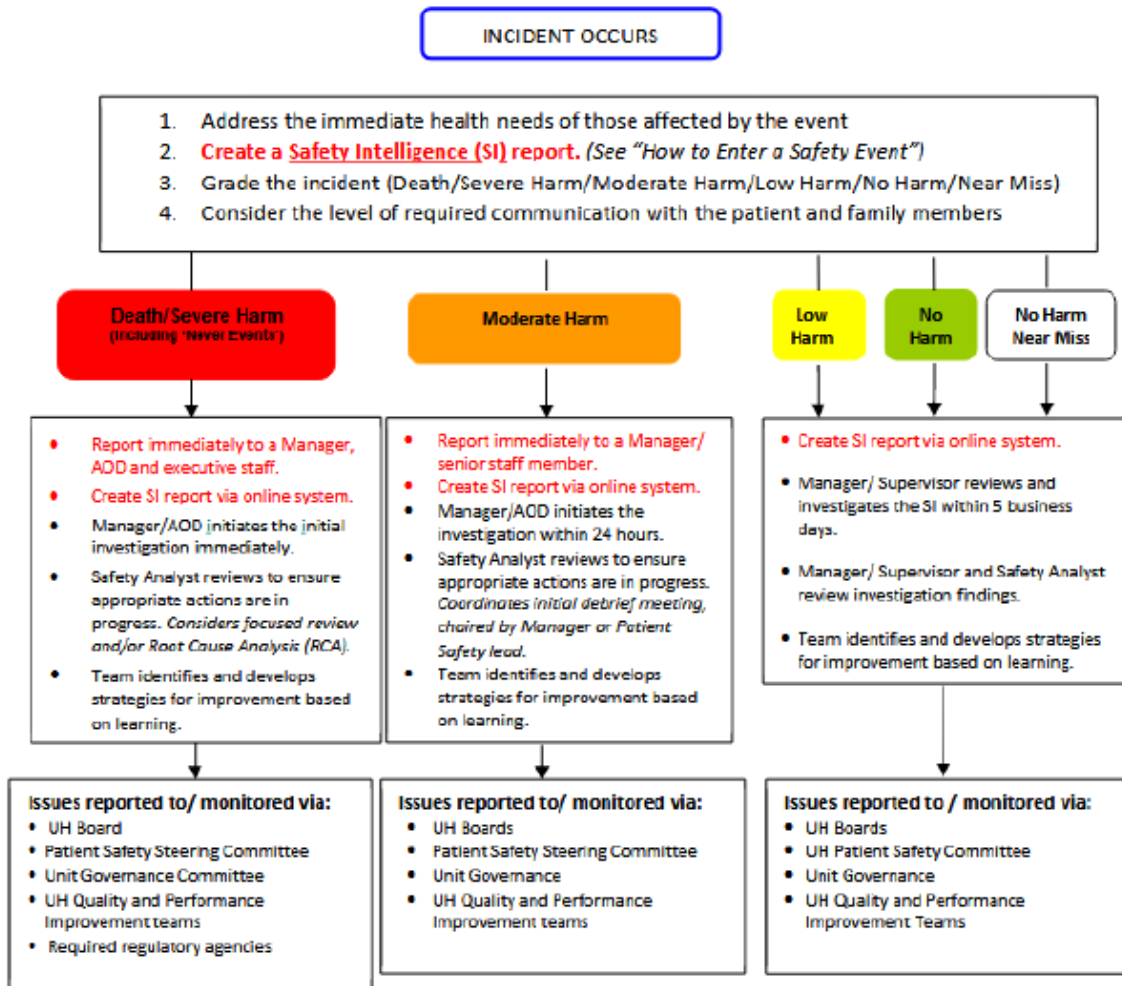
Harm Score: Click on ? for a list of harm scores

To receive feedback, include your name & email

Questions? Call Patient Safety at 2-9317 or 2-1530.

The guide below is a summary of actions required during adverse events. This does not negate the need for those involved in the process to be aware of and follow the detail of the Adverse Event policy.

PROCESS FOR THE REPORTING AND MANAGEMENT OF AN ADVERSE EVENT (AE)



If you would like to receive follow up on the SI report you created, you may select this option when entering the SI online. Feedback will be provided to you at the conclusion of the event investigation.

Questions? Call Patient Safety at 2-9317 or 2-1530.

ABUSE AND NEGLECT

As an employee of University Hospital, there may be times when you come into contact with a patient who may show signs of possible abuse or neglect. The following information provides some basic information about the behavioral and physical indicators of abuse and neglect. It is important that you report your concerns to your supervisor and request a Social Work consultation so that the concerns are explored and reported to the appropriate authorities.

ABUSE

Abuse is physical, sexual, or emotional harm or risk of harm to a child under the age of 18 caused by a parent or other person who acts as a caregiver for the child.

Physical Indicators:

- Unexplained bruises and welts
- Unexplained burns, sometimes in the shape of an object
- Multiple fractures sometimes in various stages of healing
- Unexplained lacerations

Behavioral indicators:

- Child being wary of adult contacts
- Fearful of parents
- Reports of injury by parents

SEXUAL ABUSE

Physical indicators:

- Difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Pain or itching in genital area
- Bruises or bleeding in external genitalia, vaginal, or anal areas

Behavioral Indicators:

- Unwilling to change for gym or participate in physical education
- Withdrawn, fantasy or infantile behavior
- Bizarre, sophisticated or unusual sexual behavior or knowledge
- Poor peer relationships
- Delinquent or runaway
- Reports sexual assault by caregiver

NEGLECT

Neglect occurs when a parent or caregiver fails to provide proper supervision for a child or adequate food, clothing, shelter, education or medical care although financially able or assisted to do so.

Physical Indicators:

- Consistent hunger, poor hygiene, inappropriate dress
- Unattended physical problems or medical needs
- Consistent lack of supervision
- Constant fatigue or listlessness

Behavioral indicators:

- Begging, stealing food
- Extended stays at school
- Alcohol or drug abuse
- Delinquency
- Falling asleep in class

IDENTIFICATION AND REFERRAL

All cases of suspected abuse and neglect must be immediately reported to the Division of Child Protection and Permanency (DCPP). DCPP has legal responsibility for investigating and processing cases of suspected child abuse, neglect or abandonment.

- ☒ Within the hospital setting a call is made by or on behalf of the physician or Hospital Administrator to the Division of Child Protection and Permanency (DCPP) which provides a 24 hour emergency hotline 877-652-2873.
- ☒ Our social workers are an integral part of this process and are available seven days a week to assist with this process.
- ☒ Hospital staff who have particular concerns around abuse and neglect should discuss them with their immediate supervisors.
- ☒ There are specific processes that occur in areas of the hospital for evaluation and referral.
- ☒ Any person who in good faith, makes a report of child abuse or neglect or testifies in a child abuse hearing resulting from such a report is immune from any criminal or civil liability as a result of such action.
- ☒ Calls can also be placed to the hotline anonymously.
- ☒ State of New Jersey/Department of Children and Families: <http://www.nj.gov/dcf/index.shtml>

ABUSE/NEGLECT OF AN ELDERLY INDIVIDUAL OR VULNERABLE ADULT

Elder abuse is when physical, psychological, sexual or financial harm is brought to a vulnerable/elderly adult. Caregiver neglect occurs when the vulnerable/elderly adult's basic needs are not being provided for adequately.

Financial abuse or exploitation may occur when a vulnerable adult is grossly overcharged for goods or services or otherwise cheated out of their money. This financial exploitation/abuse can also occur when a family member takes advantage of another family member.

Vulnerable adults may also be at risk due to self-neglect. Sometimes they are unable to care for themselves properly due to mental or physical illness. (We often see this with people who have dementia. Sometimes rapidly or over a period of time they become unable to manage their bills, stop doing laundry, bathing, etc. They often cannot seek help because they lack the awareness to do so.)

Identification and Referral

- ② Adult Protective Services programs are established in every NJ County to receive and investigate reports of suspected abuse, neglect and exploitation of vulnerable adults living in the community.
- ② Reports can be made anonymously.
- ② When a report is received the agency will send out a trained worker to the alleged abused person's home to assess the validity of the report.
- ② If you are aware of, or suspect, abuse neglect or financial exploitation of a vulnerable adult living in the community, you should contact your local APS agency.
- ② Based on their assessment, the worker will take steps to identify and put in place those services that can help protect the vulnerable adult.
- ② Within the hospital setting the social worker generally does the assessment and planning of services. If the patient will be returning home, the social worker will place a call to APS upon discharge.
- ② New Jersey Department of Health and Senior Services: www.state.nj.us/health/senior/aps.shtml

DOMESTIC VIOLENCE

Domestic Violence is control by one partner over another in a dating, marital, or live in relationship. The means of control include physical, sexual, emotional, and economic abuse, threats, and isolation.

Who is Affected by Domestic Violence?

- Every culture, ethnic and age group.
- All socioeconomic, educational and religious backgrounds.
- Same sex as well as heterosexual relationships.
- Children (indirectly)

Information to share with a Domestic Violence Victim:

- Call the police if you are in danger and consider filing a restraining order.
- Call the National Domestic Violence Hotline (1-800-799-SAFE), your state domestic violence coalition, and/or a local domestic violence agency.
- Tell your physician, nurse, social worker, psychiatrist, about the abus

University Hospital Key Contacts

Operator	(973)972-6000
Admitting	(973) 972-4044
Cafeteria Talking Menu	(973) 972-4023
Chaplaincy Services	(973)972-1943
Emergency Department	(973) 972-5123
Environmental Health & Safety (HAZMAT)	(973) 972-3411
Ethics and Compliance	(973) 973-6274
Human Resources	(973) 972-3252
HR – Benefits	(973)972-2451
HR – Employment	(973)972-9385
HR – Labor Relations/Workplace Diversity	(973)972-4069
HR - Learning and Organizational Development	(973) 972-9391
IST Helpdesk	3-3200
Medical Records	(973) 972-5608
Nursing Office	(973) 972-5677
Outpatient Appointments	(973) 972-9000
Patient Relations	(973) 972-6410
Patient Safety	(973) 972-6373
Payroll Manager	(973)972-1200
Physician Relations	(973) 972-1238
Pre-Admission Testing	(973) 972-2999
Public Affairs	(973)972-6273
Public Safety	Allied Universal Security UH (973)972-5000/Rutgers (973) 972-4490 or 222
Social Services	(973) 972-5842
Web Portal	www.my.uhnj.org
Work Orders and Support Services Call Center	(973) 972-150

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(p. 50-57)**

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