# TEMPLE UNIVERSITY HOSPITAL RESOURCE GUIDE – 2011

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Introduction

This Resource Guide is a collection of useful information compiled to serve as a reference to you, as an employee, physician, resident, or volunteer of Temple University Hospital (TUH), Temple Episcopal Campus (TUH-EC), and Temple Northeastern Campus (TUH-NEC).

The Guide covers topics that are relevant to most staff in their day-to-day activities. Its purpose is to provide access to quick answers to common questions. It is not considered to be a full explanation of the topic. You should refer to the on-line policy for that. Ultimately, it will serves as a guide in providing a continued high level of safe, quality healthcare to our patients. Questions or comments related to the content of this book may be referred to the Temple University Hospital Regulatory Office at (215) 707-0188.

Our Mission

In furtherance of the Temple University Health System Mission, the mission of Temple University Hospital is to provide access to the highest quality of health care in both the community and academic setting. We support Temple University and its Health Sciences Center academic programs by providing the clinical environment and service to support the highest quality teaching and training programs for health care students and professionals, and to support the highest quality research programs.

Temple University Health System Vision

Our vision is to become the premier health system and the employer of choice in the Philadelphia Region.

Temple University Health System Core Principles

Systemness, Professionalism, Openness, Resourcefulness, Integrity, Diversity, Leadership.

Our Values

Our mission is achieved through our shared values, which shape and influence all of our decisions and actions. These values are:

- Respect
- Service
- Quality

Temple University Hospital’s Service Standards

Teamwork

While at Temple University Hospital, it is important to realize that work is generally accomplished through teams in which you play a vital role. A team is defined as a group of individuals working
together toward a common purpose or goal. Temple University Hospital as an organization is a team, but your department is also a team. Each committee you interact with or each project you may work on is considered a team. As a member of a team, we each deserve respect since everyone’s contribution is vital. We work together at Temple University Hospital in a collaborative environment to achieve success through the knowledge, skill, and dedication of our entire staff.

**Unit / Department Staff Meetings**

Each department/unit holds staff meetings. If you are unable to attend, you should check with your supervisor and review the agenda and minutes of the meeting. Discussion topics may include the review of regularly published “Temple Tips” on regulatory and patient safety issues.

**Code of Conduct and Corporate Compliance**

TUHS requires that all employees act in accordance with its Code of Conduct and the laws, rules, and regulations applicable to TUHS and Temple University Hospital campuses. The Code of Conduct sets forth general principles for treating all patients, visitors, physicians, employees, volunteers, and students with dignity, respect, and courtesy.

The Code of Conduct requires that employees provide patient care and perform business practices in an honest, decent, and proper manner. These requirements are consistent with the mission, vision, strategic initiatives, values, performance improvement plan, patient safety plan, and the policies and procedures of TUHS and Temple University Hospital campuses.

Corporate Compliance is an internal process that promotes adherence to all applicable federal, state, and local laws and regulations. Its purpose is to identify and prevent inappropriate/unethical/criminal conduct. All employees are responsible for their own actions. The Compliance Program also monitors conformance with the Code of Conduct.

Questions or concerns about the TUHS Corporate Compliance Program may be addressed to the TUHS Corporate Compliance and Privacy Officer at **(215) 707-5605**.

To report compliance problems call the Compliance Hotline at **(800) 910-6721**.

**Non-Punitive Work Environment**

Temple University Hospital prohibits any retaliatory action against any employee who, in good faith, reports a serious event or incident to external regulatory/accreditation agencies. Employees involved in adverse events will not be subject to disciplinary or retaliatory action except when:

- the event is not reported;
- the event involves sabotage, malicious behavior, chemical impairment, or criminal activity; or
- false information is provided on report of investigation.
TUH Operations Center

TUH Operations Center serves as the 24/7 centralized ‘hub’ for the oversight and management of all operations within the Hospital – both clinical and non-clinical. It is available to respond in ‘real-time’ to situations and questions that need the additional support of on-site administrative assistance. The Operations Center is staffed by an in-house Administrator who will supplement the responsibilities of on-site nursing clinical coordinators, managers and directors, and will work in tandem with the Administrator-on-Call.

The TUH Operations Center is housed in the 1st floor Nursing Resources/Staffing Suite, zone “B” of TUH, and can be accessed by calling (215) 707-7395 or (215) 707-7396.

Escalation of encountered issues which require immediate attention **Monday – Friday 7:00AM – 5:00PM contact the Manager of the department via the Page Operator.**

Escalation of encountered issues which require immediate attention **Monday - Friday 5:00PM – 7:00AM Weekends and Holidays, follow the escalation workflow below:**

**ALL NURSING DEPARTMENTS**
- Contact Nursing Coordinator/Supervisor via Page Operator
  - **NO RESOLUTION WITHIN 10 MINUTES\* ESCALATION**
  - Director of Nursing on Call
    - **NO RESOLUTION WITHIN 10 MINUTES\* ESCALATION**
    - Escalation to Administrator on Call via Page Operator

**ALL NON-NURSING DEPARTMENTS**
- In House Supervisor
  - **NO RESOLUTION WITHIN 10 MINUTES\* ESCALATION**
  - Evening/Night Administrator
    - **NO RESOLUTION WITHIN 10 MINUTES\* ESCALATION**

\*NO RESOLUTION WITHIN 10 MINUTES ESCALATION
Policies and Procedures

Each department/unit/site has policies and procedures that are specific to that site. There are policies and procedures for the topics listed in this book. Hospital administrative and departmental policies and procedures are available on line and can be accessed through the “Policies & Key Documents” icon on your computer desktop or log on to Temple University Health System Employee Site, click on the “Administrative” tab, click on “Policies & Key Documents,” select policy folder, and click on the desired policy. You can also search for the desired policies. There is an information sheet about using this site on the right hand side of policy home page. You can also access the hospital wide policies and procedures by using Citrix from outside the organization at http://access.templehealth.org under the Web Site column, and click on “Policies & Key Documents.”

Performance Improvement

Performance Improvement (PI) is a continuous effort to achieve better patient outcomes while finding new and better ways of doing business.

The model we use is FOCUS - PDSA.

Identification of a PI Priority:

Focus: Find an opportunity for improvement.
Organize: Organize a team that knows the process.
Clarify: Clarify current knowledge of the process.
Understand: Understand the causes of process variation.
Strategy: Select the process improvement

Create an Aim Statement:

Plan: What are we trying to accomplish?
Develop a plan of approach to achieve a solution.
Do: Steps taken to implement plan.
Implement the plan of approach.
Study: Measure aspects of plan to determine success of implementation.
Evaluate the effectiveness of the implemented solution.
Act: What needs to happen to hold onto the gains and/or continue to improve? Ensure long term maintenance.
Act to sustain the gain (if achieved) through procedural documentation and communication of the solution. If the solution was not effective, return to the Plan step and try again.

The FOCUS - PDSA model provides a method that allows us to approach problem solving and process improvement in a uniform, thoughtful manner. It is used in formal and informal performance improvement activities such as:
• Designing or redesigning services, procedures, or work processes,
• Improving patient satisfaction, and
• Improving clinical care.

TUH priorities for performance improvement are set by Leadership and involve improving outcomes, patient and staff satisfaction, promoting compliance with best practice (adherence to guidelines, regulations, benchmarks, etc.), and efficient use of time and resources.

Everyone plays an important role in helping to improve the quality of care and services to our patients. We are all expected to participate in PI projects in our Unit/Department, and we should be able to discuss the changes in patient care and safety that resulted from the PI endeavors.

Priorities of Performance Improvement

The Patient Protection and Affordable Care Act (the Affordable Care Act - ACA) puts in place a wide range of tools, resources and requirements to assure Americans have the highest clinical quality and assures the affordability of that care. The ACA sets forth priorities of the National Quality Strategy. The priorities are arranged into three separate payment provisions for "Pay for Performance" (P4P) and penalties for poor performance. Some provisions overlap in payment impact.

The following is a list of the Quality and Performance priorities of the national quality mandates and the priorities of the TUH Performance Improvement Committee.

ACUTE MYOCARDIAL INFARCTION (AMI)
- ED/Early Indicators:
  - Give aspirin prior to or upon arrival to the emergency room*
  - Perform EKG within 5 minutes of arrival
  - Perform Door to Balloon within 90 minutes of arrival
- Inpatient:
  - Give the patient aspirin within 24 hours of arrival to hospital*
  - Order low density lipoprotein cholesterol (LDLc) level within 24 hours of arrival to hospital
  - Prescribe an ACEI / ARB for LVSD*
- Pre-Discharge:
  - Prescribe aspirin at discharge*
  - Prescribe a beta blocker at discharge*
  - Prescribe an ACEI / ARB at discharge for LVSD*
  - Prescribe a statin at discharge for LDL cholesterol greater than or equal to 100*

PNEUMONIA (PN)
- ED/Early Indicators:
  - Draw blood cultures (ICU admission, suspected sepsis) prior to administration of antibiotics
  - Draw blood cultures within 24 hours of admit / transfer to ICU
  - Start antibiotics within 6 hours of arrival to hospital*
  - Prescribe appropriate antibiotics for ICU and non-ICU patients**
- Inpatient:
  - Vaccinate patients who meets Pneumonia and Influenza criteria*
  - Document vaccination or contra-indication
Complete administration of antibiotics within 24 hours of arrival to hospital

CONGESTIVE HEART FAILURE (CHF)
- Inpatient:
  - Document Left Ventricular Function: assessment may be done prior to, during or after the hospital stay
  - Prescribe ACEI / ARB at discharge for left ventricular systolic dysfunction (LVSD)*
- Discharge:
  - Document all discharge medications in the Discharge Instructions ONLY
  - Use drug category, not specific names of medications in Discharge Summary or Discharge Note
  - Prescribe ACEI / ARB at discharge for LVSD*

SURGICAL CARE IMPROVEMENT PROJECT (SCIP)
- Pre/Intra-operative:
  - Order appropriate prophylactic antibiotics *, **
  - Start prophylactic antibiotic within one hour of skin incision
  - Administer a beta blocker during peri-operative period (from 24 hours before surgery until prior to leaving PACU) *
  - Use clippers for hair removal
  - Ensure surgical normothermia measures are in place
  - Order appropriate venous thromboembolism (VTE) prophylaxis *
  - Administer VTE prophylaxis within 24 hours of surgery
- Inpatient:
  - Discontinue prophylactic antibiotic within 24 hours of surgical end time
  - 6 am glucose level must be less than 200 on post-operative days #1 and #2 for CT surgery patients
  - Remove urinary catheter post-operative day #1 or #2 *
  - Give VTE prophylaxis from 24 hours prior to Operating Room to within 24 hours following surgery

* or document contra-indications to each drug type or intervention
** guidelines available in Form Checker (Core Measures folder)

OUTCOME MEASURES
Mortality
- MORT-30-AMI Acute Myocardial Infarction (AMI) 30 day mortality rate
- MORT-30-HF Heart Failure (HF) 30 day mortality rate
- MORT-30-PN Pneumonia (PN) 30 day mortality rate

Patients’ Experience of Care
- HCAHPS Hospital Consumer Assessment of Healthcare Providers and Systems Survey

ED Throughput
- ED ED Throughput: time from decision to admit to ED departure time
- ED ED Throughput: ED LOS from arrival to departure for patients admitted to inpatient level of care
Readmission Measures
- READ-30-AMI AMI 30 day risk standardized readmission measure
- READ-30-HF HF 30 day risk standardized readmission measure
- READ-30-PN Pneumonia 30 day risk standardized readmission measure

AHRQ Patient Safety Indicators (PSI), Inpatient Quality Indicators (IQI) and Composite Measures
- PSI-04 Death among surgical inpatients with serious, treatable complications
- PSI-06 Iatrogenic pneumothorax, adult
- PSI-11 Post-operative respiratory failure
- PSI-12 Post-operative DVT or PE
- PSI-14 Post-operative wound dehiscence
- PSI-15 Accidental puncture of laceration
- IQI-11 Abdominal aortic aneurysm mortality rate
- IQI-19 Hip fracture mortality rate

Hospital Acquired Conditions
- Foreign object accidentally retained after surgery
- Air embolism
- Blood incompatibility
- Pressure ulcers, stages 3 and 4
- Falls and Trauma during hospitalization
- Vascular catheter associated infection
- Catheter associated urinary tract infection
- Manifestations of poor glycemic control

Patient Safety
Responsibility for Patient Safety applies to all employees, physicians, residents, volunteers, and students. The Chief Medical Officer is the Patient Safety Officer. The program looks at ways to make care and services provided to our patients safer. Failure mode and effects analysis (FMEA), is a proactive risk assessment utilized before an adverse event occurs. A FMEA is used to review a current or new process/procedure, and identify ways in which each step of the process/procedure could fail or cause a mistake/error to occur. Action plans are then developed and implemented to make the process/procedure safer. The goal of a FMEA is to make processes safer for our patients.

Temple University Hospital’s patient safety goals include:
- Promoting a culture of safety
- Promoting identification of safety issues as opportunities for performance improvement
- Ensuring a non-punitive environment for event (incident) reporting through a MIDAS Remote Data Entry (RDE)
- Reinforcing communication within the healthcare team and with patients and families
- Starting every meeting with a Safety Tip
- Encouraging patients to participate in their care

Education on patient safety is provided during new employee orientation and annually.

National Patient Safety Goals

Every year, The Joint Commission publishes the National Patient Safety Goals which every accredited organization must follow. Temple University Hospital has policies and procedures addressing each of the goals. For 2011, the National Patient Safety Goals for hospitals and hospital-based ambulatory areas are:

**Improve the Accuracy of Patient Identification**
- At TUH, TUH-EC and TUH NEC, we use a two step process to ensure we are delivering the right care to the right patient, every time. We engage patients to verbalize their name and date of birth. The medical record number is used as the third identifier in case two patients have the same name and birth date. Wristbands from other facilities are never used for identification here at TUH. No patient will be treated without the appropriate wristband. If the wrist is not available to apply the ID band, the ankle may be used.
- Eliminate transfusion errors related to patient misidentification. Make certain the patient receives the right blood or blood product. Match the blood or blood product to the order. Match the patient to the blood or blood product using a two-person verification process. At least one person conducting the identification verification will administer the blood or blood product to the patient.
- Label containers used for blood and other specimens in the presence of the patient.

**Improve the effectiveness of communication among caregivers**
- Improving the communication among caregivers to include:
  a. Reading back and verifying verbal or telephone orders and critical test results.
  b. Identifying dangerous abbreviations, which should not be used anywhere in the medical record.
  c. Timely reporting of critical test results helps us to respond promptly to patients’ changing clinical condition.
  d. At TUH, we use a standardized hand-off communication process called “SBAR” in which we describe the Situation, Background, Assessment and Recommendations. The interactive SBAR approach to hand-off communications among caregivers makes patient focused communications more reliable and provides the opportunity for caregivers to ask and respond to important questions.

**Improve the safety of using medications**
- Improving the safety of medications by:
  a. Labeling all medications and medication containers on and off procedure fields.
  b. Safely administer anticoagulants by using approved protocols to begin and maintain anticoagulation therapy. Programmable pumps help provide consistent and accurate dosing. Patient and family education about the importance of taking and monitoring medications as directed, potential interactions with foods and other medications and the potential for adverse drug reactions and interactions help reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
- Reconciling medications across the continuum of care (revised for July 2011 implementation):
  a. Obtain and document information on the medications the patient is currently taking when admitted to the hospital or seen in an outpatient setting.
  b. Collect information including medication name, dose, route, frequency and purpose in
inpatient and outpatient care settings.
c. Compare the medication information the patient brought to the hospital or outpatient
care setting with the medications ordered for the patient in order to identify and resolve
discrepancies
d. Provide written information to the patient/significant other about the medication the
patient should be taking at discharge or at the end of the outpatient episode of care,
including name, dose, route, frequency and purpose.
e. Explain to the patient/significant other the importance of managing medication
information when he or she is discharged from the hospital or at the end of an
outpatient encounter.

Reduce the risk of health care associated infections
• Reducing the risk of healthcare associated (nosocomial) infections by:
  a. Using proper hand washing guidelines and techniques.
  b. Implementing evidence-based practices to prevent health care associated infections due
to multiple drug-resistant organisms in acute care hospitals.
  c. Implementing best practices or evidence-based guidelines to prevent central line-
associated bloodstream infections, catheter associated urinary tract infections and
ventilator associated pneumonia, including minimizing device days, proper device
insertion and site care, and mobilizing patients out of bed.
  d. Implementing best practices for preventing surgical site infections.

Identify safety risks inherent in our patient population
• Identifying patients at risk of suicide:
  a. Screen for suicide risk to identify specific patient characteristics and environmental
features that increase or decrease the risk for suicide
  b. Intervene to prevent suicide in those patients with increased risk of suicide by
addressing the patient’s immediate safety needs and most appropriate setting for
treatment
  c. When a patient at risk for suicide leaves the care of the hospital, provide suicide
prevention information such as a crisis hotline to the patient/significant others.

Universal Protocol for Invasive Procedures
• Utilizing universal protocol to prevent wrong site, wrong procedure and wrong person
surgery:
  a. Conduct a pre-procedure verification process to make sure all relevant documents and
related information and equipment are available prior to the start of the procedure.
  b. Mark the procedure site so there is no ambiguity about the intended site for the
procedure.
  c. “Time-Out” is performed immediately prior to starting procedures to be sure that this is
the correct patient, correct procedure, and correct site, and that the necessary equipment
and supplies are available prior to the start of the procedure.

Dangerous Abbreviations – Do NOT Use

The following abbreviations/dose designations should NEVER be used in any documentation,
anywhere in the medical record:
<table>
<thead>
<tr>
<th>FREQUENCY</th>
<th>PROHIBITED ABBREVIATIONS</th>
<th>POTENTIAL PROBLEM</th>
<th>PREFERRED TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.D., QD, q.d., qd (every day)</td>
<td>Mistaken for each other. The period after the Q can be mistaken for an “I” and the “O” can be mistaken for an “I”.</td>
<td>WRITE “DAILY” WRITE “EVERY OTHER DAY”</td>
<td></td>
</tr>
<tr>
<td>Q.O.D., QOD, q.o.d., qod (every other day)</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>DOSE</th>
<th>IU (for international unit)</th>
<th>Mistaken as IV (intravenous) or 10 (ten).</th>
<th>WRITE “INTERNATIONAL UNIT”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trailing Zero (X.0 mg), [Note: prohibited only for medication related notations.]</td>
<td>Decimal point is missed.</td>
<td>WRITE X MG</td>
</tr>
<tr>
<td></td>
<td>Lack of Leading Zero (.X mg)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>U (for unit)</td>
<td>Mistaken as a zero, the number (4), or cc.</td>
<td>WRITE “UNIT”</td>
</tr>
</tbody>
</table>

| DRUG | MS | MSO₄ | MgSO₄ | Confused for one another. Can mean morphine sulfate or magnesium sulfate. | WRITE “MORPHINE SULFATE” OR “MAGNESIUM SULFATE” |

**M-CARE Act**  
**Medical Care Availability and Reduction of Error Act (Act 13)**

M-Care is a Pennsylvania law, which specifically relates to the reduction of medical errors and improvement of patient safety. It requires that we develop a patient safety plan, establish a patient safety committee, appoint a patient safety officer, and report adverse events to the PA Department of Health and to the Pennsylvania Patient Safety Authority through the Patient Safety Officer.

The law also requires that we notify licensing boards of any licensed individual involved in an adverse event who does not inform Temple University Hospital about that adverse event.

The Temple University Hospital Patient Safety Officer may be reached at **215-707-9700** at TUH or **2-0400** on the Episcopal and Northeastern Campuses.
The *Event (Incident) Report* is an important communication tool used to inform management of any unusual occurrence that happens to patients, visitors, employees within any building. Event (incident) reports are statements of facts regarding an incident, which are made at the time the incident occurs or is discovered.

An *incident* is any unusual, unplanned occurrence not consistent with the routine operation of the hospital or routine care of a patient. It may occur with or without injury. The potential for injury or property damage alone is sufficient for an occurrence to be considered an incident. Examples of incidents include, but are not limited to, patient or visitor falls, equipment or product malfunctions, significant delays in supply delivery, and dispensing/administering the wrong medication.

*Event (incident) reports* are considered “privileged communication” for use by Administration in meeting the responsibility to provide a safe hospital environment. Therefore, the event (incident) form does not become a part of the patient’s medical record. The actual event is to be documented in the medical record.

The person with the most knowledge of the incident shall enter an event report on-line through the MIDAS system. The icon for MIDAS reports is on every computer in the health system. Your supervisor or the hospital Risk Management Department can help you enter the report.

### Sentinel Events

An adverse *sentinel event* is an unexpected incident involving death or serious physical or psychological injury, or the risk thereof. When a sentinel event occurs, the patient’s needs are to be met first. Then you are to secure the area, and do not remove anything from the area, and do not change any settings on the equipment. Do not throw anything away. Report the event to your supervisor immediately and contact Risk Management. Complete an event (incident) report in MIDAS as soon as possible. A root cause analysis will be completed through the Risk Management Department to identify the breakdowns in the process that occurred and to develop and implement action plans to prevent this type of event from occurring again.

### Root Cause Analysis

Root Cause Analysis (RCA) is an analytical process aimed at identifying the root cause/origin of a problem or event. By directing corrective measures at the root cause, it is hoped that the likelihood of the problem recurrence will be minimized. It is an essential way to perform a comprehensive, system-wide review of a significant problem. By using a specific set of steps, with associated tools, you can:

- Determine what happened.
- Determine why it happened.
- Figure out what to do to reduce the likelihood that it will happen again.

### Environment of Care / Safety

Temple University Hospital is committed to promoting a safe environment for patients, visitors, staff, volunteers and students. The Environment of Care Safety Program is designed to produce a
There are eight areas that address environmental safety in the organization:
1. Environment of Care Management
2. Safety and Security Management
3. Hazardous Materials and Waste Management
4. Fire Safety Management
5. Medical Equipment Management
6. Utilities Management
8. Life Safety Management

The Environment of Care Management Plans are available online and can be accessed through the Policies & Key Documents icon on your computer desktop or through the “Policies & Key Documents” icon on your computer desktop or log on to Temple University Health System Employee Site, click on the “Administrative” tab, click on “Policies & Key Documents,” select policy folder, and click on the desired policy. You can also search for the desired policies. There is an information sheet about using this site on the right hand side of policy home page. You can also access the hospital wide policies and procedures by using Citrix from outside the organization at http://access.templehealth.org under the Web Site column, and click on “Policies & Key Documents.”

<table>
<thead>
<tr>
<th>Code Name</th>
<th>Description</th>
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<tbody>
<tr>
<td>Rapid Response</td>
<td>Medical Emergency</td>
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<td>Team</td>
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<td>Code Blue</td>
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<td>Code Gray</td>
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<td>Code Red</td>
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<td>Code Brown</td>
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<tr>
<td>Code Black</td>
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<td>Code Orange</td>
<td>External Hazmat/Bioterrorism</td>
</tr>
<tr>
<td>Code White</td>
<td>Internal/External Disaster</td>
</tr>
</tbody>
</table>

**Emergency Codes**

**Safety Management**

To report an emergency dial, **1-1234 TUH / 2-6300 TUH-Episcopal Campus / 9-1-911 & 215-356-6208** TUH-Northeastern Campus and explain the situation to the operator, giving your name and location.

When there is an emergency, you will hear an announcement over the public address system. When the danger has passed, the operator will announce the code name and “all clear.” Every staff member should know his or her role in any emergency.

**CODE BLACK – BOMB THREAT**

The following guidelines and emergency procedures should be followed in the event of a potential
bomb threat and address both situation assessment and evacuation.

**CODE BLACK: BOMB THREATS**

When you receive a bomb threat:

1. Stay as calm as possible. Allow the caller to talk and take notes, if possible. Listen carefully!
2. Try to ascertain the individual’s sex and note any identifiable speech patterns (lisp, accent, etc.)
3. If your phone has caller ID, be sure to note the phone number from which they are calling.
4. **Notify Security immediately by dialing 1-1234 TUH/ dial 2-6300 TUH-Episcopal Campus / dial 9-1-911 & 215-356-6208 TUH-Northeastern Campus and report the threat to your supervisor. Security will notify the Operator who will contact other key personnel. Give Security the information you obtained on the phone call.**
   - Open all doors in the area to minimize the effect of the explosion.
   - Evacuate the area, if necessary
   - Search will be conducted by Security
   - Follow the directions given by Security

If you hear a Code Black
- Remain Calm
- Be aware of your surroundings

**Use the RASCAL Process whenever you receive a Bomb Threat**

- **R** = the bomb threat is received
- **A** = administration is notified
- **S** = Security will search the assigned area
- **C** = staff remain calm and patients continue to receive care
- **A** = an all clear announcement is made, or
- **L** = staff and patients are ordered to leave the premises

**Smoking**

All Temple University Hospital sites are smoke-free indoors. Smoking is permitted only in designated outside areas.

**TUH:**
1. Adjacent to Ontario East garage elevator beyond the Ontario East lobby entrance.
2. Boyer Bench by Parking Garage entrance
3. TUH Medical Arts Building – rear of the building in the Westmoreland parking lot.

**Episcopal:**
1. Employees: East Parking Lot & Doctors’ Parking Lot
2. Visitors: directly outside on Potter Morris drive across from the lobby.
3. Patients in Behavioral Health are permitted to smoke in designated areas only (directly outside the coffee shop), when ordered by the attending psychiatric physicians. The order must include the reason the physician is permitting the patient to smoke (See Behavioral Health Smoking Policy).

**Northeastern:**
Tulip Street in the Visitors Parking Lot across from the Mandell entrance.
Security Management

Security is on duty 24 hours a day, 7 days a week. They can be reached by dialing 1-1234 TUH/2-6300 TUH-Episcopal Campus / 215-356-6208 TUH-Northeastern Campus.

Security Escort Services are available by contacting the Security Department at 2-8285 TUH/2-5200 TUH Episcopal Campus / 215-356-6208 or 9-1-911 TUH-Northeastern Campus.

Report any security incident involving patients, visitors, staff or property promptly to the Security Department.

Employee / Physician / Student / Volunteer / Visitor Identification

Your photo identification badge must be visible upon entering any Temple University Hospital property and must be worn at all times while on any duty. If your employee ID badge is lost or missing, contact the Human Resources Department for a replacement.

The Temple University Hospital issued badge will be the sole form of identification. Name tags or names stitched on lab coats will not be accepted as a substitute but may be worn in addition to the identification badge.

Vendors and salespersons will be issued temporary identification badges through the Reptrax Kiosk located in the Boyer Pavilion and the Reptrax Kiosk in main lobby TUH-Episcopal Campus.

Temple University Students or other associated school students must wear their school photo identification badge whenever they are at a Temple University Health System Facility or on TUHS or TU property.

Visitors must obtain a visitor day pass from the information desk upon entering any Temple University Health System Facility.

Hazardous Materials and Waste Management

Chemical Spills

For all campuses: In the event of a hazardous material or chemical spill, dial the emergency number for Environmental Health and Radiation Safety (EHRS) 2-2520 or after hours/weekends: Page Operator at 2-4545 and ask for Environmental Health and Radiation Safety on-call. State your location and the nature of the spill.

Secure the area to minimize the spread of contamination, remove any patients or staff from danger and await the arrival of EHRS staff.

In the event of a small chemotherapeutic spill, the nurse(s) on the unit will use the chemo spill kit.

In the event of a large chemotherapeutic spill, use the procedure stated above.

In the event of a radiation spill, the Radiation Safety Officer (RSO) should be contacted by calling extension 2-2520 Monday through Friday until 5:00pm or after 5:00pm and weekends – Page Operator at 2-4545 and ask for Environmental Health and Radiation Safety on-call.
Right to Know

Everyone working with chemicals and hazardous materials have the right to know about those chemicals. The Material Safety Data Sheets (MSDS) contain information about the chemicals. Each department has an inventory of the chemicals that are used in that department.

Material Safety Data Sheets (MSDS):
- MSDS contain valuable information about chemical hazards and how to work with and respond to such hazards safely.
- MSDS list chemical ingredients, fire/explosion data, health hazards, identify special precautions (proactive equipment, etc.), and outline emergency/first aid procedures.
- The CEMS MSDS search can be found at: http://www.temple.cems.sr.unh.edu/CEMS/SearchMSDS or you can access Material Safety Data Sheets “on-line” through our computer system.

1. Go to the Temple University Health System Employee Intranet home page (http://employeepage.tuhs.prv/content)
2. Go to References, click on CEMS MSDS Search
3. Once you are on that page, enter the name of your chemical. You can search either by the actual chemical components (for example, sodium chloride) or by the name of the product (such as Stat-Foam) inserted on the Chemical line space.

The system will then list all the MSDS that match your search query.

Fire Safety Management

CODE RED – FIRE – should be initiated when one of the following conditions exist:
- Visible smoke or fire
- Smelling of smoke or burning
- Feeling unusual heat on walls and doors

Use the RACE Procedure whenever a fire occurs:

R - REMOVE persons in danger.
A - Sound the fire ALARM immediately and call 1-1234 TUH/ 2-6300 TUH Episcopal Campus / 9-1-911 & 215-356-6208 TUH Northeastern Campus.
C - CONFINE/CONTAIN the fire, close all doors and windows.
E - EVACUATE patients and EXTINGUISH the fire with a fire extinguisher (if trained in its use).

Use the PASS Procedure when operating a Fire Extinguisher:

P - PULL THE PIN – some extinguishers require releasing a lock, pressing a puncture lever, or other motion.
A - AIM LOW – pointing the extinguisher nozzle of the extinguisher at the base of the fire.
S - SQUEEZE THE HANDLE – this releases the extinguishing agent.
S - SWEEP FROM SIDE-TO-SIDE – at the base of the fire until it appears to be out.

In the event of a fire, remain in your area unless otherwise instructed or you hear the “all clear” announcement. Do NOT use the elevators.

Remember: learn where your area’s fire exits and fire pull stations are located. Know the location
Utilities Management

Each area should have a copy of the laminated Utility Systems Failure and Basic Staff Response Card, which lists what to do in the event of utility system failures.

Emergency outlets are red in color and all essential patient care equipment should be plugged into these outlets at all times. When there is an electrical outage, these are the only outlets which will work.

**TUH – Call Maintenance Dispatch (2-4702 or after hours-Page operator 2-4545) for Water, Electric, Heating/AC, or Medical Gas supply problems and all urgent general maintenance issues.**

**TUH – Episcopal Campus –** For assistance with Environmental or Engineering requests please page via the hospital operator “0”.

**TUH – Northeastern Campus –** Contact Maintenance Dispatch at [www.stonehenge.bz](http://www.stonehenge.bz) for water, electric, and all urgent general maintenance issues.

For all campuses – Call (4-HELP / 4-4357) for telephone repairs.

For other utility system failures, wait for further instructions.

Medical Gas Emergencies

In the event of a fire emergency or a situation that requires the shut-off of medical gas the following procedure will be followed:

1. If the situation only involves a single room – turn off or remove the oxygen flow meter from the wall of the involved area.
2. If an uncontrollable open flame has occurred, or damage has spread beyond the initial fire area – shut off the medical gas valves of the unit.
3. Instructions to shut off the medical gas valves are mounted near the medical gas valve box present. The wording on the sign is as follows:

   **“In Emergency, Shut Off Gas Under The Direction of the Charge Nurse and Notify The Engineer Through The Page Operator at 2-4545 TUH / 2-6300 TUH-Episcopal Campus / 215-356-6208 TUH-Northeastern Campus.”**

Cellular Phone Use

Talking on the phone in front of or within earshot of patients and visitors is considered unacceptable and prohibited.

While on duty, employee use of personal cellular or similar devices are prohibited, unless such call would be for a personal emergency.

Electronic Devices, including headphones or earpieces that hinder the ability to hear the telephone or to communicate effectively with co-workers, patients, and visitors are prohibited.

**NOTE:** Electronic Devices applies to Bluetooth earpieces and earbuds, iPods, iTouch, iPhones and similar communication and entertainment devices.
Personal cellular phone applies to any device that makes or receives phone calls, leaves messages, sends text messages, surfs the internet, or downloads and allows for the reading of and responding to email.

Authorized personnel may only use other portable, wireless telecommunication devices, such as walkie-talkies.

**Cell Phone Photography** – In keeping with strict privacy guidelines designed to preserve patient confidentiality, cell phones and other wireless communication devices must not be used to photograph, take video images or record conversations of any patient, physician, volunteer or staff member without prior authorization from the patient or the hospital staff member.

**Camera and Phone Camera Usage Policy**

Anyone observed carrying video equipment or cameras, or using cell-phone cameras (i.e. patients, visitors, representatives of news outlets, etc.), excluding intra-department operational functions, must present approval, depending on the circumstances, from the Office of Legal Counsel. If the person or persons are with recognized news-media outlets (broadcast, print, or online), permission must be granted in advance and access coordinated by TUHS Public Relations Department.

**Medical Equipment Management**

When using medical equipment, know:

- How to use it properly.
- The instructions for the operation of equipment are usually tagged to the equipment or located either in the clinical area of in Biomedical Engineering.
- How to check that the equipment has been properly maintained.
- What to do if the equipment fails to function, including how to manage the patient clinically, if necessary.
- That the user must inspect equipment for signs of damage before each use.

When medical equipment malfunctions:

- Remove the equipment from use immediately and place in the Soiled Utility Room.
- Complete and attach a red repair tag.
- Notify your supervisor, as appropriate.
- Contact the Biomedical Engineering Office at 2-3303 for TUH and TUH Northeastern Campus.
- Contact the Biomedical Engineering Office at 2-6300 at TUH Episcopal Campus.
- Complete an event (incident) report in MIDAS.

**Safe Medical Device Act**

If a medical device failure is suspected of causing or contributing to the death, serious injury, or illness of a patient:

- Discontinue the use of the device immediately.
- Attend to the immediate needs of the patient.
- Sequester the device and contact the appropriate repair department to inform them of the nature of the problem and ask for instructions regarding the removal of the device from the
clinical area for inspection and repair.
- Notify the Attending Physician, Administration, and Risk Management.
- Complete an event (incident) report in MIDAS.

**Product Failure**

If a product fails, appears broken, dirty, contaminated, or unusual in appearance:
- Do not use the product.
- Complete an event (incident) report (MIDAS report).
- Using Standard Precautions, if required, put product in an appropriate container
  For medical devices with a Biomedical Engineering control number tag, contact
  Biomedical Engineering for instructions (2-3303 or after hours-Page Operator at 2-4545
  TUH/ 2-6300 TUH-Episcopal Campus/ 2-3303 TUH-Northeastern Campus).
- Don’t throw anything away unless instructed to do so.
- Don’t change any settings unless instructed to do so.

**Product Recalls/Alerts**

Any medical device manufacturer can issue a product recall or product alert. Anyone receiving a product recall or hazard/safety alert should immediately forward it to the Risk Management department who shall act as the Recall Coordinator. Risk Management will then direct the recall/alert notice to the appropriate persons, which may include a Clinical Chairman, Department Director, President of the Medical Staff, Chief Medical Officer, or any other individuals involved with the product(s) in question.

Individuals receiving these notices from Risk Management must respond immediately by:
- Following the instructions given in the notice.
- Notifying Risk Management whether or not the item(s) in question are present.
- Upon the direction of Risk Management the item(s) may be sequestered or destroyed.

**Emergency Management**

Internal and External hazards can pose a threat to our ability to continue operations. The Emergency Operations Plan (TUH-ADMIN 950.4012) is the “All Hazards” plan followed to ensure our ability to continue safe patient care even during austere conditions. The Emergency Operations Plan can be found in the Emergency Management Folder under Administrative Polices. You are expected to know your role and responsibilities in an emergency and your department’s Emergency Management Plan.

The Emergency Operations Plan can be activated by the attending Emergency Department Physician, Administrator-On-Call or Director of Nursing on call (AOC/DON) (see TUH-ADMIN 950.4003). In the event the Emergency Operations Plan is activated, the AOC/DON will have one of the following alerts paged:
- Code White – Internal / External Disaster
  - Level 1 = The potential exists for an internal or external disaster. Review department plans.
  - Level 2 = An internal or external disaster has occurred. Activate department plans. Review available resources and report problems to your director. Stand-by for further instructions. This may affect the ED only, such as for a patient surge event.
Level 3 = The Hospital Incident Command System has been implemented and the Command Center is open. All staff are retained until relieved. All departments are to contact the command center at 215-226-8110 to report staffing status and leave a point-of-contact information name and contact number.

Level 4 = Mandatory retention of all staff. Initiate departmental callback lists.

- **Code Orange – External Hazardous Materials / Bioterrorism**
  - Hazardous material and bioterrorism events can easily affect healthcare facilities. Hazardous material is any material which can endanger human health or well being including, but not limited to: poisons, corrosive agents, flammable substances, explosives, and radioactive materials. Staff should refer to their departmental procedures. A Code Orange may be called for an internal or external event.

- **Code Brown – Lockdown**
  - Lockdowns are used to secure the facility, limiting entrance to and exit from the building. Staff must wear badges for limited entrance to and exit from the facility. A code brown may be called due to an internal or external event.

The alert will continue until the “all clear” is declared by the AOC/DON.

**Emergency Management - Hospital Incident Command System**

The Hospital Incident Command System (HICS) is the management framework utilized to manage an internal or external disaster and is based on the National Incident Management System (NIMS). Hospital Leadership at all campuses is required to be certified in varying levels of the National Incident Management System (NIMS). Below are the levels and courses required by Leadership function:

<table>
<thead>
<tr>
<th>Level</th>
<th>Leadership Position</th>
<th>Course Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Supervisors, Coordinators</td>
<td>IS100.hcb</td>
</tr>
<tr>
<td>2</td>
<td>Managers, Administrative Specialists</td>
<td>IS100.hcb, IS700</td>
</tr>
<tr>
<td>3</td>
<td>Directors</td>
<td>IS100.hcb, IS200, IS700</td>
</tr>
<tr>
<td>4</td>
<td>AHD’s, VP’s, CEO, Command Center operators</td>
<td>IS100.hcb, IS200, IS700, IS800</td>
</tr>
</tbody>
</table>

FEMA NIMS courses can be found by accessing: [http://training.fema.gov/IS/NIMS.asp](http://training.fema.gov/IS/NIMS.asp) Courses are also held on campus once per quarter. Any new employee or newly promoted employee into the Leadership Group must complete their NIMS training within 90 days of hire or promotion. Questions on NIMS training and course registration can be directed to the Manager of Emergency Management at 2-9029.

**Hospital Incident Command System: Command Staff Definitions for TUH**

**Incident Commander (IC):** Is the AOC/DON. This position is always staffed. The IC has the ultimate responsibility for incident direction and action.

**Safety Officer:** Is responsible for overseeing the safety of staff members during an incident.

**Patient Safety Officer:** Is responsible for overseeing the safety and quality of care for patients.

**Liaison Officer:** Coordinates response efforts from outside organizations and government authorities.
Public Information Officer (PIO): Is responsible for the timely and pertinent release of information to the media, staff, and patients. Also works with other organizations requesting information who are not involved in the response or recovery of the disaster.

Medical Technical Specialist: This position is filled when a disaster is caused by a hazard that is best managed by a subject matter expert (SME). This ensures the safe response and recovery from this type of incident.

**CODE PINK – INFANT / CHILD ABDUCTION**

When any hospital personnel are informed of a missing infant or child, Code Pink must be initiated by completing the following steps.

- **To initiate Code Pink:**
  - Call the emergency number (1-1234 TUH / 2-6300 TUH Episcopal Campus / 9-1-911 & 215-356-6208 TUH Northeastern Campus) state that there is a missing infant/child and to initiate a Code Pink.
    - Provide a brief description of the child’s appearance, including the age and sex of the child.
  - The operator announces Code Pink, including the description of the infant/child.

- **Upon hearing Code Pink:**
  - All personnel are to immediately stop non-critical work.
  - Report to all stairwell doors, elevator areas and other doors that exit the immediate area.
  - Personnel who are outside their normal work area should report to the nearest exit.
  - Question anyone with an infant or child that fits the description and be suspicious of bags which may be large enough to hold an infant/child.
  - If you see a suspicious person, call the emergency number (1-1234 TUH / 2-6300 TUH Episcopal Campus / 9-1-911 & 215-356-6208 TUH Northeastern Campus) with a description, the location and the route of the person, do not place yourself in danger.

- The alert will continue until the “all clear” is sounded.

**CODE GRAY – SECURITY THREAT**

Code Gray is called to respond to a security threat. This situation presents itself when an individual acts in an aggressive manner or shows a weapon in an aggressive manner. (1-1234 TUH / 2-6300 TUH Episcopal Campus / 9-1-911 & 215-356-6208 TUH Northeastern Campus).

**STAT 13 – TUH EPISCOPAL CAMPUS**

STAT 13 is used on the Episcopal Campus when a Behavioral Health patient acts out or a panic button rings. The following occurs:

1. Security calls the page operator on the Emergency Line and gives the location.
2. The page operator will set off the group page for “Stat 13”.
3. The “Stat 13” group consists of Security, Mental Health Techs, Nurse Managers and Senior Leadership.
4. Security communicates an overhead page three times with the location.
5. Once everything has calmed down a “Code Green” (“all clear”) is called.
RAPID RESPONSE TEAM – MEDICAL EMERGENCY

The Rapid Response Team (RRT) is called whenever there is concern for the worsening medical condition of any inpatient, outpatient, staff member or visitor within the facility. The purpose of the Rapid Response Team is to reduce the risk of injury or death through early identification, assessment and stabilization of any visitor or patient before their condition deteriorates to the point they require resuscitation.

TUH patients & families are educated to report concerns related to patient care and treatment. This includes the recognition of a sudden change or perception of worsening change in a patient’s condition by directly reporting their concerns to the nurse, physician or treatment team member and requesting RRT activation.

- Any staff member can call a Rapid Response by dialing 2-3333 at TUH and 2-6300 at Episcopal Campus.
  - *NOTE*: At Northeastern Campus, for all medical emergencies, staff should dial 9-1-911.
- Examples of when to call the Rapid Response Team include acute change in:
  - Vital signs, including symptomatic change in heart rate or blood pressure, respiratory rate or O₂ saturation requiring increasing need for oxygen
  - Level of consciousness, including loss of consciousness, sudden collapse, seizure, sudden lethargy or difficulty waking
  - Onset of chest pain unresponsive to medication or if the physician is unavailable
  - Unexplained agitation
  - Suicide attempt
  - Unexpected bleeding.
- Improve response to changes in the patients’ condition by educating family members and visitors to tell any staff member right away when they:
  - Notice a change in the patient’s condition or behavior
  - Are worried
  - Immediate attention is needed.
- Encourage patients’ involvement by informing the patient and family members that:
  - “We are concerned with patient safety, if you are worried about the safety or condition of the patient you are visiting please tell any Temple staff person right away”. (This is on the back of the visitor badges.)
  - Patient Safety is a top priority at Temple University Hospital.

Infection Prevention and Control Program

- To prevent or reduce hospital infections through best practice bundles, surveillance and education.
- To promote the wellness of staff and community through education and immunization.

There is a hospital-wide Infection Control Manual. The policies and procedures are located on the Temple University Health System Employee Site. These policies include the Exposure Control Plan, which identifies how to use work practice controls, engineering controls, personal protective equipment and what to do if exposed to blood and body fluids. The Tuberculosis Plan identifies proper methods to prevent the spread of tuberculosis (TB) by early detection, isolation, and proper use of N-95 masks. The Plan for the Influx of Infectious Patients is part of the Emergency
Operations Plan. All questions regarding isolation procedures, standard precautions, TB, or other infection control issues should be referred to the Director of Infection Control and Prevention at extension 2-2202.

**Standard (Universal) Precautions**

Standard Precautions is a system that is designed to reduce the risk of transmission of infections by combining Universal Precautions (designed to reduce the risk of transmission of Bloodborne Pathogens and Body Substance Isolation (designed to reduce the transmission of pathogens from moist body substances).

Temple University Hospital uses Standard Precautions to provide a safe workplace for employees, physicians, contractors, visitors and students. The use of Standard Precautions considers all blood and body fluids, excretions and secretions to be treated as if known to be infectious.

**PPE – Personal Protective Equipment**

There is personal protective equipment (PPE) throughout the organization which includes gloves, goggles, fluid resistant gowns, respiratory masks, and other masks. Each department has policies and procedures on the use and location of the PPE in that department.

Standard precautions in patient care are required for the care of all patients at all times, and in all locations, whether or not they have been placed on isolation precautions of any type. Personal protective equipment is to be used at all times in the care of all patients to prevent any contact with the blood, body fluids or mucosal surfaces of patients. Precautions are to be used with all body fluids.

**Isolation Precautions**

In addition to Standard Precautions the following isolation precautions are also used:

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<thead>
<tr>
<th>PRECAUTION CATEGORY</th>
<th>EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airborne Precautions</td>
<td>TB (confirmed or suspected), Measles, Chicken pox,</td>
</tr>
<tr>
<td>Contact Precautions</td>
<td>MRSA, VRE, C. difficile</td>
</tr>
<tr>
<td>Droplet Precautions</td>
<td>Influenza, Pertussis, Mycoplasma</td>
</tr>
<tr>
<td>Protective Precautions</td>
<td>Patient has less than 500 WBC’s/mm</td>
</tr>
</tbody>
</table>

Signs, indicating the type of precautions are placed outside patient rooms. The signs also indicate the type of personal protective equipment that must be worn.

Use the disposable equipment in the isolation cart. If equipment must be reused it must be sanitized with an approved disinfectant.

**Hand Hygiene**

Hand Hygiene refers to washing with soap and water or decontaminating hands with alcoholic hand sanitizer. Hand Hygiene also includes nail care. Fingernails: natural nail tips should be kept to less than ¼ inch in length. Employees who have direct patient contact, who work in Nursing, Dietary, Pharmacy, Central Sterile Reprocessing (CSR) or Environmental Services (EVS) must not
wear artificial nails or tips.

- Hand Hygiene must be performed before and after all patient contact and after removal of gloves.
- Hand Hygiene must be performed before and after all invasive procedures.
- Hand Hygiene must be performed after all contact with a patient’s environment.
- Hands must be washed with soap and water if visibly soiled.
- Gloves must be worn in every instance in which contact with blood or body fluid is certain or likely. Gloves must be worn in every instance in which contact with human blood or tissue-derived materials is likely. Hands must be washed after removing gloves.
- Gloves must be worn once and discarded. They may not be worn to perform tasks on different patients or different tasks at different sites on the same patient. Hands must be washed after removing gloves.
- Fluid resistant gowns must be worn when splatter of blood, body fluids or other human tissues or materials on clothing seems likely. Impervious gowns must be used when the expected volume of contaminant may be large as might occur in the Operating Room, Emergency Department or Laboratory.
- Additional personal protective equipment may be necessary for certain invasive procedures where significant splatter or aerosol generation is likely.
- Masks are always worn when goggles are worn and vice versa, to protect the mucous membranes from splashes.
- Hand washing requires a 10-to-30 second wash with liquid soap. A hand sanitizer may also be used when hands are not visibly dirty.
- Alcohol foam/gel cannot be used when your hands are visibly soiled or when caring for a patient with C. difficile.

**Exposure to Bloodborne Pathogens**

When a blood or body fluid exposure is sustained, the area of exposed skin must be washed with soap and water or the mucous membranes irrigated with normal saline or water.

The incident must be reported to your supervisor immediately. An employee incident report must be completed through MIDAS.

Employees who experience a blood/body fluid exposure must report promptly to Occupational Employee Health or when they are closed, the Emergency Department. At TUH Episcopal Campus and the Northeastern Campus report to Employee Health/Industrial Health or when they are closed, the Emergency Department.

**Sharps, Linen, Waste**

**Sharps:** Place sharps directly into the needle box. Notify Environmental Services when the sharps/needle box is ¾ full. Recapping of needles is discouraged. If you must recap use a one handed method. Check with your manager regarding needle safety devices used in your department. Be sure you know how to engage the safety devices properly.

**Linen:** Consider all used linens as contaminated. Wear gloves whenever handling used linen. Do not carry linen against your body. Do not overfill linen hampers. Keep lids closed at all times. Place the full linen containers in the soiled utility room for pickup.
**Infectious Waste:** Waste that is dripping with blood, transfusion bags, Foley catheter bags with blood, and suction canisters must be placed in red bags.

It is the policy of Temple University Hospital that hazardous materials and their wastes will be handled in a safe and compliant manner. Solidifiers shall be used in bio-hazardous red bag trash whenever it is liquid in nature.

- A red bag containing solid waste must be tied, tagged with generator information and be kept secured prior to pick up.
- If any liquid is present in the contents of the bag, it must be absorbed or solidified.
  - The regulations require that the bag must be able to be held upside down for 5 minutes without leaking.
  - Solidifier can be obtained from: Nursing unit storerooms or CSR (Premisorb-Solidifying Agent).

**Never mix municipal (clear bag) and red bag waste.**

**Municipal Waste:** Gowns, Gloves, Masks with No Visible Blood
- Chux/Diapers Soiled/Clean with No Visible Blood
- Disposable Products with No Visible Blood

**Chemotherapeutic Waste:** Place waste from chemo procedures in white containers with yellow lids. Never place chemotherapy waste in municipal or other type of trash can/bin.

**Hazardous Pharmaceutical Drugs:** Must be placed in black receptacles. The black boxes are located in the medication rooms and in the Pharmacy. The specific drugs on this list are displayed on a sign above the receptacle. Never place hazardous drug waste in municipal (clear bag) or any other type of trash can/bin.

Co-mingling of waste is subject to fines by the Pennsylvania Department of Environmental Protection. You cannot use red bags or bio-hazard bags for purposes other than their stated purpose.

All questions regarding isolation procedures should be referred to the Director, Infection Prevention and Control.

**Patient Rights and Responsibilities**

Temple University Hospital is committed to protecting and promoting the rights of our patients and to helping patients exercise their responsibilities. Toward that end, the hospital provides each patient with written information about his/her rights and responsibilities. The Rights and Responsibilities of Patients are posted throughout the organization. The following are some of the most important patient rights:

- The patient has the right to participate in his/her plan of care and to make informed decisions regarding health care. This includes:
  - being informed of his/her health status
  - being involved in care planning and treatment
  - being able to request or refuse treatment
  - being involved in discharge planning
  - being able to formulate an advance directive, appoint a surrogate, and have the...
hospital staff comply with the directive
  o access to their medical record.

- The patient has the right to confidentiality of the personal information the hospital obtains about them and the right to access their personal information in accordance with hospital policies.
- The patient has the right to be treated with courtesy, consideration, respect and privacy.
- The patient has the right to know the identification of all caregivers.
- The patient has the right to have cultural and spiritual beliefs respected.
- The patient has the right to be free from restraints of any form that are not medically necessary.
- The patient has the right to appropriate assessment, management and treatment of pain.
- The patient has the right to receive appropriate medical care without discrimination based upon race, color, religion, gender, sexual preference, national origin, disability or ability to pay.
- The patient has the right to be communicated with in a clear, concise and understandable manner. If the patient does not speak English proficiently, he/she shall have access to an interpreter. Patients who have identified a preferred language other than English i.e., Limited English Proficiency (LEP) are provided access to an interpreter or interpreter service. This includes deaf interpretation (sign language), availability of in-person and telephonic interpretation and video interpretation and devices to assist the visually impaired.
- The patient has the right to communicate complaints and grievances through a formal process established by the hospital and to have the hospital review and resolve complaints and grievances. Refer patients and families to Patient Relations at 2-CARE (2-2273) at TUH / 2-0446 at TUH – Episcopal Campus and TUH – Northeastern Campus for information on the process, how to access the Pennsylvania Department of Health, Joint Commission, or the Office for Civil Rights.
- The patient has the right to visitors of their choice, regardless of the visitor’s race, color, national origin, religion, sex, sexual orientation, gender identity or disability. If staff believes that visitation is not in the best interest of patient safety or employee safety, they should contact either Temple Security (1-1234) or Patient Relations (2-2273) at TUH / 2-0446 at TUH – Episcopal Campus and TUH – Northeastern Campus for assistance.

**Patient Complaints and Grievances**

The Manager of the individual unit/department/service is responsible for handling complaints. During off business hours and holidays the Nursing Clinical Coordinator shall address the complaint. Grievances are reviewed and acted upon by Patient Relations, Risk Management, AHD, Patient Services, and/or Chief Medical Officer.

**Patient Satisfaction**

Temple University Hospital monitors patient satisfaction as an on-going measure of how our patients feel about the care that we provide. With the help of Press Ganey Associates, Inc, a survey is mailed randomly to solicit feedback from patients discharged from the Hospital. The survey addresses HCAHPS (Hospital Care Quality Information from the Consumer Perspective, a Center for Medicare and Medicaid Services (CMS) requirement, which is publicly reported on the Hospital Compare website) questionnaire and a select group of questions from Press Ganey related to the patient’s level of satisfaction while receiving our care and services. The results, including
patient comments, are shared with hospital leadership, who review the results at staff meetings. Action plans are developed to improve patient satisfaction as needed.

**Victims of Abuse**

If you suspect that a patient has been abused or if a patient or visitor makes statements that lead you to suspect abuse, notify your supervisor immediately. Some signs of child abuse include unexplained injuries/bruises/burns or injuries with multiple explanations, spiral fractures, etc. Some signs of older adult abuse include unexplained bruises, fractures, abrasions, poor hygiene, malnourished or dehydrated, under or over medicated, etc.

**Advance Directives**

An Advance Directive is a written document that states the patient’s wishes concerning his/her healthcare decisions when he/she is no longer able to communicate. This includes a Living Will, Durable Power of Attorney for Healthcare, or a combination of both.

During the Nursing admission process, all adult inpatients shall be asked whether they have an Advance Directive. If needed, information on the formulation of an Advance Directive shall be provided to the patient. If the patient is unconscious or incompetent at the time of admission, and therefore unable to receive information or articulate his/her Advance Directive status, this will be indicated on the nursing admission history. If the patient at a future time should become responsive and/or regain decision-making capacity, an inquiry will be made regarding his/her Advance Directive status. This information will be documented in the medical record.

If the patient has an Advance Directive, a copy shall be placed on the medical record.

If a copy of the Advance Directive is not produced on admission:

- the patient, if competent, or the patient surrogate, will be asked to have a copy brought to the hospital to be placed in the medical record.
- if the patient is unable to make a copy available, and the patient is competent, the patient will be offered the opportunity to write a new Advance Directive.

If the patient does not have an Advance Directive, he/she will be offered the opportunity to make one. If assistance is required, a referral will be made to Social Work. If the patient does not wish to execute an Advance Directive, this will be noted in the medical record.

**Outpatient Settings:**

- The hospital does not honor Advance Directives in outpatient areas. Patients with Advance Directives are provided information regarding this policy.
- When an outpatient presents an Advance Directive and meets the criteria that make an Advance Directive operative, the Attending Physician must call Risk Management.
- Information on Advance Directives will be available in outpatient settings.

Patients may contact the Clinical Resource Management Department/Social Work at extension 2-3366 at TUH if they desire further information about or assistance with executing an Advance

Medical Ethics Committee

Any patient, family member, physician, or staff member may initiate an ethics consultation for assistance with handling unresolved conflicts between patients, family, physicians and/or caregivers. Contact the Risk Management department at extension 2-8219 or Risk Manager on call to access the Ethics Committee, or to request an Ethics Committee consultation.

Organ Donation

All imminent or actual patient deaths must be reported to the Gift of Life (1-800–366-6771 or 215-557-8090) for determination by the Gift of Life of whether or not the patient could be a tissue or organ donor. If the patient is a possible tissue or organ donor, the Gift of Life will work with the physician and the Temple University Hospital healthcare team to approach the family. The physician is responsible for documenting the death and phone call on the “Certificate of Referral/Request of Anatomical Donations” form in the medical record. All requests to families for organ and tissue donations will be handled by the staff from Gift of Life. See TUH Administrative Policy #950.2042 Routine Referral Organ Donation.

Pastoral Care

Pastoral care offers sensitive and skilled emotional and spiritual care to patients and their support persons, as well as to the wider community of caregivers, hospital employees, and professional staff. Additionally, the department provides ways for patients and families to access their own religions’ rites and traditions while hospitalized.

Members of the medical or other healthcare staff receiving a request for support or who wish to make a referral should call extension 2-CARE (2-2273) at TUH and TUH – Episcopal Campus for Medical/Surgical patients, and 2-0393 at TUH – Episcopal Campus for Behavioral Health.

Privacy and Confidentiality

HIPAA

Federal and state law requires that we protect the confidentiality of patient information. HIPAA, the Health Insurance Portability and Accountability Act of 1996, defines how protective health information (PHI) and individually identifiable health information are to be protected and secured. This includes information in any form: verbal, paper, or electronic. In addition, prior to the provision of non-emergent healthcare services in any location, the patient is given a copy of Temple University Hospital’s “Privacy Notice” which tells them about the ways that we use and disclose patient information and notifies them of their rights with respect to this information. Some key components include:

- All patient information is confidential. Patient information should not be discussed over intercoms, in elevators, cafeterias, restrooms, or other public areas.
- Access to information is restricted to the minimum required for performance of job functions, for example, physicians, nurses, and clinical staff will require access to different types of information than security, registrars or environmental services.
- Patients have the right to know how their information is being used, the right to inspect
and obtain copies of their medical records and to request amendments and corrections according to our policies and procedures.

- Patients have the right to request an inquiry as to who has accessed their information.
- Medical information may not be released without proper authorization unless it is for the purpose of Payment, Treatment or Operations. Questions requiring release of information should be referred to Temple University Hospital’s Privacy Officer at extension 2-5605 or Health Information Management.
- All documents containing PHI must be disposed of properly in order to protect the confidentiality of the documents.
- Unauthorized access to disclosure of PHI is not permitted. Improper access or disclosure of PHI is subject to investigation and disciplinary action up to and including termination of employment or clinical privileges.
- Under HIPAA, violations of information security and privacy can be criminal or civil. Results of violations may vary depending upon severity but may include fines and imprisonment. The HHS Office of Civil Rights investigates reported HIPAA violations.
- Each employee shall sign a confidentiality statement upon employment.
- HIPAA education is provided at orientation and annually thereafter.
- Signing off the computer system when leaving your workstation assures that no one can access systems under your password. Never share computer passwords.
- The Privacy Officer oversees and investigates all reported violations of information security. Actual or potential violations of privacy and information security can be reported to the Privacy Officer by dialing extension 2-5605.

**Media Inquiries Regarding Patient Condition**

All requests from members of news media (including television, radio, print, and web outlets) for information about the clinical condition of patients are to be referred to the Department of Public Relations, at 215-707-4839. Any employee who receives such a request should indicate to the caller that all patient-condition updates by media representatives are handled by the Department of Public Relations, which can be reached by dialing 215-707-4839 or extension 2-4839.

**Media Requests / Queries for Interviews and / or Information**

All calls from all media outlets (including broadcast, print, and online outlets) should be directed to the Director of Public Relations, at 215-707-8229. The Department of Public Relations will process all requests appropriately – and, as necessary, arrange for interviews and provide media escorts for approved media-relations activities. No employee should provide information (including patient condition updates) or agree to any media interview without the advance authorization of the Department of Public Relations. The Director of Public Relations is the authorized spokesperson for all Temple University Hospital issues.

**Informed Consent**

A patient has the right to full information in layman’s terms, concerning diagnosis, treatment, and prognosis, including information about benefits of the treatment, alternative treatments and possible complications and other risks. When it is not medically advisable or possible to give such information to the patient, the information will be given to the patient’s designated legal representative.
The patient’s physician must obtain the necessary informed consent prior to the start of any procedure or treatment, or both, except for emergencies.

A patient has the right not to be involved in any experimental, research, donor program, or educational activities unless the patient has given informed consent prior to the actual participation in such a program. A patient may, at any time, refuse to continue in any such program.

If the patient does not speak, read, or understand English, an Interpreter must be used.

**Interpreter Services**

All patients are asked to state the language they prefer to use for health information when they register for care. This information appears on the demographics sheet of their medical record. If the language is other than English, or if the patient has a hearing, sensory or cognitive impairment, the patient must be offered communication assistance, free of charge. **TUH** policies provide details and also each employee and physician has been provided with a tri-fold card to accompany the ID badge that summarizes indications for use of a qualified communicator, the resources available, and how to obtain them, 24/7.

If medically or legally information is being exchanged, the patient must be provided with qualified language assistance, free of charge. Such assistance must be documented in the medical record for each episode of care.

**Available resources:**

**At TUH-NEC the following resources are available:**

For a Spanish-speaking patient, dial 7-3000. The operator will page the interpreter for you. To request an agency interpreter including American Sign Language: TPI offices can contact their Regional Director to make arrangements. All other departments at TUH-NEC please call 7-3000. The pre-programmed interpreter telephones are available 24/7 in each department. If you have written materials that need to be translated: Contact Linguistic Services at 215-707-0188. We ask that you try to submit electronic files for translation.

**At TUH and TUH-EC the following resources are available:**

**Staff Professional Medical Interpreters (PMI):** These interpreters are available to interpret for Spanish, Monday-Friday, 7:00am-7:00pm. They can be prescheduled or requested on demand to assist with inpatients. Dial 2-1234 and the Temple dispatcher will assist you.

**Dual Role Medical Interpreters (DRMI):** Bilingual staff members who have been trained and tested for language and interpreter skill competency may also be deployed if available by calling 2-1234; several different languages are represented.

**Agency In-Person Interpreters:** These interpreters are under contract to provide services to all Temple University Health System institutions. Their training and supervision conforms to hospital interpreter requirements. To request an agency in-person interpreter at **TUH** and **TUH-EC** call 2-1234, Monday-Friday, 8:00am-7:00pm. After hours, page the Nursing Clinical Coordinator.

To request agency in-person interpreters at Jeanes Hospital during business hours, call the
Executive Office at 215-728-2000. After hours you can call the operator at 215-728-2000 to be connected with the Nursing Clinical Coordinator on call.

**Language Proficient Clinicians:** These staff members and physicians have had their language skills validated. They have identifying badge stickers and are listed on the TUHS employee intranet site, Clinical Tab or in the References section. They may **NOT** interpret for other clinicians, but may communicate with their own patients directly in their common language without the use of an interpreter. These clinicians are eligible for DRMI training to become interpreters, if they wish to enhance their skills.

**InterpreTalk - Language Telephones:** These pre-programmed telephones are found in all clinical units, and other areas of our institutions where patients may need communication assistance. The service may also be used to telephone a patient with Limited English Proficiency or to take an incoming call. This service is available 24/7. Any telephone may be used to contact the language phone company. The instructions below will provide guidance on two scenarios using a pre-programmed and a regular phone to call for an over the phone interpreter.

**To place calls from a pre-programmed phone follow these directions:**
- Lift the handset and follow the prompts on the handset or phone base
- When calling this service, the Phone Coordinator will ask you for the required information, including language needed. The Coordinator will also conduct a pre-session for the provider and the patient.
- Summarize what you wish to accomplish and give any special instructions.
- Press Speaker if this is appropriate without violating patient confidentiality.
- Add the non-English speaker to the line.

**Using a non pre-programmed phone:**
- Dial: 9 - 1- 866 – 406 – 0019
- Follow Voice Prompts:
  - If you don’t know the 6-digit client ID number or are not sure, please contact the Linguistic and Cultural Services Department at 215-707-0188 or Nursing Clinical Coordinator after business hours. In most cases the department manager may be able to provide you with the 6-digit client ID number. Each hospital and entity has a separate client ID number.
  - When calling this service, the Coordinator will ask you for the required information, including language needed. The coordinator will also conduct a pre-session for the provider and the patient.
  - Summarize what you wish to accomplish and give any special instructions.
  - Press Speaker if this is appropriate without violating patient confidentiality.
  - Hand the handset to the non-English speaker to begin the communication.

**Deaf/Hearing-Impaired Services:**
To schedule an in -person interpreter for a deaf/hearing-impaired patient at TUH or the TUH-EC, please dial 2-1234, Monday-Friday, 8:00am-7:00pm. After business hours and holidays you may contact the Clinical Nurse Coordinator by dialing the operator.

To request an in-person interpreter for a deaf/hearing impaired patient at TUH-NEC TPI offices can contact their Regional Director to make arrangements. For other departments at TUH-NEC, call the operator at 7-3000.
The approved vendors for American Sign Language (ASL) in-person interpreters are The Communications Connection and Deaf-Hearing Communication Center.

To request an interpreter at Jeanes Hospital for a deaf/hearing impaired patient during business hours, call the Executives Office at 215-728-2000. After hours you can call the operator at 215-728-2000 to be connected with the Nursing Clinical Coordinator on call.

**An over video interpreter (OVI) station** is stored in the TUH interpreter office for 24/7 use. It uses a wireless data system. It does not function in the Outpatient building, above the second floor in Parkinson Pavilion, in the Ambulatory Care Center or on the Episcopal campus. Dial 2-1234, Monday through Friday, 8:00am -7:00 pm and an interpreter will bring and operate the equipment. After hours, call the operator (2-4545) to page the Nursing Clinical Coordinator who will bring and connect the equipment.

**A TDD/TTY Phone** is also located in the interpreter office and is obtained using the same procedure as the OVI stated above.

Outgoing calls to patients who are deaf can be conducted using the telephone relay feature on any telephone. To use this feature, obtain an outside line by dialing 9, and then dial 711, listening to the prompts for further directions.

**Cultural Diversity**

It is the policy of Temple University Hospital to respect the cultural and ethnic needs and desires of the patients whom we serve if at all possible. This may include:

- Respecting the patient’s beliefs regarding the origin of illness.
- “R.E.S.P.E. C.T”. “Finding out” what behaviors constitutes respect within the patient’s culture during an admission assessment or any point of care.
- Respecting/exploring the patient’s use of complementary and alternative modes of treatment.
- Negotiating a mutually acceptable treatment plan.
- Providing kosher/Halal or vegetarian meals/respecting dietary restrictions.
- Providing alternatives such as electric candles for rituals since actual candles may not be used within the hospitals.
- Providing an interpreter for the patient to participate in decisions regarding care.
- Providing access to clergy/pastoral care of the patient’s choice.
- Adapting visitor policies when patients are in crisis.
- Generating a consultation to the Ethics committee if there are barriers to treatment adherence.

Contact your Supervisor, Nurse Manager, or the Linguistic and Cultural Services Department at extension 2-0188 for information and assistance on issues of cultural diversity.

**Identification of Patients**

Accurate patient identification for both the inpatient and outpatient is imperative for provision of safe patient care. All hospital employees and physicians are responsible for verifying each
patient’s identity prior to administering any type of care or treatment.

Identification of a patient with an identification band shall include checking the band against a source document and asking the patient to confirm his/her name and date of birth (if patient condition allows).

- The two patient identifiers used at Temple University Hospital are: **Patient Name** and **Patient Date of Birth**.

- The Patient’s Medical Record Number may be a third identifier.

- In Behavioral Health the Patient’s Photo is used as the third identifier.

- The two patient identifiers used at Temple University Hospital for Outpatient services and integrated Ambulatory Practice sites, which shall be confirmed with the patient are: **Patient Name** and **Patient Date of Birth**.

### COBRA / EMTALA

#### Nondiscrimination

Temple University Hospital provides services to all persons seeking medical care without discrimination based upon race, color, religion, gender, sexual preference, age, disability, national origin, source of payment or ability to pay.

COBRA, the Consolidated Omnibus Budget and Reconciliation Act and EMTALA, the Emergency Medical Treatment and Active Labor Act are federal laws designed to assure access to emergency care, women in labor, and safe transfer to an appropriate facility if necessary. These laws were initially termed the “anti-dumping” laws. The laws require:

- Non-discriminatory access to care.
- Completion of a medical screening examination in sufficient detail to determine if an emergency condition or active labor exists.
- Clear, visible signage describing patient rights regarding medical screening for a medical condition or labor. The signs are in the Emergency Departments and Labor & Delivery at TUH.
- Stabilization of a medical emergency prior to transfer to another facility.
- Permission of the patient or designated legal representative for transfer to another facility.
- Permission for transfer from a physician at the receiving facility and the facility has an appropriate bed.
- Appropriate mode of transport and level of care during transfer.
- Records of care rendered, including x-rays and lab results be proved to the receiving facility.

These laws require any alleged COBRA/EMTALA infractions to be reported by institutions to the Centers for Medicare and Medicaid Services (CMS). All reporting to any regulatory agency will be done through Administration in conjunction with the Office of Legal Counsel.
Patient Flow

Patient flow has been a major initiative over the past several years to maximize capacity and reduce back-up in the Emergency Department. There are daily bed briefings, progression of care rounds, and a multi-disciplinary workgroup looking at processes and performance monitoring results in an effort to resolve system issues that affect the flow of patients through the hospital.

Palliative Care Program

The Temple University Hospital Palliative Care Program is an interdisciplinary approach with a focus on relieving suffering and improving the quality of life for patients with life-threatening illnesses and their families. The structure of the palliative care program includes physician and nurse practitioner specialists, social workers and chaplains that function as the consulting service for patients in Temple University Hospital. The palliative care service provides expert pain and symptom management, establishing goals of care and support to patients and their families integrated into their stages of illness along with appropriate medical treatments.

A Palliative Care consult is completed via the TDS order entry system.

Interdisciplinary Plan of Care

The patient care process involves all members of the interdisciplinary healthcare team consistent with their scope of practice.

- **Assessment**: collection and analysis of both subjective and objective patient specific data including the identification and prioritization of patient problems and needs.
- **Plan**: identification of actions or interventions and patient oriented goals based upon assessment findings.
- **Intervention**: implementation of the actions or interventions consistent with the plan of care.
- **Evaluation**: a review of the actions or interventions to determine their effectiveness and patient outcomes.

Within 12 hours of admission, the Registered Nurse is responsible to formulate the interdisciplinary plan of care based on problem(s) identified through the assessment process.

All members of the healthcare team involved in the care of the patient are responsible for documenting additional problems and interventions.

The plan of care should be evaluated daily during interdisciplinary rounds, and updated as needed.

Patient Falls

Patients are assessed for their risk of fall upon admission and each shift utilizing the Morse Fall Scale. If patients are found to be at risk, interventions are instituted including placing a yellow bracelet on their wrist and a falls magnet at the patient's door. Low beds can be ordered for patients at risk. Communication regarding the patient's fall status should be included on the Ticket to Ride when the patient leaves the floor for tests or procedures. The Registered Nurse is responsible to initiate the Interdisciplinary Plan of Care for Patients at risk for falls.
Patient Allergies

Patients are asked whether they have any allergies to medications, foods, or chemicals, such as latex. If they do, these allergies are documented in the medical record and the patient will have a red bracelet placed on their wrist. Employees should be aware of the red bracelet and review care orders and treatments with regard to the allergies.

Patient / Family Education

The goals of patient education are to enable patients and their families to make informed decisions about their health, manage their illness(es) and implement follow-up care. This process is accomplished through a comprehensive, interdisciplinary approach that promotes interactive communication between patients and caregivers.

Patients are assessed on admission as to their learning needs and ability to learn. Cultural and religious practice, emotional barriers, physical and emotional limitations, and language barriers are taken into consideration. Patients and/or family education includes the following, as appropriate:

- Use of medications
- Use of equipment
- Diet
- Food – drug interactions
- Drug – drug interactions
- Habilitation / Rehabilitation needs
- Personal hygiene
- Community resources
- Follow-up care
- Patient’s responsibility for their own care

The Interdisciplinary Patient Education Record is used to document the education plan and interventions, and all members of the interdisciplinary care team are required to document on the form including the level of patient comprehension achieved.

TIGR System

Temple University Hospital uses the TIGR system to improve the healthcare experience of our patients and families by providing on demand education of diagnosis and prevention, as well as increasing patient satisfaction, morale and overall confidence in the institution. Partnership in Infection Control and Falls prevention videos will be shown to each patient on the first day of their admission to initiate education, and familiarization with the TIGR system as well as partnership with caregivers. Channel 41 is dedicated to streaming short health clips for a variety of diagnosis and prevention education. Spirit clips and Patient Perspective clips have been added to add inspiration to the patient experience. The system is also used for staff education and training. Educational programs as well as the relaxation channel can be selected at any time, day or night.

C.A.R.E Channel

Several relaxation channels have been added to enhance relaxation at the bedside. Channel 55 and 56 offer 24/7 streaming guided imagery videos for patients (English/Spanish).
Standards of Care

Standards of Care are authoritative statements or guidelines that describe a competent level of practice for a particular profession. Standards of Care are derived from Standards of Practice that are set by professional organizations.

Clinical Practice Guidelines

At Temple University Hospital, we use the principles of evidence-based medicine as we care for our patients. This means that we use the results of medical research and the consensus of local and national experts for our treatment decisions whenever possible. Clinical practice guidelines have been developed based on current clinical evidence and research to create order sets that contain best practices.

Restraints

A restraint is a physical device or chemical agent used to restrict a patient’s movement that is not usually used during medical, diagnostic, or surgical procedures.

Temple University Hospital is committed to providing care to patients in the least restrictive setting possible. If restraints are used, the patient’s rights, dignity and well-being are preserved.

The need to use restraints in caring for a patient should always be preceded by a thorough assessment to determine alternatives to restraints or if less restrictive measures are more appropriate. These assessments may consider modifications to the plan of care, medication changes or behavioral interventions. If after consideration of alternatives, the decision is made to use restraints, the process that must be implemented is outlined in the Hospital policy on restraints.

Restraint Used for Medical Surgical Reasons

- A physician order is needed for the use of restraints. This order must be time limited, with a maximum of 24 hours and can NEVER be a PRN Order. The reason for the restraints must be documented as well as the type of restraint used.

- The patient must be reassessed every 24-hours for the continued use of restraints by the physician. This reassessment must be documented in the medical record. The plan of care is to be modified to include restraint.

Behavioral Health Restraints

- The use of restraint for violent or self-destructive behavior is limited to emergencies in which the patient’s behavior presents an immediate danger to his/her safety or that of others. In such situations, the registered nurse (RN) may initiate the use of restraints. The RN will notify the physician and obtain an order from the physician or other appropriately credentialed staff as soon as possible, within one hour.
• Orders for seclusion and restraint are time limited. Orders may not exceed 4 hours for patients ages 18 and older. Orders may not exceed 2 hours for patients for patients ages 15 to 17. Orders must also include 1) date and time of order, 2) type of restraint, 3) specific reason for restraint. Orders shall not be written as PRN or standing orders.

• The physician or other appropriately credentialed staff will conduct a face-to-face examination of the patient within one hour of restraint initiation. The plan of care is revised, as needed.

• If the patient is released from restraint prior to the expiration of the original order, the physician conducts an in-person evaluation of the patient within 24 hours of the initiation of restraint.

• If the patient requires restraint for more than 4 hours (2 hours for patients ages 15 to 17), the physician must reevaluate the patient with a face-to-face assessment and a new order must be written. The registered nurse will contact the physician prior to expiration of the order and request that a new face-to-face assessment be done and a new order be written.

The Restraint Observation Record is used by the nursing staff to document all care related to restraints. Documentation includes the alternative measures tried prior to restraint use, patient care and monitoring done every two hours, nursing assessment of the patient, and evaluation for continued use of restraints.

**Code Carts**

A member of the nursing staff is assigned daily by the Nurse Manager/Charge Nurse to insure availability and proper function of emergency equipment/supplies. Units not in operation 24 hours/day, 7 days per week will perform equipment verification every day they are in operation, prior to caring for a patient.

The assigned staff member will document the presence and function of emergency equipment supplies on the Emergency Equipment Checklist.

• Pharmacy personnel will inventory and restock the code cart whenever the seal is broken.
• Supplies needed to fully restock the cart may be obtained from Pharmacy stock, floor stock or CSR.
• Pharmacy will track expiration dates of the code cart supplies.
• The cart will be locked with a numbered lock by Pharmacy when the cart is fully replenished.
  o Pharmacy Department should be notified for any problems with lock integrity or expired supplies.
• Defibrillator must be plugged into a **red electrical outlet** when not in use.
  o “User test” conducted on a daily basis and discard strip.
• Portable oxygen tank will be replaced as needed by Respiratory Care Department.
• Respiratory Department is responsible for maintaining the airway box and replacing expired equipment as needed.
• EKG Machine will be repaired as needed through Biomedical Engineering.
FormChecker

FormChecker is an on-line resource for various healthcare professionals to access at Temple University Hospital that provides medication-related information.

- Protocols and guidelines (e.g. anticoagulation therapy, transplant, IV administration, antibiotic, renal dosing)
- Formulary Status of Medications
- Links to Resources (Lexi-Comp, MicroMedex, Latex-Information)
- Approval Forms (e.g. Xigris)
- High Risk/High Alert Medications
- Look Alike/Sound Alike Medications
- Therapeutic Interchange Tools (e.g. ARBs, Statins, ACEIs)
- Medication Alerts (e.g. FDA recalls, medication shortages)

An icon for FormChecker is available on all hospital computer desktops. Select the “TUH Adult” icon to access the Temple University Hospital specific information.

PPINNCH-IT Medications

High Alert medications are those that are either involved in a high percentage of errors and/or sentinel events, or have a higher risk for abuse or other adverse outcomes. They therefore require an extra level of caution and surveillance. TUH Administrative Policy # 950.601 fully describes how High-Alert medications must be dispensed and administered.

1. An independent verification by two licensed personnel will be performed and documented prior to the administration of a PPINNCH-IT medication when:
   - Starting an initial infusion
   - Changing the infusion rate
   - Changing the solution bag or vial
   - Preparing heparin or insulin IV bolus

   The verification by a second licensed personnel must be done independently after the medication has been prepared, but prior to administration of the PPINNCH-IT medication.

2. Each licensed personnel participating in the verification will:
   Independently compare the physician order with the label on the PPINNCH-IT medication, including the correct patient, time, frequency, drug, dose, route and rate.
   Independently perform all necessary calculations including the volume to be administered or added to an infusion, and the infusion rate.
   Independently verify the infusion pump is programmed at the correct rate and settings.

Temple University Hospital’s list of High Alert medications are described by the acronym PPINNCH-IT. A complete list of medications can be found on FormChecker.

1. Potassium – At concentrations >20 meq/50ml IVPB
2. Prostacyclins (Remodulin® and Flolan®)
3. Insulin – Intravenous
4. Narcotic Infusion (Morphine, Hydromorphone, Fentanyl, etc.)
N = Neuromuscular Blocking Agents (Pancuronium, Cisatracurium, Rocuronium, Vecuronium and Succinyl Choline)
C = Chemotherapy
H = Heparin Infusion and Bolus administration
IT = Thrombin Inhibitors (Agratroban, Refludan, Lepirudin and Bivalrudin)

Look-a-Like / Sound-a-Like Drugs

Unfortunately, many drug names can look or sound like other drug names, which may lead to potentially harmful medication errors. Factors such as poor handwriting or poorly communicated oral prescriptions can exacerbate the problem. Healthcare practitioners and organizations need to be aware of the role drug names play in medication safety as well as system changes that can be made to prevent errors. TUH reviews this list annually and chooses the medications that are most relevant to practice in the hospital. A complete list of Look-Alike, Sound-Alike medications is posted on FormChecker.

Recommendations for avoiding these mistakes include:

**General Recommendations**
1. Be aware of Look-a-Like, Sound-a-Like drug names.
2. Ask for both the brand and generic name.
3. Ask for and document the drug’s intended purpose. In most cases drugs that sound or look similar are used for different purposes.
4. Encourage patients to ask about medications that are unfamiliar or look or sound different than expected.
5. Take verbal or telephone orders only when truly necessary, and never for chemotherapy.
6. Read back all orders, spell the product name, and state its indication.

**Expiration Dates – Multi-Dose Vials**

<table>
<thead>
<tr>
<th>Product</th>
<th>Expiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-dose Medication Vials: Meds</td>
<td>28 days*</td>
</tr>
<tr>
<td>Peroxide, Alcohol, Betadine Meds</td>
<td>Manufacturer’s Date</td>
</tr>
<tr>
<td>Saline Solution for Irrigation</td>
<td>24 hours **</td>
</tr>
<tr>
<td>Glucose Strips: POCT</td>
<td>120 days from opening</td>
</tr>
<tr>
<td>Glucose Controls: POCT</td>
<td>90 days from opening</td>
</tr>
<tr>
<td>Hemoccult / Gastroccult Slides: POCT</td>
<td>Manufacturer’s Date</td>
</tr>
<tr>
<td>Hemoccult / Gastroccult Developer: POCT</td>
<td>Manufacturer’s Date</td>
</tr>
<tr>
<td>Urine Dip Sticks: POCT</td>
<td>Manufacturer’s Date</td>
</tr>
<tr>
<td>PDI Wipes: (example: label reads MFG 2011/03)</td>
<td>Expires two (2) years after manufacturer’s date (example: expires 2013/03)</td>
</tr>
<tr>
<td>Clorox Germicidal Wipes: (example: label reads EXP15SEPT11)</td>
<td>Expires September 15, 2011</td>
</tr>
</tbody>
</table>

All vials & containers **MUST** be labeled with date opened, date expires, and initials.
* Date expires & initials on label only
** Date opened, date and times expires, and initials on label
Temperature Ranges – Refrigerators / Freezers

<table>
<thead>
<tr>
<th></th>
<th>Refrigerators</th>
<th>Freezers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications</td>
<td>36° to 46°F or 2° to 8°C</td>
<td>-14° to -4°F or -25° to -20°C</td>
</tr>
<tr>
<td>Specimens</td>
<td>36° to 46°F or 2° to 8°C</td>
<td>-14° to -4°F or -25° to -20°C</td>
</tr>
<tr>
<td>Patient Food</td>
<td>36° to 40°F or 2° to 4°C</td>
<td>-10° to 0°F or -23° to -18°C</td>
</tr>
<tr>
<td>Breast Milk</td>
<td>32° to 40°F or 0° to 4°C</td>
<td>9° to 13°F or -13° to -10°C</td>
</tr>
<tr>
<td>Department / Employee</td>
<td>36° to 40°F or 2° to 4°C</td>
<td>-10° to 0°F or -12° to -18°C</td>
</tr>
<tr>
<td>Room Temperature</td>
<td>59° to 86°F or 15° to 30°C</td>
<td></td>
</tr>
</tbody>
</table>

Note: These temperatures are only a guide; please check the manufacturer’s recommendations or references related to the specific product.

Prisoner / Forensic Patients

It is the policy of Temple University Hospital that the unique needs of prisoner-patients will be accommodated to the extent possible to assure the safety and care of these patients as well as the safety of other patients, visitors and staff. At Temple University Hospital, prisoner-patients will be guarded at all times by external law enforcement agents or prison guards.

It is the responsibility of law enforcement agencies / prison guards to contact the Security Department prior to bringing a prisoner-patient to the Hospital for any kind of treatment. The Security Department is responsible for maintaining communication with such agencies, providing relevant orientation and education, informing them of our procedures and ensuring compliance. Education should include:

- hospital channels of communication
- distinctions between police and clinical restraints
- procedures for responding to unusual events
- explanation of emergency codes
- smoking policy

The Security Department, upon learning of a prisoner-patient encounter, whether outpatient or inpatient, will notify the appropriate supervisory personnel in the area(s) where the patient is scheduled for care or treatment.

Any area which receives a prisoner-patient should question the law enforcement agents or prison guards as to whether they checked in with Security. If they did not, Security should be notified. At no time should the prisoner-patient be left unguarded by the law enforcement agents or prison guards. Department staff should contact Security or the Clinical Coordinator if they have any concerns related to prisoner-patient supervision. Department staff shall orient the law enforcement agents or prison guards to the department. Facility specific written information is given to the law enforcement agents.

House Staff / Residents

House Staff / Residents’ are permitted to perform specific procedures according to their specialties and level of training. House Staff / Residents’ privileges can be verified by accessing them on the Temple University Health System Employee Site, click on the “Clinical” tab, scroll down, and click on “Graduate Medical Education (GME) Privileges.” You can also access the House Staff / Residents’ privileges by using Citrix from outside the organization at
Physician Privileges

Physician credentials and privileges are reviewed every two years by the Medical Staff Executive Committee and Board of Governors. Physicians must have the proper privileges prior to doing any patient procedure. Medical Staff privileges can be verified by accessing them on the Temple University Health System Employee Site, click on the “Clinical” tab, scroll down, and click on “TUH/TUH-E Physician Privileges.” You can also access the TUH/TUH-E Physician privileges by using Citrix from outside the organization at http://access.templehealth.org, under the Applications Site column, and click on the TUHS Employee Page. Note: In case of a network outage, hard copy binders will be available in Nursing Staffing Office at TUH and Episcopal Campus. Questions after hours should be referred to the Clinical Coordinator who may contact the appropriate Department Chairman or Administrator on Call.

Medical and Other Students

As part of our mission, TUH provides the clinical environment and service to support the highest quality teaching and training programs for Pharmacy, Medical, Nursing, and other health care students and professionals. All students shall not work independently; all shall work under trained instructors. All documentation entries are co-signed by TUH employee of the same discipline.

Impaired Practitioners

Impairment is the inability of an individual to perform their job with reasonable care and skill because of causes such as substance abuse, physical conditions, psychiatric issues or cognitive conditions. The signs and symptoms may include the following:

- Physical: chronic and severe fatigue, high accident rate, multiple physical complaints, deterioration in hygiene.
- Social: Isolation from others, sudden and extreme changes in behavior, inappropriate behavior.
- Performance: Significant changes in work routines, attendance and performance.
- Behavioral: Mood swings, depression, slowness, lapses in attention.

If you believe a provider or any employee is impaired, you can make a confidential referral to your department supervisor, the Medical Staff Office, Human Resources, any member of the Senior Leader Team, or any member of the Physicians Health Committee. You can call the 2-COPE (2-2673) line, which is checked daily by the Medical Staff Office and confidentially referred to the Chairperson of the Physicians Health Committee. You can also call the Compliance Hotline at (215) 204-9500.

Fair Treatment / Employee Grievances and Complaints

TUHS wants to make our environment a pleasant place to work and in doing so will make every effort to deal with employees fairly, respectfully and consistently. Despite this, there may be times
where we fall short of this goal. If you have a grievance or complaint it is suggested that you first talk to your manager. If this is not possible, we suggest that you go to your department head. If you are still not satisfied, you may present your issue in writing to the Human Resources Department Employee Relations representative at your facility for review.

For additional information, see the Complaint and Grievance policy (TUH Administrative Policy #950.526). In some of our member organizations, this is referred to as the Fair Treatment policy. If you are a member of a bargaining unit, refer to your labor agreement for specifics on the grievance procedure to be followed.

**Staff Injuries / Illness**

If you have an injury or illness while working, you must notify your immediate supervisor as soon as possible. Your supervisor will complete all necessary reports with you and direct you for treatment to either Occupational Health or the Emergency Department. For TUH-Episcopal Campus and TUH-Northeastern Campus you will be directed to Employee Health/Industrial Health or the Emergency Department.

**Staff Competencies**

Temple University Hospital provides the appropriate number and type of competent staff to meet the needs of the patients we serve. The job description identifies the credentials and competencies necessary for each position. Each applicant’s credentials and qualifications are assessed at the time of hire. The orientation process, followed by ongoing performance appraisals, ensure continued staff competency. Initial and on-going competencies are population specific, age specific and location specific. There are mandatory on-line competencies which must be completed each year by each employee. As Temple University Hospital strives to provide optimum care for our patients, if you feel that you cannot provide that optimum care, due to your own competencies, please contact your supervisor immediately.

To access the Mandatory Competency site from outside TUHS Facilities the following URL may be used: [https://access.templehealth.org](https://access.templehealth.org). Under the Applications column, click on TUHS Employee Page, under the Education & Learning section, scroll down and select Mandatory Competencies. This site will require that the user have a valid TUID for registering to take the tutorials and quizzes.

**Orientation**

All employees (full, part-time) are scheduled to complete a General Orientation session. Contract or agency staff, volunteers and students receive orientation to the building and to the area(s) where they will be working. The components presented at Orientation are documented.

Each department or service is responsible for providing a specific departmental/service orientation program.

All orientations must be documented with the information covered, date of orientation, the employee’s signature and the signature of the person who provided the orientation. This information is to be maintained the employee’s Human Resource file.
Performance Appraisals

The performance appraisal process incorporates two essential elements: (1) an assessment of an employee’s current duties and responsibilities as described in the job description, and (2) a competency assessment related to the employee’s specific responsibilities. The employee who has patient care responsibilities will have a competency assessment that addresses the special needs of the population and specific patient groups they serve. In addition, employees are required to maintain a Professional Development Record to list competencies, education and other programs attended. Each employee is required to have a performance appraisal at least annually.

Harassment

It is the policy of TUHS to prohibit harassment of an employee by another employee, management, or a patient or visitor to include but not limited to harassment on the basis of: age, race, color, disability, national origin, religion, sexual orientation and gender. The purpose is to assure that in the workplace no employee will be subjected to harassment or intimidation. While it is not always easy to define what harassment or intimidation is, it does include slurs, threats, derogatory comments, unwelcome jokes, teasing and other similar verbal or physical conduct.

Any employee who feels that he or she is a victim of such treatment should immediately report the matter to their supervisor or manager, or to any other member of management or to Human Resources. In order for TUHS to take the appropriate steps, it is important that claims be brought to the attention of management. Failure to do so prevents us from taking the necessary steps to remedy these situations.

Violations of this policy will not be permitted and may result in disciplinary action up to and including termination. All reports of harassment, whether sexual or otherwise, will be promptly, thoroughly and discreetly investigated by the Human Resources department and by members of management who are not involved in the alleged incident.

Weather Emergencies

It is expected that all essential employees will report to work in the event of a weather emergency.

The Severe Weather Operations Plan shall be implemented by the Administrator-On-Call in collaboration with the Chief Executive Officer.

Tracer Methodology

Tracer Methodology is used to determine whether appropriate and safe care, treatment, and services were provided. The focus of tracers is on the patient care process at the point of care. Care is viewed across the organization to validate consistency, safety, and uniformity with the performance of care, treatment, and services. The tracer process also provides a view of communication throughout the continuum of care and at discharge and/or transfer to another level of care, whether that is to home or to another type of facility.

Frontline staff members are critical players with the tracer process. Key open-ended questions are asked to demonstrate staff knowledge of policies, procedures, and processes through the use of tracer tools that focus on general admission, assessment, treatment, reassessment, documentation,
education, staff competency, communication, and other elements of performance that are found in accreditation standards. Medical records are also reviewed for completeness of documentation, legibility, and accuracy to ascertain a depiction of the care delivered to the patient.

In addition, the review of clinical processes and the physical environment of the organization needs to be assessed on an ongoing basis to ensure a safe, functional, and supportive environment for the delivery of quality care within the hospital. This includes the management of safety and security, hazardous materials and waste, fire safety, medical equipment, utilities, emergency preparedness, and other physical environment requirements.

It is important to let staff members know that this is NOT a punitive, but an educational process. Reinforcement of high quality practices will be hardwired and areas identified as opportunities for improvement are documented and reviewed with management, and action plans are developed to improve compliance. Tracers help us maintain a state of readiness for every patient, each time he/she comes for care.

Survey Manners

Whenever a surveyor from an outside agency, such as The Joint Commission or the Department of Health, visits Temple University Hospital, a TUH administrator or manager will be with the surveyor. We should be respectful and answer all questions honestly. If you don't understand the question, ask for a clarification. If you don't know the answer to a question, tell the surveyor where you would go or whom you would ask to find the answer. You are a reflection of Temple University Hospital. Remember, no information can be shared with any surveyor in any form (oral, written, computer) prior to the credentials of the surveyor being verified by Administration and without Administration’s approval.

Important Telephone Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>TUH</th>
<th>TUH-EC</th>
<th>TUH-NEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page Operator</td>
<td>2-4545</td>
<td>2-1200</td>
<td>7-3000</td>
</tr>
<tr>
<td>Rapid Response Team (Medical Emergency)</td>
<td>2-3333</td>
<td>2-6300</td>
<td>9-1-911</td>
</tr>
<tr>
<td>Code Red (Fire)</td>
<td>1-1234</td>
<td>2-6300</td>
<td>9-1-911 &amp;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>215-356-6208</td>
</tr>
<tr>
<td>Code White (Internal/External Disaster)</td>
<td>1-1234</td>
<td>2-6300</td>
<td>9-1-911 &amp;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>215-356-6208</td>
</tr>
<tr>
<td>Biomedical Engineering</td>
<td>2-3303</td>
<td>2-0507</td>
<td>2-3303</td>
</tr>
<tr>
<td>HIPAA Privacy Officer</td>
<td>2-5605</td>
<td>2-5605</td>
<td>2-5605</td>
</tr>
<tr>
<td>Risk Management</td>
<td>2-8219</td>
<td>2-0447</td>
<td>2-0447</td>
</tr>
<tr>
<td>Radioactive Spills/EHRS</td>
<td>2-2520</td>
<td>2-2520</td>
<td>2-2520</td>
</tr>
<tr>
<td>Patient Safety Officer</td>
<td>2-9700</td>
<td>2-0400</td>
<td>2-9700</td>
</tr>
<tr>
<td>Security (Hospital)</td>
<td>1-1234</td>
<td>2-5200</td>
<td>9-1-911 &amp;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>215-356-6208</td>
</tr>
<tr>
<td>Code Pink (Infant/Child Abduction)</td>
<td>1-1234</td>
<td>2-6300</td>
<td>9-1-911 &amp;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>215-356-6208</td>
</tr>
<tr>
<td>Code Black (Bomb Threat)</td>
<td>1-1234</td>
<td>2-6300</td>
<td>9-1-911 &amp;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>215-356-6208</td>
</tr>
<tr>
<td>Performance Improvement</td>
<td>2-3575</td>
<td>2-0447</td>
<td>2-0447</td>
</tr>
<tr>
<td>Regulatory &amp; Accreditation Services</td>
<td>2-6763</td>
<td>2-6763</td>
<td>2-6763</td>
</tr>
<tr>
<td>HELP DESK – Information Services</td>
<td>2-7008</td>
<td>2-7008</td>
<td>2-7008</td>
</tr>
</tbody>
</table>
RED EMERGENCY TELEPHONES:

Stations are located in various areas on all campuses. Each telephone has direct access to the operator. Follow the instructions mounted on the telephone.

Concerns Related to Patient Safety and Quality

Temple University Hospital is committed to providing the highest level of patient care services. All employees, physicians, other providers of care, and patients/families have the right, without recrimination, to voice their concerns or complaints. We hope that you would contact a manager or Associate Hospital Director first. You may also contact The Joint Commission at 1-800-994-6610 or at complaint@jointcommission.org or the PA Department of Health at 1-800-254-5164.

Notes