For Any Questions Contact:

Joseph Lavy  
New Employee Orientation Specialist  
jllavy@uw.edu

UW Medicine Health System Human Resources  
Organization Development and Training  
OD&T Email: odtreg@uw.edu  
OD&T Phone: 206-598-6118  
Box: 359422
NEW EMPLOYEE ACTION LIST

Please be sure to complete these requirements within your first 30 days of employment!

Things to Do:

☐ Attend UW Medicine Day One, Part Two: New Employee Orientation, 11:30 - 4:30
  → Log in to the NEO webinar using your UW Zoom account. To do so:
    ○ Ensure you are signed out of your personal Zoom account
    ○ Access the UW Zoom site: https://washington.zoom.us
    ○ Click on “Sign In to UW Zoom.” You will be prompted to enter your UW NetID and password.
    ○ Click on “Join Meeting” and enter webinar ID: 997 8639 4366

  For step-by-step assistance visit: https://tinyurl.com/bvwwa4jn

  In the event that you are unsuccessful at signing into Zoom for the webinar there is a last-resort call-in option:

  If you call in you must email odtreg@uw.edu with your UW NetID and the number you called from to ensure that you are credited with attendance

☐ Confirm that your UW Email account is both sending and receiving mail (see page 7-12 for assistance)

☐ Setup your UW Medicine AMC account (see page 7-12 for assistance)

☐ Discuss onsite-work COVID Protocols with your manager/supervisor
  → Personal Protective Equipment (PPE) requirements
  → Daily Workday Attestations
  → Unit-specific expectations

☐ Read/Sign the UW Medicine Compliance Code of Conduct
  Located in the New Employee Guidebook. Turn it in to your manager on your first day of regular work. An electronic copy can be found on the UW Medicine Compliance Website:
  http://depts.washington.edu/comply/docs/UWM_CodeofConduct.pdf

☐ Read/Sign Privacy, Confidentiality, and Information Security Agreement
  Located in the New Employee Guidebook. Turn this in to your manager on your first day of regular work. An electronic copy can be found on the UW Medicine Compliance Website: http://depts.washington.edu/comply/docs/002_F1.pdf

☐ Complete additional on-line training (watch your email for instructions)
  → Title IX: Husky Prevention & Response (within 1st week)
  → Compliance (within 1st month)

☐ Choose Benefits options…don’t miss your deadlines!
  Read any/all notifications that you receive via your Workday inbox and take immediate action.
  Benefits Orientations: http://hr.uw.edu/benefits/benefits-orientation/
  Contact the Integrated Service Center (ISC) with any questions regarding benefits eligibility, coverage, or Workday forms:
  206-543-8000, ischelp@uw.edu, M–F 8:00–5:00
Employee Health Services

Your Employee Health onboarding visit should be done within 10 days of your start date

→ Harborview Employee Health Services Office: 1EC21, 206-744-3081, ehshmc@uw.edu, M–W 6:30–5, Th–F 6:30–4:30
Address: Main Hospital, 325 9th Ave, Seattle, WA 98104

→ UWMC – Montlake Employee Health Office: BB306, 206-598-7971, emhealth@uw.edu, M–F 7:15–4:00
Address: Main Hospital, 1959 NE Pacific St 2nd Floor, Seattle, WA 98195

→ UWMC – Northwest Employee Health Office: Medical Arts Building Suite 107, 206-668-1625, employeehealthnw@uw.edu
Address: Main Hospital, 1550 N 115th St, Seattle, WA 98133

→ UW Medicine Primary Care Clinics: 206.520.5586, uwncc-employee-health@uw.edu, Hours: M–F 8:00–4:00,
UW Medicine COVID-19 prevention education is required reading for all health system staff and new health system employees. It is intended to ensure that all employees are familiar with how COVID-19 is transmitted, the safety expectations for all staff and what you as an employee must do to protect yourself, co-workers, patients and visitors. A link to download a more comprehensive COVID-19 prevention slide deck can be found here. Guidance will continue to evolve as new information becomes available. Note: This document does not fulfill requirements for individuals caring for COVID-19 patients.

What is COVID-19?
- A virus that spreads from person to person
- The current spread of COVID-19 is considered a pandemic

How does COVID-19 spread?
- Through close contact with an infected person
- Infected droplets when a person coughs, sneezes or shouts
- Through aerosolization
- By individuals with no symptoms

How is UW Medicine keeping employees, patients and visitors safe?
- COVID-19 Prevention and Control Bundle and Healthcare Worker Safety Toolkit (see resources)
- Employee health advisories
- Department notification if a co-worker tests positive
- New policies and procedures to prevent the spread of infection
- Updated visitor policy (see resources)

What is the COVID-19 Prevention Control Bundle and why it is important to you?
- Key practices for keeping you, your co-workers, patients and visitors safe and healthy (see resources)

What you need to know about:
- Hand Hygiene
  - Prevents the spread of disease
  - Soap and water is best
  - Hand sanitizer that is at least 60% alcohol works

- Your responsibility to your job and co-workers
  - Stay home if sick
  - Attest daily that you are not sick before coming into work

- Symptoms of COVID-19
  - New cough or shortness of breath
  - Fever
  - Chills
  - Muscle pain
  - Sore throat
  - Loss of taste or smell
  - GI symptoms such as nausea, vomiting or diarrhea
  - Headache
  - Runny nose
• Physical distancing
  o Maintain at least a 6-foot physical distance from others
  o Smaller meetings
  o Limit numbers in break rooms
  o Wear appropriate face covering for your situation if you cannot maintain a 6-foot distance

• Personal Protective Equipment (PPE)
  o Clinical staff must follow Standard Precautions for all patient encounters
  o Wear appropriate masks
  o Patients and visitors must mask upon entry into our buildings

• Face Mask Usage Requirements
  o A single mask can be used continuously during a shift and across patient encounters
  o Face shields may be worn
  o Perform hand hygiene before and after touching your mask
  o Wear your mask appropriately
  o Discard your mask at the end of a shift or when soiled
  o See Universal Face Mask Job Aid under resources

• Eye Protection
  o Required when working with patients
  o Face shields or goggles are in addition to a mask
  o Can be worn between patients or cleaned if necessary
  o Wear UW Medicine-approved goggles or your own if they provide the appropriate level of coverage

• COVID-19 Laboratory Testing
  o Employees are tested promptly at UW Medicine sites
  o All patients are tested when admitted or prior to a surgery or procedure
  o See testing guidelines under resources

• Environmental Cleaning
  o Wipe down high-touch areas
  o Use EPA approved cleaning products
  o Deep cleaning of areas is available

• Support and Well-Being
  o We are here to support you
  o Well-being website (see resources)
  o Peer to peer website (see resources)

• Research, Education and Communication
  o UW Medicine is a leader in research and treatment for COVID-19
  o Monitor your emails and the Huddle for important updates (see resources)

• Resources
  o 2019 Novel Coronavirus (nCoV) Response Program
  o The Huddle
  o COVID-19: Visitor Policy
  o Universal Face Mask Job Aid
  o UPDATED: SARS-CoV-2 (COVID-19) Testing Criteria
  o Well-Being and Support website
  o Peer to Peer Program
  o Harborview COVID-19 Response
  o UWMC COVID-19 Resources

If you have questions, please contact your manager or learn more about the 2019 Novel Coronavirus (nCoV) Response Program.
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Account Setup & IT Services Contacts

UW Login Account Overview

Initially, UW Medicine employees receive two login accounts, UW NetID and UW Medicine. They have the same username/login ID, but the accounts and passwords are independent, used to access different systems, and managed separately.

If you would like to change your UW username/login ID, please wait 2 week after NEO and then call 206-221-5000. This will help avoid disruption during your training.

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<th>UW Medicine Login Account</th>
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<td>• UW Medicine (AMC) Computers</td>
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</tr>
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<td>My.uw.edu under the “Accounts,” and then the “UW NetID” section</td>
<td>My.uw.edu under “Accounts,” and then the “UW Medicine Account” section</td>
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<td>Support</td>
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<td>Call UW-IT Services for password assistance (see below)</td>
<td>Call the UW Medicine IT Services Help Desk for password assistance (see below)</td>
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IT Services Contacts

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<tr>
<td>UW-IT Services</td>
<td>UW Medicine ITS Help Desk</td>
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<tr>
<td>Email address</td>
<td>Email address</td>
</tr>
<tr>
<td><a href="mailto:help@uw.edu">help@uw.edu</a></td>
<td><a href="mailto:mcsos@uw.edu">mcsos@uw.edu</a></td>
</tr>
<tr>
<td>Phone number</td>
<td>Phone number</td>
</tr>
<tr>
<td>206-221-5000</td>
<td>206-543-7012</td>
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<tr>
<td>Hours</td>
<td>Hours</td>
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<td>24x7</td>
<td>24x7</td>
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Have the following information ready when contacting IT Services:

- **Name** – first and last name of person to be contacted
- **Location** – building/facility, unit/clinic, and room; e.g. HMC NICU 2WH54
- **Phone number** – direct phone number for the person to be contacted
- **Computer name** – located on the bottom right of the desktop background; e.g. AMC \ H-ED-C001c
- **Detailed description** – describe issue or request, include which application you are using, errors messages displayed, and any other details you think are relevant
- **Medical Record Number (MRN)** – if a patient’s electronic record is involved
UW NetID and UW Medicine Passwords

UW Medical Centers personnel need two accounts— a UW NetID account and a UW Medicine account. The UW NetID account provides all UW employees access to tools and services, such as MyUW and UW email. The UW Medicine account provides access to clinical systems like Epic. First you will need to establish and verify your UWNNet ID account and password. Your manager or sponsor must complete a request form to activate your UW Medicine account. This job aid will instruct you how to obtain a UW NetID, change your UW NetID password, change your UW Medicine password, and open MyUW to verify your UW email account settings.

Access MyUW with your UW NetID

Use your computer or an IOS or Android phone to open MyUW from the UW homepage. Follow these steps to open MyUW or to obtain a UW NetID or if you forgot your UW NetID password.

1. Enter www.uw.edu in a web browser and press Enter.
2. Click Quick Links.
3. Click MyUW.

If you know your UWNNetID and password, continue to step 4.
If you do not have (or forgot) your UWNNetID or if you forgot your password, go to section b.

4. Enter your UW NetID and password to log in to MyUW.
5. Click Sign In.

Go to section e to verify your UW email access from MyUW.
Obtain A UW NetID or Reset Your UW NetID Password

Obtain a UW NetID or obtain your UW NetID password from the UW homepage.

To obtain a UW NetID, or if you forgot your UW Net ID:
- Click Obtain a UW NetID.
- Follow prompts.
- Choose UW Medical Centers Personnel.
- Follow remaining steps

1. You will receive an email notification either with instructions to set up UW Net ID or with your previously defined UW NetID.

If you have a UW NetID but forgot your password:
- Enter your UW NetID.
- Click Forgot your password?
- Follow remaining steps.
- Select the security code delivery option or select can’t access either method and follow the steps.

1. For assistance, contact UW Medicine ITS Help Desk
   Phone: 206-543-7012 Email: mcsos@uw.edu

Obtain a UW Medicine Account

The employee’s manager or sponsor must complete a UW Medicine Account Activation Request Form to obtain an AMC account for the user. Verify with your manager or sponsor that the request form has been completed. Once the web form is completed, the request is sent to ITS for provisioning. The user will receive an email from ITS with directions for setting up their AMC account.

1. For assistance, contact UW Medicine ITS Help Desk
   Phone: 206-543-7012 Email: mcsos@uw.edu

https://services.uwmedicine.org/oip/form/newAccount.jsp
Change Your UW Medicine Password from MyUW

Your AMC password expires after 120 days. Follow these steps to change or setup your password:

1. Log in to MyUW with your UW NetID username and password, following the steps in section a.
2. Click Accounts.
3. Click Change UW Medicine password.
4. Enter your UW NetID username and password on the Password Portal page, and click Log in.
5. Read the Identity Confirmation page, check the box to confirm your identity, and click Next.
6. Enter your new password in the two password fields on the Update your UW Medicine Password page and click Update password.

Follow all directions until you get a confirmation page indicating you successfully created a password.

Pro Tip: Make a note of the new UW Medicine password so that you can use this in EHR training.

From your phone, open the dropdown menu, then click Accounts.

If you are unable to log in, contact the UW Medicine ITS Help Desk at 206-543-7012 or email the Help Desk at mcsos@uw.edu.
UW NetID and UW Medicine Passwords (Continued)

Verify UW Email Access

Verify your UW email access from your MyUW homepage. If you previously were forwarding your email as a student, you must change your email forwarding as indicated in steps 2 through 6.

1. Click Email in the MyUW banner and your Outlook 365 email will open.
   
   ① If your email is not fully set up, you will be directed to a series of steps to open Outlook (Microsoft Office 365) and you will log in using your UW NetID.

Your UW email is verified when Outlook opens. You may stop after step 1, then sign out of MyUW and close your browser.

If your UW email (Outlook) does not open from the email link, or if there is no link, follow steps 2 through 6.

2. Click on UW Resources in the MyUW menu.
3. Scroll down the UW Resources page to Email, and Accounts and Identity and click Email Forwarding.
4. Select Forward to UW Office 365.
   
   ① UW Medicine workforce members and clinical students at HMC, UWM-Montlake, UWM-Northwest, VMC, and UWNC are prohibited from forwarding their UW email accounts, except to a UW Medicine approved email system. Email domains such as @gmail.com, @hotmail.com, and @yahoo.com are prohibited.

5. Click OK.
6. Sign out of MyUW and always close your browser after signing out.
   
   ① For assistance, contact UW Medicine ITS Help Desk
   Phone: 206-543-7012 Email: mcsos@uw.edu
Preamble

UW Medicine is committed to the highest standards of excellence and integrity in advancement of its mission to improve the health of the public. Each individual and every entity within UW Medicine strives to embody excellence and integrity, and seeks to contribute to a culture of quality, compliance, safety and ethical business practices. Members of UW Medicine are committed to treating everyone with respect, courtesy, dignity and professionalism without discrimination and without regard to race, color, creed, age, sex, gender identity or expression, genetic information, national origin, cultural affiliation, citizenship, pregnancy, marital status, sexual orientation, disability, veteran status or religion.

The UW Medicine Compliance Program encompasses a set of policies and guidance that define the scope of the program and establish related requirements and expectations for UW Medicine workforce members. These materials are posted online at http://depts.washington.edu/comply/policies. This Compliance Code of Conduct (Code) is intended to ensure consistent standards of conduct throughout UW Medicine. While the Code does not address every issue that may arise, it outlines the basic principles of the Compliance Program and provides contact information for making inquiries or reporting concerns.

Each UW Medicine workforce member is responsible for reviewing, understanding, and personally upholding this Code. Actions or behaviors that do not align with the principles outlined in this Code may subject an individual to appropriate disciplinary or corrective action in accordance with the policies applicable to the workforce member’s specific position and work site.

The Code is built on the shared values and principles embodied in the UW Medicine Policy on Professional Conduct (Professionalism Policy) https://www.uwmedicine.org/about/policy-on-professional-conduct, which outlines behavioral expectations that extend beyond the scope of the Compliance Program. The Code closely relates to, but is not intended to replace, the Professionalism Policy.

--

1 UW Medicine is the academic medical center of the University of Washington. UW Medicine is comprised of the following:
- Airlift Northwest
- Harborview Medical Center
- UW Medical Center
- UW Medicine Primary Care Clinics
- UW Physicians
- UW School of Medicine
- Valley Medical Center
- UW Medicine Shared Services
The Compliance Code of Conduct

1. **Abide by all Laws, Regulations, Policies, Procedures and Standards**
   UW Medicine is committed to following applicable state and federal laws and regulations and maintaining the highest ethical standards for the conduct of its academic, clinical, research and business affairs. UW Medicine workforce members exhibit conduct that is legal, ethical and in compliance with applicable institutional policies that are designed to implement federal and state laws and regulations. UW Medicine strives to produce clear guidance, but individuals are responsible for understanding and adhering to rules that apply to their specific roles. Workforce members should seek clarification from their supervisors and/or UW Medicine Compliance when they have questions about their obligations.

2. **Prevent Fraud and Abuse**
   UW Medicine complies with coding and billing requirements and does not engage in practices that may violate federal and state laws and rules, including, but not limited to, the federal and state False Claims Acts and Medicare/Medicaid rules. UW Medicine is committed to charging, billing and submitting claims for reimbursement only for services actually rendered, documented timely and completely in the medical record, and coded in the manner required by applicable laws and regulations.

   The False Claims Act governs documentation, coding, billing and accounting for patient care services. Individuals involved in these activities are expected to provide true, complete and accurate information to support every claim for reimbursement and to report suspected noncompliance.

3. **Provide the Highest Quality of Care**
   UW Medicine is committed to providing the highest quality, safest, medically necessary, and most effective, efficient care to patients. Patients and their families are treated with utmost compassion and respect. Care is provided in accordance with the Emergency Medical Treatment and Labor Act (EMTALA), and the related policies and clinical standards established for each healthcare entity within UW Medicine.

4. **Promote Ethical Academic, Clinical, Research and Business Conduct**
   UW Medicine maintains the highest ethical standards for the conduct of its academic, clinical, research and business affairs. All individuals in the enterprise shall:
   a. Exercise personal accountability and integrity in their work and in their relationships with students, patients, research participants, vendors and the public.
   b. Conduct ethical and responsible research with regard for the well-being and rights of study participants.
   c. Make decisions based on the best interests of patients.

5. **Protect Patient Privacy**
   UW Medicine has specific responsibilities to protect patient confidentiality and ensure the privacy and security of protected health information (PHI). In accordance with UW Medicine Compliance Patient Information Privacy policies, UW Medicine workforce members share the following accountabilities:

   UW Medicine
a. Access, use and disclose only the minimum PHI necessary to perform authorized job duties.
b. Understand and comply with institutional policies governing PHI, including those that provide patients with specific rights.
c. Report concerns to UW Medicine Compliance about the access, use or disclosure of PHI.

6. **Practice Data Stewardship**
UW Medicine is committed to protecting the confidentiality of sensitive information, including patient, restricted, proprietary, research and student information. Workforce members who are given access to sensitive information are responsible for practicing data stewardship. This includes taking the measures necessary to ensure the physical and electronic security of information used or acquired in the performance of assigned duties, regardless of its form, location or method of transmission; understanding the policies that apply to specific types of information; and seeking clarification when questions about requirements arise. In addition, we are committed to honesty and transparency in disclosing our use of patient data and relevant third-party business and research relationships.

7. **Appropriate Use of UW Medicine Resources and Assets**
UW Medicine assets, including finances, equipment, human resources, facilities, and technologies are entrusted to individuals during the course of their work and must be used responsibly and appropriately. UW Medicine is a complex organization – some individuals are governed by Washington State ethics law, and others are governed by entity-specific policies regarding the use of resources and assets. All individuals should understand the restrictions and responsibilities relevant to their specific role and site of service, and seek clarification if they have questions.

8. **Avoid Potential and Actual Conflicts of Interest**
Individuals in UW Medicine may be exposed to situations that present potential or actual conflicts of interest. A conflict of interest may occur if outside activities or personal interests influence or appear to influence the ability to make objective decisions in the course of a UW Medicine workforce member’s job responsibilities. A conflict of interest may also exist if the demands of any outside activities hinder or distract from the performance of a workforce member’s job or cause the individual to use UW Medicine resources for other than UW Medicine purposes. While the specific requirements for disclosing and managing conflicts of interest are provided in policies, guidance documents, and established procedures for each constituent group, individuals should adhere to the following basic principles:
   a. Avoid situations that may constitute a conflict of interest, including but not limited to:
      • conducting UW Medicine business with entities in which an individual or their family member has a direct or indirect interest;
      • soliciting or accepting gifts from patients or vendors;
      • paying or accepting payments that may be viewed as a bribe, kickback or inducement.
   b. Acquire the appropriate approvals for any outside work performed.

9. **Maintain Accurate and Timely Records**
UW Medicine is committed to the maintenance of accurate and timely records, recognizing the importance of documentation in the provision of healthcare, the performance of academic and research activities, and the administration of financial and business affairs. Medical staff bylaws, organizational
policies and other institutional procedures establish documentation requirements for patient health records, including timely documentation standards as well as procedures for amending records. The chief financial officer establishes UW Medicine requirements for financial transactions. Finally, the University of Washington (UW) and UW Medicine Records Retention Policies or other applicable entity-specific policies establish records management, retention and destruction requirements.

10. **Cooperate with Government Investigations**

UW Medicine appropriately responds to government investigations as required by law. UW Medicine workforce members follow applicable entity procedures including those related to responding to a subpoena, search warrant or other similar document related to an investigation of UW Medicine business, research or clinical practices, or discussing the matter with an investigator.

### Policies and Guidance

All UW Medicine Compliance Program policies, guidance and related materials can be found at the UW Medicine Compliance web site: [http://depts.washington.edu/comply/](http://depts.washington.edu/comply/). The site is searchable and includes links to other resources, content-specific policies, entity-based policies, and additional standards of conduct that apply to certain constituents.

CUMG Compliance Program policies, guidance and related materials can be found on CHILD, the Seattle Children’s Intranet site (SCH login required).

### Contact Information for Inquiries and Concerns

Anyone who becomes aware of an actual or potential violation of the law or of UW Medicine compliance policies has a duty to report it. UW Medicine prohibits retaliation against workforce members or other individuals for filing a complaint, expressing a concern or asking for advice. Seek assistance and report any concerns to:

**UW Medicine Compliance**

*Compliance Anonymous Hotline:* 206.616.5248 (local) or 866.964.7744 (toll free)

*Main telephone line:* 206.543.3098 (local) or 855.211.6193 (toll free)

*Fax:* 206.221.5172

*Email:* comply@uw.edu

*Address:* 850 Republican Street, Building C, Box 358049, Seattle, WA 98195-8049


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**UW Medicine**
Attestation

By my signature below, I attest that I have read the UW Medicine Compliance Code of Conduct and understand that I am personally responsible for upholding it.

Name (please print) ____________________________________________________________

Signature _________________________________________________________________

Date ________________    Department/Service area _____________________________

After signing this form, please give it to your supervisor. Signed forms are kept in your personnel file.

UW Medicine
All UW Medicine workforce members (including faculty, employees, trainees, volunteers, and other persons who perform work for UW Medicine) are personally responsible for ensuring the privacy and security of all patient, confidential, restricted, research data, student information or proprietary information to which they are given access (referred to throughout this document as protected information).

I understand and acknowledge the following:

Policies and Regulations:
- I will comply with UW and UW Medicine policies governing protected information.
  - Website: [http://depts.washington.edu/comply/patient_privacy/](http://depts.washington.edu/comply/patient_privacy/)
- I will report all concerns about inappropriate access, use or disclosure of protected information, and suspected policy violations to UW Medicine Compliance (206-543-3098 or comply@uw.edu).
- I will report all suspected security events and security policy violations to the UW Medicine ITS Security team (mcsos@uw.edu) and my entity-specific IT support desk.

Confidentiality of Information:
- I will access, use, and disclose protected information only as allowed by my job duties and limit it to the minimum amount necessary to perform my authorized duties. I understand that my access will be monitored to assure appropriate use.
- I will maintain the confidentiality of all protected information to which I have access.
- I will only discuss protected information in the workplace for job-related reasons, and will not hold discussions where they can be overheard by people who have neither a need-to-know nor the authority to receive the information.
- I will keep patient information out of view of patients, visitors, and individuals who are not involved in the patient's care.
- I will use UW Medicine resources, including computers, email, photographic, video, audio or other recording equipment only for job-related duties or under conditions expressly permitted by applicable institutional policy or law.
- I will keep protected information taken off site fully secured and in my physical possession during transit, never leaving it unattended or in any mode of transport (even if the mode of transport is locked). I will only take protected information off site if accessing it remotely is not a viable option.

Computer, Systems, and Applications Access Privileges:
- I will only access the records of patients for job-related duties.
- I will only access my own PHI through my entity approved process or for job related duties.
  - Except for VMC, workforce members who have access to UW Medicine clinical information systems may access their personal PHI. VMC workforce members may only access their personal PHI using MyChart or the VMC Health Information Management (HIM) Release of Information process.
  - Accessing the records of family members is not allowed for non-job related duties without an authorization from the patient for electronic access by their workforce family member. The authorization must be submitted and processed through the applicable HIM department. VMC workforce members may NOT access family members’ electronic medical records; they must use the VMC HIM process.
- I will protect access to patient and other job-related accounts, privileges, and associated passwords:
  - I will commit my password to memory or store it in a secure place;
  - I will not share my password;
I will not log on for others or allow others to log on for me;

- I will not use my password to provide access or look up information for others without proper authority.

- I am accountable for all accesses made under my login and password, and any activities associated with the use of my access privileges.

- I will only use my own credentials in accessing patient accounts and/or systems as provided to me for my job duties.

- I will not forward my email account or individual work-related emails containing protected information to unapproved email domains. The UW Medicine Approved Email Domain list: https://depts.washington.edu/uwmedsec/restricted/resources/approved_email_domains/. Valley Medical Center workforce will follow entity-specific protocols and policies found on My Valley.

**Computer Security:**

- I will store all protected information on secured systems, encrypted mobile devices, or other secure media.

- I will not change my UW computer configuration unless specifically approved to do so.

- I will not disable or alter the anti-virus and/or firewall software on my UW computer.

- I will log out or lock computer sessions prior to leaving a computer.

- I will use only licensed and authorized software;
  - I will not download, install or run unlicensed or unauthorized software.

- I will use administrative permissions only when I am approved to do so and when required by job function;
  - If I perform system administrator function(s) I must use designated administrative accounts only for system administrative activities and use non-administrative user accounts for all other purposes.

- If I use a personally-owned computing device for UW Medicine business operations, I will not connect it to a UW Medicine network unless it meets the same security requirements as a UW Medicine-owned device.

My responsibilities involving protected information continue even after my separation from UW Medicine and I understand that it is unlawful for former workforce members to use or disclose protected information for any unauthorized purpose.

Failure to comply with this agreement may result in disciplinary action up to and including termination of my status as a workforce member. Additionally, there may be criminal or civil penalties for inappropriate uses or disclosures of certain protected information. By signing this Agreement, I understand and agree to abide by the conditions imposed above.

Print Name: __________________________

Department: __________________________ Job Title: __________________________

Signature: __________________________ Date: __________________________

Copy provided on ________________ by ________________ __________________________

Date Name supervisor, manager or designee Signature

☐ Provide copy of this Agreement to the workforce member. ☐ File original Agreement in departmental personnel or academic file.

(Please note: All signed Agreements must be maintained for 6 years)

Policies and Standards References:
   - APS 2.4 Information Security and Privacy Roles, Responsibilities, and Definitions
   - APS 2.5 Information Security and Privacy Incident Reporting and Management Policy
   - APS 2.2 University Privacy Policy
2. UW Medicine Compliance, HIPAA/Patient Privacy Policies: http://depts.washington.edu/comply/patient_privacy/
Welcome to UW Medicine

Congratulations, you are now a part of a world class healthcare system! The mission of the Employee Health Centers (Harborview Medical Center, UW Medical Center-Montlake campus and UW Medical Center-Northwest campus) is to promote a safe environment for our workforce, patients and visitors.

To accomplish this, we require a health screening within 10 days of starting your employment.

What you need to do (Harborview, UW Medical Center-Montlake, UW Medical Center - Northwest):

1. **Scan/Fax/Email or bring to your Employee Health Center the following:**

   **Completed forms from your new employee materials:**
   - Employee Health Center Care Agreement
   - Communicable Disease and Immunization History form
   - Health care personnel Baseline Individual TB risk Assessment
   - Tuberculosis Symptom Survey

   **Gather any documentation you have regarding the communicable diseases listed below. This will help the Employee Health Clinic determine if there are any additional tests you may need.**
   - Measles, Mumps, Rubella
   - Chicken pox (Varicella)
   - Tdap (tetanus, diphtheria, whooping cough) vaccine
   - Hepatitis B vaccine
   - Influenza vaccination for the current season
   - Meningococcal vaccine (Microbiology staff only)
   - Past tuberculosis screening
   - COVID vaccines

2. **Go to the Employee Health clinic within your first 10 days of employment to review your records and complete your tuberculosis screening.**

   **COVID vaccines:** During your Employee Health Onboarding visit information will be provided to you about how to schedule your COVID vaccines at one of our UW vaccine sites.

   **Questions? Please call or email either Employee Health Center, we’ll be glad to help**

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**Harborview Employee Health Services**
Room 1 East Clinic 21
MS 359855
325 9th Ave
Seattle WA 98104
Phone: 206 744-3081
Fax: 206 744 4886
Email: ehshmc@uw.edu

**UWMC Montlake Employee Health Clinic**
Room BB 306
MS 356122
1959 Pacific St
Seattle WA 98195-6122
Phone: 206 598 4848
Fax: 206 598 4469
Email: emhealth@uw.edu

**UWMC Northwest Employee Health Services**
MAB, Suite 107
1530 N 115th St
Seattle, WA 98133
Phone: 206-668-1625
Fax: 206-668-5911
Email: employeehealthnw@uw.edu
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UW Medicine
Employee Health Center Care Agreement

The University of Washington’s Campus Health Services (CHS) program coordinates immunization programs for employees, volunteers, and students that follow State and Federal mandates and the recommendations of the Center for Disease Control through the Employee Health Centers (EHC) located on the University of Washington campus (UW), or at Harborview Medical Center (HMC) and the University of Washington Medical Center (UWMC).

The Employee Health Centers are available to examine and treat injuries and illnesses that are work related or related to employee or student studies at these institutions. The clinics handle medical monitoring and surveillance related to the workplace as required by state and federal law. Medical care at any or all of these Employee Health Centers may include but not necessarily be limited to immunization, examination, laboratory testing, x-ray, treatment and/or referral for outside services. CHS or one of its member clinics may disclose to your employer and/or school your immunization "compliance status" and/or your ability to work as required by law.

PRIVACY PRACTICES

In the EHC, an Employee Health Record documents information and treatment related to your occupational requirements, illness, and/or injury. This record is confidential in accordance with current state and federal laws and regulations.

If you require medical care in addition to that provided by the Employee Health Centers, you may obtain services within the UW Medicine system or from a community provider where a Patient Medical Record is used to document your personal medical information. This record is confidential in accordance with the federal and state laws and regulations. If a UW Medicine provider other than an EHC provider treats you, your exam, history, diagnosis, and treatment are documented as part of the UW Medicine electronic medical record (EMR) and is not accessible by EHC health care providers.

FINANCIAL PRACTICES

The EHC usually provides care for occupationally-related injuries or illnesses or for those procedures that are academically required without cost to the employee or student. When this is not the case, as with many referrals, you may be financially responsible. Please discuss this issue with your EHC Employee/Student Health Provider when seeking other treatment or referral.

IMMUNIZATION REGISTRY

UW employee health centers may share your immunization information with the Washington State Immunization Information System (WAIIS), a state-wide public health registry. If you do not want your immunization information shared with the state registry, please request a declination form from an employee health staff member. Employee Health Staff may access WAIIS to determine immunization records you have received elsewhere.

By signing below, you indicate that you have read this document and agree to receive the specified health care services from UW Employee Health Center. If there is any part of this form that is unclear, be sure to ask questions about it.

SIGNATURE ___________________________ DATE __________________
Revised 4/19
COMMUNICABLE DISEASE AND IMMUNIZATION HISTORY

Complete this section and scan / fax / or email to your Employee Health department

Orientation date: ___________________________ EID (Employee ID Number) ___________________________

Name: ___________________________ Date of Birth: (MM/DD/YY) ___________________________

(Last Name, First name, Middle Initial)

Job Title/Department: ____________________________________________________________

Phone (cell / home) ___________________________ UW Email: ___________________________

Will you have exposure to blood or body fluids on the job?  ☐ Yes  ☐ No  ☐ Maybe; not sure

Scan / Fax / or email your vaccination records and/or proof of immunity by blood test for the following communicable diseases if you have them available.

Check the following if applicable:  ☐ I have vaccination records and will send ASAP

☐ I will request my vaccination records to be sent

☐ I have no vaccination or blood test records

COVID-19 vaccination:  ☐ Provide proof of vaccination dates  ☐ Not vaccinated

<table>
<thead>
<tr>
<th>Employee Health Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>UTD</td>
</tr>
<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>Measles (Rubeola)</td>
</tr>
<tr>
<td>Mumps</td>
</tr>
<tr>
<td>Rubella</td>
</tr>
<tr>
<td>Chickenpox (Varicella)</td>
</tr>
<tr>
<td>Hepatitis B</td>
</tr>
<tr>
<td>Tdap vaccine</td>
</tr>
<tr>
<td>Meningococcal (microbiology only)</td>
</tr>
<tr>
<td>Influenza vaccine for current season</td>
</tr>
<tr>
<td>QTF TB screening</td>
</tr>
</tbody>
</table>

Employee Health reviewer / date reviewed: ____________________________
TUBERCULOSIS SYMPTOM SURVEY
Required from all new employees upon hire and annually if past history of reactive TB skin test

Date: __________________________

(Please PRINT) Last Name  First Name  MI

Date of Birth: __________________________ Employee ID Number: __________________________

Do you have any of the following symptoms?

- Productive cough (cough with mucous) longer than two weeks
- Hemoptysis (coughing up blood)
- Recent unexplained weight loss
- Night sweats
- Unexplained fevers (not related to other illness)
- Loss of appetite
- Lethargy / Loss of energy / Weakness

Yes ☐ No ☐

If you answered “Yes” to any of these symptoms, please describe the symptoms. When the symptoms begin?

Did you seek treatment for the symptoms? If “yes”, what treatment have you received?

If you develop any of these symptoms, please contact your Employee Health department.

Send this form to your Employee Health department:

HMC Employee Health Services
1 East Clinic, Room 21
Box 359855
Fax: 206-744-4886
Email: ehshmc@uw.edu

UWMC Montlake Employee Health Clinic
BB 306
Box 356122
Fax: 206-598-4469
Email: emhealth@uw.edu

UWMC Northwest Employee Health Clinic
1530 N 115th St
Suite 107, Seattle, WA 98133
Fax: 206-668-5911
Email: employeehealthnw@uw.edu
HCP should be considered at increased risk for TB if any of the following statements are marked “Yes”:

<table>
<thead>
<tr>
<th>Temporary or permanent residence of ≥1 month in a country with a high TB rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe</td>
</tr>
<tr>
<td>YES ☐</td>
</tr>
<tr>
<td>NO ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current or planned immunosuppression,</th>
</tr>
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<tbody>
<tr>
<td>including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication</td>
</tr>
<tr>
<td>YES ☐</td>
</tr>
<tr>
<td>NO ☐</td>
</tr>
</tbody>
</table>

| Close contact with someone who has had infectious TB disease since the last TB test |
| YES ☐ |
| NO ☐ |

Abbreviations: HCP, health-care personnel; TB, tuberculosis; TNF, tumor necrosis factor.


Adapted from: Risk assessment form developed by the California Department of Health, Tuberculosis Control Branch.

Sosa LE, Njie GJ, Lobato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR Morb Mortal Wkly Rep 2019;68:439–43. [https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w)
Welcome to UW Medicine
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**UW Medicine and Its Affiliations**

**PARTIALLY OWNED ORGANIZATIONS**
- Children’s University Medical Group (with Seattle Children’s)
- LifePoint Health
- Seattle Cancer Care Alliance (with Seattle Children’s and Fred Hutch)
- Trios Health, a UW Medicine Community Health Partner

**KEY AFFILIATES AND PARTNERS**
- Bloodworks Northwest
- Fred Hutchinson Cancer Research Center
- Hall Health Center
- MultiCare Health System
- Northwest Kidney Centers
- PeaceHealth
- Seattle Children’s
- Skagit Regional Health
- VA Puget Sound/Boise/American Lake

**INTEGRATED NETWORKS**

**Wholly Owned:**
- UW Medicine Choice Care, LLC

**Partially Owned:**
- Embright - Pacific Northwest Clinically Integrated Network (with MultiCare and LifePoint)

**Contractual:**
- UW Medicine Accountable Care Network
- UW Medicine Post-Acute Care Network
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UW Medicine Overview

UW Medicine is an integrated clinical, research and learning health system with a single mission to improve the health of the public.

UW Medicine faculty, non-faculty practitioners and staff work to improve health for all people through excellence in clinical, research and education/training programs. With these integrated programs, UW Medicine health professionals provide the most up-to-date care for each individual patient, lead one of the world’s largest and most comprehensive medical research programs, and provide innovative learning programs for students, trainees, and practitioners in the health professions. As the only comprehensive clinical, research and learning health system in the five-state WWAMI (Washington, Wyoming, Alaska, Montana, Idaho) region, UW Medicine provides a higher degree of healthcare, ranging from primary and preventive care to the most highly specialized care for the most complex medical conditions.

UW Medicine is a family of organizations (some public and some private nonprofit) that are operated or managed as part of an integrated health system. UW Medicine includes Airlift Northwest, Harborview Medical Center, University of Washington Medical Center (Montlake and Northwest campuses, collectively “UW Medical Center”), UW Neighborhood Clinics, UW Physicians, University of Washington School of Medicine and Valley Medical Center. Each of the organizations in the UW Medicine family has a different relationship to the University of Washington.

In addition to the organizations that are a part of UW Medicine, UW Medicine has affiliations with and interests in other healthcare organizations in the Pacific Northwest, including multiple entities in which the University of Washington on behalf of UW Medicine has an ownership or membership interest. Each of these relationships advances UW Medicine’s mission to improve the health of the public.

For more information, visit uwmedicine.org.
UW Medicine FAQs

What is UW Medicine?
The most concise answer to this question is that UW Medicine is an integrated health system. As described in more detail below, UW Medicine is an integrated clinical, research and learning health system with a single mission to improve the health of the public.

Is UW Medicine our name/brand?
Yes. The name “UW Medicine” is our nationally trademarked brand. We are not branded or trademarked as “University of Washington Medicine.” The University of Washington Board of Regents approved “UW Medicine” as the name for the integrated clinical, research and learning health system in 2003.

Is UW Medicine a legal entity?
No. UW Medicine is not a single legal entity. UW Medicine is comprised of multiple legal entities that have come together to advance UW Medicine’s mission to improve the health of the public. Leaders of the central UW Medicine team and across the organizations work together in a coordinated and clinically integrated way to provide care to UW Medicine patients and advance research, training and education.

Why is it important for UW Medicine to be an integrated health system?
The structure of UW Medicine as an integrated health system results in interdisciplinary approaches that are essential to advance the excellence of the clinical, research and learning programs. Rapid changes in medical research are changing fundamental approaches to diagnosis, treatment and prevention of human diseases. To advance the mission of improving the health of the public, it is important to connect the most up-to-date research with patient care and the learning programs for students, trainees and practitioners. This close connection results in better care for each individual patient and also serves to guide the direction of one of the world’s largest and most comprehensive medical research programs.

Which organizations are part of UW Medicine?
UW Medicine currently includes the University of Washington School of Medicine, three acute care hospitals (UW Medical Center, Harborview Medical Center and Valley Medical Center), UW Physicians (a nonprofit professional practice plan), UW Neighborhood Clinics (primary care clinics), and Airlift Northwest (a regional critical care air transport service).
• University of Washington School of Medicine
The School of Medicine is a school of the University of Washington and serves a five-state region: Washington, Wyoming, Alaska, Montana and Idaho (WWAMI). U.S. News & World Report currently ranks the University of Washington School of Medicine as best in the nation for primary care education and training and second in the nation for NIH research grants with $1.3 billion in fiscal year 2020. There are approximately 4,800 students and trainees in the School of Medicine. uwmedicine.org/school-of-medicine

• UW Medical Center
UW Medical Center is an acute care hospital located in Seattle with two campuses: Montlake and Northwest. It is owned by the University of Washington and is one of the world’s foremost medical centers for emergency and specialized inpatient and outpatient medical and surgical care. For the past ten years, it has been ranked the No. 1 hospital in Washington state by U.S. News & World Report and is nationally ranked in six specialties: cancer; diabetes and endocrinology; ear, nose and throat; geriatrics; gynecology; and rehabilitation.
uwmedicine.org/locations/uw-medical-center (Montlake campus)
uwmedicine.org/locations/northwest-hospital (Northwest campus)

• Harborview Medical Center
Harborview Medical Center is an acute care hospital located in Seattle, providing specialized care for a broad spectrum of patients throughout the Pacific Northwest. It is the only Level 1 trauma center in the five-state WWAMI region and is the result of a successful partnership between King County, which owns the hospital, and UW, through which UW Medicine manages the hospital. Faculty and staff are UW employees.
uwmedicine.org/locations/harborview-medical-center

• Valley Medical Center
Valley Medical Center is an acute care community hospital located in South King County and is the oldest and largest public hospital district system in the state of Washington. It operates a network of more than four dozen primary, urgent and specialty care clinics and has one of the busiest emergency departments in the state. UW Medicine and Valley are integrated through a Strategic Alliance Agreement. valleymed.org
• **UW Physicians**
  UW Physicians is the adult practice group for more than 2,600 physicians and other healthcare professionals who care for patients throughout the WWAMI region. Members of UW Physicians are active faculty in the UW School of Medicine and teach future healthcare professionals in one of the most highly regarded and competitive medical schools in the nation. UW is the sole corporate member of UW Physicians. [one.uwmedicine.org/sites/uwp](http://one.uwmedicine.org/sites/uwp) (login required)

• **UW Neighborhood Clinics**
  UW Neighborhood Clinics is a network of community-based primary and urgent care clinics located throughout the Puget Sound region. The clinics provide a wide spectrum of primary and secondary care services and include ancillary services on site such as laboratories and digital radiology facilities. UW is the sole corporate member of the UW Neighborhood Clinics. [uwmedicine.org/specialties/primary-care](http://uwmedicine.org/specialties/primary-care)

• **Airlift Northwest**
  Airlift Northwest is an air transport service dedicated to providing safe, compassionate and efficient air medical transport for critically ill and injured infants, children and adults. Its aircraft are strategically located at eight bases throughout the Pacific Northwest and Southeast Alaska for rapid deployment. Airlift is owned by the University of Washington. [uwmedicine.org/airliftnw](http://uwmedicine.org/airliftnw)

**How are the organizations that are part of UW Medicine related to the University of Washington?**

Some of the organizations in the UW Medicine family are legally part of the University of Washington and others are not but are operated or managed consistent with the UW Medicine mission and strategic plan.

**University of Washington Organizations:**
- University of Washington School of Medicine
- UW Medical Center
- Airlift Northwest

**Public, Non-University of Washington Organizations:**
- Harborview Medical Center, owned by King County and managed by UW Medicine under a long-term Hospital Services Agreement
- Valley Medical Center, public hospital district-operated pursuant to a Strategic Alliance Agreement with UW Medicine

**Private, Not-For-Profit Organizations:**
- UW Physicians
- UW Neighborhood Clinics
How big is UW Medicine?

There are approximately 29,000 people (including faculty, non-faculty practitioners and staff) employed by the various public and nonprofit UW Medicine organizations. Over two-thirds of these individuals are employed by the University of Washington and are state employees; others are not. In fiscal year 2021, UW Medicine’s three hospitals admitted 58,530 patients, and its primary, specialty and urgent care clinics had approximately 1.7 million patient visits. UW Medicine serves a diverse patient population and provided $760 million in uncompensated care in 2020.

Who are members of the UW Medicine senior leadership team?

UW Medicine is led by a Chief Executive Officer, a President of the UW Medicine Hospitals & Clinics, a Chief Medical Officer, a Chief Business Officer, a Chief Financial Officer, and a Chief Advancement Officer.

The UW Medicine leadership team also includes many other individuals. Some are executives of each of the clinical organizations that are part of UW Medicine. Leaders of the School of Medicine include the vice deans and associate and assistant deans, the School’s department chairs and their faculty leaders and administrative leaders.

Other senior leaders are responsible for enterprise functions, such as the Chief Equity Officer, Chief Compliance Officer, and leaders of business and regulatory affairs; clinical operations, strategy and transformation; financial planning; governmental relations; information technology; philanthropy; primary care services and population health; and strategic marketing and communications.

The University-employed leaders on the UW Medicine leadership team act on delegation of authority from the University of Washington. There are members of the UW Medicine senior leadership team who are not employed by the University of Washington such as leaders at Valley Medical Center.

When did the University of Washington create the foundation for UW Medicine?

In 1992, the University of Washington Board of Regents, President and Provost made a decision to unify two previously separate University of Washington roles (i.e., Dean of the School of Medicine and the Vice President for Medical Affairs) into a single leadership position (what is now the UW Medicine Chief Executive Officer role). This position and an associated leadership team were charged with administrative responsibility, accountability and oversight for the University-owned organizations (University of Washington School of Medicine, UW Medical Center), and its relationships with the others (Harborview Medical Center, UW Physicians and Airlift Northwest). UW Medicine has grown since 1992 and now also includes Valley Medical Center and UW Neighborhood Clinics. Also, Airlift Northwest has become part of the University.
What interests does UW Medicine have in other organizations?

UW Medicine, through the University, is one of three equal corporate members and founders of the Seattle Cancer Care Alliance (with Fred Hutchinson Cancer Research Center and Seattle Children's) and one of two equal corporate members and founders of Children's University Medical Group (with Seattle Children's). These relationships are vitally important for the success of our clinical, research and education programs.

UW Medicine, through the University, also is one of the three founding owners of a clinically integrated network called Embright (with MultiCare Health System and LifePoint) and the sole corporate member of UW Medicine Choice Care. These two organizations were created to enter into healthcare contracts to provide patient care. The contracts are typically value-based care agreements with payors, including the state and the federal government, and self-insured employers. The healthcare services are provided through a network of regional healthcare providers from UW Medicine organizations and other organizations. Each of these entities was created for a particular purpose that enables UW Medicine to advance its mission to improve the health of the public.

What are the major organizations with comprehensive affiliation agreements with UW Medicine?

UW Medicine has longstanding affiliations with many organizations. Among these are the Fred Hutchinson Cancer Research Center, Seattle Children's, MultiCare Health System, VA Puget Sound Health Care and Boise VA Medical Center. While each is unique, these relationships enable activities and collaboration throughout the region that complement UW Medicine's strategic plan and advance UW Medicine's single mission.

Does UW Medicine have any contractual provider networks?

Yes. In 2014, UW Medicine formed the UW Medicine Accountable Care Network (UW Medicine ACN), which brought together a network of healthcare organizations and healthcare professionals to assume responsibility for the healthcare of patient populations. The UW Medicine ACN is not a legal entity; it is a contractual network through which UW Medicine has entered into value-based care agreements with payors and self-insured employers and provides covered services through a network of regional healthcare providers. The UW Medicine ACN, Embright and UW Medicine Choice Care are vehicles through which UW Medicine is able to engage in value-based care arrangements.

In addition to the UW Medicine ACN, UW Medicine established the UW Medicine Post-Acute Care Network (UW Medicine PAC Network) in 2017, through which UW Medicine contracts with a variety of post-acute care providers in the region to improve care for patients throughout the care continuum. This network includes skilled nursing facilities, home health and hospice, adult day health, and home care partners.
THE UW MEDICINE PATIENTS ARE FIRST APPROACH

UW Medicine at Harborview Medical Center, UW Medical Center, Northwest Hospital & Medical Center, UW Neighborhood Clinics, UW Physicians, UW School of Medicine Airlift Northwest and Valley Medical Center is committed to leadership in service and operational excellence, as prioritized in our Strategic Plan. Achieving consistent service excellence for every patient, every time is a key strategic imperative for the continued success and advancement of UW Medicine as a health system.

UW Medicine Patients Are First is our framework for organizational development that provides frontline staff, managers, physicians, and leaders with the tools and tactics to achieve our strategic outcomes. We will strive to create better leaders, to create consistency across our organization, and establish systems of accountability that will help us execute our operational plans. UW Medicine is partnering with the internationally recognized consultant firm, The Studer Group, to assist us in these efforts.

Service and operational excellence, and attention to its foundational pieces of accountability and leadership development, will allow us to live our organizational values with integrity, and give us the ability to achieve our mission, vision and the level of success we desire as an organization.

THE CULTURE CHANGE IMPERATIVE

Patients Are First is the focused orientation of our UW Medicine culture toward service, to support key aspects of what a patient would consider is excellence in service: respectful, compassionate, timely, recognizing and welcoming, personalized, inclusive of families, efficient, coordinated, informative, and innovative in support of their care. This starts from the message we project in their first conversation with us, through the entire episode of care. It includes team interactions and behaviors in the care setting, as well as support service areas that influence patient, staff and physician satisfaction.

UW Medicine must deliver consistent standards of service excellence in order to ensure that patients, families, and referring physicians will continue to seek us out for care. Patients and their families view the quality of our care through the lens of how we treat them; through the lens of service. We must be viewed by consumers as providing excellent and efficient access to appointments and referrals, and timely, quality care and service. Patients and families must always feel they were treated well by everyone with whom they interact. They must believe that their needs and their safety are our highest priority. And patients and families must know who is responsible for their care at all times, who to turn to and who to ask for help, advice, and information.

UW Medicine Patients Are First is about doing what is necessary and right: going the extra mile to offer care and service that is crafted around the patient’s and family’s needs. It is ultimately about how you and I would want to be treated, and how we would want our family member to be treated.
### Goal: Become a national leader in patient satisfaction for all patient populations as measured by:
- Improving UW Medicine patient satisfaction survey scores as follows:
  - Inpatient: ≥ 76.7% Top Box (75th percentile)
  - Ambulatory Clinics: ≥ 91.2% Top Box (44th percentile)
  - Emergency Department: ≥ 60.2% Top Box (30th percentile)
  - Outpatient Ambulatory Surgery: ≥ 84.2% Top Box (39th percentile)

### Goal: Improve patient access to primary and specialty care services across UW Medicine as measured by:
- An increase in the CGCAHPS Access to Care composite score to ≥ 82.2% Top Box (73rd percentile)

### Goal: Reduce morbidity and mortality, as measured by:
- A decrease in hospital acquired infections as follows:
  - CA-UTI to ≤ 1.60/1000 catheter-days
  - C-Difficile to ≤ 1.60/1000 patient days

### Goal: Create systems that provide for delivery of evidence based, high quality, and timely care for every patient, as measured by:
- An increase in adherence to evidence based, best practice care for patients with diabetes for a disease management composite score of ≥ 66.6%
- An increase in breast, cervical and colon cancer screening rates; chlamydia screening; pneumococcal pneumonia vaccination and pediatric immunization rates for a composite score of ≥ 74.7%
- An increase in Panel-based quality metrics composite score within ambulatory primary care clinics to ≥ 73.7% by the end of CY2018
- An increase in Annual Wellness Visits (AWV) within empaneled Medicare Advantage patients within Primary Care Clinics to ≥ 62.5% by end of CY2018

### Goal: Effectively manage UW Medicine finances to ensure resource availability for patient-centered initiatives, services, and facilities, as measured by:
- Achieve a total margin of ≥ 0.9% for the fiscal year
Service Culture Guidelines

As a member of UW Medicine, I recognize that UW Medicine has a single **mission: to improve the health of the public.** We do this by being engaged stewards of our organizational resources and placing the needs of patients and families first. In support of our mission, I am committed to ensuring that each patient, family member, visitor, and colleague within UW Medicine is treated respectfully and professionally.

To show my commitment to our patients, family members, visitors, and colleagues, I will:

Make the people we serve my HIGHEST PRIORITY by placing their needs first. We believe that we deliver the best care when all members of the team are treated with respect.

I will treat people with **Respect & Compassion**

- Acknowledge patients, family members, visitors, and colleagues with a sincere and warm greeting.
- Introduce myself by name.
- Explain my role and speak in ways that are easily understood.
- Listen carefully to patients, family members, visitors, and colleagues.
- Close every encounter with an acknowledgement that is respectful, such as “Thank you” or “What questions do you have?”
- Discuss a patient’s care in an appropriate, confidential setting.
- Ask permission before entering a patient’s room by knocking. Use doors, curtains, and blankets to create a more private environment when necessary.
- Access only appropriate, confidential patient information relevant to my job.
- Address inappropriate behaviors in a confidential and constructive manner.

I will embrace **Diversity, Equity, & Inclusion**

- Ask each person how they would like to be addressed.
- Recognize that body language and tone of voice are integral to effective communication.
- Adapt my communication style to the person and situation.
- Respect and acknowledge differing values, opinions, and viewpoints.

I will encourage **Collaboration & Teamwork**

- Treat others with courtesy, honesty, and respect even in challenging situations.
- Be sensitive and empathetic to the needs of others.
- Assume positive intent.
- Recognize that I am responsible for the public’s perception of UW Medicine, and that I am an ambassador for UW Medicine.
- Promote interdisciplinary and interdepartmental cooperation.

I will promote **Innovation**

- Follow evidence based and best practices.
- Offer creative solutions to identified problems.
- Remain open to new ideas and possibilities.
- Continue to learn by seeking new knowledge to enhance my skills.

I am accountable for **Excellence**

- Offer assistance to people who appear lost by escorting them to their destination, or by taking them to someone who can help them.
- Help those in need until their issues are resolved, or a colleague has assumed responsibility.
- Take personal responsibility for keeping our environment clean and safe by cleaning up litter and spills, or promptly contacting the appropriate resource.
- Recognize and encourage positive behavior.
- Promote the mission, vision, and values of UW Medicine.
Customer Service and A.I.D.E.T.

Use A.I.D.E.T to remind you of the key words at key times to use with customers (i.e. patients, family members, colleagues etc.) that help them to “connect the dots”, feel comfortable in our environment and feel respected. Each letter in A.I.D.E.T. reminds you of specific information to share with Every Patient, Every Time and Every Colleague, Every Time.

How will you

- answer their questions,
- “connect the dots” for them,
- reduce their anxiety, and
- increase their compliance?

<table>
<thead>
<tr>
<th>The patient/family member is thinking and wondering about the issues below. How will you answer these questions?</th>
<th>A.I.D.E.T.</th>
</tr>
</thead>
</table>
| • I am here. Do you know? Do you see me? Do you care? 
• Maybe I should let you know…or do you already know? 
• I am feeling a little uncomfortable. | Acknowledge |
| • Who are you? What do you do? 
• Are you any good at it? Are you competent? 
• How will you be able to help me? 
• Why should I trust that you or your colleague can do what you say? | Introduce |
| • How long is this going to take? 
• I have limited time too by the way. Do you even realize that? 
• I know you are busy, but so am I and my stuff is important, too. It matters to me. | Duration |
| • How does your system work? 
• When can I expect to see someone? Will I have to wait long? 
• Will it hurt? 
• How do I get there? Will someone show me the way? 
• What should I expect? Are those people any good down there? | Explanation |
| • Do you appreciate that I put my faith in you and in your medical center? 
• Do you realize that I waited patiently for a long time? 
• Will you recognize and appreciate MY efforts to make this a good situation? | Thank You |
Diversity, Equity and Inclusion at UW Medicine

UW Medicine Healthcare Equity Blueprint

Vision
Be a national model for healthcare equity and reduce disparities in healthcare delivery

Overall Strategy
• Establish training resources, programs, events and policies to create an environment that supports diversity, equity and inclusion across all aspects of the UW Medicine workforce.
• Work with the communities we serve to better learn their needs and engage them as partners in identifying and addressing care equity opportunities.
• Develop and implement strategies to promote healthcare equity for all patients regardless of age, race, ethnicity, language, religion, spiritual practice, sexual orientation, gender identity or expression and socioeconomic and mental/physical status.

UW Medicine Healthcare Equity:
depts.washington.edu/uwmedptn/strategies-programs/healthcare-equity/
Policy on Professional Conduct

Questions, suggestions, and concerns regarding this policy are welcomed, and should be directed to the UW Medicine Continuous Professionalism Improvement Committee (ghd@uw.edu).

Policy

UW Medicine is committed to high standards of professionalism in patient care, research and education and related activities that support them among our faculty, staff, trainees, and students. We expect our community to maintain these standards while present on campus or during travel representing UW Medicine. Professionalism is integral to our mission of improving health and includes demonstrating excellence, equity, respect, integrity, compassion, altruism, accountability, honesty, and service in all endeavors and creating an environment supportive of diversity in ideas, perspectives, and experiences. All individuals in our UW Medicine community are responsible for creating an inclusive environment where every person is valued and honored.

Historical context and intent of this policy

The concept of medical professionalism initially centered on discussions about commercialism and conflicts of interest. The lack of a consensus definition of professionalism and a recognition of the impact of racism, sexism, and other forms of bias in the subjective evaluation of professionalism within the hierarchy of academic institutions are important aspects in community discussions and professional development for learners. Professionalism has been used to inhibit personal expression, and has been weaponized against those not historically represented in academic medicine and science (e.g., restricting and labeling hairstyles such as dreadlocks as unprofessional). In recognition of the unintentional impact of professionalism policies, we acknowledge this as a living community document that will be revised over time. As a community, we agree that the policy on professional conduct will embody these goals: to create an environment to effectively serve our community, care for patients and their families, teach our learners, advance science, and allow all members of our community to thrive in their work.

We are committed to actively working towards an inclusive environment that honors the diversity in our community and equips all community members to recognize and interrupt unprofessional behaviors, holding our members accountable when we fall short of these goals. All members of the UW Medicine community are expected to conduct themselves in a professional and ethical manner with colleagues, patients, and the public. In particular, leaders in our community are expected to model, promote, and advocate for a strong and visible culture of professionalism, recognizing their obligation to those who may feel unsafe or unable to speak up or intervene.
The intent of this document is to provide unified and intentional principles pertaining to professional conduct across the nearly 30,000 individuals in the UW Medicine community of faculty, staff, trainees, and students. Local environments (e.g., departments, classrooms, laboratories, hospitals, clinics) may have additional specific policies pertaining to professional conduct. Professional conduct expectations are reflected in orientation, offer letters, merit evaluations, our UW Medicine website, and promotion criteria. These expectations guide each of us in our work across the organization and provide consistency with the values and principles contained in this policy. The implementation of this policy and decisions regarding corrective action based on the failure to abide by the policy follows local and/or university processes.

Working definitions, Values, and Principles

**Dedication to excellence and continuous improvement** represents dedication to quality of care, research inquiry, and teaching effectiveness. Excellence includes promoting and cultivating an institutional culture of equity and diversity in all its forms. It also includes innovation and collaboration. Pursuit of excellence should be accompanied by respect, integrity, compassion, altruism, and accountability.

**Equity** is the fair and just treatment of members of our community through the creation of opportunities to address the injustices that lead to perpetually underserved and underrepresented populations. This should be applied to all members of our community regardless of race, ethnicity, language, religion, age, spiritual practice, sexual orientation, education level, gender identity or expression, socioeconomic status, mental health, or ability.

**Inclusion** is an active practice of developing policy, resources, processes and supporting behaviors to strive for equitable access to opportunities and resources for people who might be excluded, historically marginalized, and/or minoritized.

**Diversity** is integral to excellence, and refers to the variety of personal experiences, values, and worldviews arising from differences of culture and circumstance. Such differences include race, ethnicity, language, religion, age, spiritual practice, sexual orientation, education level, gender identity or expression, socioeconomic status, mental or ability status, geographic region, and more. The aims of diversity are to broaden and deepen our experience in all areas of learning and work that supports our mission of improving the health of the public. For the aims of diversity to be fully realized, the institutional culture must be one of inclusion with resources and opportunities distributed equitably, without undue bias, and with representation of diverse perspectives and identities seen at all levels of the organization.

**Respect** includes actions that recognize the inherent dignity and value of all persons and that seek to understand the perspectives of others. Working to achieve effective communication and acknowledging power differentials (formal or informal) are key to fostering mutual respect and trust.
Integrity refers to honesty in all interactions and upholding high moral and ethical standards in all endeavors.

Compassion is recognition of suffering and acting to alleviate physical, spiritual, and emotional pain. Compassion must also extend to oneself, recognizing that self-care is a key element of personal well-being which enables each community member to function at their highest capacity in their professions.

Altruism reflects a selfless concern for others and a commitment to advocate for the needs and interests of others.

Accountability refers to accepting responsibility for one's behavior and striving to uphold professional standards, as well as acknowledging that as members of a larger community— we answer to one another for our conduct and outcomes. Accountability includes working to recognize and address one's own biases (conscious and implicit) and mitigate their impact on our behavior as healthcare professionals, teachers, scientists, and learners. Accountability includes assisting UW Medicine in recognizing and addressing institutional racism and other forms of bias and taking action that demonstrates intolerance of discrimination, in contrast to condoning or perpetuating discrimination through inaction.

Accountability to each other includes taking action to address unprofessional and/or harmful or destructive behavior. Leaders must recognize their responsibility to respond and intervene. It is incumbent on all of us to address unprofessional behavior when we see it. Action can take many forms ranging from direct and immediate discussion with the individual(s) engaging in unprofessional behavior to reporting observations to a superior.

Each of us has a personal responsibility to improve the overall environment. It is also important to recognize that all of us have, or will, cause harm in some way to another member of our community. We recognize that we learn harmful behaviors and language and replicate them. When people cause harm, it is possible for that harm to stop and for those involved to find another way to offer community restoration, support, and healing. Being made aware of one's own behavior that was intentionally or unintentionally unprofessional is an opportunity for acknowledgement, correction of behavior, and personal growth.

Service refers to our work with the purpose of honoring and putting the needs of the people we serve at the center of our processes and policies.

Professionalism in clinical practice settings includes adherence to the UW Medicine Service Culture Guidelines and includes, but is not limited to safeguarding the privacy and confidentiality of patient information, communicating effectively in an interprofessional environment, observing established standards for patient safety and timely completion of medical records, participating in quality improvement initiatives, exercising cultural humility, reporting errors, and following rules for billing and compliance. This includes accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data. We
should strive for a collaborative environment, respecting all members of the care team, employing collegial, non-threatening treatment of all faculty, staff, trainees, and students. All healthcare professionals bear a responsibility to arrive for work adequately rested and ready to care for patients, to be observant, to intervene, and/or to escalate their concern about colleague fitness for work. This includes recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team. Related is the recognition that under certain circumstances, the best interests of the patient may be served by transitioning care to another qualified provider.

**Professionalism in the conduct of research** includes but is not limited to fostering a collaborative environment, and employing collegial, non-threatening, and fair treatment of research team members which include faculty, staff, trainees, and students. Research should be undertaken and conducted in a manner that is inclusive of diverse opinions and ideas.

Research studies should include participants from traditionally underrepresented groups (e.g., race, ethnicity, gender) as appropriate to the scientific question under study and supporting the UW Medicine commitment to identify and eliminate health disparities.

**Professionalism in education** includes but is not limited to creating an inclusive environment respectful of diverse experiences and perspectives, fostering discussions that respect the dignity and humanity of all members, a commitment to the highest standards of scholarship, innovation in teaching, and leadership through modeling of life-long learning.

**Professionalism in administration** includes but is not limited to respecting the culture and values of the UW Medicine community, committing to collegial partnerships with co-workers one is responsible for and responsible to, supporting the work of collaborative teams, fostering an environment that supports speaking up and respects diversity of thought, recognizing the needs of patients and our professional community, and showing dedication to the full mission of the institution.

**Ethics in decision-making and relationships** means ensuring decisions are free of bias or influence, guaranteeing that personal and professional relationships do not present a conflict that threatens (or is perceived to threaten) the integrity of the decision, and removing oneself from decisions where fairness may be compromised, especially decisions made in the context of supervisory relationships.

**Ethical business practices** means the wise and fair use of resources and practices that comply with laws, regulations, and policies governing conflicts of interest, sponsored research, and the delivery of and reimbursement for healthcare services. Business practices should be transparent and fair. A continuous evaluative process should examine and address how practices may be exclusionary and/or perpetuate disparities.

**Ethical research practices** means practicing intellectual integrity, ensuring the welfare of human and animal research subjects, exercising diligent and unbiased acquisition, evaluation,
and reporting of scientific information and adhering to university regulations for the conduct of research.

**Unprofessional behavior** means behavior that violates laws or rules regarding discrimination and harassment, and/or violates rules of professional ethics (including professionalism in clinical, educational, research or business practices), or is disrespectful, retaliatory, and/or destructive. Bullying is unprofessional behavior that misuses power to control or harm others.

A culture of workplace, emotional, educational, and patient safety requires trust in reporting or interrupting unsafe conditions and unprofessional behavior to ensure high-quality patient care and educational environments. We value members speaking up in the moment and making such reports. We have built various reporting opportunities for our community and will continue to strengthen and develop these options to best serve our community.

**Rules of professional ethics** mean the adoption of ethical standards that have been established by external professional societies and associations (e.g., The Joint Commission, American Association of Medical Colleges, National Institutes of Health) or by UW Medicine entities for various professions (e.g., physicians, nurses).

**Discrimination and harassment** is defined in University of Washington (UW) Executive Order 31. As of the effective date of this policy, this includes discrimination or harassment on the basis of race, color, creed, religion, national origin, citizenship, sex, age, marital status, sexual orientation, gender identity or expression, disability, or military status.

**Disrespectful, retaliatory, or destructive behavior** includes, but is not limited to, behavior that in the view of reasonable people has a negative impact on the integrity of the healthcare or research team, the care of patients, the education of students or trainees, or the conduct of research, such as:

1. Physical assault or other uninvited or inappropriate physical contact;
2. Shouts, profane or offensive language;
3. Degrading or demeaning comments;
4. Discriminatory or harassing behavior or language
5. Retaliation in response to a person raising concerns about a behavior that may violate laws or policies (such as discrimination), or present a threat to safety or security
6. Threats or similar intimidating behavior, such as coercion, as reasonably perceived by the recipient;
7. Exploiting, neglecting or overworking those in subordinate positions;
8. Unreasonable refusal to cooperate with others in carrying out assigned responsibilities;
9. Failure to respond to repeated inquiries within a reasonable time frame; and
10. Obstruction of operational (e.g., educational, clinical, research) goals

**Procedures and values in action**
**Engagement of our community to advance professional values.** All members of our community should seek opportunities to acknowledge, promote, and celebrate professionalism in our environment. Leaders in our community are especially accountable for creating a culture of professionalism in their own units by exhibiting professionalism, recognizing individuals and teams that exhibit best practices and demonstrate core principles, finding opportunities to convey the importance of professionalism in our shared work, and making time for collaborative, inclusive dialogue around challenging issues. To ensure that the professionalism standards outlined in this policy are upheld, those aware of unprofessional behavior are responsible for raising their concerns within a reasonable time frame so that the behavior can be addressed and remediated as appropriate.

**Incorporating the principles of professionalism into applicable documents.** UW Medicine units should incorporate the values and principles in this policy as appropriate into their policies, procedures, and practices. Professionalism expectations should be included in offer letters, merit evaluations and promotion criteria. Expectations and any available measures of professional behavior should be specifically highlighted in annual performance reviews, and in documents that relate to situations where the evaluator becomes aware of substantiated acts of unprofessional behavior.

**Supervisor responsibility.** Supervisors, including healthcare and research team leaders, and teachers, are expected to exhibit professional behavior, set clear expectations, and manage performance of their teams in accordance with the standards in this policy through regular communication and timely performance reviews. Supervisors must confront unprofessional behavior effectively and engage in conversations that may be difficult or uncomfortable. In these challenging situations, supervisors should draw on existing resources including their own supervisors, administrative leadership, and human resources offices. Supervisors are expected to respect diversity of opinions and will not retaliate against members of their team. Finally, supervisors are expected to address professionalism concerns and deficiencies through routine performance evaluations, counseling, discipline, or other action as appropriate in accordance with policies and procedures within the UW, UW Medicine, affiliates and partner entities.

**Teaching responsibility.** Teachers and learners are expected to maintain the highest standard of professional behavior in all aspects of training and education. Teachers are expected to provide role modeling that will enhance the learners' ability to incorporate appropriate behaviors into their professional development.

**Mentor responsibility.** Mentorship is a professional alliance in which individuals work together over time to support the personal and professional growth, development, and success of the relational partners through the provision of career and psychosocial support. Mentor relationships can occur formally and informally. Mentors bear responsibility for sharing knowledge and expertise with mentees, may sponsor mentees with opportunities to advance their careers, and should help in shaping professional development. Mentors will look for ways to counterbalance the inherent power differential found in a mentoring relationship and will promote the welfare of mentees in ways that increase mentee development, engagement and
empowerment. Mentors should establish clear expectations for mentees to create a successful working relationship.

**For individuals covered by collective bargaining agreements.** UW Medicine managers and supervisors are expected to apply this policy in a manner consistent with the principles of just cause, as well as other applicable requirements of the labor agreements. We expect all members to work cooperatively with respect and empathy, recognizing and holding in balance the complexity of varying perspectives and priorities.

**For hospitals and clinics that are part of UW Medicine,** this policy is intended to define "professionalism" at the UW Medicine level in accordance with The Joint Commission standards. Under this policy, "desirable behavior" means demonstrating professional conduct as described above and "disruptive behavior" means engaging in conduct that is unprofessional as described through this document. The hospitals and clinics will have policies and practices implementing these principles and may further define expectations regarding appropriate conduct.

**For individuals engaged in travel to locations outside UW Medicine** (e.g., conferences, sites of practice in our five-state medical school region – Washington, Wyoming, Alaska Montana and Idaho, (WWAMI), off-site research environments) professionalism standards as described should be maintained in all settings.

**For individuals using personal social media communication** Individuals should refer to local policy or UW Medicine Social Media policy and Social Media Networking guidelines.

**Mechanisms for addressing unprofessional behavior** UW Medicine does not condone or tolerate unprofessional behavior, and individuals who engage in such behavior may be subject to disciplinary action up to and including termination. Supervisors are expected to address unprofessional behavior as described here and there are existing processes for addressing student conduct issues outlined in the Medical Education Program Policies and Handbook. There are processes for addressing faculty members’ rights to resolve or adjudicate issues under the Faculty Code. Individuals should contact their supervisor for help in determining whether a particular behavior is covered by an established procedure. Members of our community at all levels may raise concerns and/or ask for support through a number of avenues depending on the particular circumstances. The many avenues of redress outlined below are meant to provide viable options that can be pursued alone or in conjunction with other options. Members of our community seeking to raise concerns may seek counsel from within the member's administrative structure, supervisory chain of command or one of the offices responsible for addressing conduct in violation of UW policies.

For certain types of concerns, a particular avenue may be most appropriate, or even required by UW policy. For example, Administrative Policy Statement 46.3 (Resolution of Complaints Against University Employees), contains information and processes for addressing complaints about employees, including violations of the University's non-discrimination policy (http://www.washington.edu/admin/rules/policies/APS/46.03.html) and other concerns. Detailed
administrative or contractual processes also exist to address specific types of complaints including classified and professional staff complaints, whistleblower complaints, and patient complaints.

Avenues to raise concerns include but are not limited to the following: (1) informal and collegial one-on-one resolution; (2) bringing the issue to a supervisor or the next highest individual of authority, if the concerns involve the supervisor; (3) following applicable grievance procedures under collective bargaining agreements; contacting (4) Human Resources; (5) the University Complaint Investigation and Resolution Office (UCIRO); (6) the University Title IX office; (7) UW Safe Campus; (8) the University of Washington Ombud; (9) the UW Medicine Bias Reporting Tool and/or other local reporting tools may be also considered. UW Medicine is committed to investigating, monitoring, and addressing concerns in a timely manner.

Approved by, Paul G. Ramsey, M.D. CEO, UW Medicine
Executive Vice President for Medical Affairs and Dean of the School of Medicine,
University of Washington
November 2021

This Policy is a living document that was implemented in 2009, revised in 2016, 2017, and most recently in Fall of 2021 by the 2021 Continuous Professionalism Improvement (CPI) Committee with engagement from UW School of Medicine community members including the following: nursing leadership, members of the Committee on Minority Faculty Advancement, members from the Office of Healthcare Equity, Office of Faculty Affairs, leadership from Graduate Medical Education, Academic Affairs, Human Resources (UW Medicine and School of Medicine), Hospital Medical Directors, UW Medicine Vice Presidents, and members of the Medical School Executive Committee and Clinical Operations Roundtable.

We would like to thank these groups and the individual stakeholders across UW Medicine who offered their time and energy in giving us feedback to the drafts of the 2021 revisions to the Policy on Professional Conduct. The UW Medicine CPI committee was expanded in membership for PoPC revisions to include people throughout our community striving for diverse representation and aiming to center historically and currently underrepresented voices. The Office of Healthcare Equity, Impact Tool was essential in this work. Please send feedback regarding this policy via redcap or to the Chair of the CPI Committee, Giana H Davidson, MD, MPH - mghd@uw.edu.
PATIENT RIGHTS AND RESPONSIBILITIES

As a UW Medicine patient, you have the following rights:

Patients have the right to personal dignity.

Patients have the right to reasonable access to care and treatment and/or accommodations that are available or medically advisable regardless of one’s race, color, creed, religion, sex, sexual orientation, gender identity, national origin, disability, age, status as a disabled veteran, having an advance directive or ability to pay for care.

Patients have the right to express their values and beliefs and to exercise spiritual and cultural beliefs that do not interfere with the well-being of others or their planned course of treatment.

Patients have the right to care that is considerate and respectful of their cultural and personal values and beliefs, as well as their psychosocial values and preferences.

Patients have the right to reasonable access to an interpreter when they do not speak or understand the English language.

Patients have the right to a reasonably safe and secure environment.

Patients have the right to be free from all forms of abuse, exploitation or harassment.

Patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience or retaliation. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member or others, and must be discontinued at the earliest possible time.

Patients, the family, and/or their legally authorized decision-maker(s) have the right, in collaboration with their doctor, to be informed and make decisions involving their healthcare, including the right to accept medical care or to refuse treatment to the extent of the law and to be informed of the medical consequences of such refusal.

Patients have the right to be informed of outcomes of care, treatment and services, including unanticipated outcomes.

Patients have the right to access their own health information, request amendment to it, request and receive an accounting of disclosures about it, as permitted under applicable law.

Patients have the right to make complaints if they feel that their health information has been used or disclosed inappropriately.

Patients have the right to have a family member or representative of their choice and their own doctor (if requested) notified promptly of their admission to the hospital.

Patients have the right to formulate advance directives regarding end-of-life decisions and mental health treatment and to appoint a surrogate to make healthcare decisions on their behalf to the extent of the law.

Patients have the right to be fully informed of their healthcare needs and the alternatives for care when a hospital cannot provide the care a patient requests. If it is necessary and medically advisable, the patient may be transferred to an appropriate and acceptable facility.

Patients have the right to effective pain management. Pain will be assessed and managed as deemed medically appropriate.

Patients have the right to consideration for their personal privacy and confidentiality of information (examples: patients may request that communication about their health information be made at alternative locations; request that their PHI not be shared with a previous provider; request that certain disclosures of their health information be restricted; or request to restrict disclosure of PHI about the patient to a health plan if the patient has self-paid in full prior to the service).
Patient Rights and Responsibilities (cont.)

Patients have the right to know the name of the doctor and other practitioners who have primary responsibility for their care, and to know the identity and professional status of individuals responsible for authorizing and performing procedures and care.

Patients have the right to have reasonable access to people outside the medical center by means of visitors, and by verbal and written communication. Patients have the right, subject to their consent, to receive visitors they designate, including but not limited to a spouse, domestic partner, another family member, or a friend, and have the right to withdraw or deny such consent at any time. Such access is permitted so long as it does not interfere with the provision of patient care services and a reasonably safe and secure environment. Any restrictions on communication are fully explained to the patient and/or family.

Visitation privileges are not restricted, limited or denied on the basis of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, disability or age. All visitors enjoy full and equal visitation privileges consistent with patient preferences.

Patients have the right not to participate in investigative studies, and they will be informed of alternative care options.

Patients have the right to participate in ethical questions that arise in the course of their care, including issues of conflict resolution, withholding resuscitative services, foregoing or withdrawing of life-sustaining treatment and participating in investigational studies or clinical trials.

Patients have the right to have access to spiritual care.

Patients have the right to have access to a written statement that articulates the rights and responsibilities of patients (Notice of Privacy Practices). The summary statement is available in several languages specific to the populations served. If the patient cannot read, has special communication needs, or if the statement is not available in their language, an interpreter will be available.

Patients have the right to access protective services. Children or vulnerable adults who are unable to care for themselves have the right to protective intervention by the appropriate agencies to correct hazardous living conditions, abuse, neglect or exploitation.

Patients have the right to make complaints about their care according to the established policy and guidelines available in all patient care areas. Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services.

Patients have the right to request and receive an itemized and detailed explanation of their bill for services rendered.

As a UW Medicine patient, you have the following responsibilities:

Patients have the responsibility to provide, to the best of their knowledge, accurate and complete information and to report any changes in their condition to their practitioner.

Patients have the responsibility to participate in discussion about, and to ask questions about, their plan of care.

Patients have the responsibility to inform the care team if they do not clearly understand a contemplated course of action and what is expected of them.

Patients have the responsibility of notifying their healthcare providers when a cultural situation exists concerning the healthcare process.
Patient Rights and Responsibilities (cont.)

Patients are responsible for following the treatment plan to which they agreed. Patients and their families are responsible for the outcomes if they do not follow the care, treatment and service plan.

Patients are responsible for their personal belongings. This includes, but is not limited to dentures, eyeglasses, crutches, wheelchairs and personal items such as jewelry. The medical center is not responsible if these items are damaged or misplaced while here.

Patients are responsible for the following rules and regulations affecting patient care and conduct:

- Patients may not disturb other patients.
- Patients may not disrupt or interfere with care provided to other patients and the operations of the medical center.
- Patients may not conduct any illegal activities on the premises of the medical center.
- Patients may not smoke or use tobacco products on the medical center campus.

Patients are responsible for providing accurate personal identification information.

Patients are responsible for providing updated financial information and meeting any financial obligation to the hospital.

Patients are responsible for being considerate of the rights of other patients and medical center personnel.

Patients are responsible for informing the care team if they have special needs.

Patients are responsible for being respectful of the property of other persons and the medical center.

Patients are responsible for reporting any complaints or concerns to a member of their healthcare team, who will then contact appropriate staff.

You and your family can partner with the healthcare team to ensure a safe and positive care experience by being involved and informed about your treatment. Research shows that patients who take part in decisions about their healthcare are more likely to have better outcomes. Some things you can do include:

1. Prepare: List your main concerns or questions before your visit, and bring them up at the beginning of the visit.
2. Ask: Speak up if you have any questions about your diagnosis, tests, treatments and follow-up.
3. Repeat: Summarize key points discussed during the visit.
4. Take Action: If barriers prevent you from following your doctor’s recommendations, let your doctor know. Ask for written instructions, if needed.

If you have concerns or questions that are not addressed to your satisfaction, you or your family may speak directly to:

- The attending physician in charge
- The manager of the unit or clinic
- Patient and family liaisons, or
- Hospital administrators
Pain Management

Pain is a personal experience. Only you can describe how much and the type of pain you have. As a person with pain, you have the right to:

- Report your pain
- Have your healthcare team respond promptly and respectfully to your report of pain
- Take part in choices on how to manage your pain
- Receive information about pain treatment options
- Be referred to a pain specialist if your pain persists

We ask that you (or your family or care provider):

- Tell your doctor or nurse that you are in pain as soon as the pain begins
- Answer our questions about your pain so that we can better help you
- Ask about ways you can help us better manage your pain
- Tell us if your pain relief goals are not being met

Please talk to your healthcare team if you have other questions about your pain management.

Patient Billing

For questions about your bill or payment arrangements, you can reach Patient Financial Services at 206.598.1950 or toll-free at 1.877.780.1121 between the hours of 8 a.m. and 5 p.m., Monday through Friday. For more detailed information about our billing practices, visit www.uwmedicine.org/patient-care/billing.

Patient Relations

Patient Relations representatives are available to assist you and your family by answering questions, addressing concerns and connecting you to resources and information at the hospital.

Harborview Medical Center Patient Relations: 206.744.5000
UW Medical Center Patient Relations: 206.598.8382

Separate Patient Relations teams work at each of our hospitals. For detailed contact information by hospital, visit www.uwmedicine.org/uw-medical-center/patient-resources/resolving-complaint.

You also have the right to contact the Washington State Department of Health at 1.800.633.6828 and the Joint Commission at 1.800.994.6610. Medicare patients in Washington, Oregon, Alaska and Idaho also have the right to contact Livanta at 1.877.588.1123. Medicare patients in Montana or Wyoming have the right to contact Kepro at 1.844.430.9504.

Accessing Medical Records

A record of your visit is made each time you visit a hospital, physician or other healthcare provider. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. If you would like to request a copy of your medical records for your own use or for any other purpose, visit www.uwmedicine.org/patient-resources/medical-records.

Privacy Concerns and Complaints

UW Medicine Compliance representatives are available to assist you and your family if you are concerned that your privacy rights have been violated or you disagree with a decision we made about access to your records.

You can reach the UW Medicine Compliance Office at 206.616.5248, toll-free at 1.866.964.7744, or by emailing comply@uw.edu.
If you are given this responsibility, please talk to the patient’s doctor or nurse immediately for more information about the decision-making process.

**CPR and DNAR**

Cardiopulmonary resuscitation (CPR) and do not attempt resuscitation (DNAR) are two terms that are very important to understand.

While sudden stopping of the heart can cause unexpected death, it can also be the natural end and painless release from chronic, painful illness. CPR is the series of measures performed to prevent death when a sudden collapse occurs because the heart stops.

It is medical center policy to perform CPR on all patients whose heart stops suddenly unless a doctor writes a DNAR order or a physician order for life-sustaining treatment (POLST).

We encourage you and your family to talk with your doctor about your wishes regarding performing CPR. It is very important to know your wishes when you are admitted. You may request to have a DNAR or POLST order or your doctor may write an order when, in their medical judgment, initiating CPR would clearly be futile.

**Ethics Consultation**

Ethics consultations are available for patients and family members who are faced with an ethical dilemma regarding patient care. The Ethics Committee is available to consult on such issues as extent of treatment and decision-making. A consultation can be initiated by contacting your doctor, nurse manager or other member of your healthcare team.

**Organ Donation**

Donating organs, skin and other tissues helps sick people who need them. If you want to be an organ donor, please tell your doctor and your family. During organ donation, the body is treated with respect and dignity, and funerals do not need to be delayed.

All costs related to organ or tissue donation are covered by the agency in charge of the organ donation procedure. The family does not pay this cost.

Your healthcare team can answer questions and provide more information upon request.
Patient and Family Centered Care

Patient & Family Centered Care is an approach to health care that actively engages patients, families, and staff as partners to shape policies, programs, facility design, and day-to-day interactions. Our UW Medicine departments support Patient/Family Advisor Councils, and facilitates patient and family involvement in decision-making at all levels.

The information and services we provide equip and empower patients and their families to actively participate on their health care team and make informed decisions about their health and health care. We collaborate with patients, families, and staff in an environment of mutual respect and shared goals to optimize the health care experience. Our primary goal is to help staff create high-quality patient education materials that help patients understand and make their best choices about health.

Preventing Sexual Harassment

The University Policy on Non-Discrimination that addresses sexual harassment has the goal of promoting an environment that is free of:

- **Discrimination** against a member of the university community because of sex or sexual orientation.
- **Harassment** against a member of the university community because of sex or sexual orientation.
- **Retaliation** against any individual who reports concerns regarding harassment, or who cooperates with or participates in any investigation of allegations of harassment or retaliation.

Potential of Corrective Action

After thorough investigations, individuals found to have displayed behavior that is determined to be sexual harassment may be subject to disciplinary action up to and including dismissal.

Sexual Harassment Facts

- Sexual harassment is a form of discrimination under the Civil Rights Act of 1964, Title VII.
- Sexual harassment is illegal.
- Sexual harassment and retaliation are prohibited by UW Policy.
- Harassers can be held personally liable.
- Sexual harassment includes deliberate or repeated behavior of a sexual nature that is not welcome, not asked for, and not willingly returned.
Interpreter Services Departments

The Interpreter Services department at each medical center assists when patients need linguistic and cultural interpretation. Our staff interpreters and translators support effective communication between patients and their care teams at UW Medicine. We help patients and families navigate the health care system. We participate in designing culturally appropriate care processes and creative ways to educate patients about self-care. Below is contact information for these services.

Our interpreter services department can assist with barriers related to language and culture. As a best practice, ask the patient what he/she needs.

Every member of the UW Medicine workforce is responsible for ensuring equal access for patients with disability or language needs. Inpatients should have at least one interpreted encounter every day. Telephonic interpretation is immediately accessible by any staff member or medical provider at the bedside.

Most patient consent forms and administrative forms are now available in translation. All staff can access these forms via the intranet. To optimize the patient care experience, all staff are expected to always provide the appropriate translation for the patient. Finally, ask your manager to explain specific protocols related to accessing interpreters and ensuring equal access care for patients in your area.

Contact Interpreter Services using the information below:

<table>
<thead>
<tr>
<th>UWMC Interpreter Services Department</th>
<th>HMC Interpreter Services Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinator’s Phone: (206) 598-4425</td>
<td>Phone (206) 744-9250 (use this number for 24/7/365 in-person or telephonic service)</td>
</tr>
<tr>
<td>Coordinator’s Email: <a href="mailto:intrpsvc@uw.edu">intrpsvc@uw.edu</a></td>
<td>Email: <a href="mailto:isdschedulers@uw.edu">isdschedulers@uw.edu</a></td>
</tr>
<tr>
<td>For UWMC contact Pacific Interpreters</td>
<td></td>
</tr>
<tr>
<td>Telephonic modality 24/7: (855) 583-2039</td>
<td></td>
</tr>
</tbody>
</table>

Use these online tools for working with patients from diverse cultures:

<table>
<thead>
<tr>
<th>UWMC – “Culture Clues”</th>
<th>HMC – “EthnoMed.org”</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://depts.washington.edu/pfes/CultureClues.htm">http://depts.washington.edu/pfes/CultureClues.htm</a></td>
<td><a href="http://www.ethnomed.org">www.ethnomed.org</a></td>
</tr>
</tbody>
</table>

Culture Clues are tip sheets for clinicians designed to increase awareness about concepts and preferences of patients from the diverse cultures served by UWMC. EthnoMed contains medical and cultural information about immigrant and refugee groups in the Seattle area.
Serving Diverse Spiritual Needs

The Department of Spiritual Care serves our patients and their diverse needs.

**Spiritual Care’s Mission**

Provide high quality, cross-culturally sensitive spiritual care to patients, families and staff of Harborview Medical Center (HMC) and the University of Washington Medical Center (UWMC), as well as to provide pastoral education to clergy, theological students, and qualified lay persons in the hospital and the larger community which the Medical Centers serve.

**Spiritual Care Providers** are part of the medical care team and wear hospital issued badges. Like our patients, they are from many faith traditions. They respect your faith, beliefs and values and are here to support patients, families and staff of diverse traditions and personal practices.

They serve by . . .

- Listening
- Prayer
- Offering support during times of crisis, loss, injury or illness
- Providing sacraments or rituals such as baptism, communion, blessing, anointing, and viaticum
- Contacting local clergy of various faiths.

**Testimonials:**

“I find such comfort just knowing you are there for others like me in their darkest hour, to hold them up when they feel they are sinking. That’s what you did for me."

~ Spouse of a seriously injured patient

“I want you to know that because of you, I have already changed my own practice as a nurse. I take more time to listen. I hold my patients’ hands longer when they are scared. I take care of their families who are hurting in a way I never felt I had time for in our busy setting. You have changed the way I view how one human being can affect another."

~ Staff Nurse

<table>
<thead>
<tr>
<th>UWMC ML &amp; NW Spiritual Care</th>
<th>HMC Spiritual Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: (206) 598-9174</td>
<td>For an on-call Spiritual Care Provider, call the Hospital Operator at (206) 744-3000 and ask them to page the on-call Spiritual Care Provider (or Chaplain).</td>
</tr>
<tr>
<td>They will contact you within 10 minutes and can be at the bedside within 30 minutes.</td>
<td>Spiritual Care Providers are available to HMC 24 hours a day, 7 days a week.</td>
</tr>
</tbody>
</table>
What is Sexual Harassment?

Sexual harassment may include unwanted sexual or gender-based conduct that is severe, persistent or pervasive enough that it either creates an intimidating, hostile or offensive working or learning environment, or unreasonably interferes with academic or work performance.

- Sexual harassment includes deliberate or repeated behavior of a sexual nature that is not welcome, not asked for, and not willingly returned.
- The person on the receiving end determines whether the behavior is welcome or seriously offensive.
- Intent to do harm is not a necessary factor when determining if behavior is sexual harassment.
- Gender-based (non-sexual) harassment is also sexual harassment.
- Men or women can be harassed by members of the same or opposite sex.
- Non-employees (e.g. students, vendors) may be harassed or may be harassers.

What is Retaliation?

Retaliation is any ‘materially adverse’ employment action that might have dissuaded a reasonable worker from making or supporting a claim of discrimination.

- May exist with unwarranted corrective action, dismissal or a poor performance evaluation.
- Could be exhibited through treating or encouraging others to treat an employee in a hostile manner.
- Can still occur, even if the underlying claim of harassment is found to be unsupported.

Your Responsibilities

Supervisors must establish and maintain work environments that are free from sexual harassment.

They must:

- Ensure that inappropriate behavior stops and doesn’t start again.
- Take prompt, remedial action when they learn of a complaint – even if the complainant asks them not to.

Faculty & Staff are required to report complaints of harassment and to cooperate fully with investigative processes.

Resources

You have the right to a work and educational environment that is free of harassment and discrimination.

If you have questions or concerns related to sexual harassment, discrimination or retaliation, please contact any of the following resources.

<table>
<thead>
<tr>
<th>A Supervisor, Manager, Director or Administrator.</th>
<th>Human Resources:</th>
<th>UCIRO (University Complaint Investigation &amp; Resolution Office):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UWMC: (206) 598-6116</td>
<td>206-616-2028</td>
</tr>
<tr>
<td></td>
<td>HMC: (206) 744-9220</td>
<td></td>
</tr>
</tbody>
</table>

Take Action!

If you observe or are involved in a situation that makes you feel uncomfortable and may be interpreted as potential sexual harassment or retaliation:

- Don’t ignore it!
- Tell someone!
Patient Relations Departments

The role of Patient Relations is to support UW Medicine to provide the best possible experience for patients and their families. When this does not happen, we assist staff to provide service recovery. If a patient feels that their concerns are not adequately resolved at the point of service, or if a formal complaint is shared with our department, we will consult with providers and staff to review and facilitate complaint resolution.

Patient Relations is also a point of contact for Patient Rights and Responsibilities information and resources. The right to file a complaint is a key patient right. Our regulatory agencies require that we have a process to resolve patient complaints.

<table>
<thead>
<tr>
<th>UWMC Patient Relations Department:</th>
<th>HMC Patient Relations Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: (206) 598-8382</td>
<td>Phone: 206-744-5000</td>
</tr>
<tr>
<td>Email: <a href="mailto:uwmcares@uw.edu">uwmcares@uw.edu</a></td>
<td>Email: <a href="mailto:comment@uw.edu">comment@uw.edu</a></td>
</tr>
</tbody>
</table>

As staff members, use the **Listen** and **A.C.T.** tool to provide just in time service recovery when needed. Talk to your manager and contact Patient Relations for additional resources to support service recovery.

**Listening** enables you to gather information and assist in problem solving.

**ACT:** Ask questions, Correct the issue, say Thank you and Take action to ensure a good outcome.

Suspected Child Abuse or Neglect - Reporting Requirement

(See UW Administrative Policy 11.8 for more details)

University employees and volunteers must orally report suspected child abuse or neglect by telephone or otherwise at the first opportunity, but no later than 48 hours after suspecting abuse has taken place. There are three alternative ways to make such a report:

1. Call the University of Washington Police Department (UWPD) at 206-685-UWPD (8973). If the incident is outside of UWPD’s jurisdiction, UWPD will report it to the appropriate law enforcement agency; or

2. Call the Department of Social and Health Services (DSHS) at 1-866-ENDHARM (1-866-363-4276); or

3. Call the law enforcement agency having jurisdiction in the location of the suspected incident, if other than the UWPD.
UW Medicine
Do the Right Thing:
Compliance &
IT Security
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This presentation covers:

1. The services provided by the UW Medicine Compliance Program
2. How to recognize possible triggers of healthcare fraud and abuse laws
3. The key concepts of conflicts of interests and standards of ethical behavior
4. Your responsibilities for data stewardship
5. How to obtain answers to compliance questions and report a compliance concern

What is Compliance?

Compliance is following all applicable laws and regulations, policies, guidance, and behaving ethically as you perform your job responsibilities. But the problem is that what’s right for one person may not be right for others. In a nutshell, compliance is doing the right thing for UW Medicine.

⇒ If you remember one thing today, REMEMBER THIS:

   Compliance is about DOING THE RIGHT THING!

The UW Medicine Compliance Program

The goals of the UW Medicine Compliance Program are to:

- Reduce risk of fraud, waste and abuse
- Detect and prevent misconduct and violations of laws, regulations, and policies and procedures
- Educate workforce members about their compliance responsibility
- Develop an ethical infrastructure to help guide workforce behavior and activities on behalf of UW Medicine

Simply put, compliance is rooted in doing the right thing.
Compliance Services

UW Medicine Compliance provides many services. We try to help you navigate the waters of confusion. We love to hear from you and to chat with you. We have an anonymous hotline, so know that we are here to help you do the right thing.

Key Services of the UW Medicine Compliance Program

- Consultation and Guidance
- Policies and Procedures
- Education and Outreach
- Auditing and Monitoring
- Investigation of Concerns
- Tracking Regulatory Developments

Roles and Responsibilities

We all have role to play to make sure we are meeting the goals of the Compliance Program. If you see something that does not look right or could be a potential compliance problem, you have a duty to do something about it.

Your supervisor also has a role—they are a great resource and ally for compliance issues. They receive additional training to help you navigate the web of UW Medicine, and various policies, and can help you take the right steps.

Senior Leadership sets the tone for UW Medicine and helps establish of the policies & procedures to help us all comply with federal and state laws and regulations.

UW Medicine Compliance compiles all the rules and regulations and distills them to understandable messages.

UW Medicine Compliance is here to help and you can call or email us directly and can even do so anonymously - we are a services-oriented program.

UW Medicine
Achieving Compliance

- Understand applicable laws and policies
- Make ethical decisions
- Handle confidential information appropriately
- Document properly
- Report non-compliance

Common Compliance Questions

Some examples:

- Can I take a selfie with a patient and post it on Facebook or Snapchat?
- Can I stream music or organize a fundraiser while at work?
- Can I accept a gift from a patient or accept an all-expense paid trip to Hawaii from a vendor?
- Can I take a second job?
- Can I review my mother’s medical record?
Laws and Policies

There are many laws that govern compliance, and they are in constant flux - well established laws are updated frequently plus new ones added all the time.

Code of Conduct

An important aspect of the UW Medicine Compliance Program is the Code of Conduct, which outlines your compliance responsibilities. It is provided to you upon hire.

- Behave in a respectful, professional and ethical manner
- Comply with laws, regulations, policies and standards
- Prevent fraud, waste and abuse
- Ensure the privacy and security of all data
- Avoid conflicts of interests
- Maintain accurate and timely records
- Use institutional resources appropriately
- Report concerns
## Definitions - Fraud, Waste, and Abuse

Let’s make sure we have a common understanding of fraud, waste, and abuse.

**Fraud:** a type of illegal act in which something of value is obtained through misrepresentation.

**Waste:** not receiving reasonable value for goods & services due to mismanagement, inappropriate actions or inadequate oversight.

**Abuse:** provider practices that are inconsistent with sound medical, fiscal or business practices.

## Healthcare Overpayments

Why is there intense government focus on healthcare spending? Because fraud, waste, and abuse losses are estimated in the BILLIONS!

Some estimate about 10% of the federal government’s congressional budget office is overpaid due to fraud and abuse!

As a result, the government is:

- Implementing new laws and regulations
- Increasing education efforts and enforcement activities
- Expecting a structured compliance program to prevent, detect and address fraud, waste, and abuse

## Submitting a Claim

Submitting a false claim is prohibited.

What are some examples of false claims?

- Unbundling or up-coding services
- Duplicate billing for the same service
- Billing for services without a documented order
- Billing for resident services without the appropriate Teaching Physician documentation
- Billing a study subject instead of sponsored research account

A claim must accurately reflect the services provided.
More on Fraud, Waste and Abuse

Additional points on fraud, waste, and abuse:

**Cannot claim ignorance**  
**Individuals can file lawsuits**  
**Employers cannot retaliate**

Merely submitting a false claim is sufficient proof of intent to violate the law - so, ignorance is not an excuse.

Individuals can file a lawsuit on behalf of the government, and they may share a percentage of any recovered monies. This is called "Qui Tam" - a.k.a. "Whistleblower provision". The Department of Justice receives about 600 whistleblower lawsuits every year.

Employers cannot retaliate against employees who report concerns; you have a duty to report violations. Violations may generate civil and/or criminal penalties; UW Medicine has a zero tolerance for retaliation.

Conflict of Interests and Ethics

Conflicts of interest and ethics cover many areas in which doing the right thing - making the right job-related decision - will minimize your risk and UW Medicine’s risk of not complying with the many rules and regulations.

**What is a conflict of interest?**

A conflict of interest is when an outside or personal interest biases your work judgment or your ability to perform your job duties.

Juggling the interest of UW Medicine vs. Me, My friends, My family, My coworkers...

UW Medicine
Outside Work

Outside work is a common conflict of interest and ethics topic. You must discuss any outside work, whether paid or unpaid, with your supervisor.

- Obtain approval
- Outside work must not present a conflict of interest
- UW employees must register outside work

This applies whether the outside work you do is paid or unpaid.

Institutional Resources

Institutional Resources include your work time, work e-mail, and everything UW Medicine owns or rents. These resources can be used only for the sole benefit of UW Medicine business.

Examples
- Computers
- Internet
- Email
- Cash
- Buildings
- Equipment
- Paper
- Photocopiers
- Supplies

Also, please remember this includes network bandwidth, so streaming music on your work computer is not allowed.
Using Institutional Resources

Use the table below in deciding the use of institutional resources. It is important to have an open dialogue with your supervisor about institutional resources where you work.

<table>
<thead>
<tr>
<th>Email internet and local telephone only okay if:</th>
<th>Do not use for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Brief and infrequent</td>
<td>• Personal benefit or gain</td>
</tr>
<tr>
<td>• Little or no cost</td>
<td>• The benefit or gain of another</td>
</tr>
<tr>
<td>• No personal gain</td>
<td>• Political purposes</td>
</tr>
<tr>
<td>• No interference with your job (or coworker’s job)</td>
<td>• Personal or commercial business</td>
</tr>
<tr>
<td>• Special rules for researchers</td>
<td>• Illegal or improper activities including gambling or betting pools</td>
</tr>
<tr>
<td></td>
<td>• Streaming music or videos for personal interest</td>
</tr>
</tbody>
</table>

Gifts

You cannot accept, solicit, receive, or offer anything of value. Avoid giving patients extra supplies or materials in excess of $15.

Some strategies for situations when you receive gifts from patients or families:

• Try to politely refuse, explaining that your job prohibits acceptance of personal gifts

• Give the gift to your supervisor who can redirect it to your institution’s Advancement Department
Ethical Decision Making

In making an ethical decision, we all take steps and ask questions before arriving to a conclusion of whether it is okay or not. You might ask:

- Is it illegal and outside policy?
- Is it unreasonable?
- Is there personal gain?
- Is it incurring excessive time or money?
- How would it look to the public?

If you are unsure what to do, ask your supervisor or consult with UW Medicine Compliance. We can help you and your supervisor navigate ethical decision making so that, in the end, you are doing the right thing for UW Medicine.

Ethical Decision Making for State Employees

The WA State Ethics in Public Service Act addresses conflicts of interest and ethics. This law applies only to employees of Washington State. It governs use of state resources and identifies an employee's individual responsibilities and liability. Sanctions for non-compliance by State Ethics Board can include civil penalties of up to $5,000 per violation, reprimand, suspension or even loss of your job and the violation becoming public knowledge.

Violations are public knowledge on the Washington State Executive Ethics Board website

Conflicts of Interests and Ethics Summary

Conflicts of interests:

- Are often financial in nature, and typically related to outside work
- May be actual conflicts or have the appearance of a conflict;
  both are equally important to manage
- Must be disclosed to your supervisor
Information Security

Every individual is personally and professionally responsible for the security and integrity of the confidential information (electronic, paper or verbal) entrusted to you. For instance:

- **Be Professional**: Use a low voice when discussing patient information when others can overhear
- **Be Mindful**: Only access data when you have a work-related reason to do so – do not use the electronic medical record out of personal curiosity
- **Be Vigilant**: Immediately report potential violations of patient information privacy policies, data exposures, information security incidents/issues, and privacy-related complaints to UW Medicine Compliance or the appropriate Help Desk

Importance of Information Security

You will learn about these topics and more in the Protecting Patient Information eLearning module assigned to all new employees in the UW Medicine Learning Hub.

- **Encryption**
  - Encrypt mobile devices you use for work
  - Use encrypted email and only send data to approved e-mail domains
- **Save confidential information to your department’s secure network drive, not on your hard drive**
- **Keep your logins and passwords private**
- **Beware of Phishing Scams**
  - Do not open an email or attachment or click on a link from an unknown source
- **How to report information security incidents or issues**

Know Who to Contact

Contact IT for guidance or if you think you have an infected computing device.

**UW Medicine IT Services Help Desk**
(HMC, UWMC, UWNC, FPPS and ALNW)
206.543.7012, mcsos@uw.edu

**UW Medicine IT Services Security Team**
uwmed-security@uw.edu
https://depts.washington.edu/uwmedsec/

**Dean of Medicine IT**
206.221.2459, domhelp@uw.edu

**Dean of Medicine IT**
206.221.2459, domhelp@uw.edu

**VMC**
425-228-3340 ext. 6200
Type “ITHELP” on intranet web browser

**UW-IT**
206.221.5000
help@uw.edu

UW Medicine
Your Compliance Responsibilities

Your next steps:
- Know the policies that apply to your job and follow them
- Read the UW Medicine Compliance Code of Conduct
- Complete online compliance training as applicable
- Annually review and sign the Privacy, Confidentiality, and Information Security Agreement (PCISA)

Tools

Creating strong passwords

How to encrypt
- [https://depts.washington.edu/uwmedsec/restricted/guidance/encryption/](https://depts.washington.edu/uwmedsec/restricted/guidance/encryption/)

Securing your physical space
- Contact your building facilities department
Compliance Resources

Accounting of Disclosures

UW Medicine Compliance Code of Conduct
• [http://depts.washington.edu/comply/docs/UWM_CodeofConduct.pdf](http://depts.washington.edu/comply/docs/UWM_CodeofConduct.pdf)

Compliance Policies
• [http://depts.washington.edu/comply/policies/](http://depts.washington.edu/comply/policies/)

Health Information Management
• [http://www.uwmedicine.org/patient-resources/medical-records](http://www.uwmedicine.org/patient-resources/medical-records)
  (UW Medicine)
• [https://www.valleymed.org/patients-and-visitors/him-/medical-records/](https://www.valleymed.org/patients-and-visitors/him-/medical-records/)
  (Valley Medical Center)

Outside Work Approval Form for State Employees
• [https://hr.uw.edu/forms/](https://hr.uw.edu/forms/)

Social Media Policies

UW Medicine Compliance
• [http://depts.washington.edu/comply/](http://depts.washington.edu/comply/)

WA State Ethics

Whistleblower, Washington State Auditor

UW Administrative Policy Statements (APS) and Executive Orders (EO)
APS 35.02 [https://www.washington.edu/admin/rules/policies/APS/35.02.html](https://www.washington.edu/admin/rules/policies/APS/35.02.html)
APS 47.1 [https://www.washington.edu/admin/rules/policies/APS/47.01.html](https://www.washington.edu/admin/rules/policies/APS/47.01.html)
APS 47.2 [https://www.washington.edu/admin/rules/policies/APS/47.02.html](https://www.washington.edu/admin/rules/policies/APS/47.02.html)
APS 47.3 [https://www.washington.edu/admin/rules/policies/APS/47.03.html](https://www.washington.edu/admin/rules/policies/APS/47.03.html)
EO 32 [https://www.washington.edu/admin/rules/policies/PO/EO32.html](https://www.washington.edu/admin/rules/policies/PO/EO32.html)
EO 57 [https://www.washington.edu/admin/rules/policies/PO/EO57.html](https://www.washington.edu/admin/rules/policies/PO/EO57.html)

IT Security Websites
UWM – ITS [https://depts.washington.edu/uwmedsec/](https://depts.washington.edu/uwmedsec/)
NWH [http://nwh/sites/operations/ims/SitePages/Home.aspx](http://nwh/sites/operations/ims/SitePages/Home.aspx)
Benefits Orientation

Additional resources and online materials can be found at:
https://depts.washington.edu/uwhr/benefits/orientation/

Important information regarding temporary PEBB benefits during COVID-19
https://hr.uw.edu/coronavirus/policy-updates/temporary-pebb-benefit-eligibility-for-hires-related-to-covid-19/
Summary of Benefits for Classified Staff

University of Washington (UW) offers a wide range of benefits as part of your total compensation package. Choose from top medical and dental insurance programs; plan for your future with tax-deferred investing through the UW retirement options; enjoy generous vacation and sick leave policies; and protect yourself and your family with life and long-term disability insurance. For more information, follow the links shown below or explore the Benefits website at [http://hr.uw.edu/benefits/](http://hr.uw.edu/benefits/)

Insurance

**Eligibility**
You are eligible for PEBB insurance benefits when appointed to a classified staff position with at least a 50 percent appointment and duration of more than six consecutive months. Classified staff refers to positions that are either governed by a labor contract ("contract classified") or administered by the UW, in accordance with WPRB (Washington Personnel Resources Board) rules.

Insurance benefits generally begin the first of the following month. However, if an eligible appointment begins on the first business or calendar day of the month, eligibility begins on that day.

**Medical Insurance**
Eligible employees may choose from among 10 health plans, all of which are listed here: [http://hr.uw.edu/benefits/health-insurance/compare-plans](http://hr.uw.edu/benefits/health-insurance/compare-plans)

Note: The Kaiser Permanente NW plans are only available to those residing in applicable areas.

**Flexible Spending Account**
If you choose a Classic, Value, or Accountable Care Network (ACN) medical plan, you have the option to contribute to a tax-exempt Flexible Spending Account (FSA). The FSA allows you to save money on eligible medical expenses. [http://hr.uw.edu/benefits/more-ways-to-save/fsa-tax-savings-for-medical-costs](http://hr.uw.edu/benefits/more-ways-to-save/fsa-tax-savings-for-medical-costs)

Note: FSAs are not an option for those enrolled in a Consumer-Directed Health Plan. With this type of plan, you would automatically be enrolled in a Health Savings Account instead.

**Dental Insurance**
Choose from two managed care plans and one preferred provider plan. Dental premiums for you and your eligible dependent(s) are fully paid by the UW. [http://hr.uw.edu/benefits/insurance/health/plans/dental](http://hr.uw.edu/benefits/insurance/health/plans/dental)

**Long Term Disability Insurance**
The UW pays for Basic Long Term Disability (LTD) coverage with a 90-day waiting period and a maximum benefit of $240 per month. You may purchase additional optional LTD coverage to supplement the Basic LTD, providing up to 60 percent of monthly salary (calculated on a maximum annual salary cap of $120,000) following a waiting period you select. [http://hr.uw.edu/benefits/other-insurance/long-term-disability-insurance](http://hr.uw.edu/benefits/other-insurance/long-term-disability-insurance)

Life, Accidental Death, and Dismemberment Insurance
The University provides each eligible employee with $35,000 of basic life insurance and $5,000 basic AD&D insurance at no cost. You also have the option to purchase additional insurance up to $500,000 with no Medical Evidence of Insurability, and to a maximum of $1,000,000 with Medical Evidence of Insurability. If you enroll in optional life insurance you may apply for amounts of optional life insurance for your spouse or state registered domestic partner and/or children. [https://hr.uw.edu/benefits/insurance/other/life-insurance-accidental-death-dismemberment](https://hr.uw.edu/benefits/insurance/other/life-insurance-accidental-death-dismemberment)

Retirement

**Retirement Plans**
Participate in one of two plans offered by the Washington State Public Employee’s Retirement System (PERS). With PERS 2, your entire retirement benefit is defined by a formula of 2% times your years of service, and contributions are subject to periodic rate adjustments by the state legislature. PERS 3 offers you an employer-paid retirement benefit based on 1% times your years of service, plus the opportunity to choose your own contribution rate (between five and 15 percent) and invest your contributions in a range of investment options. Contributions to both plans are tax-deferred. If you have prior State of Washington retirement participation in another plan, or if you have prior participation in one of the state higher education retirement plans, check the website for exceptions to PERS membership. [http://hr.uw.edu/benefits/retirement-plans](http://hr.uw.edu/benefits/retirement-plans)

**Voluntary Investment Program**
Add to your retirement portfolio with the Voluntary Investment Program (VIP), an optional, unmatched retirement savings plan under Section 403(b) of the federal tax code. Use the VIP to tap into the tax advantages of pre-tax savings, make Roth after-tax contributions to create a tax-free account for retirement, or use both contribution types. [http://hr.uw.edu/benefits/retirement-plans/optimal-retirement-plans/uw-voluntary-investment-program](http://hr.uw.edu/benefits/retirement-plans/optimal-retirement-plans/uw-voluntary-investment-program)

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Washington State Deferred Compensation Program (WSDCP) is an additional optional, unmatched retirement savings program under IRC 457(b). New employees to the UW will automatically be enrolled in the WSDCP 3 months after their start date. WSDCP contributions are deducted pre-tax, and the earnings grow tax-deferred. UW employees may participate in both VIP and WSDCP in the same tax year at the same time. [http://hr.uw.edu/benefits/retirement-plans/optimal-retirement-plans/deferred-compensation](http://hr.uw.edu/benefits/retirement-plans/optimal-retirement-plans/deferred-compensation)
Other Benefits

Holidays and Leave
The UW observes 10 paid holidays per calendar year, plus a personal paid holiday. Classified staff employees accrue vacation and sick leave based on employment program or collective bargaining agreement. http://hr.uw.edu/ops/leaves

More Ways to Save
Review programs and educational seminars offered on saving money. http://hr.uw.edu/benefits/more-ways-to-save/

Dependent Care Assistance Program
The Dependent Care Assistance Program (DCAP) helps you pay for child care and elder care by allowing you to set aside a portion of your salary, pre-tax, for eligible expenses. http://hr.uw.edu/benefits/more-ways-to-save/dcapp-tax-savings-for-child-and-elder-care/

Hometown Home Loan Program
Save on loan fees, inspections, and appraisal fees. Pre-qualify and apply at www.homestreet.com/UW. Also see https://wholeu.uw.edu/2019/03/28/homestreet-bank-seminars/

Transportation
- The U-PASS provides you with a variety of low-cost transportation options in the greater Puget Sound area—from buses, commuter train service and light rail, to vanpooling and discounted impromptu carpooling. http://www.washington.edu/facilities/transportation/employee-u-pass
- Fully subsidized U-PASS is available for eligible employee types. https://hr.uw.edu/policies/u-pass/
- Commute Options – get free personalized support to help you find a commute that best fits your needs. https://transportation.uw.edu/getting-here/plan-my-commute

Engagement Program
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SmartHealth Wellness
Washington State's voluntary and confidential wellness program also focuses on your health and well-being. As you progress on your wellness journey, you can qualify for a financial wellness incentive! http://www.hca.wa.gov/public-employee-benefits/smarthealth-wellness

Self-Care and Caring for Others
Numerous programs are available to assist with personal care and wellbeing, along with loved ones! http://www.hr.uw.edu/benefits/care

Benefit Programs
- UW CareLink connects you with experts who help you or your family members navigate life's challenges. Including legal advice, counseling, financial guidance and more. Contact UW CareLink: 866-598-3978 http://hr.uw.edu/benefits/uw-carelink/
- Childcare Programs: UW offers six on-site children’s centers and contracts with off-site providers to offer tuition discounts, priority enrollment and back-up care. https://hr.uw.edu/child-care/
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Tuition Exemption Program provides access to college courses (where space is available) at public higher education institutions across the state, including the UW. http://hr.uw.edu/ops/leaves

Professional & Organizational Development offers a wide range of training courses, workshops, and e-Learning. http://hr.uw.edu/pod/courses-and-workshops

More
- Auto, home, renter, and boat group insurance available to employees. https://hr.uw.edu/benefits/insurance/other/discounts-auto-home-renters-insurance/
- UW Combined Fund Drive, the state’s workplace giving campaign at http://depts.washington.edu/uwcfd
- Federal Student Loan Forgiveness Program encourages individuals to enter and continue to work full-time in public service jobs in return for qualified student loan forgiveness. http://hr.uw.edu/benefits/more-ways-to-save/loan-forgiveness-program/

Questions
For eligibility and enrollment in Workday contact the Integrated Service Center (ISC) at 206-543-8000 or ishelp@uw.edu
Summary of Benefits for Academic Staff, Professional Staff & Librarian

University of Washington (UW) offers a wide range of benefits as part of your total compensation package. Choose from top medical and dental insurance programs; plan for your future with tax-deferred investing through the UW retirement options; enjoy generous vacation and sick leave policies; and protect yourself and your family with life and long-term disability insurance. For more information, follow the links shown below or explore the Benefits website at [http://hr.uw.edu/benefits/](http://hr.uw.edu/benefits/).

Insurance

Eligibility
You are eligible for PEBB insurance benefits when appointed to an academic staff or professional staff position, or as a librarian with at least a 50 percent appointment and duration of more than six consecutive months.

Insurance benefits generally begin the first of the following month. However, if an eligible appointment begins on the first business or calendar day of the month, eligibility begins on that day.

Medical Insurance
Eligible employees may choose from among 10 health plans, all of which are listed here: [http://hr.uw.edu/benefits/health-insurance/compare-plans](http://hr.uw.edu/benefits/health-insurance/compare-plans).

Note: The Kaiser Permanente NW plans are only available to those residing in applicable areas.

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Dental Insurance
Choose from two managed care plans and one preferred provider plan. Dental premiums for you and your eligible dependent(s) are fully paid by the UW. [https://hr.uw.edu/benefits/insurance/health/plans/dental](https://hr.uw.edu/benefits/insurance/health/plans/dental).

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The UW pays for Basic Long Term Disability (LTD) coverage with a 90-day waiting period and a maximum benefit of $240 per month. You may purchase additional optional LTD coverage to supplement the Basic LTD, providing up to 60 percent of monthly salary (calculated on a maximum annual salary cap of $120,000) following a waiting period you select. [http://hr.uw.edu/benefits/other-insurance/long-term-disability-insurance](http://hr.uw.edu/benefits/other-insurance/long-term-disability-insurance/).

Life, Accidental Death, and Dismemberment Insurance
The University provides each eligible employee with $35,000 of basic life insurance and $5,000 basic AD&D insurance at no cost. You also have the option to purchase additional insurance up to $500,000 with no Medical Evidence of Insurability, and to a maximum of $1,000,000 with Medical Evidence of Insurability. If you enroll in optional life insurance you may apply for amounts of optional life insurance for your spouse or state registered domestic partner and/or children. [https://hr.uw.edu/benefits/insurance/other/life-insurance-accidental-death-dismemberment](https://hr.uw.edu/benefits/insurance/other/life-insurance-accidental-death-dismemberment/).

Retirement

Retirement Plans
Academic staff, professional staff, and librarian employees of the UW with appointments of 50% FTE and 6 months or greater in duration have 30 days from their eligibility date to make a retirement plan election between the UW Retirement Plan (UWRP) or the state’s Public Employee Retirement System (PERS) Plan 3. UWRP is a Defined Contribution (DC) Plan under Internal Revenue Code (IRC) Section 403(b). Employee contributions are tax-deferred, and the UW matches 100% of those contributions. Contribution levels are:

- 5% of gross salary: Under age 35
- 7.5% of gross salary: Age 35 and over
- 10% of gross salary: Age 50 and over (optional)

PERS Plan 3 is a hybrid "defined benefit" (DB) and DC retirement plan under IRC Section 401(a). Compare the plans: [http://hr.uw.edu/benefits/retirement-plans](http://hr.uw.edu/benefits/retirement-plans).

Voluntary Investment Program
Add to your retirement portfolio with the Voluntary Investment Program (VIP), an optional, unmatched retirement savings plan under Section 403(b) of the federal tax code. Use the VIP to tap into the tax advantages of pre-tax savings, make Roth after-tax contributions to create a tax-free account for retirement, or use both contribution types. [http://hr.uw.edu/benefits/retirement-plans/optional-retirement-plans/uw-voluntary-investment-program](http://hr.uw.edu/benefits/retirement-plans/optional-retirement-plans/uw-voluntary-investment-program).

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Other Benefits

Holidays and Leave
The UW observes 10 paid holidays per calendar year.

Academic Staff can find details about their leave programs on the Academic HR website. http://ap.washington.edu/ahr/policies/leaves/

Librarians accrue vacation and sick leave based on their monthly service, plus a personal paid holiday.
http://ap.washington.edu/ahr/policies/librarians/

Professional Staff employees accrue vacation and sick leave based on appointment level and years of service, plus a personal paid holiday.
http://hr.uw.edu/professional-staff-program/

More Ways to Save
Review programs and educational seminars offered on saving your money. http://hr.uw.edu/benefits/more-ways-to-save/

Dependent Care Assistance Program
The Dependent Care Assistance Program (DCAP) helps you pay for child care and elder care by allowing you to set aside a portion of your salary, pre-tax, for eligible expenses.
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https://hr.uw.edu/policies/u-pass/
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SmartHealth Wellness
Washington State’s voluntary and confidential wellness program, also focuses on your health and well-being. As you progress on your wellness journey, you can qualify for a financial wellness incentive! http://www.hca.wa.gov/public-employee-benefits/smarthealth-wellness

Self-Care and Caring for Others
Numerous programs are available to assist with personal care and wellbeing along with other loved ones!
http://hr.uw.edu/benefits/care/

Benefit Programs
- UW CareLink connects you with experts who help you or your family members navigate life’s challenges. Including legal advice, counseling, financial guidance and more.
Contact UW CareLink: 866-598-3978
http://hr.uw.edu/benefits/uw-carelink/
- Childcare Programs: The UW offers priority access, back-up and sick child care, as well as five on-site centers.
http://hr.uw.edu/benefits/child-care/
- Elder Care UW provides back-up, in-home adult care.
https://hr.uw.edu/elder-care/short-term-elder-care/

Training and Education
Tuition Exemption Program provides access to college courses (where space is available) at public higher education institutions across the state, including the UW.
http://hr.uw.edu/pod/overview/tuition-exemption

Professional & Organizational Development offers a wide range of training courses, workshops, and e-Learning.
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More
- Auto, home, renter, and boat group insurance available to employees. https://hr.uw.edu/benefits/insurance/other/discounts-auto-home-renters-insurance/
- UW Combined Fund Drive, the state’s workplace giving campaign at http://depts.washington.edu/uwcfd/.
- Federal Student Loan Forgiveness Program encourages individuals to enter and continue to work full-time in public service jobs in return for qualified student loan forgiveness. http://hr.uw.edu/benefits/more-ways-to-save/loan-forgiveness-program/

Questions
For eligibility and enrollment in Workday contact the Integrated Service Center (ISC) at 206-543-8000 or ishelp@uw.edu
Summary of Benefits for Temporary Staff

University of Washington (UW) temporary staff employees, whose average employment is at least half-time over a period of six consecutive months are eligible for UW employer-paid Public Employees’ Benefits Board (PEBB) insurances provided they meet the definition of eligibility found in WAC 182-12-114. Choose from top medical and dental insurance programs; plan for your future with tax-deferred investing through the UW retirement options; and protect yourself and your family with life and long-term disability insurance. For more information, follow the links shown below or explore the Benefits website at http://hr.uw.edu/benefits/

Insurance

Eligibility
As a temporary, non-student employee, you can establish PEBB insurance eligibility in one of two ways:

1. The appointment you are offered meets the eligibility criteria, in which case your eligibility begins when the appointment begins: OR
2. Your work will be tracked by the Integrated Service Center and once you cross the eligibility threshold, you will be notified of your eligibility through Workday.

Insurance benefits generally begin the first of the following month. However, if an eligible appointment begins on the first business or calendar day of the month, eligibility begins on that day. See the eligibility rules at: http://hr.uw.edu/benefits/health-insurance/eligibility-for-insurance/

Maintaining Eligibility
After initial insurance eligibility is established, a temporary employee must be paid for at least 8 hours a month in a non-student position in order to maintain PEBB insurance benefits.

If a separation is processed or you have a break in service of one calendar month, eligibility ends and must be re-established. Once enrolled in your medical and dental plans, the next opportunity to change plans will be during annual or special open enrollment—even if you later obtain a permanent position. Learn more at: http://hr.uw.edu/benefits/health-insurance/change-plans/

Medical Insurance
Eligible employees may choose from among 10 health plans, all of which are listed here: https://hr.uw.edu/benefits/insurance/health/eligibility-for-insurance/

Note: The Kaiser Permanente NW plans are only available to those residing in the southwest region of Washington or northwest/north region of Oregon.

Dental Insurance
Choose from two managed care plans and one preferred provider plan. Dental premiums for you and your eligible dependent(s) are fully paid by the UW. http://hr.uw.edu/benefits/health-insurance/plans/dental-plans/

Flexible Spending Account
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Retirement

Eligibility
Hourly-paid staff in classified job titles who work at least 70 hours over any five (5) months within a 12-month period may meet the Washington State Public Employees Retirement System (PERS) Plan eligibility requirements.

Retirement Plans
Once eligibility is established, you are required to participate in either the PERS 2 or PERS 3 Plan. With PERS 2, your entire retirement benefit is defined by a formula of 2% times your years of service, and contributions are subject to periodic rate adjustments by the state legislature. PERS 3 offers you an employer-paid retirement benefit based on 1% times your years of service, plus the opportunity to choose your own contribution rate (between five and 15 percent) and invest your contributions in a range of investment options. Contributions to both plans are tax-deferred. If you have prior State of Washington retirement participation in another plan, or if you have prior participation in one of the state higher education...
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**Tuition Exemption Program** provides access to college courses (where space is available) at public higher education institutions across the state, including the UW.

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Questions
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WA Cares Fund is your earned benefit that will help you age independently.

Long-term Care is More Than Just Retirement Planning

Seven in ten Washingtonians will need long-term care but most of us don’t have a way to pay for it. WA Cares Fund is a new state program that makes long-term care insurance affordable for all Washingtonians for the first time.

With WA Cares Fund, you can receive long-term care services and supports worth up to $36,500 (adjusted annually for inflation) over your lifetime.

WA Cares Fund is a benefit you earn like Social Security that covers care in your home or a facility, as well as home modifications, meal delivery, car rides, and caregiver training. WA Cares Fund helps ensure that all of us can afford long-term care when we need it.

WA Cares Fund Contribution

WA Cares Fund is self-funded entirely by worker contributions. Unlike private long-term care insurance, which requires premiums even after you retire, you only contribute to WA Cares Fund while you work. Contributions stop the moment you stop working.

How Does it Work?

To earn benefits, you must contribute at least 10 years (without a break of 5 of more years) or have contributed 3 of the past 6 years at time of application for benefits.

Why Contribute?

**WA Cares Preserves Your Savings**
Use your WA Cares benefits – not your 401k or life savings – to cover your long-term care needs.

**WA Cares Lets You Choose**
With WA Cares, a loved one can become your paid caregiver or you can hire a home care aide. You may also pay for home improvements, meal delivery, and much more.

**WA Cares Protects Your Family**
When you need care, you will have access to a professional home care aide, so your spouse or adult child won’t have to quit their job to care for you.

Median WA Earnings
$52,075/year

Median Contribution
$302/year

KEY DATES

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Details</th>
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<tr>
<td>Premiums begin for</td>
<td>Jan. 1, 2022</td>
<td>Employees begin paying premiums. Self-employed can opt in to coverage.</td>
</tr>
<tr>
<td>employees, self-</td>
<td></td>
<td>Benefits become available to qualified, eligible individuals.</td>
</tr>
<tr>
<td>employed can opt in</td>
<td></td>
<td>Window to apply for coverage exemption.</td>
</tr>
<tr>
<td>to coverage.</td>
<td></td>
<td>Deadline for having private insurance to qualify for a lifelong exemption.</td>
</tr>
</tbody>
</table>

Learn More
Visit wacaresfund.wa.gov to learn more about the program.

For Questions
Email: wacaresfund@dshs.wa.gov
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This Page intentionally left blank
### Hand Hygiene – 1st Defense Against Infection for Patients and Staff

- Hands must remain wet with waterless sanitizer for a minimum of 20 seconds.
- Alcohol “dwell time” required to allow gel to break down organisms on hand.

### Soap and Water Wash

- Wet hands
- Apply ample soap
- Before rinsing, scrub for at least 20 seconds
- Rinse thoroughly
- Dry with paper towel
- Use new towel to turn off faucet

### Resources/Important Numbers

<table>
<thead>
<tr>
<th>HMC Infection Control</th>
<th>UWMC Epidemiology and Infection Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office: 206-744-9560</td>
<td>Office: 206-598-6122</td>
</tr>
<tr>
<td>Pager 24/7: 206-663-8872</td>
<td>Pager 24/7: 206-598-6190 (paging operator) “Epidemiologist on Call”</td>
</tr>
</tbody>
</table>

Webpage: [https://hmc.uwmedicine.org/bu/infectioncontrol/Pages/default.aspx](https://hmc.uwmedicine.org/bu/infectioncontrol/Pages/default.aspx)

Webpage: [https://uwmc.uwmedicine.org/bu/infectioncontrol/Pages/default.aspx](https://uwmc.uwmedicine.org/bu/infectioncontrol/Pages/default.aspx)

### Terms and Acronyms:

**Hospital Associated Infections (HAI):** Infections that patients acquire while they are receiving treatment for another condition in a health care setting.

**Multidrug Resistant Organisms (MDROs):** Microorganisms that are resistant to multiple antibiotics. Most common is MRSA, or *Methicillin Resistant Staphylococcus aureus*. Others include, but not limited to:

- Vancomycin Resistant *Enterococcus* (VRE)
- R- *E.coli*
- R- *Acinetobacter*
- R- *Psuedomonas*

### Personal Protective Equipment: PPE

We use Personal Protective Equipment (PPE):

- To protect ourselves from acquiring bacteria
- To protect our patients as we move from room to room from acquiring bacteria.

PPE can be used in different combinations depending on type of bacteria/isolation precautions. PPE includes:

- GLOVES
- GOWN
- MASK
- EYESHIELDS
- RESPIRATORS
**Contact Precautions**

**Used for:**
- Multidrug resistant organisms (MDRO)- MRSA, VRE, ESBL, CR, PRSP
- Uncontrollable body substances, etc.

**PPE:**
- Gown and Gloves

**Equipment/Environmental Clean:**
- Disinfectant towelette (Quat ammonium)

**Hand Hygiene:**
- Gel or Soap and Water

**Contact Enteric Precautions**

**Used for:**
- *Clostridium difficile* (C. diff)
- Norovirus
- Patients with nausea, vomiting, diarrhea of unknown cause

**PPE:**
- Gown and Gloves

**Equipment/Environmental Clean:**
- BLEACH

**Hand Hygiene:**
- Going into room: Gel
- Leaving Room: **MUST USE SOAP AND WATER**

*Alcohol gel will not kill C. diff spores. You MUST wash your hands upon leaving the room to mechanically remove spores from your hands.*
Droplet Contact/ Oncology Droplet Precautions

**Used for:**
- Influenza and other respiratory viruses
- Meningococcal meningitis
- Mumps, rubella, pertussis, etc.

**PPE:**
- Gown and Gloves, Mask with eye shield

**Equipment/Environmental Clean:**
- Disinfectant towelette (Quat Ammonium)

**Hand Hygiene:**
- Gel or Soap and Water

**Airborne Respirator Precautions**

**Used for:**
- Pulmonary Tuberculosis

**PPE:**
- PAPR or N95, Gloves, if needed
- Negative Pressure Room

**Special Alerts:**
- HMC Only: Contact Infection Control to “clear” precautions

**Equipment/Environmental Clean:**
- Disinfectant towelette (Quat Ammonium)

**Hand Hygiene:**
- Gel or Soap and Water

**Airborne Contact Precautions**

**Used for:**
- Chicken pox (varicella)
- Disseminated Herpes zoster
- Localized Herpes zoster (in an immunocompromised patient)
- Measles

**PPE:**
- Gown, Gloves, Mask with eye shield
- Negative pressure room preferred, Contact IC.

**Special Alerts:**
- Enter only if IMMUNE
- HMC Only: Do not enter if pregnant

**Equipment/Environmental Clean:**
- Disinfectant towelette (Quat Ammonium)

**Hand Hygiene:**
- Gel or Soap and Water

PAPR training is done yearly with your clinical competencies.

N95 fit-testing is required annually.

Make sure you are oriented to PAPR/N95 use on your unit. Call Infection Control/Employee Health if you need further education.
Airborne Respiratory/Contact Precautions

Used for:
HIGH RISK INFECTIOUS AGENTS
- Viral hemorrhagic fevers (Ebola)
- MERS-CoV
- SARS
- Avian Influenza

PPE:
- Gown, Gloves, PAPR/N95, eye protection
- Negative pressure room
- Booties and hat can be used if indicated (massive secretions/body fluids)

Equipment/Environmental Clean:
- Disinfectant towelette (Quat Ammonium)

Hand Hygiene:
- Gel or Soap and Water

Blood or Body Fluid Exposure

If you are exposed to blood or body fluids, do the following:
1. Wash, WASH, WASH area exposed for several minutes
2. Eyes or mouth splashed? Rinse, RINSE for several minutes
3. Seek help/report!
   a. Your supervisor
   b. Employee Health 0730-0430 Mon-Fri
   c. Emergency room- after regular business hours

Administrative Policy and Procedure available on the intranet: Control Plan for Occupational Exposure to Bloodborne Pathogens

Occupational Exposure to Bloodborne Pathogens - WAC 296-823-12005

Infectious Agents Transmitted by Blood or Blood Products

- Viruses
  - Hep A, B, C, D (delta agent)
  - CMV, EBV, HHV-8
  - HIV 1 & 2, HTLV I & II
  - Parvovirus B19
  - West Nile virus
- Parasites
  - Malaria
  - Babesiosis
  - Trypanosoma cruzii

- Rickettsia
  - RMSF, Q Fever
- Spirochetes
  - Syphilis, Relapsing Fever
- Other Bacteria
  - Red Blood Cells
    - Yersinia enterocolitica
    - Psudomonas fluorescens
  - Platelets
    - Coag neg Staphylococcus
    - Salmonella choleraesuis, E. coli, Seratia, Bacillus, Enterobacter

(Principles and Practice of Infectious Diseases 2005)
May Potentially contain Bloodborne Pathogens

- blood
- any body fluid visibly contaminated with blood
- semen
- vaginal secretions
- amniotic fluid
- saliva from dental procedures
- breast milk
- synovial fluid
- pleural fluid
- pericardial fluid
- peritoneal fluid
- unfixed tissue, organs & cerebrospinal fluid

Occupational Exposure Risk

**High Risk**
- Large bore needle that has been in a vessel
- Source patient has Hepatitis B, C, or HIV

**Low Risk**
- Mucous Membrane exposure
- Small amount of body fluid

Risk of Transmission from Infected Source Patient

**Viral pathogen**

- Hepatitis B: > 30%
- Hepatitis C: 1.8%
- HIV
  - Percutaneous 0.3%
  - Mucous Membrane 0.09%

**Incubation**

- HBV/HCV: 1-4 months
- HIV: 1-6 weeks

Prevent Transmission of Bloodborne Pathogens

- Consider all patients potentially infectious
- Get a Hepatitis B vaccination if you are a worker who may have contact with blood or body substances/fluid
- Use standard precautions for ALL patients
- Use barriers to prevent contact with blood, body fluids, and mucous membranes as appropriate
- Prevent needle sticks and splashes to eyes or mouth
UW Medicine

Patient Safety
Patient Safety

The Patient Safety Team for each organization oversees patient safety projects and initiatives. When a patient safety event occurs, the team conducts case reviews and analysis to understand what happened and why. In this way, we are then able to evaluate the overall systems and processes in order to improve the safety of our patients.

### Teams and Contact Numbers

- **Jessica Monroe** – Patient Safety and Compliance  [monroeje@uw.edu](mailto:monroeje@uw.edu)

### UWMC

- **Adam Rio** – Interim Associate Director of Safety and Quality  [adamrio@uw.edu](mailto:adamrio@uw.edu)

### HMC

- **Christine Cottingham, MS, RN, CPPS** – Patient Safety Officer  
  206-744-5051  [cotting@uw.edu](mailto:cotting@uw.edu)

Patient Safety Program  
[psadmin@uw.edu](mailto:psadmin@uw.edu)  
[https://hmc.uwmedicine.org/BU/patientsafety](https://hmc.uwmedicine.org/BU/patientsafety) or just search “patient safety” from the HMC Intranet

### Airlift Northwest

- **David Manley** – Program Safety Officer, 425-301-2890  [david.manley@airliftnw.org](mailto:david.manley@airliftnw.org)
Patient Safety Resources

The Joint Commission- National Patient Safety Goals
https://www.jointcommission.org/standards_information/npsgs.aspx

Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS)
We referenced the CUS tool

Institute for Health Care Improvement (IHI)
http://www.ihi.org/Pages/default.aspx

Just Culture
https://www.outcome-eng.com/getting-to-know-just-culture/

PSN Reminders

– Do complete for any:
  o “Adverse Event” involving a patient, staff member or visitor
  o “Near Miss” involving a patient, staff member or visitor
  o “Unsafe Condition”
– Do report as soon as possible,
– Do record the facts in the medical record for patient related events
– Do call Risk Management if there is a bad outcome or serious event
– Do keep information confidential

– Don’t speculate or blame; be factual
– Don’t refer to the PSN report or Risk Management in the medical record
– Don’t use PSN as a substitute for good teamwork communication

When in doubt,
Fill one out!
1. **CLICK** on the PSN icon on your AMC desktop

Log on using your AMC login and password.

2. **CHOOSE** the correct type of event. For Patient Event types, enter the Medical Record Number of the patient and then click Search to confirm the name of the patient involved.
   - All fields marked * are required—select “not applicable” if you cannot find an appropriate category

3. **SELECT** the appropriate event category, discovery date, and location/clinical service. There are Unknown or Not Applicable choices for Clinical Service if needed.

4. **DESCRIBE** the event as it occurred. Try to stick to facts rather than opinion or speculation.

5. **PICK** a harm score for the event (a guide can be accessed by clicking ?)

6. **SUBMIT** the event, and you’re done!
WHAT IS THE PEER TO PEER PROGRAM?

PEER TO PEER PROGRAM is a peer-support team developed to address the needs of care team members when they have been involved in a difficult event or time at work which impacts them emotionally.

When does the team get involved?

- Self-referral or referral of a colleague through our website

- You are involved in an event being responded to by the Patient Safety Event Team (PSET). We will automatically reach out to offer support.

- Informal requests of Peer Supporters – option to refer to program or fulfill request

Common questions

Anyone in healthcare could need support!

We have 96 trained peer supporters throughout UW Medicine including those that work night and weekend shifts.

To request support for yourself or a colleague - SCAN HERE

I don’t want people knowing my business.

Yes! Our support is not a case review. We don’t keep records or take any notes. If you ever have concerns, please ask us!

Can I join the peer supporter team?

Absolutely! Keep a look out for calls for nominations for the role in your email. And reach out anytime to inquire about the role @uwmedpeertopeer@uw.edu
Environment of Care

What is Environment of Care?

Environment of Care Goal:
To maintain a safe environment for everyone.

Harborview Safety Goal:
Provide a safe, supportive, and effective environment at HMC through employee health and safety, hazardous materials and waste management, environmental safety, and emergency preparedness.

UWMC Safety Goal:
Establish and maintain a safe environment for patients, visitors, staff and students; safeguard our resources, equipment and property.

Emergency Codes

Codes are announced overhead. They are initiated by someone calling the operator or security to report an event. If you are calling in a Code, please provide specific information as to location and what is happening.

Use the Emergency Manual as a reference guide for instructions on what to do when you hear a Code called.

<table>
<thead>
<tr>
<th>HMC</th>
<th>CODE</th>
<th>UWMC</th>
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<tbody>
<tr>
<td>4-5555</td>
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<td>SILVER – ACTIVE SHOOTER</td>
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<td>Check email or check with supervisor</td>
<td>ZEBRA Heightened Alert/Informational</td>
<td>Check email or check with supervisor</td>
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<td>Help</td>
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Fire Safety & Evacuation:
Fire Response is activated by a Code Red.

Important things to know include:

1. Location of fire extinguishers and how to use them
2. The nearest exit; always use the stairs
3. The fire response plan for your department;
4. The importance of fire doors
5. At UWMC, the location of evacuation equipment on your inpatient unit

Evacuation is not always necessary, but if ordered, know the evacuation route and relocation point for your department. This information should be provided to you by your supervisor or, at Harborview, the emergency warden for your department.

Disaster Preparedness:
Disaster plans are activated by a Code Triage. Follow your department’s disaster plan.

Inclement Weather Policy
ALL staff are essential. ALL employees scheduled to work are expected to have alternative plans in place to allow them to safely get to work as scheduled.

Everyone has a role.

Have a personal preparedness/family plan.
- Have a kit for work, car and home
- Have a family communication plan
- Have a proactive alternative transportation and childcare plan

Earthquake
During
- Keep away from windows, doors and falling objects.
- Comfort patients
- Drop, Cover, Hold
- Protect yourself so you can continue patient care

After
- Assess damages and injuries
- Move to safety and stay indoors
- Do not use elevators, open flames or telephones
- Report to your supervisor
- Wait for instructions

Disaster/Emergency Resources
- Department Disaster Plan
- Hospital Disaster Plan (available on the intranet)
- Employee Hotline
  - HMC 744-INFO (4636)

“An ounce of prevention is worth a pound of cure.”
-Benjamin Franklin

Waste Management
For environmental stewardship and regulatory compliance, please ensure that you dispose of waste in the correct container. Most waste collection rooms have reference posters indicating what waste goes in which container.
Hazardous Materials

Chemical Inventories and Material Safety Data Sheets (MSDS, soon to be Safety Data Sheets) are available on MyChem: http://mychem.ehs.washington.edu

**MSDS/SDS** contain safety information on:
- Chemicals
- Environmental & Health Hazards
- First Aid & Emergency Procedures
- Protective Measures i.e. gloves & safety glasses

**LABEL ALL CONTAINERS**
Read the label and follow directions
Follow departmental procedures for spill clean up
Dispose of chemicals properly

**RELABEL SECONDARY CONTAINERS**
Secure compressed gases
Protect yourself: wear PPE
UW Environmental Health and Safety: www.ehs.washington.edu

Asbestos
Older buildings contain asbestos insulation in floors, walls, and pipes.
Asbestos is safe, as long as it is not disturbed.
Airborne asbestos fibers are hazardous to your health.

Avoid damaging walls, floors and pipes with carts, beds, etc.
Stay out of construction areas.

Radiation and MRI Safety

**Radiation**
A radiation accident/incident is a major spill of radioactive material or an injury involving radiation or radioactive materials

- **Do not enter a radiation area unless you are trained to work in that area.**
- **Do not enter a room when “x-ray in use” sign is lit**

**MRI**
The MRI Suite contains a powerful magnet and the magnet is ALWAYS “ON”

MRI units can cause injury to people with pace makers, metal plates, shrapnel, or jewelry

Metal items become projectiles causing injury or property damage

Working in the MRI suite requires safety training

“In New York, in July 2001, a 6 year old boy was fatally injured by an oxygen tank that was mistakenly introduced into the MRI suite while he was undergoing an MRI exam.”
**Safety Resources**

Safety Officer

Report safety issues to a Supervisor

Complete a Patient Safety Net Report (PSN) for all Codes

When seeking treatment utilize Employee Health or the Emergency Department

Emergencies
Within the hospital call 222
Offsite locations call 911

**Medical Equipment Management**

Tests, repairs, and maintains diagnostic and therapeutic equipment

Investigates equipment failures & incidents

Must evaluate all patient care equipment

A resource to evaluate patient-owned electronics

All equipment failures and incidents must be reported to Clinical engineering

**Safety Resources**

All of us are responsible for keeping a safe environment.

Reporting hazards and incidents helps UW Medicine prevent further injuries – we need you to help!

If you see something that needs attention, or if you have ideas on how we can improve the safety of our Medical Centers, please call the Safety Hotline

At Harborview, Emergency Wardens are trained as leaders during an emergency.

- Know who they are in your department (always the Charge Nurse on patient care areas)
- Wear an orange vest, so that they are easily recognized
- Follow their instructions

**Environment of Care**

**Safety Orientation**
UW Medicine

Workplace Safety & Violence Prevention
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Workplace Safety

Public Safety/Security Teams
The goal of your public safety/security teams are to provide as safe and healing environment as possible. All officers maintain a constant presence, patrolling all areas of your work space. Anytime you see or hear something that doesn't feel right, notify your team.

Your work location determines who you contact for non-urgent and urgent reporting.

Teams and Contact Numbers
- **UWMC Public Safety at UWMC Montlake**
  - Direct Line to a Security Officer (24/7): 206-598-5555
  - Public Safety Office (business hours): 206-598-4909

- **UWMC Public Safety at UWMC Northwest**
  - Public Safety Office: 206-668-2795

- **HMC Security Services at Harborview Medical Center**
  - 24/7 Non-Emergency: 206-744-3193
  - 24/7 Emergency: 206-744-5555

- **Unico Security Services at the IBM Building, 5th Ave:** 206-628-5104

When to Call
When you observe suspicious activity call your appropriate Public Safety/Security Team at the numbers provided above.

When you observe criminal activity and feel there is an imminent threat or believe police response is necessary call **911**.

*Trust Your Instincts. Call Early.*

What to Say
- Identify yourself as an employee of UW
- Your name
- Your location and location of activity
- The problem you are reporting

Helpful Descriptors
- What they look like
- Observed behavior
- Direction of travel
- The suspicious behavior that motivated you to call
Personal Safety Tips from the Seattle Police

- Wear your employee identification name badge at all times during work hours.
- Be aware of your surroundings, trust your instincts and use common sense.
- Walk with a co-worker whenever possible.
- If you see a crime in progress, contact the police by calling 911.
- Consider wearing clothing and shoes that you can move freely and quickly in, especially when walking or waiting for the bus, train, or ferry.
- Don't be afraid to cross the street, return to a business, or ask for help based on a "funny feeling". You may be right!

Protect Your Property

- When leaving your office, shut and lock the door
- Keep personal property secured (e.g. locked in a drawer in your office or in your locker)
- Make use of locker space when provided and SECURE YOUR LOCKER
- Do not bring valuable or unnecessary personal items to work
- Record serial numbers on electronic equipment (cell phone, iPod, etc.)
- Protect your car from car prowls and vehicle theft
  - Don’t leave anything of value in your car
  - Set your alarm or use a locking device
  - Report suspicious activity in parking lots

SAFETY ON OUR UW CAMPUS IS EVERYONE’S RESPONSIBILITY!!

UW Medicine Emergency Notification Sign Up

UW Alerts: https://www.washington.edu/safety/alert/
STAT/INFO Advisory: http://depts.washington.edu/statinfo/
What is Workplace Violence?
The University of Washington has programs to prevent violence on campus.

**Workplace Violence Definition**

**Healthcare Setting definition**
- Workplace violence includes any physical assault or verbal threat of physical assault involving the use of a weapon, including a firearm as defined in RCW, or a common object used as a weapon, regardless of whether the use of a weapon resulted in an injury.

**Other Setting Definitions may include**
- Harasses or intimidates others
- Interferes with an individual’s legal rights of movement or expression
- Disrupts the workplace, the academic environments or the University's ability to provide service to the public

**Reacting to Potential Danger & Responding to Escalating Behavior**
- Listen to and acknowledge the individual – Allow him/her to express their concerns and ask for clarification if necessary
- Validate vs. Agreement (validate their experience vs agreeing with their complaint)
- Set limits if necessary
- Protect yourself, your personal space and notice your exit plan
- Manage your own responses
- Maintain a calm demeanor
- Report concerns and behavior to your manager/ supervisor, public safety or security team and the police as appropriate
- Know your campus and/or department response plan (e.g. Show of Support, Code Gray)

---

**SafeCampus**

SafeCampus is a UW violence prevention & response program for non-urgent, non-clinical concerns.

**Behaviors of concern include:** Harasses or intimidates others, Interferes with an individual’s legal rights of movement or expression, Disrupts the workplace, the academic environments or the University's ability to provide service to the public.

- Phone lines answered 24/7
- Provide information & resources to reduce risk
- Collaborate extensively with the Medical Center’s Human Resources, Security and other necessary departments to create action plans to reduce risk
- Follow up to ensure action plan is completed

206-685-SAFE (7233)
Code Silver – Active Shooter

Code Silver Definition
Code Silver is an event when an individual or group is actively shooting at persons on campus with a firearm. These are the three basic things you need to know to survive.

Shots Fired video on intranet: https://uwmc.uwmedicine.org/bu/Safety/Pages/default.aspx

Code Silver Response Measures

• Staff Response: RUN
  If within the VICINITY of the shooter:
  o Staff should not do anything to provoke the shooter
  o If no shooting is occurring, staff should do what the shooter says and not move suddenly.
  o Call 911 when safe & give your exact location.
  If the shooter starts shooting, staff should take decisive action:
  o Flee for an exit while zigzagging (if appropriate)
  o Escape if possible, leave belongings behind, and help patients, staff and visitors to escape if possible
  o Warn others and prevent them from entering the area

• Staff Response: HIDE
  If NOT within the VICINITY of the shooter and CANNOT leave the area safely, staff should:
  o If in a hallway, get to a nearby room and secure it
  o Unless close to an exit, do not attempt to run through long hallways to get to an exit as there are risks for encountering the shooter
  o Keep other staff, patients and visitors confined in the area
  o Lock and barricade doors and windows. Use beds, copiers, cabinets, tables etc.
  o Turn off TV’s, mobile phones and other devices that emit sound

• Staff Response: As A Last Resort FIGHT for Your Life!
  As a last resort, if there is no possibility of escaping or hiding, and only if a person’s life is in imminent danger, one can make the personal choice to FIGHT.

  Options to consider include:
  o Throw things, yell, use improvised weapons
  o Develop an action plan and work as a team
  o Committing to one’s action to fight for your life or someone else’s life
Purpose:
To alert clinical and non-clinical staff to speak with the nurse before entering the room as the patient has demonstrated violent or aggressive behaviors or made threats of violence.

Criteria for Implementation:
Implementation is considered in the following circumstances:
1. Patient is actively demonstrating violent or aggressive behavior towards person or property
2. Patient expresses threats of physical harm
3. Patient expresses threats to destroy property
4. Active care plan to manage violent or abusive behavior

Initiation:
1. Any member of the clinical team can raise concern for threats of violence.
2. If concern raised, shift RN will huddle with the charge RN, primary provider (if available) and a member of unit nursing leadership. STAT RN should be consulted if NM or RN3 is unavailable.
3. At huddle discuss concerning behaviors and complete Safety Plan Checklist and place in patient’s chart.
4. Place gray triangle sign outside of the patient’s room.
5. Communication
   a. Shift RN to document patient behavior and safety plan in nursing note
   b. Charge RN, NM or STAT RN will notify Public Safety.
   c. If unit leadership is unavailable, the charge RN is responsible for notifying NM of implementation.
   d. NM or STAT RN will notify AOC as needed (e.g Threats of harm to staff or others, if police involvement necessary)

While Sign in Place:

<table>
<thead>
<tr>
<th>Clinical RN Responsibilities:</th>
<th>Charge RN Responsibilities:</th>
</tr>
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<tbody>
<tr>
<td>Act as point of contact for communication regarding patient’s current status.</td>
<td>May act as point of contact if clinical RN unavailable.</td>
</tr>
<tr>
<td>Update Safety Plan Checklist when appropriate</td>
<td>Announce gray triangle patients at unit shift change and huddles.</td>
</tr>
<tr>
<td>Document patient’s behavior and safety plan in nursing note</td>
<td>Report out gray triangle patients daily in the morning charge nurse flow meeting.</td>
</tr>
<tr>
<td>Document any change in behavior or plan in nursing note</td>
<td>Verify that daily re-assessment of the Gray Triangle patients is completed and documented on the Safety Plan Checklist</td>
</tr>
</tbody>
</table>
If visitors ask what the gray triangle sign means, simply state: “The gray triangle tells staff from other departments to talk to the assigned nurse before entering the room”

**Reassessment:**

1. Charge RN will re-assess with clinical RN the need for continued signage every 24 hours on day shift
2. Reassessment includes the following questions:
   a. Does the patient continue to meet criteria for gray triangle signage?
   b. Is the safety plan effective? And/or does it need modifications?
   c. Are there other institutional resources that need to be accessed?
3. If Criteria for Implementation MET -> Gray Triangle remains in place until next reassessment
4. If Criteria for Implementation NOT MET -> See discontinuation process outlined below
5. Charge RN will document q24 hour reassessment(s) on ‘Gray Triangle Monitoring Form’

**Discontinuation:**

1. Prior to discontinuing the Gray Triangle sign, the charge RN will organize a huddle with the following team members, at minimum (additional members ad hoc):
   a) Clinical RN
   b) Primary Provider
2. Charge RN will notify Public Safety that the Gray Triangle has been discontinued and communicate with the department NM or RN3 (in person or via email) that the Gray Triangle has been discontinued.
3. Note Gray Triangle discontinuation on Safety Plan Checklist and return to Nurse Manager.

**Links:**

Appendix A: Safety Plan Checklist
Appendix B: Gray Triangle sign
UW Medicine
Human Resources & Payroll
**Human Resources**

**HMC** 744-9220  
PSB 2100  
campus box 359715  

**UWMC** 598-6116  
BB 150  
campus box 356054  

Monday – Friday 8am – 5pm*  
*Other hours upon request  

[www.washington.edu/admin/hr](http://www.washington.edu/admin/hr)

**Workday and the ISC (Integrated Service Center)**  
206-543-8000  
ischelp@uw.edu  
UW Tower, Floor O-2 (Lobby level or “L” in the elevator)

Access workday through the ISC website [https://isc.uw.edu/](https://isc.uw.edu/)  
*(UW NetID and password required)*

**Who to contact?**

**ISC:**  
Contact the ISC for Workday questions about setting up your W-4, direct deposit, and viewing and printing your pay slip, and for questions about benefits enrollment.

**Human Resources:**  
UW Medicine employees should contact their Human Resources office for their HR questions including any medical leave longer than three days, FMLA (Family and Medical Leave act), FCA (Family Care Act), Parental Leave, military leave, shared leave, and disability accommodation.

**UW Medicine payroll/your payroll coordinator:**  
Contact your Payroll Coordinator or the payroll office for questions about Kronos, time off, and paychecks.
Employment Type/Classification

<table>
<thead>
<tr>
<th>Employee ID Number (EID):</th>
<th>TBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Class Code:</td>
<td>1522</td>
</tr>
<tr>
<td>Job Title:</td>
<td>Orientation Specialist</td>
</tr>
<tr>
<td>Start Date:</td>
<td>9/2/2012</td>
</tr>
<tr>
<td>Employment Type:</td>
<td>Professional Staff</td>
</tr>
<tr>
<td>Pay Rate (monthly):</td>
<td></td>
</tr>
<tr>
<td>FTE (%)</td>
<td>100%</td>
</tr>
<tr>
<td>Manager Name:</td>
<td>Kurt O'Brien</td>
</tr>
<tr>
<td>Department T/O Box:</td>
<td>OD&amp;T/359422</td>
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</tbody>
</table>

Contract Classified: [http://hr.uw.edu/labor/unions](http://hr.uw.edu/labor/unions)

Classified Non-Union: [http://hr.ofm.wa.gov/rules](http://hr.ofm.wa.gov/rules)

Professional Staff: [http://hr.uw.edu/professional-staff-program/](http://hr.uw.edu/professional-staff-program/)

Hourly/Temporary Employees: [http://hr.uw.edu/policies/temporary-employment-program/](http://hr.uw.edu/policies/temporary-employment-program/)

- Can work a maximum of 950 hours every 12 months.
- RNs exempt from 950 hour maximum.
- Employees in a temporary position matching an SEIU Local 925 or WFSE bargaining unit title become covered by the union after 350 hours worked.

<table>
<thead>
<tr>
<th>Time off/Leave</th>
<th>Probationary Period</th>
<th>Bargaining Unit (union)</th>
<th>Pay schedule</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional Staff</strong></td>
<td>Begin accruing vacation time off at 10 hrs/month.</td>
<td>No probationary period.</td>
<td>No bargaining unit.</td>
<td>Regular Salary pay schedule for regular pay, exception pay schedule for everything else.</td>
</tr>
<tr>
<td><strong>Contract Classified (union)</strong></td>
<td>Begin accruing vacation time off at 8 hrs/month.</td>
<td>6-month probationary period. Can use accrued time off during this period.</td>
<td>Each employee is assigned to one of several bargaining units based on job title.</td>
<td>Regular Salary pay schedule for regular pay, exception pay schedule for everything else.</td>
</tr>
<tr>
<td><strong>Classified Non-Union</strong></td>
<td>Begin accruing vacation time off at 8 hrs/month.</td>
<td>6-month probationary period. Can use accrued time off during this period.</td>
<td>No bargaining unit.</td>
<td>Regular Salary pay schedule for regular pay, exception pay schedule for everything else.</td>
</tr>
<tr>
<td><strong>Hourly/temporary</strong></td>
<td>Only sick paid time off.</td>
<td>No probationary period.</td>
<td>Depends on job title. Discuss with manager.</td>
<td>All pay according to exception pay schedule.</td>
</tr>
</tbody>
</table>

It says on your hire letter what your classification is. Questions? Ask an HR representative during the module fair.
Pay dates/First Payday:
- On the 10th of the month
- On the 25th of the month

Sometimes these dates vary due to weekends or holidays. For regular salary pay, hours worked during the 1-15th of the month will be paid on the 25th, and hours worked during the 16th-the end of the previous month will be paid on the 10th.

Timekeeping:
KRONOS is the system that most employees will use for Time Reporting, Scheduling and Time off/Leave Management. Separate KRONOS training will be provided if applicable. However, not all departments use KRONOS; check with your department manager for your specific time reporting process.

Standard Work Week: Monday-Sunday
You are responsible for validating the accuracy of your paycheck and employee leave record.

By noon every Tuesday:
- Review your timecard
- Submit any changes to your timekeeper
- Approve your timecard

First paycheck & Direct Deposit
- Make sure you set up direct deposit in Workday as soon as possible. Direct Deposit is the preferred method of receiving your net pay.
- Please make sure your address on file is current as your first pay check may be mailed to your home address listed in Workday.

Taxes
- Set up your W-4 Federal Withholding Form in Workday
- You may also opt out of printed W-2s in Workday
**Schedule Hours**
The following are the number of hours required to meet the “work obligation” for the earnings of monthly paid employees. The total hours can be a combination of hours worked and benefit hours (vacation, etc.) For percentages not listed here, multiply the work period by the percentage to arrive at the required “work obligation” hours.

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<thead>
<tr>
<th>FTE</th>
<th>Hours per 40 Hour Work Period</th>
<th>Hours per 80 Hour Work Period</th>
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**Time-off/Leave**

**Prior Service Credit** for previous employees: [https://hr.uw.edu/ops/leaves/prior-service-credit/](https://hr.uw.edu/ops/leaves/prior-service-credit/)

**Holidays**
- Prorated for part-time employees.
- 10 holidays per year. Ask your supervisor or timekeeper how your department compensates employees for holidays.

**Vacation time off**
- Prorated for part-time employees.
- Visit HR web page for detailed accrual rates.
- Can be used as soon as it’s accrued.
- Professional staff begin accruing 10 hours/month.
- Classified staff begin accruing 8 hours/month.
- Can accumulate a maximum of 240 hours. Excess vacation must be used or lost; cannot be paid out.
- Leave accrual rates: [https://hr.uw.edu/ops/leaves/vacation/](https://hr.uw.edu/ops/leaves/vacation/)

**Sick time off**
- Can be used as soon as it’s accrued.
- Permanent staff accrue 8 hours/month, prorated for part-time employees.
- Temporary staff accrue 1 hour for every 40 hours worked (0.025 per hour).
Personal Holiday

- 1 personal holiday per calendar year.
- Pro-rated for part-time employees.
- Must be used by 12/31 each year.
- Must use entire holiday day at once.

Professional Staff and Contract Classified:
- available after 4 months of continued employment.
- Classified non-union: available immediately.

Time off Accrual for new employees

Newly hired permanent employees who start work before the 16th of the month will accrue full time-off hours during the first calendar month of employment. If you started between the 16th and last day of the month, Classified nonunion overtime exempt employees do not accrue hours for that month, but start accruing the following month; Overtime exempt contract classified and professional staff and overtime eligible employees, however, accrue 1 hour for every 40 hours worked in that month.

For temporary employees, paid sick time off accrual begins at the start of employment for all hours worked on and after that date, and is available for use the following month.

Other leave programs:
If you have questions about any of these, contact your Leave Specialist in your HR office.

Definition of Family Member - employee's spouse or same or opposite sex domestic partner; child; parent; grandparent; grandchild; sister; or brother. Family member also includes individuals in the following relationships with the employee's spouse or domestic partner: child, parent, or grandparent. It also includes those persons in a “step” relationship.

Family and Medical Leave Act (FMLA) Eligible after working 12 months and 1250 hours.

Provides 12 weeks of job protected leave and benefits coverage per year to employees who meet FMLA eligibility requirements. If your leave doesn’t meet FMLA requirements, you may still be able to take leave, it just won’t be FMLA and is subject to department approval.

Family Care Act is a Washington State program that allows you to use vacation time off to care for a family member with a serious health condition.

Shared Leave -- for severe, extraordinary, or life-threatening conditions. Allows eligible employees to donate a portion of their accumulated time off to another Washington state employee who is eligible to receive shared leave.

Disability Accommodation: If you require some kind of Disability Accommodation, contact your Leave Specialist through HR. They work with Disability Services Office and your department to provide appropriate accommodations.

Parental leave: Covered by FMLA (if eligible), but you can still request Parental Leave regardless of your FMLA eligibility. Parental Leave is not paid but you may be able to use some accrued time off during Parental Leave. Ask your Leave Specialist for details about Parental Leave.
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UW Medicine

Rules of Employment
and
Union Information
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**Review your Contract Bargaining Agreement**

If you are a Contract Classified (Union) employee please review the full copy of your Contract Bargaining Agreement (CBA) at the address below. You can find the name of your union on your hire letter: [https://hr.uw.edu/labor/unions](https://hr.uw.edu/labor/unions)

**Rules of Employment for Non-Union Employees**

- **Classified Non-Union:**
  - WA state civil service rules
  - [https://ofm.wa.gov/state-human-resources/civil-service-rules](https://ofm.wa.gov/state-human-resources/civil-service-rules)

- **Professional Staff:**
  - UW professional staff program
  - [https://hr.uw.edu/professional-staff-program](https://hr.uw.edu/professional-staff-program)
Welcome to your Union!

Please sign up here for your zoom orientation:

https://bit.ly/3asWA7j

And here for your union membership:


This is a bargaining year and we look forward to seeing you very soon.

To reach out directly, contact

Abby Wolk
awolk@seiu925.org
206-322-3010 x332

SEIU925.ORG
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ONLY WFSE MEMBERS save thousands of dollars through AFSCME Member Benefits

FREE COLLEGE & SCHOLARSHIPS

AFSCME Free College Earn an online degree from an accredited school with no out-of-pocket expense. Also available to family members.

freecollege.afscme.org

Scholarships Check out our many scholarships!

wfse.org/scholarship-info

HOUSE & HOME

MORTGAGES Two programs help members and their children buy a home.

REAL ESTATE PROGRAM Helps members and their families buy or sell a home.

SAVE MY HOME HOTLINE provides counseling for labor union members facing foreclosure.

SHOPPING & TRAVEL

AT&T WIRELESS DISCOUNT Save 15% with the only nationwide unionized wireless company.

WFSE TRAVEL DISCOUNTS Savings may exceed 50%, average 10-20% below-market rates.

FAIRHOTEL.ORG Socially responsible union hotels.

AND MORE... Pet veterinary services; entertainment; flowers & gift baskets; Travel Center; Super Shuttle Discount.

DENTAL HEALTH

WFSE/AFSCME MEMBER EXCLUSIVE Free and discounted dental benefits with Bright Now! Dental, Pacific Dental Alliance, and Sunrise Dental.

FINANCIAL

FINANCIAL WELLNESS & PLANNING

• Washington State Employees Credit Union Program
• Modern Woodmen of America (retirement savings)
• Money Management Educators (financial education)
• AFLAC (supplemental insurance)
• Colonial Life (supplemental insurance)

TRUSTMARK Trustmark Universal Life Insurance with Long-Term Care for members in General Government.

DISASTER/HARDSHIP RELIEF GRANTS

Help from the Foundation for Working Families, a Washington State Labor Council program supported by WFSE/AFSCME.

AND MORE... UnionPlus resources on financial hardship & student debt.

LEGAL

LEGAL SERVICES Speak to a lawyer free about any legal question. Free document review and 30% off additional services.

AUTOMOTIVE

CAR RENTALS Save on car rentals with discounts from Alamo, Avis, Budget, Hertz, and National.

MOTOR CLUB Get emergency roadside assistance.

AUTO BUYING SERVICE Save time and money when you buy a new or used car or truck.

TIRES & CAR SERVICE Save 10% on all Goodyear tires and 5% on all sale tires.

AND MORE... Auto Insurance; A Guide to Union-Made Vehicles.

Not a member? Join today.

Get more info:
wfse.org/member-benefits

Member Connection Center
1-833-MCC-WFSE
(1-833-622-9373)
Hello Nurse,

Congratulations on your new job as an RN at UW Medical Center – Montlake and welcome to WSNA. We are not only your union but your professional organization as well.

Having a strong contract is critical, especially during a crisis like COVID-19. As a member you will help protect and build upon it. After all, it was the nurses united in advocating for better working conditions for themselves, and healing conditions for their patients, that provided many benefits unique and valued at the UW Medical Centers.

Your local unit page is your one stop source for everything related to your particular unit and information on how to protect our profession. Here you will find:

- Local Elected Officers – members like yourself
- WSNA Representative - Part of their job is to make sure the contract is adhered to
- Links to your contract, recent Memorandum of Agreement and other pertinent documents
- Latest updates, Resource and Tools, Representative Rights, COVID -19 FAQs
To view your local unit page visit: https://www.wsna.org > click “Union News and Contracts” > scroll down, under King County Nurses Association click “UW Medical Center – Montlake”

Or you can use this link: https://www.wsna.org/union/university-of-washington-medical-center

Many nurses add the link to their contract and local page to their home screen for quick reference.

Nurses at your facility recently bargained for additional protections in response to concerns presented by the COVID-19 virus in a Memorandum of Agreement (MOA) with UWMC. I recommend you learn more about it.

Feel free to reach out to me with any questions.

In Solidarity,

Will Nesper, RN
Nurse Organizer
wnesper@wsna.org
206-575-7979, Ext. 3020 (office)
206-713-2443 (mobile)

Washington State Nurses Association
wsna.org

Follow us on Facebook, Twitter and Instagram
Hello Nurse,

Congratulations on your new job as an RN at UW Medical Center – Northwest and welcome to WSNA. We are not only your union but your professional organization as well.

Having a strong contract is critical, especially during a crisis like COVID-19. As a member you will help protect and build upon it. After all, it was the nurses united in advocating for better working conditions for themselves, and healing conditions for their patients, that provided many benefits unique and valued at the UW Medical Centers.

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- Links to your contract, recent Memorandum of Agreement and other pertinent documents
- Latest updates, Resource and Tools, Representative Rights, COVID -19 FAQs

To view your local unit page visit: https://www.wsna.org > click “Union News and Contracts” > scroll down, under King County Nurses Association click “UW Medical Center – Northwest”
Or you can use this link: https://www.wsna.org/union/northwest-hospital

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Feel free to reach out to me with any questions.

In Solidarity,

**Annie Mansfield**
Pronouns: she, her, hers
WSNA Organizer
amansfield@wsna.org
206-247-4723

**Washington State Nurses Association**
wsna.org

Follow us on [Facebook](https://www.wsna.org), [Twitter](https://www.wsna.org) and [Instagram](https://www.wsna.org)
# Health Sciences Express Schedule

Service operates Monday – Friday, excluding University Holidays. For rider alerts and route maps visit transportation.uw.edu/uwshuttles or call 206-685-3146.

## 20 minute schedule, effective February 1, 2021

<table>
<thead>
<tr>
<th>STOP LOCATIONS AND DESCRIPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UWMC STOP 29:</strong> NE Pacific St outside the main entrance to UWMC.</td>
</tr>
<tr>
<td><strong>D-WING STOP 12:</strong> NE Columbia Rd at the D-Wing shelter.</td>
</tr>
<tr>
<td><strong>UW TOWER STOP 7:</strong> Travel to HMC or UWMC: West side of 12th Ave NE, halfway between NE 43rd St. and NE 45th St.</td>
</tr>
<tr>
<td><strong>ROOSEVELT CLINIC STOP 8:</strong> Travel to HMC or UWMC: West side of Roosevelt Way NE, south of NE 43rd St.</td>
</tr>
<tr>
<td><strong>HARBORVIEW MEDICAL CENTER (HMC) STOP 19:</strong> East side of 9th Ave in front of the Harborview Research &amp; Training Building.</td>
</tr>
</tbody>
</table>

##旗停点

- **UWMC**
- **D-WING**
- **UW TOWER**
- **ROOSEVELT CLINIC**
- **HARBORVIEW MEDICAL CENTER (HMC)**

##乘客上下车

- **UWMC**
- **D-WING**
- **UW TOWER**
- **ROOSEVELT CLINIC**
- **HARBORVIEW MEDICAL CENTER (HMC)**

Adverse weather and/or traffic conditions may disrupt or limit service on all routes. Scheduled service and times are not guaranteed. We appreciate your patience during these times. Visit transportation.uw.edu/uwshuttles for up-to-date service information, or call 206-685-3146.

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<table>
<thead>
<tr>
<th>DEPART UWMC (29)</th>
<th>D-WING (12)</th>
<th>UW TOWER (7)</th>
<th>ROOSEVELT CLINIC (8)</th>
<th>ARRIVE HMC (19)</th>
<th>DEPART HMC</th>
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<th>ARRIVE UWMC (29)</th>
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*All buses are wheelchair accessible.

*All buses are equipped with two-position bike racks.

Schedule reflects departure times except where arrivals are indicated.

‡ Last trip of day from HMC to UW Campus is drop-off only.
Service operates Monday – Friday, excluding University Holidays. For rider alerts and route maps visit transportation.uw.edu/uwshuttles or call 206-685-3146.

20 minute schedule, effective February 1, 2021.

When does my shuttle arrive?
Text uwbus # to 41411 where # is the shuttle stop number to receive shuttle arrival times. For example, texting “uwbus 29” to 41411 will return the arrival time for the UWMC stop.

facilities.uw.edu/hse
UW Medicine Day One Part 3: Union Orientation
Monday at 4:30pm

WSNA
Microsoft Teams meeting
Join on your computer or mobile app
Click here to join the meeting: www.wsna.to/uwmc
1. If you have previously downloaded the Microsoft Teams app, choose the option to “open microsoft teams”
2. If you have not downloaded the app, choose “cancel” and then choose the option for “continue on this browser”
3. Enter your first name, last name, and unit and then click “join now”

WFSE
Join Zoom Meeting
https://wfse-org.zoom.us/j/82551236867
Meeting ID: 825 5123 6867

SEIU 1199NW
https://us02web.zoom.us/j/81145545977
Meeting ID: 811 4554 5977
One tap mobile
+12532158782,,81145545977# US (Tacoma)
+14086380968,,81145545977# US (San Jose)
Dial by your location
+1 253 215 8782 US (Tacoma)
Meeting ID: 811 4554 5977

SEIU 925
Phone one-tap:
US: +12532158782,,99768647908#
or +16699006833,,99768647908#
Meeting URL: https://zoom.us/j/95949736503
Meeting ID: 959 4973 6503

Join by Telephone
For higher quality, dial a number based on your current location.
Dial: US: +1 253 215 8782 or +1 669 900 6833
Meeting ID: 959 4973 6503
Be sure to complete everything before leaving for Part Two: NEO this afternoon!

- TAKE A NEW EMPLOYEE ORIENTATION GUIDEBOOK
- COMPLETE I-9 EMPLOYMENT ELIGIBILITY VERIFICATION
- HAVE YOUR PHOTO TAKEN FOR YOUR BADGE/HUSKY CARD
- STOP AT THE STARTING LINE CHECK OUT

THE NEO WEBINAR WILL BEGIN PROMPTLY AT 11:30
https://washington.zoom.us/j/99786394366

See page 1 of this guidebook for sign-in instructions

Reminder: NEO attendance is mandatory!

Before then:

- Ensure your UW NetID and AMC account has been set up
  (see page 7 of this guidebook)
- Find a comfortable place either at home or elsewhere with internet connectivity.

*Everyone is asked to leave the UW Tower after completing Part One*