

UW Medicine



New Employee Orientation Guidebook 2024

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Organization Development & Training

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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.

	UW NetID Login Account	UW Medicine Login Account
Commonly used to log in to:	<ul style="list-style-type: none"> UW Email My.uw.edu Employee Self Service (ESS) UW Medicine Learning Management System (LMS) Any UW website asking for your UW NetID 	<ul style="list-style-type: none"> UW Medicine (AMC) Computers UW Medicine EHR Programs (Epic) UW Medicine Kronos UW Medicine Citrix
Password change requirements	120 days from last password change (no automatic expiration)	120 days from last password change (automatically reset if not changed)
Where to change the password	My.uw.edu under the "Accounts," and then the "UW NetID" section	UW Medicine SailPoint
Support	Call UW-IT Services for password assistance (see below)	Call the UW Medicine IT Services Help Desk for password assistance (see below)

IT Services Contacts

	UW-IT Services	UW Medicine ITS Help Desk
Email address	help@uw.edu	uwmhelp@uw.edu
Phone number	206-221-5000	206-520-2200
Hours	24x7	24x7

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 Medicine Academic Medical Center (AMC) Account

Access to the UW Medicine systems (computers, EPIC, Kronos, Citrix, et.) is critical to your ability to work and must be set up by the end of your first work day.

To set up access to UW Medicine systems, you will first need to set up your UW NetID.

Follow these steps to set up your AMC account

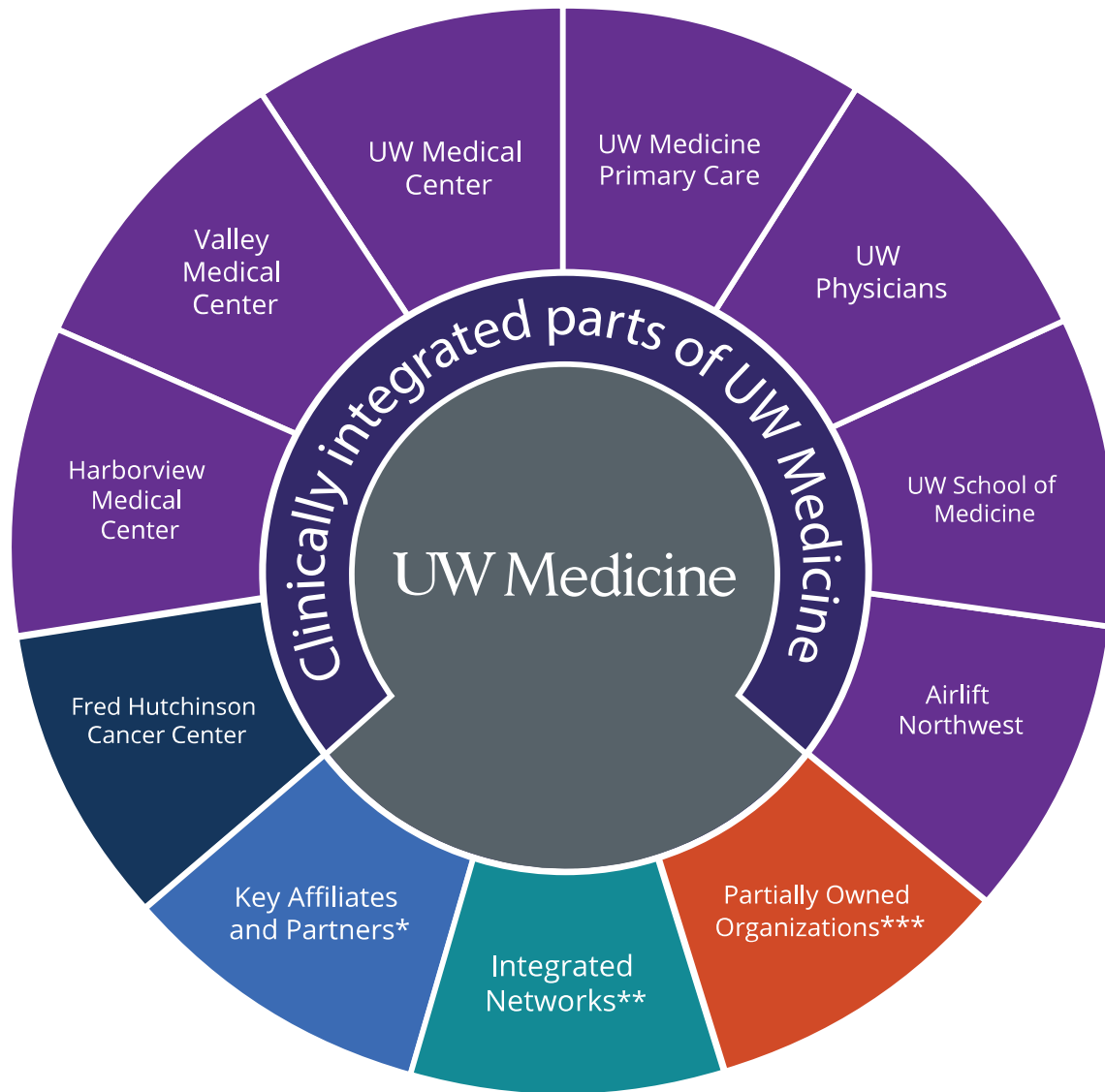
1. Navigate to [UW Medicine SailPoint](#).
2. Enter your AMC ID in the "Username" field and click "Forgot Password".
3. Verify your identity with Duo MFA.
4. Answer security questions and follow the remaining steps to set your AMC account password.

NOTE: An active AMC account is required for participation in clinical orientations and Epic training. Please complete the setup process prior to attending those onboarding events.

UW Medicine

Welcome to
UW Medicine

UW Medicine and Its Affiliations



KEY AFFILIATES AND PARTNERS

Bloodworks Northwest
Hall Health Center
MultiCare Health System
NW 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

PARTIALLY OWNED ORGANIZATIONS

Children's University Medical Group (with Seattle Children's)
LifePoint - UW Medicine LLC
Trios Health a UW Medicine Community Health Partner

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, nonfaculty 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. The clinically integrated parts of UW Medicine include Harborview Medical Center, University of Washington Medical Center (Montlake and Northwest campuses, collectively "UW Medical Center"), Fred Hutchinson Cancer Center, UW Medicine Primary Care, UW Physicians, University of Washington School of Medicine, Valley Medical Center and Airlift Northwest. Each of these organizations has a different relationship to the University of Washington.

In addition, 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 serves to guide the direction of one of the world's largest and most comprehensive medical research programs.

Which organizations are clinically integrated parts of UW Medicine?

UW Medicine currently includes the University of Washington School of Medicine, Fred Hutchinson Cancer Center (research and cancer care institution), three acute care hospitals (UW Medical Center, Harborview Medical Center and Valley Medical Center), UW Physicians (a not-for-profit professional practice plan), UW Medicine Primary Care (network of 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 10 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

- **Fred Hutchinson Cancer Center**

Fred Hutchinson Cancer Center is an independent, nonprofit, unified adult cancer care and research center that is clinically integrated with UW Medicine, a world leader in clinical care, research and learning. The only National Cancer Institute-designated cancer center in the Pacific Northwest, Fred Hutch's global leadership in bone marrow transplantation, HIV/AIDS prevention, immunotherapy, and COVID-19 vaccines has confirmed its reputation as one of the world's leading cancer, infectious disease and biomedical research centers. Based in Seattle, Fred Hutch operates eight clinical care sites that provide medical oncology, infusion, radiation, proton therapy, and related services, and network affiliations with hospitals in five states. Together, its fully integrated research and clinical care teams seek to discover new cures to the world's deadliest diseases and make life beyond cancer a reality. fhcc.org

- **UW Physicians**

UW Physicians is the adult practice group for more than 2,800 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 (Login required)

- **UW Medicine Primary Care**

UW Neighborhood Clinics doing business as UW Medicine Primary Care 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, which operates under the UW Medicine Primary Care brand. 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

How are these organizations 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, a public hospital district-operated pursuant to a Strategic Alliance Agreement with UW Medicine

Private, Not-For-Profit Organizations:

- Fred Hutchinson Cancer Center
- UW Physicians
- UW Neighborhood Clinics doing business as UW Medicine Primary Care

How big is UW Medicine?

There are approximately 35,000 people (including faculty, nonfaculty practitioners and staff) employed by the various public and nonprofit UW Medicine clinically integrated organizations. Over half of these individuals are employed by the University of Washington and are state employees; others are not. In fiscal year 2021, UW Medical Center, Harborview Medical Center and Valley Medical Center admitted 58,530 patients, and their 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.

Fred Hutchinson Cancer Center became a clinically integrated part of UW Medicine in 2022 as part of an oncology restructuring that included the merger of Fred Hutchinson Cancer Research Center and Seattle Cancer Care Alliance to form one organization, renamed Fred Hutchinson Cancer Center.

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 the President & Director of Fred Hutchinson Cancer Center, executives of the three hospitals and the other clinical entities, and leaders within the School of Medicine (e.g., 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; patient safety and quality improvement; philanthropy; primary care services; population health and value-based care; 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 and Fred Hutchinson Cancer 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 their 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, Fred Hutchinson Cancer Center and UW Medicine Primary Care. 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 two equal corporate members and founders of Children's University Medical Group (with Seattle Children's). This relationship is vitally important for the success of our pediatric clinical, research and education programs.

In addition, UW Medicine is a part owner of a limited liability company (LLC) created with LifePoint, which was established to own and operate community hospitals in Washington, Alaska and Idaho. Through this arrangement, UW Medicine provides expertise on quality and complex clinical care at LLC facilities, which are co-branded "A UW Medicine Community Health Partner."

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 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.

UW Medicine

Mission & Vision

Values, goals and strategies to improve the health of the public

Mission

UW Medicine has a single mission: To improve the health of the public. The 30,000+ members of our community advance this mission through the excellence of their work in patient care, medical education and research

Vision

UW Medicine will provide: a care experience for patients and their families that helps them achieve their personal goals for wellness and disease management; an educational environment for health professionals, students and trainees that prepares them for leadership in their professional careers; and a research enterprise for scientists that enables them to advance medical knowledge and clinical innovations with groundbreaking discoveries.

Values

We treat people with respect and compassion.

We embrace diversity, equity and inclusion.

We encourage collaboration and teamwork.

We promote innovation.

We expect excellence.

Goals and Strategies

Provide high quality, safe, service-centered care to all patients and families while controlling the rising cost of healthcare.

Sustain health before and after illness for individual patients and populations

Be an international leader in providing high quality, cost effective medical education and training

Improve health locally and around the world by accelerating the application of research findings to the clinic, bedside and populations

Be a national model for healthcare equity and work to reduce health disparities

Maintain trust and confidence in UW Medicine's mission and effectiveness

Diversity, Equity and Inclusion at UW Medicine

UW Medicine Office of Healthcare Equity - <https://depts.washington.edu/hcequity/>

Mission

- **Reduce disparities in healthcare delivery** by educating health professionals informed by principles of diversity, equity, inclusion and justice
- **Make UW Medicine an equitable place** to learn, work, provide and receive care
- **Be a national model** for healthcare equity
- **Provide local and national leadership** in healthcare equity and healthcare justice research

UW Medicine Healthcare Equity Blueprint 2.0

Leadership & Strategic Operations	Build a robust internal communications system and partner with Strategic Marketing & Communications, Advancement, Government Relations and other intraorganizational partners to help support OHCE's work and mission. Hold regular events to showcase local, regional and national leaders in equity, diversity and inclusion (EDI) and discuss local legislation.
Workforce Development	Advocate for and facilitate initiatives to build and support a workforce reflective of communities we serve through efforts focused on recruitment, retention, education, and coaching.
Community Engagement	Develop and sustain a foundation of trust across our communities and build partnerships by being present to listen to and learn about those we serve, solicit ongoing feedback, and consistently report back.
Research & Evaluation	Led by The Justice, Equity, Diversity, and Inclusion (JEDI) Center for Transformational Research, study health disparities to better understand and then eliminate them; offer more opportunities for underrepresented researchers; build collaborations with basic scientists, clinical scientists and BIPOC communities.
Quality Improvement	Ensure equity, diversity, and inclusion principles inform all system-wide quality improvement policies, processes and practices.
Learning Environments	Educate healthcare and research professionals informed by principles of equity, diversity, inclusion and justice, while fostering a learning and teaching environment that is welcoming and inclusive.

UW Medicine

PATIENTS ARE FIRST

 Provide the Highest
Quality Care

 Focus on Serving
the Patient/Family

 Practice Fiscal
Responsibility

 Become the
Employer of Choice

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?

The patient/family member is thinking and wondering about the issues below. How will you answer these questions?	A.I.D.E.T.
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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 <u>you</u> or <u>your colleague</u> can do what you say? 	Introduce
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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

UW Medicine

Compliance & IT Security: Do the Right Thing

Compliance at UW Medicine

New Employee Orientation

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



You



Supervisors



Senior Leaders

UW Medicine
COMPLIANCE

Compliance

We all have a 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 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**; you can call or email us directly and can even do so anonymously - we are a services-oriented program.

UW Medicine Compliance
comply@uw.edu | 206.543.3098
<http://depts.washington.edu/comply/>

Anonymous Hotline
206.616.5248 or 1.866.964.7744

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.



UW Medicine



Me, My friends,
My family, My coworkers ...

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

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.

Email internet and local telephone only **okay** if:

- Brief and infrequent
- Little or no cost
- No personal gain
- No interference with your job
(or coworker's job)
- Special rules for researchers

Do not use for:

- Personal benefit or gain
- The benefit or gain of another
- Political purposes
- Personal or commercial business
- Illegal or improper activities including gambling or betting pools
- Streaming music or videos for personal interest

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.

Case	Violation	Results
2013-016	An employee of the Department of Labor and Industries violated RCW 42.52.160 when she used state resources for personal interests.	Settlement approved on November 8, 2013 for a civil penalty of \$1,500 with \$800 suspended.

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 or 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, UWPC, FPPS and ALNW)
206.543.7012, mcsos@uw.edu

Dean of Medicine IT
206.221.2459, domhelp@uw.edu

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

VMC
425-228-3340 ext. 6200
Type "ITHELP" on intranet web browser or
Email ithelp@valleymed.org and
cybersecurity@valleymed.org

UW-IT
206.221.5000
help@uw.edu

Reporting Compliance Concerns



UW Medicine Compliance
206.543.3098 | 1.855.211.6193 | comply@uw.edu
<http://depts.washington.edu/comply/>

Anonymous Hotline
206.616.5248 or 1.866.964.7744

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

- <https://depts.washington.edu/uwmedsec/restricted/guidance/accounts-and-passwords/>

How to encrypt

- <https://depts.washington.edu/uwmedsec/restricted/guidance/encryption/>

Securing your physical space

- Contact your building facilities department

Compliance Resources

Accounting of Disclosures

- <https://depts.washington.edu/comply/accounting-of-disclosures/>

UW Medicine Compliance Code of Conduct

- https://depts.washington.edu/comply/docs/UWM_CodeofConduct.pdf

Compliance Policies

- <https://depts.washington.edu/comply/policies/>

Health Information Management

- <https://www.uwmedicine.org/patient-resources/access-medical-records-images>
(UW Medicine)
- <https://www.valleymed.org/patients--visitors/resources-to-manage-your-health/medical-records>
(Valley Medical Center)

Outside Work Approval Form for State Employees

- <https://hr.uw.edu/forms/>

Social Media Policies

- https://depts.washington.edu/comply/docs/comp_303.pdf
- <https://www.washington.edu/marketing/social-media-best-practices/social-media-guidelines/>

UW Medicine Compliance

- <https://depts.washington.edu/comply/>

WA State Ethics

- <https://www.ethics.wa.gov/>

Whistleblower, Washington State Auditor

- <https://www.sao.wa.gov/report-a-concern/how-to-report-a-concern/whistleblower-program/>

UW Administrative Policy Statements (APS) and Executive Orders (EO)

APS 35.02 <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>

APS 47.2 <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>

EO 32 <https://www.washington.edu/admin/rules/policies/PO/EO32.html>

EO 57 <https://www.washington.edu/admin/rules/policies/PO/EO57.html>

IT Security Websites

UWM – ITS <https://depts.washington.edu/uwmedsec/>

VMC <http://valleytimes/sites/pnp/IT%20Policies/Forms/Policy%20List.aspx>

UW Medicine

Infection Prevention/Control Employee Health Services



CONTACT INFORMATION

1. Harborview Medical Center

Employee Health Services:

- Location: First Floor, East Clinic – Room 21
- Email: ehshmc@uw.edu
- Hours: Monday – Friday, 6:30AM – 4:30PM
- Closed: Holidays
- Phone/Text: 206-744-3081
- After hours: Page EHS through the paging operator 206-744-3000

Infection Prevention and Control:

- Email: hmcic@uw.edu
- Hours: 7 days a week 7:00AM – 5:00PM
- Closed: Thanksgiving and Christmas
- Contact us: via EPIC secure chat based on [Ops RN on call](#) or [IP on Call](#) or paging operator 206.744.3000.
- After hours: Contact Nursing Supervisor

2. University of Washington Medical Center

Employee Health – Montlake:

- Location: Main Hospital, 3rd floor by Pacific Elevators – BB306
- Email: emhealth@uw.edu
- Hours: Monday – Friday, 7:15AM – 4:00PM
- Closed: Holidays
- Phone: 206.598.7971

Employee Health – Northwest Campus:

- Location: Main campus, Medical Arts Building
- Email: employeehealthnw@uw.edu
- Hours: Monday – Friday, 7:30AM – 4:00PM
- Closed: Holidays
- Phone: 206.668.1625

Infection Prevention and Control - Montlake:

- Email: uwmcic@uw.edu
- Hours: Monday – Friday, 7:00AM – 4:00PM
- Closed: Holidays
- Phone: 206.598.6122
- Pager: 206.598.6190
- After hours: For urgent needs, call the paging operator through the number above. For non-urgent needs, call phone number and leave a message.

Infection Prevention and Control - Northwest:

- Email: uwmcic@uw.edu
- Hours: Monday – Friday, 7:00AM – 3:00PM
- Closed: Holidays
- Phone/Pager: 206.668.1705
- After hours: Page through paging operator

3. University of Washington Primary Care Clinics

Employee Health Services/Infection Prevention and Control:

- Email: uwnc-employee-health@uw.edu
- Hours: Monday – Friday, 8:00AM – 5:00PM
- Closed: Holidays
- Phone: 206-520-5536

Employee Health Resources

Website Resources:

- Occupational exposure to BBP – Washington State Law – WAC 296-823-12005: <https://lni.wa.gov/safety-health/safety-topics/topics/bloodborne-pathogens#overview>

ACTION NEEDED: Be sure to review your site's specific Exposure Control Plan, as a federal and state requirement, but also for worker's health and safety.

- BBP Control Plans –
 - HMC: [uwm-ea-3148.pdf \(uwmedicine.org\)](#) and [uwm-ea-3598.pdf \(uwmedicine.org\)](#)
 - UWMC-ML/NW: [uwm-ea-909.pdf \(uwmedicine.org\)](#)
 - UWM Primary Care: <https://one.uwmedicine.org/sites/UWNC/policies/Documents/upol055.pdf>
- Sharps Safety: [Sharps Safety | EHS \(washington.edu\)](#)
- EHS Intranet Pages:
 - HMC: [Employee Health \(uwmedicine.org\)](#)
 - UWMC-ML/NW: [Employee Health Services \(uwmedicine.org\)](#)
 - UWM Primary Care: [Employee Health \(uwmedicine.org\)](#)

Post BBP-Exposure Management:

- After percutaneous exposure or exposure to non-intact skin, clean the wound or non-intact skin with soap and water for 15 minutes.
- After exposure to mucous membranes other than the eyes, flush the mucous membrane with copious amounts of water for 15 minutes
- After exposure to eyes, flush the eyes with eye wash station or eye irrigate bottle for 15 minutes.

Reporting:

- If an exposure occurs, immediately report to the Employee Health Clinic during clinic hours or to the Emergency Department after hours (NW via Nursing Supervisor during off hours). Primary Care Clinics should follow the [Accidental Exposure Procedure](#).
- The best time to start taking medications to prevent HIV transmission is as soon as possible, within two hours of the exposure. Do not wait until the end of your shift to report.
- Employee Health Services (EHS) will assess and advise for any post exposure prophylaxis medication needed based on the exposure type.
- Fill out RedCap Survey: <https://redcap.link/EHSBBE>

Infection Prevention and Control Resources



Website Resources:

- Hand Hygiene: [Washing Hands- Correct & Incorrect Technique \(mediasite.com\)](#)
- Personal Protective Equipment (PPE):
 - Donning: [Donning N95 \(mediasite.com\)](#)
 - Doffing: [Doffing N95 \(mediasite.com\)](#)

These videos are an example of donning and doffing for Aerosol/Contact precautions, but concepts are the same of all precautions

- IPC intranet pages:
 - HMC: [Infection Prevention and Control \(uwmedicine.org\)](#)
 - UWMC-ML/NW: [Infection Prevention \(uwmedicine.org\)](#)
 - UWM Primary Care: [Infection Prevention Toolkit \(uwmedicine.org\)](#)

Transmission Based Precautions:

These websites will take you to each entities precaution page on the UWM Intranet page. Here you will find the most up to date information on what type of precautions are used throughout the medical centers and why. This information is updated on a regular basis so it is important to refer to these sites throughout your career at UWM.

- HMC: [Precautions \(uwmedicine.org\)](#)
- UWMC-ML/NW: [Precautions \(uwmedicine.org\)](#)

UW Medicine

Environment of Care



Components of Safety

- Emergency Codes
- Fire Safety
- Evacuation
- Disaster Preparedness
- Waste Management
- Hazardous Materials
- Asbestos
- Radiation Safety
- MRI Safety
- Clinical Engineering
- Safety Resources

What is Environment of Care?

Environment of Care (EOC) is a Joint Commission required program, designed to provide a safe, functional, welcoming, and effective environment for patients, staff, and others within the hospital and outpatient setting.



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.

HMC	CODE	UWMC
4-5555	RED Fire Response	222
4-5555	AMBER Infant Abduction	222
222	BLUE Medical Emergency	222
4-5555	GRAY Patient Behavioral Emergency	222
See Emergency Reference Guide	INTERNAL TRIAGE Patient Evacuation / Internal Disaster	222
See Emergency Reference Guide	EXTERNAL TRIAGE External Disaster	222
4-5555	Bravo Bomb Threat	HMC Only
3-7012	Cyber Cyber Disaster	HMC Only
See Emergency Reference Guide	Echo Evacuation	HMC Only
4-5555	ORANGE INTERNAL Chemical / Radiation Spill	222
UWMC Only	ORANGE EXTERNAL Victim Decontamination	222
4-5555 or 911	SILVER – ACTIVE SHOOTER	222
Check email or check with supervisor	ZEBRA Heightened Alert/ Informational	Check email or check with supervisor
222	Medical Assistance/ Urgent Help	222

DISASTER PREPAREDNESS

Review your Emergency Operations Plan & Dept. Disaster Plan

Disaster Activations: Code Internal/External

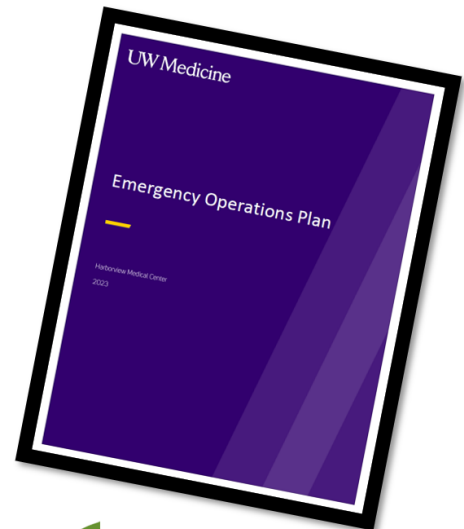
Know your Departmental Responsibilities

Charge Nurse/Emergency Warden Roles

Know the Hazards Where you Work, Live, Play & Commute

Have a Personal Preparedness Plan

ALL STAFF ARE CONSIDERED ESSENTIAL PERSONNEL



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



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.

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

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.

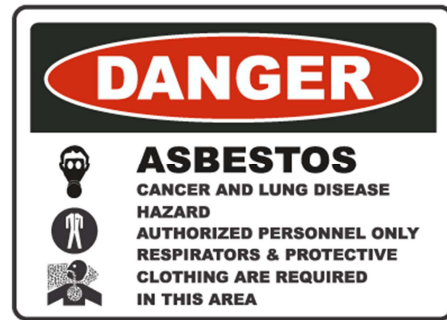
Airborne asbestos fibers are hazardous to your health.



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



DO NOT ENTER MRI suite unless cleared by Radiology staff

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

Safety Hotline

Harborview:
206-744-SAFE (7233)

UW Medical Center
206-598-5556

Security

HMC: 744-5555

UWMC: 598-5555

Off-site Locations: 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



Other Safety Resources:

Safety Officers

Employee Health

Ergonomics Specialist

Environmental Health and Safety

WA Labor and Industries

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

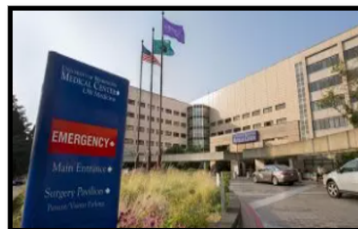
- Know who they are in your department (always the Charge Nurse on patient care areas)
- Wear an orange vest, so that they are easily recognized
- Follow their instructions

KEY CONTACTS



Harborview Medical Center

Anita Gould, MPS
Emergency Preparedness & Safety Manager
anita86@uw.edu | 206-744-1816



University of Washington Montlake Campus

Hal Ungerleider, MHA, RRT
Emergency Preparedness Manager
halu@uw.edu | 206-668-1477

Christopher Kobus, MS, RN, CIC
Safety Officer
chris11@uw.edu | 206-598-2478



University of Washington Northwest Campus

Hal Ungerleider, MHA, RRT
Emergency Preparedness Manager
halu@uw.edu | 206-668-1477

Christopher Kobus, MS, RN, CIC
Safety Officer
chris11@uw.edu | 206-598-2478

UW Medicine

Patient Safety
Just Culture



Patient Safety

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

Safety Net



Safety Net is our online event reporting system. Reports should be submitted for events, near misses or unsafe conditions that impact patients, staff or visitors.

It is available on every AMC desktop. Information, videos and guides on how to enter an event report is available on the Safety Net Resource Page off of the EHR Hub [Safety Net User Resource Page \(uwmedicine.org\)](#).

Teams and Contact Information for Each Organization (access may require additional permissions)

- Airlift Northwest
 - Email – alnwsafetynet@uw.edu
 - Intranet page – [ALNW Safety](#)

- Harborview Medical Center
 - Email hmcpatientsafetynet@uw.edu
 - Intranet page - <https://one.uwmedicine.org/sites/hmc/patientsafety/Pages/default.aspx>

- University of Washington Medical Center Montlake and Northwest
 - Email - uwmcsafetynet@uw.edu
 - Intranet page - [Patient-Safety \(uwmedicine.org\)](#)

- UW Medicine Primary Care Clinics
 - Email - uwpc-cares4u@uw.edu
 - Intranet page - [Patient Relations | Risk Management \(uwmedicine.org\)](#)

UW Medicine

Benefits Orientation



Ready to Enroll in Your Benefits?

Eligible employees enroll for most of their benefits in Workday, the University's system for managing human resources, payroll and benefits processes for employees.

The Integrated Service Center (ISC) is here to assist you with your Workday needs. At any point during the benefits enrollment process, please feel free to contact us with questions! Though we cannot provide insurance or plan choice advice, we're happy to help you navigate the enrollment process in Workday.

FIRST, LEARN ABOUT YOUR BENEFITS OPTIONS.

Before enrolling, take some time to decide which health, retirement and other insurance plans are best for you and your family. There are many choices to make!

- **Review your plan choices:** <https://isc.uw.edu/your-benefits/plan-choices/>

NEXT, BEFORE YOU START...

Once you know which benefits options you want, there are a few things you can do in advance to help ensure a smooth enrollment experience.

- **Prepare any required paperwork BEFORE starting** – If you're enrolling children or your spouse/state-registered domestic partner, make sure to know what's required for successful enrollment: <https://isc.uw.edu/your-benefits/dependent-verification/>
- **Make sure your address is correct in Workday** – Your home address determines which medical plans you can enroll in; follow these steps to update your address: <https://isc.uw.edu/your-pay-taxes/year-end-tax-resources/verify-your-mailing-address/>

THEN, MAKE YOUR ELECTIONS IN WORKDAY!

- **Follow along with our step-by-step User Guide** as you make your selections in Workday to avoid common stumbling blocks and errors that could result in you not getting the coverage you want: <https://isc.uw.edu/user-guides/benefits-enrollment-pebb-health-and-other-insurance-plans/>
- **Begin enrolling** – Log into Workday from the ISC website, navigate to your Workday Inbox (select the inbox icon in the upper right corner of the screen), and locate your "Newly Eligible" action items. Be sure to also check your Workday Notifications (select the bell icon in the upper right corner of the screen) for other deadline-sensitive tasks you may need to complete.
- **Enroll early!** This provides enough time to email you with any follow-up questions or requests for necessary documentation well ahead of deadlines.



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.

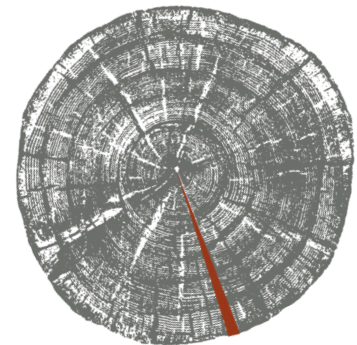
With WA Cares Fund, you can receive long-term care services and supports worth up to \$36,500 (adjusted annually for inflation) over your lifetime.

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.

Median WA Earnings
\$52,075/year



How Does it Work?

To earn benefits, you must contribute at least 10 years (without a break of 5 or 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 Contribution
\$302/year

KEY DATES

Jan. 1, 2022

Premiums begin for employees. Self-employed can opt in to coverage.

Jan. 1, 2025

Benefits become available to qualified, eligible individuals.

Oct 1, 2021 –

Dec 31, 2022
Window to apply for coverage exemption.

Oct 31, 2021

Deadline for having private insurance to qualify for a lifelong exemption.

Learn More

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

For Questions

Email: wacaresfund@dshs.wa.gov

UW Medicine

Payroll Overview



Human Resources

Contact Information

Employment Classification

Employment Contracts

Payroll

Time off and Leave

UW Medicine Payroll Services

Harborview and UWMC Payroll
206-744-9280

uwmpay@uw.edu

- To report a lost badge: askkronos@uw.edu
- Questions about your paycheck, contact your Payroll Specialist

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

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/>
(UW NetID and password required)

Who to contact:

UW Medicine payroll/your payroll specialist:

Contact your Payroll Specialist or the payroll office for questions about Kronos, time off, and viewing and printing your paychecks.

ISC:

Contact the ISC for Workday questions about setting up your W-4, direct deposit, 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.

Employment Type/Classification

Employee ID Number (EID):	TBD
Job Class Code:	1522
Job Title:	Orientation Specialist
Start Date:	9/24/2012
Employment Type:	Professional Staff
Pay Rate (monthly):	\$
FTE%	100%
Manager Name	Kurt O'Brien
Department/Mailbox:	OD&T/359422

Contract Classified: <http://hr.uw.edu/labor/union>

Classified Non-Union: <http://hr/ofm/wa.gov/rules>

Professional Staff: <http://hr.uw.edu/professional-staff-program/>

Intermittent Staff: [Nonpermanent employment - Human Resources \(uw.edu\)](#)

	Probationary Period	Bargaining Unit (Union)	Benefits
Professional Staff	No Probationary Period.	No bargaining unit.	Generally eligible for retirement and health insurance benefits.
Contract Classified (Union)	6-Month probationary period. Can use accrued time off during this period.	Each employee is assigned to one of several bargaining units based on job title.	Generally eligible for retirement and health insurance benefits.
Classified Non-Union	6-Month probationary period. Can use accrued time off during this period.	No bargaining unit.	Generally eligible for retirement and health insurance benefits.
Intermittent	6-Month probationary period. Can use accrued time off during this period.	Depends on the job title. Discuss with manager.	Generally, only eligible for retirement.

Pay dates/First Payday:

- On the 10th of the month
- On the 25th of the month

Salaried employees will be paid half of their salary on the 10th and half of their salary on the 25th of each month.

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.

Employees should approve their timecards by the 16th of the month and the 1st of the month. Verify with your manager if there is a specific time they want your timecard approved by, as this can differ by department.

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 paycheck 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.

FTE (Work Obligation)	Hours per 40 Hour Work Period	Hours per 80 Hour Work Period	Hours per 160 Hour Work Period
100% = 1.0	40	80	160
95% = .95	38	76	152
90% = .9	36	72	144
85% = .85	34	68	136
80% = .8	32	64	128
75% = .75	30	60	120
70% = .7	28	56	112
65% = .65	26	52	104
60% = .6	24	48	96
55% = .55	22	44	88

Time-off/Leave

Prior Service Credit for previous employees: <https://hr.uw.edu/ops/leaves/prior-service-credit/>

Holidays

- Prorated for part-time employees.
- 11 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 to annual anniversary date or lost. This does not apply to Pro-Staff.
- Intermittent Employees accrue vacation based on a derived FTE based on hours worked in the previous month.

Sick time off

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

2024 holiday schedule

Holiday	Date observed	Day of week
New Year’s Day	1/1/24	Monday
Martin Luther King Jr. Day	1/15/24	Monday
Presidents Day	2/19/24	Monday
Memorial Day	5/27/24	Monday
Juneteenth	6/19/24	Wednesday
Independence Day	7/4/24	Thursday
Labor Day	9/2/24	Monday
Veterans Day	11/11/24	Monday
Thanksgiving Day	11/28/24	Thursday
Native American Heritage Day	11/29/24	Friday
Christmas Day	12/25/24	Wednesday

Time off Accrual for new employees

Newly hired permanent employees who start work before the 16th of the month will accrue full time-off hour during the first calendar month of employment. If an employee starts work between the 16th and the 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, Professional Staff and overtime eligible employees accrue 1 hour for every 40 hours worked that month.

For Intermittent employees, paid sick time off 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. Find more information at: <https://hr.uw.edu/ops/leaves/>

Definition of a 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.

Paid Family Medical Leave Act (PFML) – An insurance program that provides paid family and medical leave to eligible employees.

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 is 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 the 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.

UW Medicine

Workplace Safety & Violence Prevention



Workplace Safety

Components of Workplace Safety

Public Safety/Security Teams

When to Call

What to Say

Personal Safety Tips

Protect Your Property

Workplace Violence & Response

Safe Campus Resource

Code Silver (Active Shooter) & Code Silver Response

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.

Public Safety Teams and Contact Numbers

NW Hospital Campus Security: 206-668-5555

UWMC Public Safety at UW Medical Center

- Direct Line to a Security Officer (24/7): 206-598-5555
- Public Safety Office (business hours): 206-598-4909

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 Seattle Wa:

Unico/Star Protection at the Contact Center 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

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Identify yourself as an employee of UW • Your name • Your location and location of activity • The problem you are reporting | <p><u>Helpful Descriptors</u></p> <ul style="list-style-type: none"> • 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!!



What is Workplace Violence?

The University of Washington has programs to prevent violence on campus. The first is with HMC Security Services and Harborview's Workplace Violence Prevention Manager. 206-744-4914. Or look on our Intranet page

<https://hmc.uwmedicine.org/BU/SecurityServices/WorkplaceViolencePrevention/Pages/default.aspx>

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. Resource for all violations of Title 9, workplace Harassment, workplace bullying, sexual harassment in the workplace.

- Phone lines answered Mon-Fri Business hours
- 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)

Search for 'SafeCampus' on the UW website. Link: <http://www.washington.edu/safecampus/>

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. Watch the video for information

<https://uwmedicine.mediasite.com/mediasite/Play/40b28912ae32465cbf2def458f29335a1d>

Code Silver Response Measures

- **Staff Response: RUN**

If within the VICINITY of the shooter:

- Staff should not do anything to provoke the shooter
- If no shooting is occurring, staff should do what the shooter says and not move suddenly.
- Call 911 when safe & give your exact location.

If the shooter starts shooting, staff should take decisive action:

- Flee for an exit while zigzagging (if appropriate)
- Escape if possible, leave belongings behind, and help patients, staff and visitors to escape if possible
- 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:

- If in a hallway, get to a nearby room and secure it
- 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
- Keep other staff, patients and visitors confined in the area
- Lock and barricade doors and windows. Use beds, copiers, cabinets, tables etc.
- 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:

- Throw things, yell, use improvised weapons
- Develop an action plan and work as a team
- 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)

Presence of the Gray Triangle Means:

ALL staff & providers **MUST** speak with the clinical RN or charge RN prior to entering patient’s room.

While Sign in Place:

<u>Clinical RN Responsibilities:</u>	<u>Charge RN Responsibilities:</u>
<ul style="list-style-type: none"> • Act as point of contact for communication regarding patient’s current status. • Update Safety Plan Checklist when appropriate • Document patient’s behavior and safety plan in nursing note • Document any change in behavior or plan in nursing note 	<ul style="list-style-type: none"> • May act as point of contact if clinical RN unavailable. • Announce gray triangle patients at unit shift change and huddles. • Report out gray triangle patients daily in the morning charge nurse flow meeting. • Verify that daily re-assessment of the Gray Triangle patients is completed and documented on the Safety Plan Checklist

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-asses 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

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.

UW Medicine

Patient Rights & Responsibilities



Patient Rights And Responsibilities

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

Patients have the right to be treated and cared for with dignity and respect.

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 delivery of patient care and the well-being of others.

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, neglect, 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, including a registered domestic partner 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 resolving problems with care, 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, including a registered domestic partner, surrogate decision-maker and their own doctor (if requested) notified promptly of their admission to the hospital.

Patients have the right to formulate advance directives about end-of-life decisions and mental health treatment and have the hospital follow those directives to the extent allowable by hospital policy, state and federal law.

Patients have the right 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 available 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).

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 and concerns that arise in the course of their care. Patients or family members may request an ethics consultation regarding issues of conflict resolution, withholding resuscitative services, foregoing or withdrawing of life-sustaining treatment and participating in investigational studies or clinical trials, and other ethical concerns.

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. The 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 and receive a timely response according to established policy. Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, retribution 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.

Patients are responsible for initiating and following through on recommended treatment plans. As active participants in their health care, patients or their caregivers are responsible for contacting their providers if they have questions or are unclear about the treatment plan, or why those next steps are critical toward achieving positive health outcomes.

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.

Patient Rights and Responsibilities (cont.)

Patients may not verbally or physically assault staff, faculty or providers.

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. Threats, violence, disrespectful communication, or harassment of other patients or of any medical center staff member, for any reason, including because of an individual's race, color, creed, religion, sex, sexual orientation, gender identity or expression, ethnicity, national origin, disability, age or veteran or military status, or other aspect of difference will not be tolerated. This prohibition applies to the patient as well as their family members, representative and visitors. In addition, requests for changes of provider or other medical staff based on that individual's race, ethnicity, religion, sexual orientation, or gender identity will not be honored. Requests for provider or medical staff changes based on gender will be considered on a case-by-case basis and only based on extenuating circumstances.

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.

Patient's Role

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 206.744.3084 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/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.

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

Harborview Medical Center Patient Relations

325 9th Avenue, Box 359942
Seattle, WA 98104-2499
Telephone: 206.744.5000
Fax: 206.744.4114
Email: comment@uw.edu

University of Washington Medical Center – Montlake and Northwest Campus Patient Relations

1959 NE Pacific Street, Box 356153
Seattle, WA 98195
Telephone: 206.598.8382
Email: UWMCares@uw.edu

UW Medicine Primary Care Patient Relations

850 Republican Street, Building C, Floor 2
Box 358051
Seattle, WA 98195
Telephone: 206.520.4294
Email: uwnc-cares4u@uw.edu

You also have the right to contact the Washington State Department of Health and The Joint Commission. Medicare patients have the right to contact Kepro.

Washington State Department of Health

PO Box 47857

Olympia, WA 98504-7857

Telephone: 1.800.633.6828 (toll-free)

The Joint Commission

Office of Quality Monitoring

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

Telephone: 1.800.994.6610 (toll-free)

Fax: 1.630.792.5636

Kepro

5700 Lombardo Center Drive

Suite 100

Seven Hills, OH 44131

Washington, Oregon, Idaho and Alaska: Toll-free 888.305.6759

Montana and Wyoming: Toll-free 888.317.0891

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 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.

Making Healthcare Decisions

Advance Directives

Advance directives are written, legally-recognized documents that state your choices about healthcare treatment or name someone to make such choices for you if you are not able to. We will help you with advance directives upon request. The most common types of advance directives are:

- Healthcare Directive (also known as a Living Will)
- Mental Health Advance Directive
- Physician Order for Life-Sustaining Treatment (POLST)
- Durable Power of Attorney for Healthcare

Detailed information about advance directives and forms are available upon request in the Admitting Department and from your healthcare team.

Who can make decisions for me?

If you are unable to make decisions or communicate with us about your healthcare, Washington State law allows the following people, in order of priority, to make healthcare decisions for you:

- A legal guardian with healthcare decision-making authority, if one has been appointed
- The person named in the Durable Power of Attorney for Healthcare
- Your spouse or state-registered domestic partner
- Your children who are 18 years or older
- Your mother or father
- Your adult brothers and sisters

In categories where there is more than one person, such as three adult children, all must agree on the healthcare decision. If there is no consensus, appropriate life-sustaining treatment will be given.

When You Must Decide For Another

When a patient is unable to talk or let us know what they want, another person must be prepared to make decisions about medical care.

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.

UWMC Patient & Family Centered Care Contact: Andrea Dotson, CHES Phone: (206) 598-7448 Email: pfcc@uw.edu	HMC Patient & Family Centered Care Phone: (206) 744-3477 Contact Patient Care Services for more information
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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:

UWMC Interpreter Services Department Coordinator's Phone: (206) 598-4425 Coordinator's Email: intrpsvc@uw.edu For UWMC contact Pacific Interpreters Telephonic modality 24/7: (855) 583-2039	HMC Interpreter Services Department Phone (206) 744-9250 (use this number for 24/7/365 in-person or telephonic service) Email: jsdschedulers@uw.edu
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Use these online tools for working with patients from diverse cultures:

UWMC – “Culture Clues” http://depts.washington.edu/pfes/CultureClues.htm Culture Clues are tip sheets for clinicians designed to increase awareness about concepts and preferences of patients from the diverse cultures served by UWMC.	HMC – “EthnoMed.org” www.ethnomed.org EthnoMed contains medical and cultural information about immigrant and refugee groups in the Seattle area.
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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

UWMC ML & NW Spiritual Care Phone: (206) 598-9174 They will contact you within 10 minutes and can be at the bedside within 30 minutes.	HMC Spiritual Care 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). Spiritual Care Providers are available to HMC 24 hours a day, 7 days a week.
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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.

A Supervisor, Manager, Director or Administrator.	Human Resources: <ul style="list-style-type: none">• UWMC: (206) 598-6116• HMC: (206) 744-9220	UCIRO (University Complaint Investigation & Resolution Office): 206-616-2028
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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.

UWMC Patient Relations Department: Phone: (206) 598-8382 Email: uwmcares@uw.edu	HMC Patient Relations Department: Phone: 206-744-5000 Email: comment@uw.edu HMC Resource Center: Phone: 206-744-2000 Email: rcenter@uw.edu
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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: **A**sk questions, **C**orrect the issue, say **T**hank you and **T**ake 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

Rules of Employment & Union Information



UW Labor Relations Office

206-543-6236

4300 Roosevelt Way NE Seattle, Washington 98105

laborrel@uw.edu

<http://www.washington.edu/admin/hr/laborrel/>

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>

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>

Professional Staff:

UW professional staff program

<https://hr.uw.edu/professional-staff-program>

UW Medicine

Policy on Professional Conduct

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.

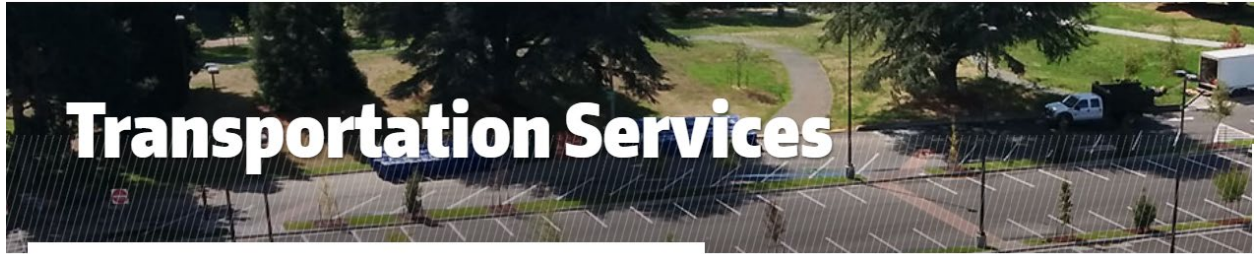
Approved by, Paul G. Ramsey, M.D. CEO, UW Medicine
Executive Vice President for Medical Affairs and Dean of the School of Medicine,
University of Washington
November 2021

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 - <mailto:mghd@uw.edu>.

UW Medicine

Transportation Services & Parking



[Home](#) > [Parking](#) > [Students & employees](#) > [Faculty & staff](#)

Faculty & staff

Faculty and staff driving to campus may choose from a variety of parking products and payment options. Most of the permits listed below can be purchased in person at the [Transportation Services office](#) or online through the [customer portal](#). If you have not used the portal before, please review the [customer portal guide](#) first. If purchasing in person, please upload your vehicle information to your account on the [customer portal](#) prior to your visit. You will also need your Husky card if eligible and/or your employee ID number.

Parking permits are assigned to specific lots or garages based on space availability at time of purchase. Space is limited on the Seattle campus, so your preferred parking area may not be available. Parking in a lot different from the one on your permit may result in a citation.


For full details go to: <https://transportation.uw.edu/park/student-employee/faculty-staff>

Popular parking options



DRIVE OCCASIONALLY


Driving alone and parking 2 or fewer days per week.



Daily permit

- \$ \$9.10/day, \$3.03/night
- i Limited to 10 purchases at a time
- i Not available in all areas

SEE FULL DETAILS



Pay-per-use parking (PPUP)


- \$ \$9.10/day
- i Billed every pay period
- i Not available in all areas

SEE FULL DETAILS



DRIVE FREQUENTLY


Driving alone and parking 3 or more days per week.



Single occupancy vehicle (SOV)

- \$ \$546.00/quarter or \$2184.00/year
- i Includes gratis U-PASS
- i Payroll deduction available if eligible

SEE FULL DETAILS



Value parking

- \$ \$436.80/quarter
- i Available in E18 only
- i Payroll deduction available if eligible
- i Pay as you go option via PayByPhone for \$7.28/day

SEE FULL DETAILS

For full details go to: <https://transportation.uw.edu/park/student-employee/faculty-staff>

UW Medicine

Quick Reference Resources



Badge Office Information

→ **Harborview Badging/Parking Office:** HMC 1CT53

Phone: 206-744-3254

Hours: Monday – Friday: 7:00–4:00

Hospital Address: 325 9th Ave, Seattle, WA 98104

→ **UWMC – Montlake Badging/Public Safety Office:** UWMC BB120 (near the Plaza Café)

Phone: 206- 598-4909

Hours: Monday – Friday: 7:30–4:30

Hospital Address: 1959 NE Pacific St 1st Floor, Seattle, WA 98195

→ **UWMC – Northwest Badging/Public Safety Office:** B120,

Phone: 206-668-6566

Hours: Monday – Friday: 7:00 – 3:00

Hospital Address: 1550 N 115th St, Seattle, WA 98133

Employee Health Services

Harborview Medical Center

- Location: First Floor, East Clinic – Room 21
- Email: ehshmc@uw.edu
- Hours: Monday – Friday, 6:30AM – 4:30PM
- Closed: Holidays
- Phone/Text: 206-744-3081
- After hours: Page EHS through the paging operator 206-744-3000

UW Medical Center – Montlake

- Location: Main Hospital, 3rd floor by Pacific Elevators – BB306
- Email: emhealth@uw.edu
- Hours: Monday – Friday, 7:15AM – 4:00PM
- Closed: Holidays
- Phone: 206.598.7971

UW Medical Center – Northwest

- Location: Main campus, Medical Arts Building
- Email: employeehealthnw@uw.edu
- Hours: Monday – Friday, 7:30AM – 4:00PM
- Closed: Holidays
- Phone: 206.668.1625

UW Primary Care Clinics

- Email: uwnc-employee-health@uw.edu
- Hours: Monday – Friday, 8:00AM – 5:00PM
- Closed: Holidays
- Phone: 206-520-5536

NEW EMPLOYEE ACTION LIST

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

Complete UW Medicine Day One: New Employee Orientation

Setup your UW Medicine AMC account

This is critical for assuring full access to all UW Medicine sites and applications.

Follow these steps to set up your AMC account

1. Navigate to [UW Medicine SailPoint](#)
2. Enter your AMC ID in the "Username" field and click "Forgot Password"
3. Verify your identity with Duo MFA
4. Answer security questions and follow the remaining steps to set your AMC account password

Read/Sign Privacy, Confidentiality, and Information Security Agreement

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
- Advancing Equity Diversity & Inclusion
- Compliance
- Workplace Violence Prevention Training
- Other training modules as appropriate

Choose Benefits options...don't miss your deadlines!****

Read any/all notifications that you receive via your Workday inbox and take **immediate action**.

Benefits Information: <http://hr.uw.edu/benefits/benefits-orientation/>