**Notice**

This information booklet represents a summary of general information regarding MUSC Medical Center’s current policies and practices. Employees may access the Medical Center’s Policy Manuals on the intranet site at [http://www.musc.edu/medcenter/policy/](http://www.musc.edu/medcenter/policy/). For additional information regarding access to policy manuals contact your manager. The information is presented as it exists on the date of publication.

**THE POLICIES AND PROCEDURES OF THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY ARE NOT A CONTRACT OF EMPLOYMENT AND SHOULD NOT BE RELIED ON AS SUCH. THESE POLICIES AND PROCEDURES ARE SUBJECT TO AND MAY BE CHANGED AT ANY TIME BY THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY IN WHOLE OR IN PART.**
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COMMITMENT TO EQUAL EMPLOYMENT OPPORTUNITY

POLICY STATEMENT

Medical University Hospital Authority
Commitment to Equal Employment Opportunity

It has been, and will continue to be, the policy of the Medical University Hospital Authority to recruit, hire, train, and promote into all job levels the most qualified persons without regard to race, color, religion, sex, age, national origin, disability, genetic information or veteran status. All employment decisions are based upon job-related requirements, and must comply with the principles of equal employment opportunity.

Similarly, all related personnel matters such as compensation, benefits, reassignments, training, tuition assistance, and position eliminations will be administered in accordance with this equal opportunity policy. To advance these ends, the Medical University Hospital Authority has developed an Affirmative Action Plan (AAP) with specific and result-oriented procedures to ensure equal employment and educational opportunity. This AAP as written is not to be considered a permanent document. The AAP will be evaluated in an ongoing manner through a defined audit mechanism in order to assess progress or detect potential problems. This plan shall also be evaluated, updated, and reaffirmed on an annual basis and modified or revised at other times as appropriate.

General responsibility for development and implementation of the AAP is assigned to Wallace Bonaparte, Director, Office of Equal Opportunity and Affirmative Action Compliance, who will monitor the affirmative action compliance function for the Medical University Hospital Authority. The day-to-day execution of the AAP is assigned to Mary Brigman, Coordinator, Human Resources EEO Compliance. Administrators, directors, managers, and supervisors are individually and collectively accountable for implementing this program. The cooperation and diligence of everyone involved in implementation is expected and is included as a component of their individual performance evaluation.

As a major employer in the area, the Medical University Hospital Authority recognizes its responsibilities to ensure that all have access to employment opportunities.

WELCOME

Hospital High Performance Teams
A team comprises any group of people linked in a common purpose. Hospital high performance teams work together to create a great place for:

- Patients to receive care
- Employees to work
- Physicians and other clinicians to practice medicine and teach

Medical University of South Carolina (MUSC)
- Founded by Medical Society of S.C. in 1824
- First Medical College in the southern United States
- Transferred to the State in 1913
- Comprised of six colleges by 1967; granted university status in 1969
- Governed by a seventeen-member Board of Trustees
- Major employer - 12,000 employees and $2.1 billion annual operating budget
- David J. Cole, MD, FACS, President, Medical University of South Carolina
- Patrick J. Cawley, MD - CEO/Executive Director, Medical Center, VP, Clinical Operations, University
- MUSC Organization includes: University, Medical Center & MUSC Physicians
- MUSC Health (MUSC Clinical Enterprise) is comprised of:
  1. MUSC Medical Center – University Hospital, Ashley River Tower, Children’s Hospital, Institute of Psychiatry, Storm Eye Institute, Hollings Cancer Center
  2. MUSC Physicians (primary and specialty care). Specialty Care has locations in West Ashley, North Charleston, Mt Pleasant and After Hour Care Children’s Hospital in Mt Pleasant
  3. College of Medicine
- Medical Center Statistics

**MUSC Health Strategic Plan**
The MUSC Health Strategic Plan was developed jointly by leaders in the College of Medicine, MUSC Physicians and Medical Center to assure that we are positioned for continued success in the future.

**Our Mission**
We improve health and maximize quality of life through education, research, and patient care.

**Our Values**

<table>
<thead>
<tr>
<th>Compassion</th>
<th>We treat all patients and their families with kindness, empathy and dignity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teamwork</td>
<td>We recognize that people are our greatest asset and everyone has an important role on our care team.</td>
</tr>
<tr>
<td>Diversity</td>
<td>We strive to build an inclusive community of learning, understanding, acceptance and respect.</td>
</tr>
<tr>
<td>Accountability</td>
<td>We are responsible for our words, actions and use of resources.</td>
</tr>
<tr>
<td>Innovation</td>
<td>We encourage new ideas and practices that lead to the continuous improvement of experiences and outcomes.</td>
</tr>
</tbody>
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**Our Vision**
Leading health innovation for the lives we touch.

**MUSC Excellence**

- A way of doing business; an organizational culture
- It’s how we align our behaviors and operational practices with our values and goals
- To create a great place for: Patients to receive care, Employees to work and Physicians and other clinicians to practice medicine and teach
Why Values Are Important
Our values provide the framework for Behavioral Standards ➔ Your Performance Evaluation

Why Goals Are Important
Organizational Goals ➔ Leader Goals ➔ Your Goals (Performance Evaluation)
We are all working to achieve the same outcomes!

Organizational Goals
Goals are aligned with the five pillars. Rating Scale is 1 – 5. Color coded Red (1 & 2), Yellow (3), Green (4 & 5). Results are widely communicated. Goals are cascaded to units/departments. Everyone owns!

<table>
<thead>
<tr>
<th>Pillar</th>
<th>MUSC Medical Center 2015 Goals</th>
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<tr>
<td>Service 20%</td>
<td>• Ideal Patient Service: Achieve a weighted composite score of 3.0</td>
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<td>People 25%</td>
<td>• Increase employee commitment score by .05</td>
</tr>
<tr>
<td></td>
<td>• Increase physician engagement score by .05</td>
</tr>
<tr>
<td></td>
<td>• Achieve overall teamwork composite score of 3.0</td>
</tr>
<tr>
<td>Quality 25%</td>
<td>• Ideal Care: Achieve a weighted composite score of 3.0</td>
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<tr>
<td></td>
<td>• Culture of Safety: Increase absolute % positive responses on overall perception of safety by 1</td>
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<tr>
<td>Finance 20%</td>
<td>• Achieve total cash at fiscal year-end of $100 million</td>
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<td></td>
<td>• Achieve an Operating Margin of 3.5% (Year End)</td>
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<tr>
<td></td>
<td>• Reduce direct cost per adjusted discharge by 2% as compared to FY 2014</td>
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<tr>
<td>Growth 10%</td>
<td>• Strategically Grow Telehealth: Achieve a weighted composite score of 3.0</td>
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<tr>
<td></td>
<td>• Bed Flow Goal: Decrease average length of stay by 0.1 of a day</td>
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Communication and Transparency
Communication Methods and Plans – daily (Safely Speaking, Broadcast messages), weekly (Clinical Connections, Monday Message), bi-monthly (The Catalyst), monthly (Departmental staff meetings) and quarterly (Town Halls)

Questions?
Patrick Cawley, MD, CEO/Executive Director
Phone: (843)792-4000
cawleypj@musc.edu
Professionalism

Behavior toward another person that makes that person feel valued and contributes to mutual respect, effective communication and team collaboration.

Consequences of Unprofessional Behavior

- Undermines teamwork needed to improve practice
- Impairs communication with and active engagement of patients in safe care
- Interferes with process flow
- Threatens quality of care and culture of safety
- Saps meaning and satisfaction from daily work
- Causes staff burnout
- Threatens retention of staff
- Being bullied or observing bullying results in greater use of psychotropic drugs (Longitudinal study - Lalluka et al. 2012)

Culture Change – Creating a New Culture

- “It is about setting the expectation that all behave in a professional manner and hold each other accountable for that behavior for the good of all staff, patients, and their families.”
- Staff coined the term “U-turn” - a signal to “reverse unprofessional behavior”
- A new culture that allows an inter-professional team to speak openly and freely about
  • Patient care
  • Care concerns
  • Patient outcomes
- An environment that has zero-tolerance for disrespectful behaviors

DESC – a framework for responding to unprofessional behavior

- Describe - Describe the behavior/situation as completely and objectively as possible. Just the facts!
- Express - Express your feelings and thoughts about the situation/behavior. Try to phrase your statements using "I", and not "You".
- Specify - Specify what behavior/outcome you would prefer to happen.
- Consequences - Specify the consequences (both positive and negative).

Compassion

I will:
- Pleasantly greet and introduce myself to others.
- Be an active listener by maintaining eye contact and using appropriate body language to communicate that I am listening.
- Strive to be attentive, respectful, and responsive in caring for the needs of patients.
- Use kind words and actions to show empathy when others are distressed.
- Advocate for the wellbeing and concerns of patients and families.
- Help others when asked or communicate the need for assistance if I cannot be of help.
Teamwork
I will:
- Welcome new members to my team and offer them my assistance and support.
- Listen to and try to understand the needs and opinions of my team.
- Share ideas, knowledge, and information required by my team and others to do their work.
- Engage team members in key decisions that affect our work.
- Promote inter-professional and interdisciplinary collaboration and understanding.
- Offer to assist my teammates when my tasks are completed.
- Seek to resolve differences by communicating in a direct and respectful manner.
- Hold my team and myself accountable for appropriate for safe behavior by speaking up.

Diversity
I will:
- Respect the individuality, privacy, and dignity of patients, visitors, and colleagues.
- Provide a welcoming environment for all.
- Show respect for all employees regardless of their position or role in the organization.
- Support equality and inclusion for all by remaining nonbiased in my interactions and not treating anyone differently on the basis of gender, religion, sexual orientation, age, national origin, race, economic status or physical characteristics.
- Speak up or intervene when workplace bullying or discrimination is observed.

Accountability
I will:
- Demonstrate pride in my work and do what is expected of me with timeliness and quality.
- Know and abide by the policies that specifically pertain to my work area and role.
- Uphold patient, employee, and institutional confidentiality.
- Be on time and ready for work and meetings.
- Dress appropriately for my position or while on the premises of MUSC including wearing my badge at lapel level.
- Practice etiquette by allowing visitors to enter and exit doorways, hallways, and elevators first and offering to assist them if they are lost or need directions.
- Take pride in the MUSC campus by maintaining a safe work and clean environment.
- Share information and respond to communications in a timely and professional manner.
- Refrain from negatively commenting on MUSC’s culture, services, patients, employees, or guests.
- Be fiscally conservative by not wasting time or resources.

Innovation
I will:
- Support a focus on positive changes in the institution.
- Bring forward opportunities for improvement and not wait for an adverse event to happen.
- Support a culture of innovation by asking and accepting questions.
- Encourage ideas from others.
- Contribute my ideas for the purpose of continuous improvement, problem solving, and learning.
- Accept responsibility for my own learning.
Al DET (Acknowledge, Introduce, Duration, Explanation & Thank You)

Al DET Worksheet

Job Title: _________________________________________________________________

Certification or licensure: _________________________________________________

Years of experience: _____________

Acknowledge______________________________________________________________________

__________________________________________________________________________

Introduce Yourself

_________________________________________________________________________________

__________________________________________________________________________

Duration

_________________________________________________________________________________

__________________________________________________________________________

Explanation

_________________________________________________________________________________

__________________________________________________________________________

Thank You

_________________________________________________________________________________

__________________________________________________________________________

LEAD the Way to Service Recovery

DO THE FOLLOWING: SAY THE FOLLOWING:

**LISTEN** attentively to the customer’s concerns; make eye contact and give full attention to the customer

- “I understand we may not have done our best work today. Can you tell me about it?”

**EMPATHIZE** with the customer

- “It is easy to see why this would be upsetting.”
- “I can tell this has been very frustrating for you.”

**APOLOGIZE** sincerely for the “inconvenience,” “misunderstanding,” “miscommunication” or “experience”

- “I am truly sorry that you had this experience. Our goal is to provide the highest quality care and service and I am so sorry we disappointed you”
- “I apologize that this occurred. This is not the way we like for things to be here at MUSC.”

**DELIVER** alternatives for a resolution and a thank you

- “Here is what I think we should try in order to improve this situation…”
- “Thank you for bringing this to my attention. Your comments will help us improve our service here at MUSC.”

What **NOT** to Say to our Customers/ Patients

Just calm down!
It’s no big deal.
Sorry, that’s not my job.
Sorry, I don’t know who to call about that?
Call Customer Service or the Operator.

I can’t believe that happened to you.
I don’t have time right now.
Go check with that person. I’m busy.
That department is always running behind.
No, that person isn’t here today; you’ll have to call back.
HAND HYGIENE
Why, Who, Where, When, How

Why?
- Hand hygiene is the single most important means of preventing the spread of infections. Hands may look clean but microorganisms (germs) are always present. Germs (e.g., bacteria, viruses) are most often spread by hands.
- Infection prevention starts with hand hygiene.

Who?
- Everyone (Employees, Patients, Visitors, Students, Faculty, Volunteers, Vendors)

Where?
- All MUSC locations

When?
- Upon entry/exit of a patient, procedure or exam room
- Before putting on/after removing gloves
- Before and after working in isolation
- Before handling a patient’s food/food tray
- Before participation in invasive procedures
- During patient care if hands become contaminated or soiled
- After using handkerchief or tissue
- Before and after going to the toilet; Before and after eating or smoking
- After contact with any source of microorganisms
- After contact with objects (including medical equipment), in the vicinity of the patient

How?
- Soap and water or alcohol based products may be used.
- When washing with soap and water, apply to ALL surfaces of hands with friction for at least 15 seconds.
- When using alcohol based products, apply to all surfaces of hands and continuing rubbing until hands are dry.
- Only washing with soap and water is effective when a patient has C. Diff.
- Turn water off with a paper towel

Healthcare Associated Infections (HAI)
An HAI is an infection acquired as a result of or related to care provided in a healthcare setting. HAIs cause suffering, disability, increased length of stay and healthcare costs. MUSC’s goal is to have zero infections.

What is My Role in Infection Prevention?
Your role is determined by your job duties, and whether or not you have patient contact.
- Wash your hands
- Practice cough etiquette: cough into your sleeve, not your hand, if tissues not available. Turn your head away from others to cough
- Throw used tissues into the trash
- Wear attire indicated on isolation door card, speak with the nurse if there is a question
- Remove attire prior to exiting and perform hand hygiene thoroughly
- Educate family and visitors on isolation procedures

**Standard Precautions**
- Consider all patients potentially infectious
- Use appropriate barrier precautions at all times. (eyewear, mask, gown, gloves, etc.)

**Contact Precautions**
- MRSA, VRE, GNB -infected or colonized.
- RSV (Respiratory Syncytial Virus)
- C. difficile, Norovirus, Rotavirus and other diarrheal illnesses

**Airborne Precautions**
- TB, Varicella (with contact), Measles
- Requires special negative pressure room
- TB requires specially fitted N-95 respirator mask
- Keep door closed

**Droplet Precautions**
- Pertussis, Meningococcal meningitis or pneumonia, Flu, Group A Strep, Others

**Questions?** Reference policies, ask management staff or page Infection Preventionist – On Call 24/7

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**QUALITY & SAFETY: THE MUSC CULTURE**

MUSC Health continuously strives for excellence in all that we do. We are “changing what’s possible” through:

**MUSC Health Values**
- Compassion
- Teamwork
- Diversity
- Accountability
- Innovation

**Name Badges**
Wear your name badge at all times. Make sure it is in a location that patient / family can easily read. If you forget your name badge obtain a temporary one. Name badge is the best way to differentiate between an attending physician versus a resident.

**Activating the Chain of Command**
Activate the chain of command when you believe the patient is at risk and there is a delay in medical response. Hospital Physician Chain of Command and Hospital Employee Chain of Command

*Hospital Physician Chain of Command*
Intern > Fellow or Resident > Attending Physician > Department Chairperson > Chief Medical Officer

*Hospital Employee Chain of Command*
Staff Member > Supervisor > Manager > Director > Administrator
Lewis Blackman Hospital Patient Safety Act

This is the only law of its kind in the United States and there are 3 parts of the law that you need to know.

1. Name Badges
2. Informing patients who is involved in their care
3. Mechanism to contact the Attending Physician. Listen to the concerns of the patient/family and address if you are able. Ensure that patient/family is satisfied with resolution.
   a. If yes, go no further
   b. If no, contact the attending
   c. If no answer from the attending, move up chain of command.

Contact the attending physician via computer or paging operation at 792-2123. Always document patient/family's request to speak with attending and action taken to contact the attending.

Use Checklists

One of easiest ways to ensure you don’t forget important tasks. Checklists are very common in other high risk industries such as aviation, nuclear industry, etc. Checklists are new to healthcare and are a great safety tool. Use them!

Clinical Care Pathways

MUSCare – Center for evidence-based practice
- 16 disease pathways
- Standardized care to reduce variability for common conditions
- Decreases variance
- Decreases cost
- Improves quality

Teamwork

Teamwork is vital to patient safety. Do not assume the next person knows what you know! Take the extra step to share information. Patient “hand-off” is everyone’s responsibility. Medical Emergency Team (MET) is an example of teamwork.

REMEMBER YOUR ROLE AND THE PATIENT’S JOURNEY

QUESTIONS?
Dan Handel, MD, MBA, MPH
Chief Medical Officer
Phone: (843)792-2383
handel@musc.edu

HOW CAN YOU AFFECT QUALITY CARE?

<table>
<thead>
<tr>
<th>Safety</th>
<th>Avoiding injury to a patient from care that is intended to help them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness</td>
<td>Providing care with scientific knowledge base and refraining from care not likely to benefit</td>
</tr>
<tr>
<td>Efficient</td>
<td>Avoiding waste</td>
</tr>
<tr>
<td>Equitable</td>
<td>Providing care that does not vary regardless of personal characteristics</td>
</tr>
</tbody>
</table>
Patient Centered

- Providing care that is respectful and responsive to individuals’ needs
- Timely

Reducing waits and sometimes harmful delays

How You Can Stay Informed on Quality and Safety
- Safety Speaking: Daily email on patient safety topics
- Clinical Communications: Weekly email from CEO
- Town Halls: Quarterly
- Communications Meeting: Every other week

Swiss Cheese Model” of Major Accidents & Errors

Culture of Safety
- Vital to patient safety
- Speak Up with concerns
- Report events
- Learn from past events and improve
- Respond to human behavior in Just Culture

Creation of a Just Culture
Strikes a balance between the extremes of a punitive and blame-free culture

Just Culture Guiding Principles
A just culture is based upon:
- Rewarding reporting.
- Placing value on open communication.
- Placing more emphasis on learning.
- Sharing of accountability for outcomes.
- Applying discipline in a fair and consistent manner based on the situation and the intentions (behavioral choices) of the individual.

Behaviors We Can Expect
- Human Error: an inadvertent action; inadvertently doing other that what should have been done; slip, lapse, mistake
- At-Risk Behavior: a behavioral choice that increases risk where risk is not recognized, or is mistakenly believed to be justified
- Intolerable Behavior: a behavioral choice to consciously disregard a substantial and unjustifiable risk

14
How to Report Problems

*Patient Safety Intelligence (PSI)* is the method to report anything “unusual” or “unexpected” or any event that is not consistent with the policy or routine operation of the Medical Center.

**Examples of Reportable Events**

Procedural complications/errors, Patient or visitor falls, Medication errors (wrong patient/dose/time/med), Adverse drug reactions, Equipment related events, Exposure or transmission of infectious disease, New decubitus ulcers or compromise to patient skin, IV related incidents and near misses and unsafe conditions.

- Deviations from best-practice care
- Significant patient harm

Serious safety events include errors that result in death, permanent loss of function or injury.

**MUSC Good Catch Program** - If you report problems or events, you may be eligible for an award through the MUSC Good Catch Program. This program awards employees who report events or problems that result in great improvement. Reporting is not only the right thing to do, *it is expected*. All employees are required to report safety issues or concerns. Other ways to report:

a) Patient Safety Intelligence.
b) Direct report (who you report to).
c) Hospital Risk Management (843)792-0395

Reporting of quality of care or safety concerns will *not* result in retaliation or discipline. We publicly report all of our quality metrics, including SSE [http://www.muschealth.org/transparency/index.html](http://www.muschealth.org/transparency/index.html)

**Quality Improvement at MUSC**

Quality Improvement at MUSC is a loop. It starts with reporting of problems followed by an investigation (we call our investigations *MUSC IMPROVE*). This IMPROVE process results in fixes. Sometimes the fixes do not work out like we planned and we rely on employees to report problems with fixes, so if something is not working right, tell us by reporting. Some examples of common fixes:

- Checklists
- Medical Emergency Team (also call rapid response team)
- Policy changes

**Continuous IMPROVEment – Continued Excellence**

IMPROVE is MUSC’s step-by-step method for decision making and problem solving to ensure continuous improvement.

To learn more or refresh what you know, sign up for an IMPROVE course in CATTs.

More about IMPROVE at [musc.edu/medcenter/](http://musc.edu/medcenter/)
Putting it all Together
- Be an integral part of the quality and safety team
- Speak up for patient safety
- Report events
- Learn from past events-mistakes-near misses
- Manage behavior based on a Just Culture
- Be a part of the IMPROVE solution
- Be open, honest, transparent

Questions?
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Chief Quality Officer, Hospitalist
(843)876-0860
scheurerd@musc.edu

OCCUPATIONAL SAFETY AND HEALTH (OSHA)
University Risk Management
MUSC Risk Management works to prevent illness and injury in our employee population. Divisions include:
- Employee Health Services (EHS)
- Insurance Programs
- Occupational Safety and Health Programs (OSHP)
- Fire and Life Safety
- Biosafety
- Radiation Safety
- Professional Liability

MUSC Risk Management website:
http://academicdepartments.musc.edu/vpfa/operations/risk%20management/

PHYSICAL HAZARDS & REDUCING THE RISK
- Slips, Trips and Falls – umbrella covers, walking surface inspections, wet floor signs
- Musculoskeletal (pulls, strains) injuries – lift teams and mechanical lifts
- Ergonomic assessments available upon request to Risk Management

CHEMICAL HAZARDS
- Chemicals (e.g., isopropyl alcohol, acetone, formaldehyde, etc.)
- Disinfectants/Cleaners/Sterilizers (e.g., cidex, bleach, ethylene oxide, etc.)
- Hazardous Drugs (e.g., cytotoxic drugs, aerosolized medications, etc.)

Reducing the Risks of Chemical Hazards
- Know the chemicals that you work with by locating the chemical inventory in your work site.
- Know how to access Safety Data Sheets (SDS). Instructions for finding an SDS can be found on the OSHP website. Review the SDS before using a chemical to become informed of the hazards!
- OSHA Chemical Hazard Communication: Information about the identities and hazards of chemicals must be available and understandable to workers (Global Harmonization System (GHS) Pictograms)
- Determine what PPE is necessary for specific procedures by using the Clinical Personal Protective Equipment Selection Form.
- Dispose of chemical waste: OSHP will pick-up chemicals, label waste containers with
hazardous waste label and keep containers closed
- If there is a chemical spill, call Occupational Safety at 792-3604 and wait outside of area.
- Understand that infectious waste disposal is not treated the same as chemical waste disposal. Understand different waste streams.

**BIOLOGICAL HAZARDS & SAFETY**

Types of Biological Hazards:
- Bloodborne Pathogens: HIV, HBV, HCV
- Infectious Agents - Tuberculosis

**Bloodborne Pathogens**
Infectious agents transmitted through human blood or body fluids. Examples include: Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV and West Nile virus, *Plasmodium* spp., hemorrhagic fever viruses, etc.

Use Universal/Standard Precautions. Treat all human source materials as if they are known to be infectious. Wear Personal Protective Equipment (PPE). Use engineering and work practice controls.

Discard all used needles/syringe units and other contaminated used sharps in a puncture-resistant Sharps container with lid. NEVER bend, break, or re-cap needles and NEVER reach into a Sharps container. Use Sharps with Engineered Sharps Injury Protection (SESIP): non-needle or a needle device with a built in safety system that reduces risk of exposure.

Know what to do if you have an exposure to blood/body fluids (e.g., needle sticks, splashing to mucous membranes and contact with existing break in skin). For open wounds, wash with soap and water for 15 min. For mucous membrane, flush for 15 min. with water at eyewash station if possible. After first aid is administered, report exposures to blood/body fluids. During work hours (weekdays 7:30am-4pm): call Employee Health Services 843-792-2991 (bring the ACORD form). After work hours (evenings, weekends, holidays): call Hospital Supervisor (843)792-2123 OR If no Hosp. Supervisor on duty, go to MUSC Emergency Department 1st Floor Main Hospital.

**Reducing the Risk of Tuberculosis (TB)**
- Use negative pressure rooms
- Follow infection control procedures
- Use Respiratory Protection. You will be fitted for a special mask (N-95 respirator) upon hire and every 12 months.

**FIRE AND LIFE SAFETY**

<table>
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<th>Know the Five-Step Fire Plan (REACT):</th>
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<td>1. Remove anyone from immediate danger</td>
<td>1. Pull the pin</td>
<td>A - common materials such as paper and wood</td>
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<td>2. Ensure all doors are closed</td>
<td>2. Aim the nozzle at the base of the fire</td>
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<td>3. Activate the manual fire alarm</td>
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<tr>
<td>4. Call the Operator to report the fire (2-3333)</td>
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<tr>
<td>5. Try to fight the fire</td>
<td></td>
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</tbody>
</table>

**Do’s and don’ts of fire safety:**
DO: Attend all cooking (e.g. microwave).
DO: Know location of fire extinguishers and pull stations.
DON’T: Store items in corridors.
DON’T: Store materials within 18” of sprinkler heads.

**REDDUCING THE RISKS OF RADIATION HAZARDS**
1. Complete online Radiation Safety Module
2. Follow procedures
3. When machine is producing radiation: stay behind lead-lined wall in Control Booth and wear lead apron and a dosimeter while in room with an operating fluoro unit. Know the correct way to wear a dosimeter. Contact your manager or the Radiation Safety Officer at (843)792-4255.

**Ergonomics**

**Musculoskeletal Disorders (MSD)** are injuries and illnesses that affect muscles, nerves, tendons, ligaments, joints, or spinal discs.

**Signs and symptoms of MSD:** Painful joints; Pain, tingling or numbness in hands or feet; Shooting or stabbing pains in arms or legs; Swelling or inflammation; Burning sensation; Pain in wrists, shoulders, forearms, knees; Fingers or toes turning white; Back or neck pain; Stiffness

**Causes of MSD:**
- Repetition; Forceful Exertions; Awkward Postures; Contact Stress; Vibration

If you have signs or symptoms of MSDs:
1. Report early to your employer
2. Contact EHS to report MSDs or hazards

**Injury prevention tips – Always Practice Good Body Mechanics**
As a health care worker, your back may be injured by improper lifting, sitting or standing. Follow the guidelines listed below to help prevent injury.

**Lifting the proper way is important:**
- Lift with knees bent and hips straight.
- Avoid twisting, at the waist, while you are lifting. Move your feet as you face another direction.
- Squat when you lift and keep your trunk in a vertical position.
- Push rather than pull objects. Keep objects close to your body.
- Get help with heavy objects or patients. Avoid lifting objects over 70 pounds.
- Page lift team to move heavy patients.

**Maintain good posture while sitting:**
- Maintain the three natural curves.
- Keep knees bent, equal or higher than your hips.
- Keep your back well supported by chair.
- You may need to add a lumbar support, like a towel roll.
- Sit close to your work.
- Sit with your back firmly supported against the back of your chair.
- Frequently change your position while sitting.

**Prevent injuries to your back while standing by:**
- Stand with your knees slightly bent and with one foot diagonally ahead of the other.
- Avoid carrying objects off to one side.

**Questions?**
University Risk Management, (843)792-3055
UTI LI TI ES SYSTEMS EMERGENCY DI SRUPTI ON IN FORMATION

The Facilities Management Department is responsible for maintaining the gas, water, electric and sewage systems of the Medical Center.

Your responsibilities in maintaining these systems include:

- Facilities Support Center (FSC) number is (843)792-5600 for University Hospital, Children’s Hospital, Charleston Memorial Hospital and Institute of Psychiatry.
- Know the location of red emergency power outlets.
- Use only grounded extension cords provided by Facilities Management.
- Medical Gases Shut Off:
  - The Manager of the affected unit/area has the authority to allow gases to be shut off during the following days/hours: Monday – Friday from 8:00 a.m. until 4:00 p.m.
  - The Hospital Supervisors have the authority to allow gases to be shut off in all areas beginning at 4:00 p.m. until 8:00 a.m., Monday - Friday and all weekend and holiday hours.
  - In an emergency, the Medical Gas Coordinator, Hospital Maintenance or Respiratory Therapy may shut off medical gases as ordered by the area manager or his designee.
  - The Medical Gas Coordinator and the Clinical Coordinator for Respiratory Care (supervisor) must be notified prior to the discontinuance of the med-gases so that proper arrangements can be made to ensure patient safety. They can be reached at any time on the following Simon ID’s:
    1. Medical Gas Coordinator: #12796
    2. Adult Hospital: #17815
    3. Children’s Hospital: #17816
   As always, the Facilities Support Center at (843)792-5600 should be called immediately.
- The Administrator on call is available 24 hours per day to assist with any decision making issue regarding an emergency. The Administrator of Clinical Services should be contacted on any emergency situation. The Hospital Operators should be contacted to page the appropriate manager, coordinator, or administrator to respond to the emergency situation.

The goal of these guidelines is to provide a safe, functional and effective environment for patients, staff members, and other individuals in the Medical Center.

Questions?
Fred Miles, MUHA Facilities Manager, (843)792-5600; milesf@musc.edu

EMERGENCY PREPAREDNESS

Emergency Response Plans and/or Policies
Weather: Hurricane
Biological
Chemical
Radiological
Fire – Code Red
Newborn Abductions
Utilities Disruption – Electrical, HVA, Medical Gas

Designated Employees for Weather and Other Emergencies
1. Be prepared to stay in hospital for 2 – 3 days.
2. Report to work with designated employee personal supplies (see below).
3. Be prepared to perform your regular duties and others.
4. Be prepared to work flexible schedules.
Designated Employee – Items/Supplies List (Things to bring to hospital – 3 to 4 day supply)

- Medications (Personal)
- Canned Food Items (Easy opening)
- Peanut Butter and Jelly
- Personal Hygiene Items and Toiletries
- Sleeping Bag/Sleeping Materials (i.e. pillows, pillowcases, sheets)
- Employee Identifications

- Water (2-3 gallons)
- Bread (Loaf)/Crackers
- Comfortable Work Clothing/Shoes
- Flashlight (with batteries and bulbs)
- Battery Operated Radios
- Limited Cash

Active Shooter Profile

Situation Profile:
- In community based settings, there is no pattern or method of victim selection.
- Hospital/medical settings can have a selected target.
- Situations are unpredictable and may only last 10-15 minutes.
- Situations may be over before law enforcement/Security can arrive, be prepared both mentally and physically.

MUSC Notification and Response:
- MUSC Alert (text, email, desktop alert) *must register to receive notification*
- Overhead Alert (EX: Active Shooter, Main Hospital, 4th Floor) *in select buildings*
- All campus buildings will be on Controlled Access
  - No one will be allowed to enter; however, those inside will be allowed to escape.

Active Shooter Preparedness/Response

Basic protective actions to increase your chance of survival:
- **Accept**
  - Accept the situation is real & dangerous
  - Real gun fire may not sound like what you hear in the movies or on TV
- **Assess**
  - Assess your surroundings and the people around you quickly
  - **RUN, HIDE or FIGHT (Not a continuum, pick one)**

Run

- Have an escape route & plan in mind
  - If escape route is clear attempt to evacuate the area regardless of whether others agree to follow
  - Help others escape if possible but do not allow others to prevent you from escaping!
  - Keep hands visible at all times and do not attempt to move wounded people

Hide

- If you can not evacuate, find a place to hide where the active shooter is less likely to find you

Fight

- If you cannot evacuate or hide, AS A LAST RESORT and ONLY if your life is in imminent danger, attempt to disrupt and/or disable the shooter

Environment of Care Important Telephone Numbers (when on campus you only need to dial the last 5 digits)

- Facilities (843)792-5600
- Medical Equipment (843)792-3984
- Hazardous Materials (843)792-3604
- Fire (843)792-3333
- Emergency Incident (843)792-3333
- Environmental Services (843)792-4571
- Security (843)792-4196
MEDITCAL CENTER SECURITY

MUSC Medical Center Security is a proactive force, working as a team with all persons within the Medical Center. Medical Center Security Officers are present at main entrances of Medical Center facilities and proactively patrol throughout the Medical Center facilities. Medical Center Security provide access control, perimeter security, ID badge/visitor pass verification, package inspection, patient room inspection, surveillance cameras, lost and found services, escort to your car, general directions, uniformed & certified police officers, access to locked doors and ensure a smooth, safe flow of traffic. Safety and Security Officers are available 24 hours a day, seven days a week. To contact security, call 792-4196.

Medical Center Staff Responsibilities
1) Know who works in your area
2) Wear your ID badge with photograph visible and make sure others wear theirs also
3) Secure offices, desks and lockers
4) Report suspicious activity to Public Safety (843)792-4196

Suspected or Impending Violence
- If possible, call (843)792-4196
- Stay arm’s length, plus a few inches away
- Breathe deeply and stay calm
- Be aware of an exit so you can escape and get help immediately

How You Should Handle a Bomb Threat Telephone Call:
- Obtain information (from caller): Time of bomb explosion, location of bomb, and why bomb was placed
- Note caller's voice and accent
- Listen to background noise
- Remain calm (get someone else on the phone)
- Keep the caller on phone
- Report all information to (843)792-4196

Receipt of Packages, Letters or Other Suspicious Items
- Leave item undisturbed
- Immediately inform supervisor and ask supervisor to call (843)792-4196
- Leave area immediately
- Insure area is totally vacated
- Close door

Prisoner Escorts
- Enter/Exit through Trauma Center
- Prisoners are seated in wheelchairs with restraining devices covered with sheets
- Provided briefing and ID badge
- Remain with prisoners at all times – responsible for prisoner’s security

Questions?
Al Nesmith, Director, Safety & Security, (843)792-3135; nesmitha@musc.edu

CORPORATE COMPLIANCE

It is MUHA’s policy to adhere to the highest legal and ethical standards in its business activities and to ensure compliance with all applicable laws. One of our first steps toward that goal was the creation of a formal compliance program in 1998. Part of this program involved creating a plan that adheres to the seven elements of a compliance program as published by the Office of the Inspector General
1. In 1998 The Vice President of Clinical Operations / Executive Director appointed a Chief Compliance Officer to oversee our compliance program. Since that time, we have created a Compliance Committee that works to keep our program up-to-date. We also have a Compliance Office that employs individuals who have expertise in a number of areas that fall under the compliance purview.

2. As an employee of MUHA, you will be responsible for understanding a number of policies and procedures that influence your work. If you have any questions about which policies apply to you, you should contact your supervisor. One policy that all employees are responsible for reading and understanding is the Compliance Policy/Code of Conduct (Medical Center Policy A-67). This policy outlines the specifics of our compliance program. The policy also contains our Code of Conduct. All employees are required to review and sign the Code of Conduct at the time they are hired. Another policy that all employees are required to read and understand is Policy C-03, Patient Confidentiality.

3. As an employee, you are responsible for reporting any activity you believe is a violation of law, regulation, or MUHA/MUSC policy. If you feel comfortable doing so, you may report any such suspected violation to your supervisor, manager, director, etc… You also have the option of contacting the Compliance Office directly by phone (792-7795), e-mail (compliance@musc.edu), or by coming to our office. One other reporting option is contacting the Compliance Hotline. You can do this by calling 1-800-296-0269. The hotline is available 24 hours a day, seven days a week. Any individual has the right to remain anonymous (as allowed by law) when disclosing non-compliant activity, without fear of retaliation.

4. All employees and certain non-employee agents are required to receive compliance training both at the time of hire and annually thereafter. This training includes a number of topics such as accurate billing, patient privacy, conflict of interest, etc… This is not the only training you will receive; depending on your job responsibilities you may be required to receive training on a number of topics. It is your responsibility to know which training sessions (either on-line or in person) you are required to complete. Employees who do not complete their annual training by the training deadline are subject to disciplinary action, up to and including termination of employment.

5. Each month the Compliance Office performs a number of audits to ensure that MUHA is in compliance with numerous policies and laws that impact our institution. We use the results of these audits to pinpoint areas where we might need to implement operational changes and/or additional training.

6. In accordance with MUHA Human Resources policy, employees are subject to disciplinary action for compliance violations and/or for failing to report a violation. At the time of hire and monthly thereafter, the Compliance Office performs a “sanctions check” to ensure that our employees are not sanctioned by a federal agency. Being sanctioned could result in termination of employment.

7. If we do become aware of a suspected violation, the Compliance Office will perform a thorough investigation and, if necessary, take corrective action. This could include refunding payments for services that were billed incorrectly. It could also include notifying a regulatory agency. When we do find problems, it is our ultimate goal to resolve them and change any practices that might result in a recurrence.

**CODE OF CONDUCT**

This Code of Conduct establishes guidelines for professional conduct by those acting on behalf of the Medical University of South Carolina including executive officers, faculty, staff, and other individuals employed by MUSC using MUSC resources or facilities, and volunteers and representatives acting as
agents of MUSC (hereafter collectively referred to as “employees”). This Code of Conduct is not an attempt to define everything one should and should not do, but to communicate MUSC’s expectations of proper conduct and what professional conduct MUSC values.

MUSC has the expectation of each employee to conduct all activities in compliance with all applicable laws and regulations and with the utmost ethical integrity. While the information that follows in this section is not all inclusive, it is indicative of important activities involving MUSC employees in their daily business and workplace operations.

Those acting on behalf of MUSC have a general duty to conduct themselves in a manner that will maintain and strengthen the public's trust and confidence in the integrity of MUSC and take no actions incompatible with their obligations to MUSC. Employees shall adhere to the applicable laws, rules, regulations and policies of governmental and institutional authorities. The failure to do so will be grounds for disciplinary action, up to and including termination of employment.

Employees are responsible for reporting any activity reasonably believed in violation of a law, rule, regulation and/or policy. This can be done through the employee’s chain of command, the Compliance Office, the Office of Internal Audit, or via the Confidential Hotline at 1-800-296-0269 (toll-free, available 24 hours a day, seven days a week). MUSC will neither discriminate nor retaliate against any employee who reports in good faith any instance of conduct that does not comply or appear to comply with laws, rules, regulations and/or policies.

**Ethical Standards**

South Carolina Code (S.C. Code § 8-13-10 et seq.) (the "Ethics Law") makes it unlawful for public officials, public members, and public employees to use their position to obtain an economic interest or to have a financial interest in most any contract or purchase connected with MUSC/MUHA, unless certain exceptions apply. No provision of this policy supersedes the Ethics Law. The South Carolina Ethics Law can be found in its entirety at [http://www.scstatehouse.gov/code/t08c013.php](http://www.scstatehouse.gov/code/t08c013.php).

Some general ethical standards that apply to MUSC employees are:

- No employee shall accept or solicit any gift, favor, or service that might reasonably appear to influence the employee in the discharge of duties.
- No employee shall disclose confidential information or use such information for his or her personal benefit.
- No employee shall make personal investments that could reasonably be expected to create a conflict between the employee’s private interest and the public interest.
- No employee shall accept other outside or dual employment or compensation that could reasonably be expected to impair the employee’s independence of judgment in the performance of the employee’s public duties.
- Sexual misconduct and sexual harassment are unacceptable behaviors. This includes verbal or physical conduct of a sexual nature.
- No employee shall misrepresent themselves or the institution in any way. This includes, but is not limited to, clinical or research documentation, submission of claims for reimbursement, submission of timesheets, and advertising of services.

**Standards of Conduct**

Employees will find a “Standards of Conduct” grid on the MUHA Compliance website. This grid is intended to be a resource for employees in a number of areas that are considered standards of conduct. This is not considered an all-inclusive list of standards. The addendum will be periodically updated to reflect policy changes. Employees are responsible for ensuring they follow the most current policies.
INSTITUTIONAL COMPLIANCE AGREEMENT

The Office of the Inspector General (OIG) of the Department of Health and Human Services mandated an agreement with MUHA in 2000 to ensure that we are in compliance with all applicable federal billing regulations. This agreement set forth specific requirements for training, auditing, oversight, reporting and distribution of information to employees. While the agreement officially ended in 2005, MUHA has promised the OIG that it will continue to meet these standards of compliance.

ANTI-KICKBACK

- It is unlawful to give or receive any remuneration (includes virtually anything of value) to another in exchange for a referral or an inducement to provide health care services paid for by Medicare or Medicaid.
- It is a felony punishable by a $25,000 fine and five years' imprisonment.

STARK

- The statute generally prohibited physicians from referring Medicare patients to clinical laboratories and other “designated health services” testing, if the referring physician (or member of the physician’s immediate family) had a “financial relationship” either through ownership or compensation with the lab.

PROTECTED HEALTH INFORMATION AND PRIVACY (HIPAA)

As was mentioned above, Policy C-03 - Patient Confidentiality, is a policy that all employees must read and understand. The privacy of our patients and their information is a high priority at MUHA.

Many employees have access to patient information via one of our automated systems. Access to one or more of these systems does not give any employee the right to view a patient’s record. Patient information in any form (paper, electronic, etc…) should only be viewed in circumstances where it is needed for patient treatment, payment of claims, and/or pertinent institutional operations. You also have the right to view your personal patient record and the record of a minor child over whom you have custody. Employees must also refrain from conversations about patients in public places such as elevators, hallways, cafeteria, etc… These are only a few examples of rules related to patient privacy. It is imperative that you thoroughly review Policy C-03 to familiarize yourself with its comprehensive list of procedures.

Questions?
Compliance Office at (843)792-7795

CULTURAL EFFECTIVENESS

MUSC promotes an atmosphere of respect and sensitivity for a diverse population of employees, students, patients and visitors. We value the diversity of our workforce in gender, race, national origin, religion, background, education, position and other differences. We are committed to inclusion and open communication.
A culturally effective environment is one that: welcomes and values all people; is grounded in respect for others; is nurtured by open dialogue between those of differing perspectives; and is motivated by action that is characterized by an openness and willingness to change.

We offer culturally and linguistically effective services as part of our dedication to quality healthcare. For Limited English Proficient patients, MUSC offers interpreter services 24 hours a day, cultural diversity education and resources for staff, faculty, students, patients and their families.

Bilingual staff members are an important part of our culturally and linguistically effective services. If you are bilingual and would like to communicate with Limited English Proficient patients in your role, you must first complete a Letter of Disclosure and submit to the Interpreter Services office. The requirements for bilingual staff include: native speaker of a language OR health care degree obtained in a school where requested language was the language of instruction.

If you do not meet the above requirements, you must complete a standardized test (OPIc) to demonstrate proficiency. The Interpreter Services office will assist you to complete the OPIc test.

A link to the Letter of Disclosure is located on the Interpreter Services page http://mcintranet.musc.edu/interpreter.

Our goal is to achieve cultural effectiveness by assuring that:
- The patient receives care that is appropriate, respectful and understandable.
- Staff receive continuous education/training in culturally and linguistically effective care.

We make adaptations for culturally effective care by:
- Showing sensitivity to the individuality and cultural heritage of each patient.
- Learning about the cultures of our patients.
- Being careful not to make assumptions about patients or their culture.
- Learning more about accepted ways to show respect.
- Offering foods that take into consideration cultural preferences.
- Using an interpreter for limited English proficient (LEP) patients.
- Monitoring our body language so that we do not communicate negative attitudes.
- Remembering that although a person is part of an identified culture, he or she must be recognized as an individual.

Through our diversity and respect for everyone, we can fulfill our mission and provide excellent health care services that are appropriate for all our patients.
For more information please call (843)792-5078.

NATIONAL PATIENT SAFETY GOALS
Safety starts with you! Safety is everyone’s responsibility.

GOAL 1. Identify Patients Correctly
- Use at least two ways to identify patients. For example, use the patient’s name and birth date or medical record number (MRN) when providing care, treatment or services. Involve the patient in the identification and matching process.
- Label containers used for blood and other specimens in the presence of the patient.
- Make sure that the correct patient gets the correct blood when they get a transfusion. Prior to administering blood, the blood must be matched to the blood order and to the patient by two persons. Involve the patient and/or their family in the identification and matching process.

GOAL 2. Improve Staff Communication
• Report critical results of test and diagnostic procedures on a timely basis. Document the critical result in the medical record and notify the physician or provider of results within 30 minutes of receipt of critical information.

GOAL 3. Using Medications Safely
• Label all medications, medication containers (syrings, basins, bottles) and other solutions on and off the sterile field in perioperative and other procedural areas.
• Reduce the likelihood of patient harm associated with use of anticoagulant therapy.
• Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking and compare those medicines to new medicines being ordered for the patient. Make sure the patient knows what medications to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

GOAL 6. Improve the Safety of Clinical Alarm Systems
• During 2014, identify the most important alarm signals to manage based on 1) Input from clinical staff; 2) Risk to patients if the alarm is not attended or malfunctions; 3) Whether specific alarms are needed or unnecessarily contribute to alarm noise & fatigue; 4) Potential for patient harm based on internal incident history; 5) Best practice and guidelines.
• As of January 2016, establish policies & procedures for managing alarms.

GOAL 7. Reduce the Risk of Health Care Associated Infections
• Wash Your Hands!
• Use hand cleaning (hygiene) guidelines from the Centers for Disease Control & Prevention (CDC) or the World Health Organization (WHO). Set goals for improving hand hygiene and use the goals to improve hand hygiene compliance.
• Use proven guidelines to prevent infections that are hard to treat (Multi-Drug Resistant Organisms or MDRO infections)
• Use proven guidelines to prevent infection of the blood from central lines (Central-Line Associated Blood Stream Infections or CLABSI).
• Use proven guidelines to prevent infection after surgery (Surgical Site Infections or SSI).
• Use proven guidelines to prevent infection from indwelling urinary catheters (Catheter Associated Urinary Tract Infections or CAUTII).

GOAL 15. Identify Patient Safety Risks
• Identify patients at risk for suicide.

• Make sure that the correct surgery or procedure is done on the correct patient and at the correct place on the patient’s body.
• Mark the correct place on the patient’s body where the surgery or procedure is to be done.
• Pause before the surgery or procedure to make sure that a mistake is not being made.

Additional Safety Considerations
• Project FIRM Ground (Fall and Injury Reduction at MUSC)
• SKIN Bundle for Pressure Ulcer Prevention & Care http://mcintranet.musc.edu/skin

STROKE AWARENESS

What is a stroke?
A stroke or "brain attack" occurs when a blood clot blocks an artery or a blood vessel breaks interrupting blood flow to an area of the brain.

Signs and symptoms of stroke
Sudden numbness or weakness of face, arm or leg, especially on one side of the body.
Sudden confusion or trouble speaking or understanding.
Sudden trouble seeing in one or both eyes.
Sudden trouble walking, dizziness, loss of balance or coordination.
Sudden severe headache with no known cause.

What can you do?
If a patient has sudden onset of signs and symptoms of a stroke....inside the MUSC Medical Center, notify the Brain Attack Team (BAT) by calling the emergency paging operator at (843)792-3333. BAT is the emergency response team that provides assessment, diagnosis and treatment of stroke patients. If outside the MUSC Medical Center, call 911.

EARLY HEART ATTACK CARE (EHAC)

MUSC Chest Pain Center Emergency Department:
- treats and provides evaluations and diagnosis for patients that are experiencing symptoms of a heart attack.
- nationally accredited by the Society of Chest Pain Centers. Patients are fast-tracked for immediate care by board certified Emergency Physicians. With world-class cardiovascular specialists and the most advanced technology in South Carolina, the MUSC Chest Pain Center-ED puts time – and unmatched expertise -- on your side.
- located on the first floor of Ashley River Tower.

Minutes and Early Heart Attack Care Matters!
During a heart attack heart muscle is dying and with early treatment this can be stopped.
In over 50% of patients, heart attacks have “beginnings” or warning signs. It is important to recognize these “beginnings” or warning signs and get treatment before the heart is damaged.
What is EHAC? Early Heart Attack Care is three things:
1) A campaign to educate everyone on the early symptoms of a heart attack to help prevent the heart attack and heart damage.
2) A plea to all to be responsible, for themselves and those around them who may be experiencing early heart attack symptoms, and to help them obtain immediate treatment.
3) A public education program that focuses on the benefits of early treatment, and activating emergency medical services.

Know the Heart Attack Warning Signs Listed Below
- Chest discomfort:
  - uncomfortable heaviness or pressure
  - squeezing, tightness, sometimes burning
  - Last more than a few minutes and may come and go
- Discomfort in other areas such as jaw, neck, arms, stomach, back
- Shortness of breath, dizziness, nausea or lightheadedness
- Weakness, fatigue, cold sweat or any other concerns
- Feeling of fullness

SEEK CARE (Call 911) IMMEDIATELY FOR ANY OF THE ABOVE SYMPTOMS!!
Many people may experience mild chest symptoms, such as pressure, burning, aching, or tightness. These symptoms may come and go until finally becoming constant and severe.

Remember time is muscle and wasted time is wasted muscle!!

MEDICAL EQUIPMENT MANAGEMENT PROGRAM
The Biomedical Engineering Department is responsible for the safe, effective, and economical use of ALL medical equipment in the MUSC Medical Center. Additionally, all non-medical equipment that is in a direct patient care area, or that by design may come into contact with the patient is monitored by the Biomedical Engineering Department. (Example: patient room TV) The direct patient care area is defined as the area within seven feet of the patient’s bed or treatment area.

The Biomedical Engineering Department is required to check all MEDICAL equipment brought into the Medical Center (medical and non-medical) prior to its first use. All equipment requiring preventive maintenance (PM) should have a grey and blue sticker with information verifying the date inspected by the Biomedical Engineering Department. All units have a list that indicates the types of equipment that require PM’s. Equipment training requirements and training in services will take place in the work area. Unit educators and/or supervisors conduct this training.

THE SAFE MEDICAL DEVICE ACT (SMDA)

The Safe Medical Device Act (SMDA) requires health care facilities to report to the FDA any incident in which a medical device may have contributed to the death or serious injury/illness of a patient.

Medical devices are any equipment, devices, or products used for patient care including, but not limited to:

**Electronic equipment**
- Defibrillators
- Computer diagnostic software
- Clinical Laboratory Analyzers
- Ventilators
- Computer Software

**Medical Products**
- Syringes
- IV supplies
- Restraints
- Surgical/Procedural devices
- Implants

**Medical equipment**
- Wheelchairs
- Beds
- Crutches/Walkers
- Physical Therapy Equipment

**Always SAVE the product/device and the packaging**

Any incident in which a medical device is suspected of contributing to the injury or death of a patient should be reported to Risk Management via Patient Safety Intelligence (PSI). All problems with life support equipment, such as ventilators or defibrillators, are to be reported regardless of the effect on the patient.

If you have a problem with a medical device:
- Attend to your patient
- Notify your supervisor
- Complete an occurrence report

The occurrence report must be completed immediately. *If the equipment failure results in serious injury or death, Risk Management must also be notified by telephone at 2-8830.* The defective equipment must be tagged as defective and removed from service. Biomedical Engineering must be contacted about defective equipment at (843)792-3984.

COMPETENCIES

**Initial and Ongoing Competencies**
MUSC Medical Center determines the initial and ongoing competencies. All employees are expected to complete competencies as assigned.

**Population Specific Competencies**
MUSC Medical Center requires that special needs and behaviors of specific age groups of the population served be considered in patient care. In order to provide excellence in patient care, Medical Center personnel, including employees, students and volunteers are trained on population
specific competencies. All clinical areas require in-depth competency training and documentation of such training. Population-specific competence:

- possesses the knowledge, skills, ability and behaviors essential for providing care to specific populations
- focuses on the specific needs of a particular population
- describes how care is modified in an effort to meet the needs of a person in a particular population
- includes providing effective care, treatment, and services to several groups according to certain distinctions including: age and particular disease or condition

**PASTORAL CARE SERVICES**

Pastoral Care Services is committed to providing care that respects the religious and spiritual values of any particular patient, family member or staff person. A chaplain is in-house 24 hours a day, seven days a week at the Medical Center and ART. The availability of Pastoral Care Services is indicative of the rapidly growing awareness that illness, trauma and health have spiritual, emotional and socio-cultural as well as physical components.

**Some scenarios that indicate a need for Pastoral Care presence:**

- Patient and/or family request
- Religious ministry including prayer, blessings, religious rituals, sacraments
- Referral to outside clergy of particular faith groups and/or institutional chaplains, Red Cross, etc.
- Death or impending death, bereavement or grief
- Assistance with patients and/or families in crises
- Supportive care for patients and/or families faced with rehabilitation, incapacitation, disfigurement, loss, etc.
- Supportive care for donor families, recipients, and recipients' families
- Assistance in clarifying meaning and values toward participation and decision-making around end of life
- Assistance in offering Age-Specific Spiritual Care
- Assistance with Advance Directives: Living Will and Healthcare Power of Attorney

Pastoral Care is available for staff services such as: In-service on death and dying, Advance Directives, grief, compassion fatigue, confidential counseling for staff with personal, relational, family or job-related concerns, and memorial services.

*A chaplain may be reached anytime day or night -- Pager: (843)792-0590, ID 1-8089 Main Hospital and 1-7265 ART. *Pastoral Care offices are located in the Medical Center North Tower, Rooms 462, E2 and E3, (843)792-9464.

**ETHICS COMMITTEE**

The MUSC Medical Center Ethics Committee's primary roles include faculty, staff and student education; policy development and review; and consultation. The Ethics Committee members include health care clinicians, community representatives, chaplains, bioethicists, attorneys, philosophers and students.

Members of the Ethics Consultation Service are available for consultation in decisions regarding:

- End of life decision making
- Do not resuscitate orders
- Withholding/Withdrawing life-sustaining treatment
- Confidentiality
- Refusal of treatment
IDENTIFYING & REPORTING ABUSE & NEGLECT

Medical Center Policies found on the Intranet:
- Policy C-7A - Abuse Identification – Adults and Policy C-7B - Abuse Identification – Pediatrics
- Hospital policy and state law say that we MUST report any SUSPICION of abuse or neglect. It is not up to us to decide if it is true. We report if we only suspect.
- Who is at risk?
  - The elderly and children
  - Anyone who cannot care for themselves
  - Anyone afraid to report they are being hurt or taken advantage in any way
- What to report
  - If you see or hear something that makes you worry
  - Someone tells you that they are being abused or neglected
  - You see someone threatening or hurting a patient or visitor

Social Workers in the Medical Center are available 24 hours a day; 7 days a week. There are Social Workers for every service. **Report to your supervisor and a Social Worker will be contacted.**

MEDICAL CENTER POLICIES

Employees must be knowledgeable of the Medical Center policies and procedures which are located on the Medical Center Intranet ([www.musc.edu/medcenter/](http://www.musc.edu/medcenter/)). For additional information regarding access to policies, contact your manager. The policies included in this book will assist in orienting you to the Medical Center. The information presented as it exists on the date of publication. In addition, new employees must review the following policies during orientation period.
- Policy A-67 Compliance Policy and Code of Conduct
A-036 - Tobacco Free Campus
Medical Center Policy Manual

Policy:
MUSC is committed to promoting a healthy tobacco-free environment for its employees, faculty, students, visitors and patients. The purpose of this policy is to provide a healthy environment, to minimize the negative effects of passive smoke and tobacco use, maximize fire safety and to promote wellness and good health habits within all MUSC facilities, including MUSC affiliates, and the surrounding campus.

The provisions of this policy shall apply to all employees (including faculty and staff), patients, visitors, students, volunteers, contractors and vendors unless otherwise noted.

1. The use of any tobacco product is prohibited in all buildings, grounds and spaces either leased or owned by the Medical University. This policy includes, but is not limited to, offices, classrooms, laboratories, elevators, stairwells, restrooms, shuttle buses, shuttle bus stops, sidewalks, parking areas, meeting rooms, hallways, lobbies, and other common areas.
2. The use of tobacco products in Medical Center or University owned, operated or leased vehicles is prohibited.
3. Use of tobacco products is also prohibited in personal vehicles parked on MUSC property. MUSC also discourages the use of tobacco products by staff or visitors on properties adjacent to the campus.
4. Use of tobacco products is also prohibited on all streets and sidewalks within the Medical District as defined by the City of Charleston ordinance (see map in Appendix 1).
5. MUSC also prohibits the use of tobacco products by staff or visitors on private properties adjacent to the Medical District without explicit approval from the property owner. Individuals should refrain from smoking in areas where smoke is likely to enter private property through entrances, windows, ventilation systems or other means and are expected to respect requests to refrain from smoking in particular areas if asked to do so by agents or employees of the University. Tobacco use on public property neighboring MUSC is highly discouraged.
6. Use of tobacco products while representing MUSC, wearing MUSC scrubs or uniforms, wearing an MUSC badge, or on a paid break is prohibited.

Tobacco products include, but are not limited to, cigarettes, e-cigarettes, cigars, pipes, chewing tobacco and other smokeless tobacco products. Employees, students, volunteers, contractors and vendors are expected to adhere to professional standards of appearance and not have an odor of tobacco products on their clothing or person.
Procedure:

A. Employees and Volunteers
   1. Employees and Volunteers are expected to comply with the Tobacco-Free Campus Policy and assist with sharing information about the policy.
   2. New employees and volunteers will be informed on the Tobacco-Free Campus policy during orientation.
   3. Enforcement of the policy rests with the appropriate supervisory staff, managers, directors, and administrators.
   4. When employees or volunteers observe violations of the policy, they should politely remind the offender of the policy and request that they dispose of tobacco materials.
   5. If the employee or volunteer continues to violate the policy, the location and time of the violation should be reported to the appropriate supervisory staff, dean, department head or administrative official. Human Resources Employee Relations may also be contacted to report violations.
   6. Violation patterns will be assessed and appropriate action initiated. Employees who are found to be in violation will be disciplined in accordance with the Human Resources Policy No. 45, Disciplinary Action (http://mcintranet.musc.edu/hr/employee_corner/documents/POLICY45-DISCIPLINARY_ACTION.pdf). Action may range from written reprimand to termination. Refer to specific guidelines as outlined by MUSC, MUHA and UMA.

B. Patients
   1. Faculty, staff and clinical staff with patient care responsibilities are responsible for communicating and ensuring compliance with the Tobacco-Free Campus Policy.
   2. Upon admission/check-in, patients will be verbally informed of the policy and a copy will be provided upon request.
   3. Patients violating MUSC’s policy will be asked to dispose of tobacco materials.
   4. Tobacco replacement therapies, i.e. nicotine patch, nicotine gum, etc., may be prescribed by the patient’s physician.

C. Visitors
   1. Visitors will be informed of the policy and asked to comply while they are on campus.
   2. Signage will be posted throughout MUSC’s buildings and grounds; stating this facility is a tobacco-free campus.
   3. All employees and volunteers are encouraged to assist with the education of visitors regarding the policy, using policy information cards, which will be made available.
   4. Employees are expected to help enforce the policy with visitors by requesting that they dispose of tobacco materials and respect MUSC’s healthcare mission and tobacco-free campus.
   5. If a visitor is observed repeatedly violating the policy after being advised of the policy, staff should note the location and time of the violation and contact their respective manager, Department of Public Safety or Medical Center Safety and Security, or Human Resources.

D. Students
   1. New students will be informed of the Tobacco-Free Campus Policy during orientation.
   2. Enforcement of the policy rests with the respective Dean’s office.
   3. When students observe violations of the policy, they should remind their fellow students of the policy and ask them to dispose of the tobacco materials.
   4. If the student continues to violate the policy, the location and time of the violation should be reported to the appropriate Dean’s office.
   5. Violation patterns will be assessed and appropriate action initiated.
   6. Affiliation agreements will include the Tobacco-Free Campus Policy so that students from other schools will be advised of the policy.

E. Contractors/Vendors
1. This policy shall apply to all contractors and vendors, e.g. construction and/or maintenance, providing services on property owned or leased by MUSC. Contractors and vendors are expected to ensure full compliance at all times with this policy by any employees and/or sub-contractors providing services on MUSC property.

2. Failure by the contractor/vendor or their employees to comply with the provisions of this policy could result in contractors/vendors (or their employee(s) violating this policy) to leave campus and/or the termination of the service contract with the contractor or vendor.

3. New employees will be instructed on the Tobacco-Free Campus policy during new employee orientation.

4. All employees in supervisory positions must inform staff members of this policy and inform them that failure to comply may be grounds for disciplinary action. Employees who are found in violation will be disciplined in accordance with the Human Resources Policy No. 45, Disciplinary Action (http://mcintranet.musc.edu/hr/employee_corner/documents/POLICY45-DISCIPLINARY_ACTION.pdf). Action may range from written reprimand to termination. Refer to specific guidelines as outlined by MUHA, MUSC, and UMA for their respective constituents, e.g. visitors, students, employees, faculty and staff.

F. Enforcement

1. The monitoring and enforcement of this policy is the responsibility of ALL MUSC faculty, employees and students. Each member should consistently and politely bring any infraction of this policy to the attention of the person or persons observed violating the policy.

2. The MUSC Department of Public Safety and Medical Center Security staff will assist in the enforcement of this policy by reporting violations to the appropriate manager or supervisor. Employees are also expected to assume leadership roles, both by example and by reminding those who are not in compliance with policy.

G. Resources

MUSC will offer resources and support to tobacco users in abstaining from tobacco use on campus and in supporting users who desire to quit using tobacco. Smoking cessation classes and other tobacco education related sessions will be offered periodically for MUSC employees. Many of these programs are offered at little to no cost. Additional resources are outlined on the Tobacco-Free Campus website (http://academicdepartments.musc.edu/tobaccofree).

H. Exceptions

Individuals enrolled in smoking research and/or treatment programs are permitted to smoke in controlled conditions (with appropriate ventilation) upon approval. These smoking areas must be physically separate from patient care, treatment and service areas.

Approvals:

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Distribution:

| Policy Applies to: ALL Physicians (Y/N): Y Nursing (Y/N): Y Other Clinical Staff (Specify): All Other Staff (Specify): All |
C-001 - Patient Rights and Responsibilities
Medical Center Policy Manual

Our patients have the right to considerate, respectful care at all times and under all circumstances. MUSC Medical Center develops and implements policies which respect the rights of all patients regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

Our mission at MUSC Medical Center is to provide excellence in patient care, teaching and research in an environment that is respectful of others, adaptive to change and accountable for outcomes. As part of our teaching mission, residents and students may participate in your care along with your attending physician, registered nurses and other caregivers. Please speak with your nurse or doctor if you have any concerns.

MUSC Medical Center provides Patient Rights and Responsibilities information to each inpatient, outpatient, and/or family, patient spokesperson or legal guardian. If the patient, patient spokesperson or legal guardian is unable to understand English, hospital personnel will ensure the patient receives information in a way they can understand.

Patient Rights

Personal Spokesperson, Visitation, and Communication:

1. Patient’s Personal Spokesperson: Each patient should choose a personal Spokesperson. The Spokesperson does not have to be a blood relative of the patient. This Spokesperson has full visitation rights and should be involved in the patient’s plan of care; decisions regarding their healthcare (unless another person has been given this authority as a court-appointed guardian, by a power of attorney, or by an advanced directive), the patient’s pain management program, and the patient’s discharge process. The patient Spokesperson should also help to coordinate visitation by family and guests, according to the patient’s preferences.

2. Visitation: The patient has the right to choose who his/her family members are including, but not limited to a spouse, domestic partner, same-sex partner, other family members, or friends who the patient considers to be his/her family. The patient has the right to receive visitation from these family members and other guests during their hospital stay. Family has 24 hour access to the patient. Family and visitors have a responsibility to comply with any visitation restrictions recommended and communicated by the healthcare team, based on the needs of
the patient. Please review Medical Center Visitation Guidelines and Policy A-31
(https://www.musc.edu/medcenter/policy/Med/A031.pdf) for additional information.

3. **Communication**: Within limits appropriate for the privacy and well-being of the patient and other patients, visitors are allowed. Verbal and written communication between the patient and others outside the MUSC Medical Center is respected. Appropriate accommodations will be provided free of charge to patients who are visually impaired, deaf or hard of hearing, or do not speak and/or understand English language.
   a. Whenever it is necessary to restrict patient communications (mail, visitors, telephone calls or other communication) as a component of patient care, the patient, family, spokesperson, or legal guardian shall be included in any such discussions and decisions. The therapeutic justification for the restrictions, whether to prevent injury or deterioration in the patient, damage to the environment, infringement on the rights of others or therapeutic necessity, shall be documented in the medical record by the credentialed clinician. Communication restrictions are explained in a language the patient understands.

4. **Notification of Hospital Admission**: The patient has a right to have their family and personal physician notified of admission within reasonable amount of time.

**Respect and Nondiscrimination:**

1. **Access to Treatment**: Within the capacity and scope of its mission and services, MUSC Medical Center respects and supports the patient's right to impartial access to treatment/services consistent with relevant laws/regulations and medically indicated. When we cannot provide the needed services, you have the right to be fully informed and/or transferred to another organization.

2. **Personal, Visual, and Auditory Privacy**: The patient is interviewed and examined in surroundings designed to assure reasonable auditory and visual privacy.
   - May have an adult person of their own sex present during portions of a physical examination, treatment, or procedure performed by a health care professional of the opposite sex.
   - Is required to remain disrobed to the least extent necessary and no longer than necessary to examination, treatment or procedure.
   - Individuals not directly involved in the patient's care or in the education of health care professionals will not be present during the examination or treatment without the patient's informed consent.
   - May request to transfer to another room if another patient/visitor in the room is unreasonably disturbing them.

3. **Restraint and Seclusion**: The MUSC Medical Center Policy on Restraints and Seclusion (https://www.musc.edu/medcenter/policy/Med/C022.pdf) shall ensure that patients shall be free of any form of restraints, physical or chemical, that is not medically necessary.

4. **Psychosocial, Cultural and Spiritual Values**: The psychosocial, cultural and spiritual values of the patient and family are considered in the care of the patient. All care is provided with awareness and respect of the psychosocial, spiritual, and cultural values which influence the patient understanding of themselves and their illness. The patient's expression of their spiritual and cultural beliefs is respected. Such expression or belief should not interfere with others or with Medical Center operations. The Medical Center seeks to respond to these needs through Medical Center resources or by arrangement with community resources in a manner that is consistent with the patient's wishes and the mission of the Medical Center.
- The patient may wear appropriate clothing and religious or other symbolic items as long as these do not interfere with other patients or with diagnostic procedures and/or treatment.
- Chaplaincy Services are available 24/7. Ask your nurse to contact a chaplain or ask for a chaplain through the page operator, 843-792-2123. If you would like your name on a list for possible visitation by a clergy from your denomination, you may make your request through the Chaplain's Office, 843-792-9464.

5. **Photographs, Filming, or Recording:** Photographs, filming or recording will not be granted without the informed consent of the patient or their legal representative. Patients may refuse the photographs, recording or filming of care; and the may request such action(s) stop any time during the process even if prior consent was given.

6. **Safety and Security:** Security personnel are available to assist Medical Center patients, families, visitors and personnel. Medical Center Safety Committee seeks to reduce or eliminate risk of illness or injury to the patient in the hospital environment. The Medical Center Infection Control Committee/Program seeks to eliminate the risk of illness to the patient resulting from exposure to infectious diseases. The Medical Center Risk Management Program works cooperatively with others including but not limited to medical staff, nursing staff, ancillary professional staff and administration to reduce the likelihood of occurrences, including abuse and harassment which may be harmful to the patient.
- Locked storage areas are available for patients to secure some personal items; however, patients are encouraged upon admission not to store valuables on hospital premises.

**Participation in Treatment Decisions:**

1. **Advance Directives:** The formulation and use of advance directives and designation of surrogate decision makers are facilitated. Advance directives, including those executed under the Death With Dignity Act, Durable Power of Attorney for Health Care, and Organ and Tissue Donor Cards [SC Code of Laws Chapter 43, Section 44-43-350 (f)], are honored as required by law. Advance Directives, including those executed under the Death With Dignity Act, Durable Power of Attorney for Health Care, and Organ and Tissue Donor Cards, are honored as required by law. The provision of care is not conditioned on the existence of an advance directive.

2. **Explanation of Medical Care:** To the extent desired by the patient and in concert with the standards of practice, the patient is provided with a clear, concise explanation of their condition and of all proposed technical procedures and of any risk of mortality or serious side effects, problems related to recuperation, and probability of success.

3. **Medical Decisions:** The patient has a right to make decisions concerning their care in inpatient and outpatient areas. Should the patient be unable to make these decisions, the patient may appoint a surrogate to act on their behalf.
- The patient's guardian, next of kin, or a legally authorized representative has the right to exercise, to the extent permitted by the law, the rights delineated on behalf of the patient if the patient has been judged incompetent in accordance with the law, is found by his/her physician to be medically incapable of understanding the proposed treatment or procedure, is unable to communicate his/her wishes regarding treatment, or is a minor.

4. **Consultations:** The right of the patient to consult with a specialist at the patient's request and expense is referral by the patient's attending physician at the request of the patient.
5. **Pain Management:** Patients will have pain assessed and managed through established policies and procedures. Patients have the right to an appropriate assessment and management of pain as well as the right to education regarding the management of pain.

6. **Refusal of Care:** Patients have the right to refuse care, treatment or services according to the laws of South Carolina. The patient is informed of the medical consequences of a refusal of medical care of treatment. Should treatment be refused, the patient assumes responsibility for the result of their decision.

7. **Protective Services:** Patients have a right to access protective services, information and assistance.

8. **Freedom from Abuse:** Patients have a right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation from staff, visitors, students, volunteers, other patients, or family members.

9. **Dying with Dignity:** All primary and secondary symptoms that respond to treatment are treated as desired by the patient, family, or legal guardian. Pain is effectively managed in the dying patient with consideration of the will of the patient. Staff acknowledge the psychosocial and spiritual concerns of the patient and the patient's family regarding death and dying. Counseling, Hospice and other support services are offered through MUSC Medical Center sources or appropriate outside sources.

10. **Ethical Consideration:** Primary responsibility for identifying and resolving ethical problems in the clinical setting (conflicts of values, principles, or interests) rests with the professional staff in concert with the patient, and where appropriate or authorized, the patient's family or legal. The MUSC Medical Center Ethics Committee purpose is to facilitate shared decision making within an ethical framework. The Ethics Committee members, reflecting a broad diversity of care givers, health care professionals and administrative and community representatives, are appointed by the Executive Medical Director with recommendations from the Ethics Committee. (See Ethics Committee policy [https://www.musc.edu/medcenter/policy/Med/C008.pdf](https://www.musc.edu/medcenter/policy/Med/C008.pdf)).

- The Ethics Committee achieves its purpose through serving as a resource on issues in clinical ethics for the Medical Center staff and administration on the ethical responsibilities of the institution and its staff, and in ethical problems in clinical practice. Promoting education and research on biomedical ethical issues for the Medical Center staff and for patients and their families or surrogate decision makers. Reviewing, advising on, and when appropriate, revising policy statements and procedural guidelines concerning ethical issues bearing on the provision of compassionate and sensitive health care at the Medical Center.

- Providing, monitoring, and evaluating procedures by which the Ethics Consultation Service responds to requests from patients, their families or surrogate decision makers, and/or clinicians for consultation in clinical situations which have strong ethical components. The Ethics Consultation Service is available 24 hours per day every day (call 792-2123).

**Confidentiality and Information Disclosure:**

1. **Confidentiality:** Patient confidentiality is honored within the limits of the law. The patient may refuse to talk with or see anyone not officially connected with the Medical Center, including visitors, or persons officially connected with the Medical Center but not directly involved in the patient's care. Exceptions are cases pursuant to a valid court order, subpoena, or other legal process.
• All discussion or consultation including that for educational purposes involving the patient's care is conducted discreetly, confidentially and respectfully.
• The patient's identity will not be revealed in educational and/or research presentations without the patient's informed consent.
• The patient's medical record is read only by individuals directly involved in the patient's treatment, in the education of health care professionals, in the monitoring of the quality of care, or in furtherance of Medical Center operations. Any other individual may have access to the patient's medical record with the patient's written authorization or that of the patient's legal representative, as required by law, through court order or subpoena.
• All communications and other records pertaining to the patient's care, including the source of payment for treatment, is treated as confidential unless authorized by the patient, pursuant to legal process, or as otherwise required or allowed by law.
• MUSC personnel release no information to the news media or official agencies without informed consent from the patient or the patient's legal Representative except in situations mandated or as otherwise required or allowed by law.
• When the patient request that no information be released, this request will be reviewed in accordance with Medical Center Policy A-106 Request for Restriction of Disclosures (https://www.musc.edu/medcenter/policy/Med/A106.pdf).
• Any information requests received after the patient's discharge are referred to the Health Information Services Department.

2. **Identity of Caregivers:** The patient has the right to know the identity and professional status of individuals providing service to them and to know which physician or other practitioner is primarily responsible for their care. The patient also has the right to request to speak with their attending physician at any time by contacting the hospital operator, the nurse manager, or by asking any member of the healthcare team. The patient has a right to know of the existence of any professional relationship among individuals who are treating them, as well as the relationship to any other health care or educational institution involved in their care that might suggest a conflict of interest.

3. **Access to Information:** The patient has access through the practitioner responsible for coordinating the patient's care, to complete and current information concerning the patient's diagnosis (to the degree known), treatment, any known prognosis, outcomes of care, including unanticipated outcomes of care. This includes full and complete access to the patient's medical record.
   • This information is communicated in terms the patient or surrogate can reasonably be expected to understand.
   • Within legal limits, when it is not medically advisable to give such information to the patient, the information is made available to a legally authorized individual.
   • The patient and/or the patient's legally authorized Representative has access to the information contained in the patient's medical record, within the limits of the law.
   • Regardless of the source of payment for his care, the patient has the right to request and receive an itemized and detailed explanation of his total bill for services rendered in the Medical Center.
   • To the extent possible, the patient is notified in a timely manner prior to termination of the patient's eligibility for reimbursement by any third-party payor for the cost of the patient's care.

4. **Investigational Studies and Research Subjects:** Institutional Studies: The MUSC Institutional Review Board (IRB) is mandated by federal legislation and was established to protect the rights and welfare of human subjects involved in research conducted under the auspices of the Medical University of South Carolina. The (IRB) reviews all proposed studies
and research projects being conducted at the Medical Center or utilizing Medical Center resources. The IRB approves only those projects which are well-designed, offer reasonable opportunity for benefits when weighed against the risks, demonstrate appropriate procedures and document patient's informed consent. The patient has the right to refuse to participate in any research activity or to withdraw at any time. This decision does not affect the provision of health care to the patient. The patient receives information regarding the study which enables them to make fully informed decisions. This information describes expected benefits, potential discomforts, and risks and alternatives that might help them. It explains procedures to be followed.

- **Research Subjects:** Patients participating in research, investigation and clinical trials have the right to adequate information to make an informed consent regarding the research and the right to refuse to participate without compromising their access to care and treatment.

5. **Disclosures:** The patient has the right to access, request amendments to, and receive an accounting of all disclosures regarding his/her health information as permitted by law.

**Patient Safety or Quality of Care Complaints:**

1. **Concerns, Complaints, and Grievances:** The Patient, patient’s Spokesperson, Family or Legal Guardian have a right to voice concerns, complaints, or grievances regarding patient safety, quality of care received, or premature discharge. If you have concerns, please talk with your doctor, nurse, or call our MUSC Medical Center’s Patient and Family Centered Care Department at 1-843-792-5555. MUSC Medical Center has a process for prompt resolution of patient concerns and details are provided to each patient. Voicing a concern, complaint, or grievance will result in timely review, response and, when possible, resolution. Voicing concerns will not affect future care received at the Medical Center.

If we are unable to resolve your concerns, you may contact the below agencies:

- S.C. Dept. of Health and Environmental Control (DHEC) at 1-800-922-6735
- The Joint Commission at 1-800-994-6610
- Carolinas Center for Medical Excellence (Medicaid & Medicare only) at 1-800-922-3089

**Patient Responsibilities**

1. **Providing Information:** The patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health including present complaints, past illnesses, surgeries, hospitalizations, medication including over the counter and herbals report whether he/she clearly understands the proposed course of treatment and his/her responsibilities in such. The patient and the family are responsible for reporting perceived risk in their care and any unexpected changes in his/her condition. The patient and family provide feedback about services, needs, and expectations so that the hospital can better understand the needs of the patient.

2. **Asking Questions:** Patients are responsible for asking questions when they do not understand what they have been told about their care or what they are expected to do.

3. **Following Instructions:** The patient is responsible for following the treatment plan mutually agreed upon by the patient, the physicians, and other clinicians involved in the patient's care.

- The patient has the responsibility to express any concerns they have in their ability to follow or comply with the proposed care or treatment. The Medical Center will attempt to adopt the plan to any patient specific needs or limitations. Patients are responsible for understanding the consequence of treatment alternatives or not following the proposed course of care. The
patient is responsible for keeping appointments and, when he/she is unable to do so for any reason, for notifying the responsible physician or the Medical Center.

- The patient is expected to remain on the inpatient clinical unit. If the patient refuses to follow instructions regarding leaving the unit, he/she assumes all risk associated with that action.

4. **Refusal of Treatment/Accepting Consequences:** The patient is responsible for his/her actions and the outcomes of those actions if he/she refuses treatment or does not follow the agreed upon treatment plan.

5. **Medical Center Charges:** The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.

6. **MUSC Medical Center Rules and Regulations:** The patient is responsible for following MUSC Medical Center rules and regulations affecting patient care and conduct.

7. **Respect and Consideration:** The patient is responsible for being respectful of the property and privacy of others and of the MUSC Medical Center and its employees and shall conduct himself/herself accordingly.

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**Educational Plan**

- EROC

**Required Competencies**

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C- 003 Patient Confidentiality
Medical Center Policy Manual

Policy:
The Medical University of South Carolina and its affiliates (including but not limited to the Medical University Hospital Authority, MUSC Physicians, and MUSC Physicians Primary Care) participate in a clinically integrated health care setting. As a result of this clinical integration, these organizations function as an Organized Health Care Arrangement (OHCA) as defined by the Health Insurance Portability and Accountability Act (HIPAA). For purposes of this policy, the members of the MUSC OHCA are collectively referred to in this document as “MUSC.”

The Medical University of South Carolina is committed to treating our patients with respect for their personal dignity and right to privacy, and to protect the confidentiality of all information concerning their care. MUSC will maintain patient confidentiality in accordance with the requirements of state and federal law.

Medical information will be released to authorized persons to support patient care, claims processing for payment and other legitimate operational requests. Those with access to patient information must exercise discretion in their use of information and be sensitive to the unintentional distribution of information.

Procedure:
A. REQUEST FOR CONFIDENTIAL STATUS
Upon patient admission, the patient may request that his/her presence in the Medical Center and/or medical condition be listed as confidential. If complete confidentiality is requested, an application making this request must be completed. If this request is not made, it will be assumed that routine patient information status may be released to requesting parties. Trauma patients will be considered completely confidential pending notification of the patient’s family. Other classifications of patients may be made confidential as appropriate. (See MUSC Medical Center Policies and Patient Alias [AKA] (http://www.musc.edu/medcenter/policy/Med/C005.pdf)).

B. PATIENT IDENTIFICATION
In non-psychiatric settings, patient identification may be posted outside a patient room with first initial and last name only. No diagnostic information may be posted.

In psychiatric settings, patient identification may be posted with first name and last initial only. No diagnostic information may be posted.
Information displayed in a public area must be limited to the following guidelines:
1. First initial and last name of patients in the acute hospital
2. First name and last initial of patients in the psychiatric hospital
3. Name of the attending physician
4. Patient’s room number

The above guidelines do not apply in controlled areas such as the operating room and staff conference rooms.

C. PATIENT LOCATION INFORMATION
MUSC employees will release location information on any patient admitted to the Medical Center unless the patient or legal guardian specifically signs the "Patient Request for Confidentiality of Location Information" form.

If the patient or legal guardian does sign the request for confidentiality of location information, MUSC employees will respond to the patient's callers and visitors by saying that we do not have any information on a patient by that name. If the caller or visitor becomes insistent, the MUSC employee will tell the visitor/caller that he/she should contact the patient's family for information.

The patient, or his/her legal guardian, may provide the patient's location and phone number at his/her own discretion and without restriction at any time.

The patient's right to keep his/her presence confidential will be explained to each inpatient or his/her legal guardian at the time of admission by the Admissions Office representative handling the admission. The patient, or his/her legal guardian, will be given the opportunity to sign the form at that time. If a patient is admitted directly onto a unit, he/she has the right to designate their presence as confidential to a unit staff member who will notify the Admitting representative responsible for designating the patient as confidential in the registration system. The patient's confidentiality status will be entered into the registration system by the Admitting representative and will be available on the patient inquiry screen used by switchboard operators and information desk staff. This information will also be included in the computer printout of the daily census.

If a confidential patient discloses his or her location to non-MUSC personnel, MUSC cannot ensure the patient’s continued confidential status.

D. FACILITY DIRECTORY [Ref 164.510(a)]
MUSC provides an opportunity to opt out of the directory or to restrict the uses and disclosures that are included in the directory. MUSC may disclose PHI in the Facility Directory without written authorization or consent.

1. If the individual does not opt out of the directory, MUSC is permitted to disclose, when persons inquire about the individual by name, the individual’s general condition in terms that do not communicate specific medical information, and the individual's location in the facility.

2. If the individual is unable to make a decision regarding inclusion in the facility directory, factors to consider on whether to include the individual's information in the facility directory are:
   a. Whether disclosing the information could reasonably cause harm to the individual;
   b. Whether the individual had, prior to incapacitation, expressed a preference regarding inclusion or exclusion in the facility directory; and
   c. Whether it is necessary or appropriate to disclose the information to family or friends.
E. NEED-TO-KNOW
Information regarding MUSC Medical Center patients will be provided on a need-to-know basis. Only those individuals involved in providing care to the patient or those who have legitimate requests for information will be granted access to patient records. Release of such information will be in compliance with state and federal law.

F. VERBAL COMMUNICATION
All verbal communication regarding patients will be conducted in a discreet manner in private areas. Discussing patient information in public areas such as the cafeteria, hallways and elevators is not permitted. Breaches of confidentiality may be subject to disciplinary action. (See MUSC Human Resources Policy, Disciplinary Action (http://www.musc.edu/medcenter/policy/HumanResources/POLICY45-DISCIPLINARY_ACTION.pdf).)

G. MEETINGS/CONFERENCES
1. Patient care conferences should be conducted in a “closed” forum (i.e., open only to the patient, his/her family members, MUSC healthcare professionals, healthcare students in approved affiliations, and other approved individuals).
2. Committee meetings should be conducted in a “closed” forum when it is necessary to reveal confidential information at the meeting.
3. Staff should take steps to protect PHI during and after meetings.
4. All media used to display confidential information should be posted and/or transported so the information cannot be read by the public. Only necessary information should be displayed.

H. EDUCATION
Confidential information that could identify a patient must be de-identified (Protected Health Information identifiers such as age, sex, race, dates, etc.) when conferences and meetings are held in an educational forum so as to make identification of the patient extremely unlikely.

I. PATIENT VISITORS
All visitors to the MUSC Medical Center must comply with visitor regulations as set forth by Medical Center Administration. This includes, but is not limited to, the use of visitor ID badges, visiting hours and age limits. (See MUSC Medical Center Policy, Visiting Hours/Visitation - (http://www.musc.edu/medcenter/policy/Med/A031.pdf).)

J. VISITS BY CLERGY
Clergy are encouraged to visit hospitalized members of their own congregations. Assistance with locating patients is provided through the Department of Pastoral Care Services. Clergy designated to visit patients/families for a particular denomination or religion may access their particular denomination/religion list through the Pastoral Care office. Information received from the list and from visits will be kept confidential.

K. FLOWERS & OTHER DELIVERIES
In order to prevent the unauthorized access of patient information, all floral, balloon and other deliveries to patients will be taken to Volunteer Services for distribution.

L. PHOTOGRAPHS & VIDEOS
Photographs/videos of patients are governed by MUSC Medical Center Policy C006. (See MUSC Medical Center Policy, Photographs and Videos (http://www.musc.edu/medcenter/policy/Med/C006.pdf).)

M. TELEPHONE CALLS
If the patient is not listed as confidential, Hospital Communications may reveal the patient's location and telephone number. If the patient is listed as confidential, Hospital Communications will provide information on that patient such as, “We have no information on a patient by that name”. Should the caller become insistent, the caller will be told to contact the family for information. At no time will the caller be told that the patient is present but listed as confidential.
Insistent callers who identify themselves as family members may be referred to the nurses’ station only in instances where the patient is not listed as confidential.

**N. KNOW THE CODE**

MUSC established the ‘Know the Code’ program to protect the privacy of our patients while in the hospital. Each patient is assigned a unique four digit number to be shared with family or friends that will allow them to ask the Nursing Staff about their health status. The code is usually the last four digits of the patient’s PatCom number. If a new code is necessary, it will be the last four digits of the medical record number. In the Neonatal ICU and Nursery the parent should establish the four digit code for entry into the nursery and to obtain information.

If the caller does not know the code and the patient is not conscious or lucid and there is no family member present, the clinical staff should ask questions to determine their comfort level in determining if releasing information is appropriate. Questions that can be asked are the patient’s date of birth, address, maiden name, place of birth, any identifying marks, etc...

See appendix B for decision tree.

**O. RELEASE OF INFORMATION TO THE MEDIA**

It is recognized that some patient admissions will be of interest to the public. In such cases, MUSC will cooperate with media to the extent appropriate while respecting the patient’s rights. Requests by the patient, family or legal guardian for confidentiality of information will be honored. (See MUSC Medical Center Policy, News Media [http://www.musc.edu/medcenter/policy/Med/A008.pdf](http://www.musc.edu/medcenter/policy/Med/A008.pdf)).

**P. RELEASE OF INFORMATION TO LAW ENFORCEMENT**

1. Protected Health Information may be disclosed to law enforcement as follows:
   a. to comply with a court order or court-ordered warrant, a subpoena or summons issued by a judicial officer, or a grand jury subpoena;
   b. to respond to an administrative request;
   c. for the purposes of identifying or locating a suspect, fugitive, material witness or missing person, although such disclosure must be limited to that information allowed pursuant to 45 CFR 164.512(f)(2);
   d. to respond to a request for PHI about a victim of a crime and the victim agrees unless the person is not able to agree and the law enforcement official represents that the PHI is not intended to be sued against the victim, is needed to determine whether another person broke the law, the investigation would be materially and adversely affected by waiting until the victim could agree, and the provider believes in its professional judgment that doing so is in the best interest of the individual whose information is requested;
   e. to report PHI when required by law
   f. to alert law enforcement to the death of the individual;
   g. to report what the provider, in good faith, believes to be evidence of a crime that occurred on the MUSC premises;
   h. when responding to an off-site medical emergency, as necessary to inform law enforcement about criminal activity;
   i. to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, or to identify or apprehend and individual who appears to have escaped from lawful custody;
   j. for other specialized governmental law enforcement purposes.

2. An individual’s Protected Health Information may be disclosed to a correctional institution or law enforcement official if the correctional institution or law enforcement official has lawful custody of the individual and
   a. the PHI is necessary to provide health care to the person in lawful custody;
b. the PHI is necessary for the health and safety of the individual, other inmates, officers or employees of or other at a correctional institution or responsible for transporting or transferring inmates; or
c. for the administration and maintenance of the safety, security, and good order of the correctional facility, including law enforcement on the premises of the facility.

Q. **Computer Workstation Lockout and Automatic Logoff Standards**

To protect the integrity and confidentiality of electronic information systems and applications from unauthorized or inappropriate access while supporting reasonable work flow needs for timely access, please see appendix C.

1. Examples of violations of system integrity and security that will result in disciplinary action include:
   a. Allowing another individual to use your personal I.D. or password.
   b. Using another individual's I.D. or password.
   c. Knowingly adding inappropriate information or altering information.
   d. Revealing confidential information to unauthorized individuals or third parties.
   e. Failing to log-out when leaving a terminal as is detailed in Appendix C.
   f. Introducing damaging viruses into systems.
   g. Accessing data unrelated to the employee's job duties.
   h. Loading unauthorized programs on computer.

2. All violations must be reported to the appropriate supervisor or to the system administrator. Disciplinary action will be taken in accordance with relevant personnel policies based upon the severity of the situation.

R. **FAXING AND/OR E-MAILING OF PATIENT INFORMATION**

Within a healthcare facility, patient care is enhanced when clinical information is readily available to healthcare providers. The use of fax machines, e-mail and other electronic communication systems creates risk that patient privacy may be compromised. As such, the MUSC Medical Center generally discourages the use of fax/email to transmit sensitive patient information contained in health records.

When it is necessary to transmit health information via facsimile or e-mail, reasonable safeguards should be implemented to protect the information. For example:

1. Implement the use of a confidential notice on all fax transmittal cover sheets and e-mail correspondence. (Appendix A)

2. Fax transmittal cover sheets must include:
   a. date of transmission
   b. sender’s name and telephone number
   c. authorized receiver’s name and telephone number
   d. number of pages sent
   e. fax disclaimer (Appendix A)

3. Assure that fax machines are located in secure areas and limit access to them.

4. Monitor incoming documents on each fax machine and remove incoming documents as soon as reasonably possible.

5. Use appropriate safeguards to assure that fax transmitted information is sent to the appropriate individual through practices such as:
   a. use automatic transmittal verification sheets
b. pre-program commonly used numbers into the fax machine to minimize transposition of numbers
c. when appropriate, implement a pre-transmittal verification process to confirm that an individual is standing by to receive the document
d. require that the receiving party notify the sender upon receipt of the information
e. use fax systems with pre-loaded fax numbers (such as Right Fax or MyFax)

6. In the case of a misdirected fax transmission/e-mail, use any applicable departmental procedures. If necessary for appropriate follow-up, instruct the recipient of the information to return the document to you. If return of the original document is not necessary, instruct the recipient to destroy the document. If the document was erroneously sent to a non-health care entity (hospital, physician office, health insurance company, etc) immediately notify the Privacy Office at 792-4037. If you become aware of an automated faxing system that contains an incorrect fax number, it is your responsibility to notify the administrator of that system of the error.

7. Do not fax or e-mail peer review communications or the results of AIDS or HIV tests. With regard to sensitive information such as substance abuse documentation, use heightened caution in determining how that information should be transmitted.

8. Internal e-mail communications containing PHI are those that are sent from one musc.edu address to another musc.edu address and are protected by MUSC’s firewall. The following guidelines are to be followed when using e-mail to communicate protected health information within MUSC’s firewall:
   a. Patient information may be sent via email only when it is required for patient care, claims processing for payment, other legitimate hospital operational needs (quality, auditing, etc), or upon authorization from the patient or representative.
   b. Any identifying information (patient name, MRN, etc) should not be used in the subject line of the email.
   c. The sender should use caution in the amount and type of information included in the email.

9. Outside the MUSC firewall, email communications containing PHI must be encrypted using an institutionally approved encryption system. The guidelines below are to be followed when using email to communicate protected health information outside the firewall: http://www.musc.edu/infoservices/exchange/securemail.html
   a. Patient information will be sent via email only when it is required for patient care, claims processing for payment, other legitimate hospital operational needs (quality, auditing, etc...), or upon authorization from the patient or representative.
   b. Any identifying information (patient name, MRN, etc.) will not be used in the subject line of the email.
   c. The sender should use caution in the amount and type of information included in the email, including the minimum amount of information necessary to accomplish the purpose of the email.
   d. The communication of the results of sensitive tests via email is prohibited.

S. MOBILE DEVICES
1. Texting PHI using institutionally unapproved technology is not permitted.
2. Taking photos of patients where a patient could be identified is prohibited without prior authorization.
3. Taking photos that display PHI is prohibited without prior authorization.
4. Employees who utilize mobile devices for work purposes must ensure that they follow the Mobile Devices Management policy and are required to use Two Factor Authentication.

http://academicdepartments.musc.edu/chp/orientation/ios%20email%20install.pdf

T. REVIEW OF MEDICAL RECORDS BY OUTSIDE SOURCES

1. Community agency representatives may view patient records only after a referral to the agency is made by MUSC staff. The representative must inform the referring staff of their visit and have official agency identification for the staff on the patient care unit (i.e.: home health, hospice, etc.)

2. Insurance companies who have contracted such with MUSC may view inpatient medical records. Representatives of these companies must first visit the Department of Utilization Management to sign in and pick up an ID badge before going to the patient care unit or viewing patient charts. The representative should also inform the staff on the patient care unit of their purpose and when the review is complete, return the ID badge and sign out.

3. Other individuals may review records with appropriate authorization.

U. MUSC OHCA EMPLOYEE COMPLIANCE

In order to ensure that all MUSC employees are informed of their responsibilities concerning patient confidentiality, each employee is made aware of this policy during orientation. Before receiving access to the Electronic Medical Record (EMR), each employee will sign a statement that he/she has read the policy and is aware of his/her responsibilities.

V. DISCIPLINARY ACTION

It is expected that all MUSC employees respect confidentiality of medical records and patient information acquired during their employment. Any breach of confidentiality will be considered a serious violation of the institution’s Code of Conduct. Unauthorized release of information will give rise to disciplinary action which may include, but not be limited to reprimand, suspension, and termination. (See each entity’s disciplinary action policy.)

Appendices:

Appendix A – Confidential Notices for Fax Transmittal Cover Sheets and E-Mail Correspondence.
Appendix B – Know the Code Flow Decision Tree
Appendix C – Computer Workstation Security Procedure

Approvals:

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<td>Ethics Committee Accreditation Review Legal Review Administration/Operations Medical Staff Executive Committee</td>
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Distribution:

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<th>Nursing (Y/N): Y</th>
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<td>Other Staff (Specify): All</td>
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</table>

Required Competencies
APPENDIX A

Confidential Notices for Fax Transmittal Cover Sheets and E-Mail Correspondence

Fax Disclaimer

If you have received this communication in error, please immediately notify the MUSC Compliance Office at (843) 792-4037 or the sender at the number indicated on this fax. Thank you.

The documents accompanying this facsimile/electronic transmission contain confidential information intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure. If the reader of this message is not the intended recipient, or an employee responsible for delivering the message to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution, or copying of this communication is strictly prohibited.

Email Disclaimer

If you have received this communication in error, please notify the sender immediately.

The documents accompanying this facsimile/electronic transmission contain confidential information intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure. If the reader of this message is not the intended recipient, or an employee responsible for delivering the message to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution, or copying of this communication is strictly prohibited.

Appendix B

Know the Code Decision Tree
Appendix C – Computer Workstation Security Procedure

Procedure:
A. To maximize the security of computers connected to the MUSC network:
   1. All computers are required to have a user ID and password at startup.
   2. All authorized users of MUSC’s network resources (McKesson, Epic, Oacis, Sunrise, etc.) are required to “Park, Secure or Lock Down” (or log off) the computer each time it is left unattended. If the system does not have a secure function, the screen must be minimized when left unattended.
      a. To lock down the McKesson system when leaving it unattended
         1) Click “File” in the upper left hand corner, and
         2) Click “Lock Application.”
         3) To re-enter McKesson, enter your net id and password to log in.
      b. To secure Epic
         1) Click the “Log Out” in the upper left hand corner, and
         2) Click “Secure.”
         3) To re-enter Epic, enter your net id and password to log in.
      c. To secure Oacis
         1) If you plan to be away from the computer for more than 10 minutes, log out of the system.
            2) If you plan to be away from the computer for less than 10 minutes, minimize the screen and if you are using a computer on wheels you should also fold the screen down.
   B. Individual user sessions must automatically initiate a password protected screensaver after a period of no more than thirty (30) minutes of inactivity. A shorter period of inactivity may be implemented at the direction of management.
   C. Computers are to be situated in a way that they maintain confidentiality (i.e., facing away from public areas, utilizing privacy screens, etc.)
   D. HIPAA privacy audits will be conducted randomly to ensure compliance with this policy. Computers found to be out of compliance with the policy will be traced back to the user and education and/or disciplinary action will be taken.
Policy 28 – Electronic Communications

Human Resources Policy Manual

Number & Title: Policy 28 – Electronic Communications  Dates: 8/20/07
Owner: Human Resources  Originated: 8/20/07
Location / File name:  Reviewed: 9/18/09, 11/7/12,
                   9/30/14
                   Legal Review:
                   Revised:

Note: THIS POLICY, LIKE ALL OTHER POLICIES WITHIN THE MEDICAL UNIVERSITY
HOSPITAL AUTHORITY HUMAN RESOURCES POLICY MANUAL, IS NOT A CONTRACT
OF EMPLOYMENT AND SHOULD NOT BE RELIED UPON AS SUCH. THIS POLICY MAY
BE CHANGED AT ANY TIME BY THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY.

Definition:

“University” – The term is used in this policy to apply to the entire MUSC enterprise and its affiliates,
which includes but is not limited to: Medical University of South Carolina (MUSC), Medical University
Hospital Authority (MUHA), University Medical Associates (UMA), Foundation for Research
Development (FRD), Health Science Foundation (HSF), and Carolina Family Care (CFC).

Policy:

A. The Medical University Hospital Authority (hereinafter MUHA) encourages the use of
electronic communications resources in order to improve the efficiency and effectiveness of its
workforce. While these communications resources are widely available within the MUSC
enterprise, there are limitations and restrictions that should be considered when using such
resources as electronic mail and the internal paging system.

B. This policy does not address general guidelines for computer use on the MUHA campus, data
“ownership”, security, confidentiality, or intellectual property. For further information regarding
broad computer use policies, please refer to the MUSC Computer Use Policy at
http://www.musc.edu/ccit/cup.html.

Procedure:

A. The University's electronic communications resources are intended for the sole use of MUHA's
staff and other appropriately authorized users to accomplish tasks related to the mission of
MUHA. These electronic facilities and associated messages originating or transported within
The information system infrastructure are considered to be the property of MUHA. Electronic communications resources are provided by MUHA in support of the educational, research, and patient care missions of the University, as well as the administrative and other functions in support of these missions.

B. Users of MUHA’s electronic communications resources are required to comply with federal and state laws, MUHA policies, and normal standards of professional / personal conduct and courtesy. Users must be cognizant that they are using university assets and resources, and that their electronic communications and messages are held to the same standards and accountability as other types of communications and interactions on campus. Misuse of electronic communications resources, facilities, services, and/or messages is subject to provisions outlined in MUHA Disciplinary Action policy.

MUHA: [http://mcintranet.musc.edu/hr/documents/POLICY45-DISCIPLINARY_ACTION.pdf](http://mcintranet.musc.edu/hr/documents/POLICY45-DISCIPLINARY_ACTION.pdf)

C. MUHA users of electronic communications services may use the facility for incidental or occasional personal purposes, provided that such use does not a) directly or indirectly interfere with the University’s operation of such resources, b) interfere with the user’s employment or other obligations to the University, c) generate direct costs for MUHA or d) meet any criteria listed below in Section F, Improper Use of Electronic Communications Resources.

D. In the course of interactions with professional organizations and/or affiliations, MUHA users of electronic communications may use those facilities for sharing information and dialog on issues relevant to their profession and job function.

E. MUHA is not responsible for any loss or damage incurred by an individual as a result of personal use of the University’s electronic communication’s resources.

F. Improper Use of Electronic Communications Resources

1. University electronic communications may not be used for the following:
   - illegal activities
   - personal financial gain
   - personal messaging and/or utilizing MUHA business resources including operators' assistance through the paging system, except under extenuating circumstances
   - messages that may be construed as a conflict of interest or ethical violation
   - sending copies of documents in violation of copyright, trademark, or defamation laws
   - “spoofing”, i.e. creating an electronic mail communication as if it appears to be from someone else
   - commercial purposes not directly related to MUHA business
   - promotion of political activities, philosophies, or positions
   - endorsements of any non-university entity except for entities that fund or support MUHA’s mission
   - uses that violate other MUHA policies or guidelines, such as policies regarding harassment, intellectual property, obscenity, pornography, threats, theft, etc.
   - attempts to breach security mechanisms or intercept electronic communication transmissions
   - messages that could adversely affect MUHA’s image.
2. Users of electronic communications should not give the impression that they are representing and/or making statements or opinions on behalf of MUHA or any division/unit of MUHA unless they are expressly authorized to do so.

3. Electronic mail should not be used in a manner that would understandably strain computing resources or interfere with other’s use of e-mail or productivity. Such uses include but are not limited to:

   • Sending or forwarding chain letters
   • “Spamming” i.e. exploiting mailing lists for widespread distribution of unsolicited mail
   • “Letter bombs” i.e. resending the same e-mail repeatedly to one or more recipients.

G. Broadcast Messages

1. Occasionally, it is important to have the ability to widely broadcast messages over available electronic resources. Two such methods are broadcast e-mails and broadcast paging.

2. Broadcast e-mails may be arranged through the Office of Public Relations and are monitored by that office for appropriateness. Broadcast e-mails concerning promotional, sales, and fund-raising activities shall be restricted to events that benefit the University’s patients, employees, students, or residents. All messages must be University related and originate from an University employee, staff member, or student. Other specific guidelines regarding the posting of broadcast messages can be obtained through the Office of Public Relations at: 792-3621.

3. Group paging is available at http://simonweb.musc.edu/. Requests for operator assisted group pages are also available at this site. Individually paged messages as well as group pages are intended solely for the business of MUHA. Contact Hospital Communications Call Center for assistance as needed: 792-7992.
Policy 29 Time and Attendance Reporting

HUMAN RESOURCES POLICY MANUAL

Number & Title: Policy 29 – Time and Attendance Reporting
Owner: Human Resources, H. Bastian
Location/File name: U:\Authority HR Admins\Policy 29webversion7104.doc

Dates:
Originated: 7/1/2000

Note: THIS POLICY, LIKE ALL OTHER POLICIES WITHIN THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY HUMAN RESOURCES POLICY MANUAL, IS NOT A CONTRACT OF EMPLOYMENT AND SHOULD NOT BE RELIED UPON AS SUCH. THIS POLICY MAY BE CHANGED AT ANY TIME BY THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY.

Policy:
The Medical University Hospital Authority (hereinafter “Authority”) will ensure that employees are properly instructed in reporting hours worked and that work time is recorded properly to comply with relevant laws. This policy provides guidelines to employees for proper use of Kronos. The system provides a convenient method for tracking hours worked and attendance, by permitting employees to swipe in and out using ID Badges.

Procedure:
A. EMPLOYEE RESPONSIBILITY
   1. Hourly-paid (nonexempt) employees are to use the time and attendance system by swiping their ID Badges.
   2. Salaried (exempt) employees within a department/unit may be required to clock in during the workday for attendance purposes utilizing their ID Badges. Departments/units may require exempt employees to clock both in and out for attendance purposes.
   3. Employees are to swipe in and out on card readers designated by their departments. (See Section B.2. below for reporting to work in a department other than the home department.)
   4. If an employee forgets to swipe in or out, he/she must notify the respective manager. Employees who consistently forget to swipe will be subject to disciplinary action. More than three missed swipes in one month are considered excessive.
   5. An employee may not swipe with another employee’s ID Badge or allow another employee to swipe his/her ID Badge. Any employee found to be doing so will be subject to termination.

B. ARRIVAL/DEPARTURE FOR HOURLY-PAID (NONEXEMPT) EMPLOYEES
   1. Nonexempt employees are required to record arrival and departure times using their ID Badges. Employees are not permitted to swipe into the Kronos system until they are in their work area and are ready to immediately begin work. Employees are not permitted to swipe into the Kronos system prior to seven
minutes before the scheduled starting time or out of the Kronos system seven minutes after the scheduled departure time unless otherwise approved by the manager or designee.

2. If an employee is approved by the appropriate designated officer to work in a unit or department other than his/her home department, the supervisor/timekeeper/scheduler must schedule the transfer to the receiving department number on the employee’s schedule. Employees should only swipe in at the beginning of the shift and out at the end of the shift. The system will automatically transfer time to the receiving department based on the schedule.

C. Rounding for Calculation Purposes for Hourly Paid (Nonexempt) Employees
The Kronos system will round time in seven-minute increments to the nearest quarter of an hour. This rounding policy simplifies payroll calculations and allows a fifteen minute window of time for employees with the same scheduled start time to use the card reader. Employees must still begin actual work at the actual designated start time and end work at the actual designated end time.

D. Leave Reporting
1. Paid Time Off (PTO), Extended Sick Leave (ESL), and Administrative Leave Reporting - Leave will be charged for the actual time the employee is away from the job. Employees are required to submit an electronic time off request, in 15 minute increments, through the Kronos system.

2. PTO usage for Designated Holiday Reporting - Employees who elect to be off on a designated holiday or whose offices are closed on a designated holiday will report PTO in the same manner as above (Section D.1). (Employees on approved ESL are not required to use PTO for designated holidays, but have the option to use PTO if desired.)

3. PTO Usage for Working on a Designated Holiday (to enable double payment) - Nonexempt (hourly-paid) employees who are required to work on a designated holiday have the option of taking PTO in an amount up to the actual hours worked within the 24-hour designated holiday period. An electronic time off request is completed for documentation purposes to the supervisor.

4. For the purposes of reporting educational time (to attend conferences, seminars or workshops), PTO will not be charged. Employees are required to submit a Time Entry form indicating educational time to their supervisor. Employees may also be scheduled to attend education classes by their supervisor.

E. Meal Period Deduction for Hourly-Paid (Nonexempt) Employees
Employees who work a shift of at least five (5) hours will generally have a 30-minute meal period automatically deducted. The Authority strictly adheres to issues involving the Fair Labor Standards Act (FLSA) including the proper payment to employees who work through their assigned lunch period. In order to be paid properly, employees who work during a lunch period or whose lunch is interrupted should submit a time entry form to their manager to be paid for the lunch period.

F. Related Human Resources Policies
Refer to Authority Human Resources Policy No. 15, Compensation, for information concerning overtime, shift differential and on-call pay. Refer to Authority Human Resources Policy No. 18, Paid Time Off, for information regarding leave.
Policy 44 Grievance Procedure

A. The Grievance Procedure provides the Medical University Hospital Authority (hereinafter “Authority”) with a process for ensuring that employees are treated fairly and equitably. It ensures for the objective review of the application of certain personnel actions. This policy applies to eligible employees of the Authority.

B. At all stages of this process, the Medical University Hospital Authority Office of Human Resources (hereinafter “Human Resources”) is available to answer questions regarding the procedure and to assist either party on matters of policy interpretation.

C. All eligible employees, in classified or unclassified positions, may grieve terminations, suspensions, demotions and other adverse actions involving a loss in base pay (refer to Section I. for list of non-grievable actions). Salary decreases based on performance as provided for in the Authority performance policy are adverse employment actions that may be grieved.

D. An eligible employee is a full-time or part-time employee occupying a regular (“permanent”) position who has satisfactorily completed the twelve month probationary period.

E. Probationary and temporary employees are not covered by the formal grievance process, but may contact Human Resources with any questions they may have concerning an action.

F. Employees who began participation in the Teacher and Employee Retention Incentive (TERI) retirement plan after June 6, 2005, are exempt from the Grievance Procedure and do not have Reduction-In-Force Policy privileges. Employees with any questions may contact Human Resources.

G. Retirees of the South Carolina Retirement System and the South Carolina Police Officers’ Retirement System who are rehired are exempt from the Grievance Procedure and Reduction-In-Force Policy privileges. Employees with any questions may contact Human Resources.

H. All employees may utilize the Mediation/Conflict Resolution program to resolve problems, complaints or concerns. This is a positive way to promote communication and resolve issues in a constructive manner. Seeking resolution through the Mediation/Conflict Resolution program does not preclude an employee from initiating a formal grievance for qualified actions in accordance with established time frames. Human Resources is available to answer...
questions concerning the Mediation/Conflict Resolution program and to ensure that appropriate arrangements or referrals are made to address concerns.

I. The following are examples of employment actions which do not constitute a basis for a formal grievance or an appeal:

1. Promotion and subsequent demotion with a reduction in pay prior to completing one year trial period of satisfactory service in the higher job with a higher salary range, provided the pay is not reduced to a lower rate of pay than that which the employee received prior to the promotion;

2. Reduction of pay previously given for accepting additional duties when the additional duties are relinquished or taken away, provided the reduction is less than or equal to the amount received and the reduction occurs within one year of the date the additional pay was awarded;

3. Voluntary resignation or acceptance of a demotion, downward reclassification or salary decrease;

4. For employees in classified positions, reclassification to a lower salary range without a change in pay, unless a determination is made that the reclassification was initiated with the sole purpose to penalize the employee.

5. Reassignments, reclassifications and transfers within the assigned salary range with no loss in pay;

6. Reduction of scheduled work hours during periods of low census and reduced staffing;

7. Reduction in force resulting in employee separation, lower salary range or pay rate unless there is inconsistent or improper application of the Authority Human Resources Reduction in Force policy or procedure.

8. Promotions are not grievable unless the Authority determines that there is a material issue of fact to whether a qualified eligible employee was not considered for a position for which the employee appropriately applied or would have applied if the employee had known of the job opportunity.

J. Any employee who files or participates as a witness in a grievance proceeding or appeal will be free from reprisal or retaliatory action.

K. An employee has the right to be represented and advised by legal counsel at any time during the grievance process. The grievant’s representation is at his/her own expense.

Procedure:
In order to ensure prompt and constructive resolution of grievable issues, employees must follow the process outlined below.

A. First Step

1. If the problem is not resolved at the supervisory/managerial level through normal channels of communication, the eligible employee must initiate a grievance by submitting a written intent to grieve statement on the approved grievance application form (which is available from Human Resources).
2. The employee must take the completed application to the immediate supervisor to discuss the matter in an effort to resolve the situation. After the discussion, the supervisor must sign the application and indicate if he or she wishes to uphold, rescind or modify the original action.

3. The employee must then take the application to the immediate supervisor’s supervisor for additional review and signature indicating whether to uphold, rescind or modify the original action. If neither the immediate supervisor nor the immediate supervisor’s supervisor is available, the employee must contact Human Resources to proceed with the grievance.

4. Once all signatures have been obtained, this form and any attachments must be returned to Human Resources within fourteen (14) calendar days of the grievable action, e.g., 14 days from the date of suspension or termination. This fourteen (14) calendar day time frame cannot be waived. The return of this form indicates the initiation of the grievance.

B. Second Step

1. If the employee is unwilling to accept the decision of the department representatives regarding a suspension or other qualified adverse action resulting in loss in base pay, a document review will be scheduled.

2. A grievance hearing will be scheduled for terminations if the employee is unwilling to accept the department’s decision. Both parties will be notified in writing of the date, time and place of the hearing.

GRIEVANCE COMMITTEE AND DOCUMENT REVIEW / HEARING

A. The Grievance Committee

The Grievance Committee will consist of a broad representation of employees from various Authority departments. Committee members will be appropriately trained and designated to serve on grievance panels to review grievances and issue written decisions.

B. The Grievance Panel

1. A panel of three committee members, with one serving as the chairperson, will be appointed by Human Resources to review applicable documents in the case of suspension (or other loss of pay) or to hear the grievance in the case of termination.

2. No committee member will be allowed to serve on a panel to review a grievance involving his/her department. Any panelist with a conflict of interest (e.g., personal friendship, family relationship or biased opinion) about a grievance will be excused from serving on a panel. Human Resources will select another committee member to serve on the panel in this situation.

3. Once selected to serve for a grievance, panelists shall not have communication outside of the formal grievance process with any of the concerned parties.
4. No later than five calendar days before the document review or hearing, the panel and all parties to the grievance, will receive copies of all documentation submitted by the parties. Relevant information such as performance appraisals, formal disciplinary actions, and other related information will be compiled by Human Resources. Information from the employee’s individual work area may also be included in the documentation package if appropriate.

The grievant may also submit documentation, in response to information compiled by Human Resources, and a written position paper to explain his/her arguments for the record within three calendar days of receipt of the grievance documentation package by contacting Human Resources. Human Resources will give this information to the panel members prior to the document review or hearing.

5. A document review or hearing will not be held unless a quorum of three committee members is present.

6. The panel may obtain legal assistance in exercising its duties and may subpoena documents or witnesses if necessary to maintain an equitable, fair and representative grievance process.

C. The Grievance Document Review for Suspension or Other Qualified Adverse Action Resulting in a Loss of Base Pay

The panel will review all pertinent documents related to the suspension (or other qualified adverse action resulting in a loss in base pay). The panel will make the decision on behalf of the Authority. The decision of the panel is determined by a simple majority. A decision will be rendered in writing to the eligible employee within thirty (30) calendar days from the initiation of the grievance. The thirty (30) calendar day period begins the date the completed grievance application is returned to Human Resources.

D. The Grievance Hearing for Termination

1. The chairperson explains and conducts the proceedings and takes appropriate action to ensure an equitable, orderly and expeditious hearing.

2. All testimony of witnesses will be under oath or affirmation.

3. Each party has the right to be accompanied, represented and advised by legal counsel, other representatives or be self-represented before the grievance panel. The grievant’s representation is at his/her own expense.

4. The panel will make the decision on behalf of the Authority. The decision of the panel is determined by a simple majority. The grievant will be notified in writing of the decision within thirty (30) calendar days of the initiation of the grievance. The thirty (30) calendar day period for a written decision may not be waived except by mutual written agreement.

E. Appeal Process

If the grievant is not satisfied with the decision of the panel regarding a document review or termination hearing, he or she may appeal in writing to the Vice President for Clinical Operations and Executive Director, Medical University Hospital Authority, or his designee, within five (5) calendar days of notification of the panel’s decision. The appeal should be
delivered to Human Resources to ensure for prompt processing. The appellant’s written request should clearly state the reasons for the appeal. The Vice President for Clinical Operations and Executive Director, Medical University Hospital Authority, or his designee, will review pertinent documentation and will notify the appellant in writing of the final decision on behalf of the Authority within ten (10) calendar days from receipt of the request for appeal.

F. The decision of the Vice President for Clinical Operations and Executive Director, Medical University Hospital Authority, or his designee, is the final for the Authority and is subject to judicial review under the State Administrative Procedures Act.
Policy 46 Anti-Harassment (Including Sexual Harassment)
HUMAN RESOURCES POLICY MANUAL

Number & Title: 46 – Anti-Harassment (Including Sexual Harassment)
Owner: Human Resources, H. Bastian
Location / File name: U:\Authority HR Admins\policy46

Dates:
Originated: 7/1/2000
Legal Review:
Revised: 8/18/2003; 4/14/11, 3/10/14

Note: THIS POLICY, LIKE ALL OTHER POLICIES WITHIN THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY HUMAN RESOURCES POLICY MANUAL, IS NOT A CONTRACT OF EMPLOYMENT AND SHOULD NOT BE RELIED UPON AS SUCH. THIS POLICY MAY BE CHANGED AT ANY TIME BY THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY.

Policy:

A. It is the policy of the Medical University Hospital Authority (hereinafter “Authority”) to prohibit any form of harassment based on race, color, religion, sex, age, national origin, disability, veteran status, genetic information or any other factor and to conduct a thorough investigation of any such reported behavior.

B. Employees and/or agents of the Authority should conduct themselves in a manner that ensures respect and dignity. The offender shall be subject to disciplinary action up to and including dismissal.

This policy prohibits sexual harassment by a supervisor, peer or any agent of the Authority and applies when persons are on Authority property or participating in an activity sponsored off-campus. It is also the policy of the Authority that willful false accusations of sexual harassment will not be condoned and offenders will be subject to disciplinary action up to and including dismissal.

C. Definitions of Sexual Harassment:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when,

1. Submission to such conduct is made explicitly or implicitly a term or condition of an individual's employment,
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting that individual, or

3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

D. Other Forms of Harassment:

1. The Authority also does not tolerate any form of harassment or intimidation based upon race, color, religion, age, national origin, disability, veteran status, genetic information or any other factor.

2. Generally, harassment is defined as verbal or physical conduct which denigrates or shows hostility to an individual because of his or her sex, race, color, age, religion, national origin, disability, veteran status, genetic information or any other factor, including those of his or her relatives, friends, or associates. Harassing or intimidating behavior includes, but is not limited to, discriminatory intimidation, derogatory statements, insults, ridicule, offensive comments, jokes, pranks, slurs, innuendoes, objects, pictures, graphic and electronic material (e-mails, faxes and social media) unwelcome touching, assault, physical interference with one’s work, posters, and/or drawings. This behavior may be exhibited by electronic means, including employment actions against an employee who refuses to submit to or participate in offensive conduct.

3. The prohibited behaviors are those that have the purpose or effect of creating an intimidating, hostile or offensive work environment; unreasonably interferes with an individual's work performance; or otherwise adversely affects a person’s employment opportunities.

4. Harassment or intimidation may originate with supervisors/managers, co-workers, faculty, students, visitors, or contractual employees. Regardless of the form or source, such behavior is deemed as unacceptable. Managers and supervisors are responsible for preventing harassment in their work areas. Their responsibilities include dissemination of this Policy, providing anti-harassment training for their employees, attending such training themselves, monitoring their work areas and appropriately addressing complaints.

5. No supervisor or manager is permitted to retaliate or take any adverse employment action against an employee who is the victim, reporter or witness of harassment. Supervisors or managers who are found to have engaged in retaliatory activity will be disciplined appropriately, up to and including termination.

6. Other forms of intimidation not specifically addressed by this Policy are also prohibited. Refer to MUSC Medical Center-Wide Security Policy A052, for additional information.

**Procedure**

A. Any employee who believes he or she has been the victim of harassment to include sexual harassment is to present the complaint as promptly as possible after the alleged
harassment occurs. The complaint is to be discussed with the Medical University Hospital Authority Office of Human Resources (hereinafter “Human Resources”) or supervisor/manager, or director who will ensure the complaint is heard by the appropriate officials.

B. If the complainant, after an initial meeting with Human Resources or appropriate official, decides to proceed, he or she should submit a written statement to the Human Resources Director, or his or her designee, within seven (7) days of the initial meeting. Following the receipt of the written statement, Human Resources will notify the appropriate Administrator.

C. The Administrator, or designee, shall take appropriate action which may include the appointment of an investigative committee. Human Resources will assist in the investigative process.

The alleged offender will be notified of the complaint and required to respond in writing to the allegation. The complainant and alleged offender will be informed of the procedures that will be employed to investigate the allegations.

D. If an investigative committee is appointed, it will conduct its own informal inquiry, call witnesses, and gather whatever information necessary to reach a determination as to the merits of the allegations. The investigative committee shall recommend an appropriate course of action to the Administrator. Human Resources shall inform the complainant and alleged offender of the decision.

E. Any complaint by an employee which is initiated through an outside agency or organization will be addressed using the procedures above to the extent possible.

F. As appropriate, discrimination complaints will be referred to the MUSC Office of Equal Employment Opportunity and Affirmation Action Compliance.

G. If the decision requires that an employee be demoted, suspended or terminated, the employee who was disciplined may grieve such action as outlined in the Authority Human Resources Policy No. 44, Grievance Procedure.

Important: Any individual who believes that he or she has been a victim or witness of sexual harassment involving a faculty member, student, resident or fellow shall report the incident(s) to MUSC’s Office of Gender Equity. Academic procedures apply for complaints of sexual harassment involving faculty, students, residents and fellows. Therefore, please refer to the Office of Gender Equity’s web site (http://www.musc.edu/genderequity) for additional information or contact the Office by telephone (792-8066). Supervisors or department heads who have questions about the issues of sexual harassment involving faculty, students, residents, and fellows and one of their employees may contact the Office of Gender Equity for assistance.
IMPORTANT CONTACT INFORMATION

Ambulatory Care Training
Susan Hamner (843) 876-1477
Patti Deltry (843) 876-1476

BLS: Community Training Center (843) 876-8696

CEO/Executive Director, MUSC Medical Center (843) 792-4000

Clinical Education
Kathie Faulkner (843) 792-2409

Clinical Risk Management (843) 792-0395

Compliance Office (843) 792-6128

Employee Health Services (843) 792-2991

Environmental Services (843) 792-4571

Facilities Support Center (843) 792-5600

Human Resources
Benefits & Records (843) 792-0826
Mark Stimpson (Manager) (843) 792-9320

Education and Training (843) 792-9871
Tish Hyland

Employment Information (843) 792-0819
Front Desk – Employment
Front Desk – Fax (843) 792-7181
Lynn Campbell (Manager, Compensation & Employment) (843) 792-1684

The Joint Commission 1-800-994-6610

Lewis Blackman Calls (843) 792-8080

Mayday/MET/BAT Calls (843) 792-3333

OCIO-IS Help Desk (843)-792-9700

Operator
Main (843) 792-2300
Paging (843) 792-2123

OSHP (843) 792-3604

Payroll (843) 792-9464

Parking Management (843) 792-3665

Patient and Family Centered Care (843) 792-5555

Pastoral Care (843) 792-8076

Public Safety & Security (843) 792-4196

Radiation Safety Office (843) 792-4255