Welcome to Kaiser Permanente

Kaiser Permanente is America's largest not-for-profit health plan. Founded in 1945, it is a nonprofit, group practice program headquartered in Oakland, Calif. Kaiser Permanente serves more than 9 million members in nine states and the District of Columbia.

About Kaiser Permanente Southern California

With diversity as its dominant characteristic, more than 61,000 Kaiser Permanente Southern California (KPSC) employees and staff and more than 5,800 Southern California Permanente Medical Group physicians provide health care services to more than 3.5 million members at the Southern California Region's 14 medical centers and 202 medical offices. KP is also Los Angeles County’s largest private employer, and provides employee health benefits as the City of Los Angeles' largest contractor.

KPSC members are ethnically diverse; they represent more than 265 different ethnicities and speak about 121 different languages.

Kaiser Permanente’s Mission

Kaiser Permanente exists to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

The Kaiser Service Quality Credo

We are here to make lives better by providing compassionate care to everyone.
We’re all connected.

WE ARE HERE to make lives better by providing compassionate care to everyone.

1. WE ARE KAISER PERMANENTE—DEDICATED PROFESSIONALS.
   • I present a positive image of Kaiser Permanente in all of my interactions.
   • I am competent and up to date in my field of expertise.
   • I introduce myself by name and title, as appropriate.
   • I dress appropriately, adhering to regional and department dress codes.
   • I arrive to work in time to sufficiently prepare for the day.
   • I communicate clearly and concisely in verbal and written form, including electronic venues.
   • I maintain a clean and safe environment for colleagues and patients. I pick up after myself, pick up trash, and use trash cans. I call environmental services to report problems.
   • I respect colleagues and management and value their various roles.
   • I look for ways to assist when a colleague needs help.
   • I hold personal conversations and concerns in private places (e.g., break room).

2. WE VALUE AND APPRECIATE EACH OTHER.
   • I put members’ needs ahead of my own because I understand our organization exists to serve members.
   • I treat others as I want to be treated.
   • I recognize, respect, and respond to the diversity of our members and colleagues.
   • I am friendly in my actions and words when I greet everyone.
   • I always try to exceed the expectations of members and colleagues.

3. WE MAKE EYE CONTACT AND DISPLAY APPROPRIATE BODY LANGUAGE (e.g., SMILE).
   • I greet our members and colleagues with a kind “Good ___ , how can I help you?” remembering to make eye contact, smile, and address them by name.
   • I answer the phone with a warm welcome, give my full attention to members, assist them, and thank them for calling.

4. WE KEEP OUR PROMISE AND COMMITMENT TO EXCELLENCE.
   • I provide the highest standard of care and service.
   • I do what I say I will do.
   • I am accurate, honest, and reliable with my work when conducting business and or interacting with members and colleagues.
   • I am knowledgeable about Kaiser Permanente’s products, benefits, and initiatives that help to differentiate us from our competitors.
   • I fully and honestly answer members’ questions/issues, using appropriate sources when needed, and ask them if I have answered their questions or resolved their issues.

5. WE PROMOTE WELLNESS AND LIVING WELL.
   • I am knowledgeable about our resources to promote wellness and living well.
   • I encourage members and colleagues to use those resources in a way that empowers them and respects their diverse needs and aspirations.
   • I am comforting and sensitive when giving life changing or personal information.
   • I do my best to be well and live well.

6. WE ADDRESS OUR MEMBERS’ CONCERNS AND THEIR UNIQUE NEEDS.
   • I do what needs to be done to meet our members’ needs.
   • I am attentive, flexible, and compassionate when addressing the unique needs of our members.
   • I explain treatment plans and procedures to members in ways they can understand (e.g., stories, pictures, words).

7. WE PROVIDE IMMEDIATE SERVICE RECOVERY.
   • I immediately take steps to address and correct any negative service experience and assess the person’s level of satisfaction afterwards by asking if his or her needs have been met.

8. WE TREAT EACH PERSON WITH RESPECT AND DIGNITY.
   • I address each member/colleague the way he or she prefers to be addressed.
   • I respect the differences in values, cultures, beliefs, and ages of our members and incorporate them into my interactions.
   • I practice according to the HIPAA guidelines, and I do not discuss or divulge patient care information in public or inappropriately.

9. WE SPEAK AND LISTEN WITH EMPATHY.
   • I encourage members and colleagues to express their concerns and needs.
   • I actively listen, maintain eye contact, and seek to understand the needs and perspectives of others before speaking.
   • I am thoughtful, courteous, and compassionate in my actions and words.
   • I speak to each member as if he or she is my only responsibility.

10. WE THANK EACH AND EVERY MEMBER FOR CHOOSING KAISER PERMANENTE.
    • Our members have choices in selecting their health care. I remember this, and thank each member I speak with for selecting Kaiser Permanente.
The KP Promise is a rededication, a pledge to our mission: consistently providing high quality, affordable health care to improve the health of our members and the communities we serve.

It is a commitment to our members to provide “Quality you can trust,” and “Caring with a personal touch,” while making it “Convenient and easy” as well as “Affordable.” These key components are our “vision of the best we can be for our members.”

There are two other key elements to help us achieve our promise ~ we must focus on our people and ensure that we have effective systems to support the work they do.
KP Values:
What Guides Our Behavior

How we relate to each other ~ through
- **Integrity** ~ we build long term relationships by doing what’s right.
- **Partnership** ~ we were born of a revolutionary partnership and we live out that legacy in the way we do business every day.
- **Diversity** ~ we are richly diverse and cherish what we learn from one another.

How we work ~ through
- **Accountability** ~ we step beyond our boundaries to take responsibility for our organization’s success.
- **Flexibility** ~ we adapt quickly to address the changing needs of our customers.
- **Innovation** ~ we find the courage to take calculated risks.

How we define success ~ through
- **Quality** ~ we hold quality as our highest priority.
- **Service** ~ we care about everyone like family.
- **Results** ~ we honor each other and our values as we produce results.
What are the Kaiser Permanente Nursing Values?

**Professionalism**
We believe in the value of our profession and maintain standards of excellence when it comes to the delivery of care.

**Patient and Family-Centered Care**
Honoring the essential role of the patient and family in all aspects of care, we create memorable moments through extraordinary care.

**Compassion**
We realize the difference we make in the lives of our patients and their families when they are most vulnerable and we focus on providing individualized care with a personal touch.

**Teamwork**
We respect the collective contributions of each member of the team and view our team members as our partners in success.

**Excellence**
We embrace the art and science of nursing by integrating powerful nursing theories with compassionate care and an evidence-based practice.

**Integrity**
We uphold the trust that our members place in us by always doing the right thing for the right reason.

What is the Kaiser Permanente Nursing Vision?

Kaiser Permanente nurses advance the art and science of nursing in a patient-centered healing environment through our professional practice and leadership.

**Extraordinary Nursing Care.**
**Every Patient.**
**Every Time.**

Why is this important?

Achieving a consistent superior care experience requires an integrated approach that encompasses the engagement of the patient, family, staff, physicians, and leaders. This is about creating a culture of extraordinary nursing practice at Kaiser Permanente. One that is driven by an inspirational vision, animated by powerful core values, and guided by a shared nursing model.

http://nursingpathways.kp.org/nursingstrategy
What is the KP Nursing Model?

At the heart of the Kaiser Permanente integrated nursing model are our patients and their families. Our model leverages the powerful role human relationships play in creating a caring, comforting, and healing environment. It honors the unity of the whole human being: mind, body, and spirit are the lens through which our nurses look to ensure that they are meeting the needs of patients and their families.

Relationship-Based care is the operational foundation in which nursing theory can be practiced: such as Caring Theory and Comfort Theory. This model is designed to move theory-based nursing practice forward. Relationship-Based Care, Caring Theory, and Comfort Theory have many common touch points. The Kaiser Permanente nursing values represent six of those touch points.

What is a nursing practice model?

A nursing model provides a unifying framework for what Kaiser Permanente nurses believe about nursing practice. It is a guide that directs and describes how we practice by identifying key elements of professional nursing practice that can be found in all we do.

Why do we need a practice model?

By using a practice model, we insure that our professional nursing practice is consistent regardless of where it takes place in the Kaiser Permanente healthcare system. By consistently applying our practice model, we minimize practice variations that can create risk, gaps in care, missed or overlooked needs, or incomplete care. Assessment of the patients needs including body, mind, and spirit insures that we holistically identify all their needs. We then use that information to match the patient with the best nurse able to meet those needs, based on the competencies of the nurse. By consistently using the practice model, we promote safe patient care and optimal patient outcomes.

What’s the difference between a professional practice environment, a nursing model and a care delivery model?

Professional practice environment refers to the organizational characteristics that facilitate or inhibit professional nursing practice.

A nursing model is a schematic design that describes how nurses practice, collaborate, communicate and develop professionally.

Care delivery model is the structure and processes by which responsibilities for patient care are assigned and work is coordinated among members of the nursing staff.
The Caring Model
5 Elements

1. Introduce self and explain roles

2. Call patient by preferred name

3. Sit at bedside for 5 minutes
   - Make a statement about something you know about the patient from the shift before
   - Talk to the patient about plans and outcomes and if they have any questions, concerns or anxieties

4. Use touch
   - Shake hands
   - Touch on the arm

5. Use mission, vision, value statements with patients, discussing their care and if they need anything before you leave the room
What is Protected Health Information?

**Protected Health Information**, or **PHI**, is individually identifiable information, including demographic information, that is created or received by a health care provider, health plan, employer, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual; or there is a reasonable basis to believe the information can be used to identify the individual.

PHI can be in any form:

<table>
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<tr>
<th>Oral or Spoken</th>
<th>Electronic (referred to as ePHI)</th>
<th>Written</th>
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| • Telephone appointment reminder  
  • Name called in the waiting room  
  • Hallway or elevator conversations | • Laptop or desktop  
  • Hand-held devices  
  • Flash drives  
  • Electronic medical records  
  • Digital images  
  • E-mail | • Paper medical records  
  • Paper bills |

Any one of the following identifiers associated with a member/patient is considered PHI.

**Personal Information:**
- Name (individual, individual's family members or household members, individual's employer)
- Address (street, city, state, ZIP code)
- Birth date
- Telephone number
- Fax number
- E-mail address
- Social Security number (SSN)
- Deceased date
- Full-face photographic images or any comparable unique physical characteristics
- Certificate or license numbers, such as professional license

**Medical Record Information:**
- Admission date
- Discharge date
- Medical record or health record number
- Biometric identifiers, including finger and voice prints

**DMV Information:**
- Driver’s license and other vehicle identifiers, including license number, license plate number, and vehicle ID

**Banking and Credit Card Information:**
- Account numbers—including credit card numbers and banking account numbers
- Any other financial identifiers related to the payment for health care

**Unique Characteristic(s):**
- Any other unique identifying number or characteristic
- Device numbers
- URLs or Internet protocol (IP) addresses

(Revised 01/02/09)
A Message from the Leadership Team

Dear Colleagues,

For the past 65 years, you have helped Kaiser Permanente earn the trust of our members, patients, customers, and business partners. This trust is based on our unwavering commitment to our mission of providing high-quality, affordable health care and services and to improving the health of our members and the communities we serve. All of us — physicians, employees, managers, and leaders — have integral roles to play in securing our organization’s future: Kaiser Permanente’s reputation is in your hands. We all have an accountability to be sure that we understand our Principles of Responsibility and that we are in compliance and full support of these principles.

We are at a very exciting juncture in our history with our nation’s movement to reform health care. Unique Kaiser Permanente traits, such as our model for total health and our commitment to electronic health records through Kaiser Permanente HealthConnect®, give us an opportunity to continue to be successful and a model organization for our country. As a result, it is important that we all continue to uphold the reputation of excellence that Kaiser Permanente has earned over the years.

Along with opportunities, health care reform also brings added scrutiny on compliance with all new and existing laws, regulations, and accreditation standards by regulatory agencies and the public. Kaiser Permanente’s code of conduct, the Principles of Responsibility, provides us with the tools we need to do the right thing in taking on new opportunities and meeting all laws and requirements.

No code of conduct can anticipate every situation we might face as a health care organization; however, Kaiser Permanente’s Principles of Responsibility embraces our core values and guiding principles and is intended as a resource to help guide us in exercising good judgment, asking questions when uncertain, and speaking up when needed.

We urge you to read the Principles of Responsibility, refer to it often in your daily work, and talk to your colleagues and leaders about it. If you are aware of issues that might violate this code, you must report them to your chief or immediate supervisor, your human resources representative, your compliance officer, or the Kaiser Permanente Compliance Hotline.

We are fortunate to be guided by principles that have served us well and that will continue to make us proud. Thank you for the work and care you provide every day. Together our efforts to act with integrity, perform ethically, and meet compliance requirements in all we do help protect our members’ health, our resources, and our good name.

Sincerely,

George C. Halvorson
Chairman and CEO,
Kaiser Foundation Health Plan, Inc.
Kaiser Foundation Hospitals

Jack Cochran, M.D., F.A.C.S.
Executive Director,
The Permanente Federation, L.L.C.

John August
Executive Director,
Coalition of Kaiser Permanente Unions
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Introduction

Kaiser Permanente is committed to providing high-quality, affordable health care and services that improve the health and wellness of our members and patients, as well as our customers, the communities we serve, and our nation.

The Principles of Responsibility is Kaiser Permanente’s code of conduct:

• It is our organization’s ethical compass.
• It represents our workplace values.
• It guides our work and our interactions with others.

1. Do the Right Thing

Use the Principles of Responsibility as a tool to ensure that compliance is integrated into the work we do everyday — be it service, care, or any operational duties such as strategic planning, communications, and business processes. This applies to everyone, whether you are the assistant chief of your department, an executive of your region, a salesperson in marketing, a
nurse in the neonatal intensive care unit, a staff assistant, or a phlebotomist in the lab. You should refer to this code of conduct whenever you need guidance on appropriate actions in your work and whenever your instincts tell you that something doesn’t feel quite right.

If you encounter situations in your work that aren’t included in the *Principles of Responsibility*, talk to any of the following:

- Your chief or immediate supervisor
- Another supervisor or manager in your area
- Your compliance officer
- The contacts listed in the following sections of the *Principles of Responsibility*:
  - Section 1.3 Where to Go for More Help
  - Section 10. Speak Up if You Have Any Questions or Concerns

We recognize that certain situations could arise that may warrant an exception: In these cases, please contact the National Compliance, Ethics & Integrity Office.

### 1.1 Does the *Principles of Responsibility* Apply to Me?

Compliance is everyone’s responsibility. There are no exceptions. Anyone who works for or on behalf of Kaiser Permanente is required to follow all applicable laws, policies, and this code of conduct. This includes not only all of our physicians and employees (including executives and management), but also students, residents, interns, temporary employees, contingent employees, and volunteers. **Independent contractors** and consultants are expected to read, understand, and adhere to our *Vendor Code of Conduct* when working with Kaiser Permanente. Kaiser Permanente **physicians and employees** who manage the work of contractors and consultants must ensure that they abide by all applicable policies.

All Kaiser Permanente physicians and employees are expected to use good judgment, be accountable for their actions, and conduct business with integrity and with the interests of members and patients in mind. You must also:

- Complete all required compliance training.
- Familiarize yourself with the policies, procedures, and standards that apply to your work.
- Speak up if you are ever concerned or unsure about what you are being asked to do or what you see others doing.
- Cooperate with investigations of potential violations.
- Refuse to participate in illegal or unethical acts.
- Be guardians of Kaiser Permanente’s reputation and **assets**.

Failing to comply with this code of conduct is a serious violation and could result in disciplinary action, up to and including termination of employment and possible civil or criminal charges. These consequences may apply to:

- Physicians and employees who violate the code of conduct
- Anyone who attempts to retaliate against someone who has reported potential misconduct in good faith
1.2 Refer to and Follow Laws, Regulations, and Policies
The *Principles of Responsibility* does not address every situation or issue that could arise in your work. This code provides general direction on a broad range of issues; however, laws and regulations may exist now or in the future that have specific requirements for your particular job. Additionally, Kaiser Permanente has adopted policies and procedures that apply to your job and how you conduct yourself at work. These policies are more specific to particular jobs, and some are stricter than the standards of conduct set forth in the *Principles of Responsibility*. The Kaiser Permanente policies that apply to you can be found:

- In your department
- In the Permanente Medical Group (PMG) policies or policy manual for the physicians in each PMG
- On your regional Kaiser Permanente intranet site
- In the Kaiser Permanente Policy Library at kpnet.kp.org/kpnpa

Remember, it is your responsibility to make sure that you know which Kaiser Permanente policies apply to you and your job, and that you comply with them.

1.3 Where to Go for More Help
You have many contacts and resources in addition to the *Principles of Responsibility* to help you:

- Speak with your chief or immediate supervisor, HR representative or compliance officer.
- Speak with your union representative, if you are a member of a union.
- Check out the Kaiser Permanente Compliance website at kp.org/compliance for more information.
- Call the Kaiser Permanente Compliance Hotline at 1-888-774-9100. The hotline is available toll-free 24/7. You can make an anonymous report to a trained professional.

1.4 At the Heart of It All: Five Guiding Principles
These guiding principles are intended to make it easier for you to do the right thing at work. They are at the heart of who we are and what we stand for. Keeping these guiding principles in mind when you do your job should make it easier for you to follow the standards of conduct in the *Principles of Responsibility*, and help us continue to make Kaiser Permanente an organization we are proud to be a part of.

1. Improve Our Members’ Health and the Nation’s Health Care
- Our cause is health. Our passion is service. We work to make lives better.
- We deliver compassionate, personalized, and proactive care to our members and patients.
- We act to improve the access, delivery, and funding of health care for the communities we serve.
- We share our knowledge and innovations through research, our support of education for community health professionals and consumers, and by helping to inform public policy.
2. Excel and Innovate in Our Professions

- We always strive to learn. We are dedicated to raising our own standards and the standards of our professions through continuous learning, research, training, adoption of new technology, and investment in state-of-the-art facilities.
- We deliver care and services through teamwork, because it is through collaboration with others that we can be most effective.
- We strive to be responsible stewards of the environment, and provide health care services in a manner that protects the environment now and for future generations.

3. Respect Members, Patients, Customers, and One Another

- When caring for our patients and serving our members and customers, we strive to act with courtesy, in a careful and considerate manner, and with professionalism.
- We protect the privacy of our members and patients and respect their autonomy, customs, and beliefs. We involve them in decisions regarding their treatment and care according to their preferences.
- We understand that we thrive when we respect one another. We are proud of our collegial environment, which honors diversity.
- We listen to and respect the opinions of others, even when our views differ.

4. Be Fair and Honest

- We know that we must earn our distinguished reputation every day, and understand that each health care and business decision is an opportunity to demonstrate our commitment to ethics and integrity.
- We recognize the trust others place in us, and recognize the responsibility of upholding that trust by being truthful and honest — always.

5. Demonstrate a Commitment to Compliance and Ethics

- Compliance means we fully adhere to federal, state, and local laws and regulations; federal health care program requirements; licensing requirements; accreditation standards; and requirements of the Centers for Medicare and Medicaid Services (CMS) and federal, state, and customer contracts.
- We never retaliate against those who, in good faith, report suspected violations of law, accreditation standards, and Kaiser Permanente policies.
- Acting with ethics and integrity in our work means that we always try to do the right thing and make the best decisions, and that we seek help — either in the Principles of Responsibility or in the advice of another person — when the right thing or the best decision is not clear.
1.5 Definitions

Some of the words used in the Principles of Responsibility have special meaning and are set in bold text the first time they are used in a section. When you see a word in bold text, look in this section for the definition of that word.

**Assets** Can be both tangible (physical) and intangible (intellectual). Assets include equipment, (for example, cameras, ergonomic equipment), furniture, supplies, organization funds (including purchasing cards), electronic devices, voicemail and instant messages, e-mail, knowledge, information, buildings, identification cards, time, and media sites (including Kaiser Permanente’s Facebook pages and YouTube channels). See Electronic devices for more information.

**Board of directors** A group of persons having legally defined responsibilities and oversight of the activities of a particular company, association, or organization.

**Business partners** These include employer groups, brokers, customers, unions, and vendors.

**Business records** Information committed to writing in hard (paper) form or soft (electronic) form, and created to document or reference legal, business, or operational activities; also includes electronically stored information and e-mails. See the business record retention policy for your area for more information.

**Cash-equivalent gifts** These include checks, gift certificates, gift cards, coupons, or anything with an obvious cash value. See Gifts and Modest gift.

**Chief** An individual to whom a physician reports directly.

**Competitor** An individual or organization that offers products and services in some or all of the same categories as Kaiser Permanente and in some or all of the same geographical markets. Examples include health plans, health care insurance companies, hospitals, medical groups, independent physician associations (IPAs), medical service providers, pharmacies, private practice psychologists, and physical therapy services.

**Conflicts of interest** A situation that does not put the best interests of Kaiser Permanente and our members and patients first. These situations arise when personal or financial interests influence, or may be viewed by others as having the potential to influence, your job-related judgment or decision-making.

**Conflicts of interest questionnaire** An annual requirement for certain physicians and employees that requires disclosure of information that may indicate perceived, potential, or actual conflicts of interest that may need to be monitored, managed, or eliminated.

**Customers** Individuals, families, and organizations (including employers, government agencies, and labor trusts), who contract with Kaiser Permanente to receive health benefits.
Electronic devices See Assets. Includes desktop computers, laptops, BlackBerrys®, smart phones, flash drives, digital cameras, and any other devices that have the capability to manipulate and/or store data (for example, laptops, computers, monitors, docking stations, cellular phones and mobile devices, remote access tokens, USB storage devices, printers, and air cards).

Employees See Physicians and employees.

Entertainment Includes but is not limited to sporting events, theatre performances, movies, concerts, theme parks, and so forth, regardless of value.

Financial interest Ownership interest in stocks, bonds, debt obligations, options, rights to buy or sell stock, shares in profits, investments, or other proprietary interests in companies. Does not include mutual fund shares or insubstantial share holdings of a publicly held company.

Health care providers Includes physicians and employees who provide patient care directly and any employee-owned business that provides health care services, such as a residential care facility or home health services.

HealthConnect See Kaiser Permanente HealthConnect®.

Gifts Anything of value received with no expectation of anything given in return. See Cash-equivalent gifts and Modest gift. See Section 8.3 How to Handle Gifts and Business Courtesies for exclusions.

Honoraria Anything of value given as a token of appreciation for services rendered, such as fees paid to a speaker.

Immediate supervisor An individual to whom an employee reports directly. This could be a supervisor, manager, director, chief, or executive.

Independent contractor A person or entity not employed by Kaiser Permanente that renders, on a contractual basis, a specific service or performs a specific assignment or task for specified compensation and for specified results. This differs from the employer-employee relationship in which Kaiser Permanente has the right to supervise and control the manner of performance of the service. Note that individuals who are clearly employees of other companies that withhold their payroll taxes (such as state licensed temporary agencies, third party brokers, consulting/contracting firms, registry services, and privately contracted special duty nursing services or vendors who provide products on an ongoing basis for use or resale) are not considered independent contractors.

Information systems Includes electronic systems for medical and health plan records, e-mail, voicemail, instant messaging, and the intranet and Internet.

Kaiser Permanente or Kaiser Permanente entities The Kaiser Permanente Medical Care Program consists of the following separate legal entities: Kaiser Foundation Health Plan, Inc.; Kaiser Foundation Hospitals; Kaiser Foundation
Health Plan of Colorado; Kaiser Foundation Health Plan of Georgia, Inc.; Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.; Kaiser Foundation Health Plan of Ohio; Kaiser Foundation Health Plan of the Northwest; Archimedes, Inc.; Camp Bowie Service Center; Health Care Management Solutions, LLC; Kaiser Health Plan Asset Management, Inc.; Oak Tree Assurance, Ltd.; Kaiser Properties Services, Inc.; Ordway International, Ltd.; Ordway Indemnity, Ltd; KP OnCall, LLC; Kaiser Permanente International; Kaiser Permanente Oregon Plus, LLC; KP Cal, LLC; Kaiser Hospital Asset Management, Inc.; Kaiser Permanente Insurance Company; Kaiser Health Alternatives; Kaiser Permanente Ventures, LLC; HAMI - Colorado, LLC; Lokahi Assurance, LTD; 1800 Harrison Foundation; Rainbow Dialysis, LLC.; Colorado Permanente Medical Group, P.C.; Hawaii Permanente Medical Group, Inc.; Mid-Atlantic Permanente Medical Group, P.C.; Northwest Permanente, P.C., Physicians and Surgeons; Permanente Dental Associates, P.C.; Ohio Permanente Medical Group, Inc.; Southern California Permanente Medical Group; The Permanente Medical Group, Inc.; The Southeast Permanente Medical Group, Inc.; The Permanente Federation LLC; and Permanente Advantage, LLC.

Kaiser Permanente is a registered tradename.

Kaiser Permanente HealthConnect® and KP HealthConnect Kaiser Permanente’s electronic health information system.

Management Includes senior leaders (such as senior vice presidents, regional presidents, vice presidents, executive medical directors, associate and assistant medical directors, physicians-in-chief, area medical directors, etc.), middle managers (such as directors, department administrators, and chiefs), frontline supervisors (such as nurse supervisors and project managers), and any other position with direct reports.

Member of the same household See Relative and Personal relationship.

Modest gift Items valued at less than $25 per person. See Cash-equivalent gifts and Gifts.

Offensive Includes products containing tobacco products, weapons of any kind, or anything depicting nudity or deemed as lewd, vulgar, or in any way unpleasant.

Personal relationship Includes, but is not limited to, a dating/sexual relationship, engagement for marriage or domestic partnership, or a business relationship, such as joint-ownership in an off-duty business venture.

Physicians and employees This includes:
- Physicians associated with the Permanente Medical Groups
- Full-time, part-time, and contingent employees (including management) of Kaiser Foundation Health Plan, Inc., and its subsidiaries; Kaiser Foundation Hospitals and its subsidiaries; the Permanente Medical Groups, The Permanente Federation LLC, and Permanente Advantage, LLC.

PMG Permanente Medical Group.
**Regular basis** Occurs more than four times per year or more than once per quarter.

**Relative** A member of the immediate family of a physician or employee, or a member of the immediate family of a physician or employee’s spouse or domestic partner, including but not limited to:
- Spouse/domestic partner
- Parent/step parent/parent in-law/step parent in-law/in loco parentis
- Child/step child/legal ward/foster child/adopted child
- Daughter/step daughter/daughter in-law/step daughter in-law
- Son/step son/son in-law/step son in-law
- Sister/step sister/sister in-law/step sister in-law
- Brother/step brother/brother in-law/step brother in-law
- Grandparent/step grandparent
- Grandchild/step grandchild
- Aunt/uncle/nephew/niece/first cousin
- Any other person living in the physician or employee’s household

**Research Sponsor** An entity that provides funding for a research study or an investigational product that is being tested in a study. Examples of research sponsors are individuals, pharmaceutical companies, device manufacturers, foundations, academic institutions, or governmental agencies. Research sponsor also includes the manufacturer of any product being evaluated in the research study. Kaiser Permanente entities are not research sponsors.

**Services** Are either complimentary or routine in nature and are not related to health care services. These include, but are not limited to, valet parking for members or patients, transportation for members or patients, and coffee carts.

**Signing authority** Employees and physicians who have the authority to sign contracts, authorize payments, and/or have any decision-making authority over the selection of vendor products or services.

**Senior-level approval** Includes regional presidents, medical directors, physicians-in-chief, area medical directors, and higher level positions that can authorize action. Appropriate levels are clearly defined in applicable policies.

**Social media and social networking** A set of public technologies and channels used to form a community of participants and enable that community to collaborate. Examples include Facebook, MySpace, Twitter, Yammer, LinkedIn, Yelp, and others.

**Stocks** Any outstanding shares of a company.

**Vendor** Includes any individual or organization that offers, supplies, or sells products or services to Kaiser Permanente, including independent contractors such as consultants.
2. Respect Confidentiality, Privacy, and Security

Much of the information we collect from patients — including medical condition, history, medications, and family illnesses — is very sensitive and protected under privacy and information security laws. In addition, we must abide by any business associate agreements that we have with self-funded health plans, which further restrict our access to and use of protected health information (PHI).

Keeping data confidential, private, and secure is essential to:
- Preserving the trust of our members and patients
- Providing quality health care
- Complying with federal and state regulations and Kaiser Permanente policies

Consider This…
My co-worker Abraham has missed a lot of work lately and, quite frankly, he doesn’t look so well. I’m worried that he is sick and I want to be there for him. Even though I’m not officially caring for him, is it ok for me to check his medical record to see how he’s doing in case there’s any way I can help?

No. It's great that you want to help your colleague, but it's against the law for you to look at a medical record unless you are authorized in writing to do so, or need access to the information to do your job.

All members and patients — including your family, coworkers, and public figures — have a right to privacy.

Looking up medical records without a business need to know is against the law, so play it safe and don’t look. Kaiser Permanente regularly checks electronic logs of what data has been accessed. Physicians and employees who have accessed medical records inappropriately have been identified and disciplined — some have even lost their jobs.
If you access medical records inappropriately, both you and our organization could face government penalties and fines. Unauthorized access endangers the trust our members and patients have in Kaiser Permanente and our good standing in the community.

**Check It Out:** See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your **chief** or **immediate supervisor**. If you would like more guidance on this topic, speak with your privacy and security officer or compliance officer.

Without fail, physicians and employees are expected to follow the requirements of the Health Insurance Portability and Accountability Act (HIPAA), other laws, and Kaiser Permanente’s policies on confidentiality, privacy, and security. Failing to do so may result in:

- Disciplinary action
- Termination of employment
- Criminal prosecution by the Office for Civil Rights, state attorneys general, or U.S. attorneys
- Prison time
- Sanctions
- Disclosure to and/or discipline by your applicable licensing board(s)
- Personal fines

Physicians and employees should always:

- Access the minimum amount of information necessary to do your job, whether you are performing administrative and/or business duties or providing care.
- Use confidential information appropriately, including:
  - Access confidential information or PHI only with proper security authorization.
  - Use the minimum PHI necessary to do your job.
  - Follow all laws and policies and procedures that apply to your job if there is a business need to access the PHI of a family member, friend, or third party (such as a co-worker), or your own medical record.
- Discuss patient information:
  - Only when it is required for your job.
  - Only when federal and state laws permit you to do so.
- Keep **electronic devices** password protected and secure.
- Make sure doors to restricted areas where sensitive information is kept are locked.
- Retrieve printouts containing PHI promptly from shared fax machines and printers.
- Use a privacy screen on your computer monitor if the screen is visible and readable by others.
- Log off of a shared computer or lock your computer before walking away from it so others cannot use it with your user identification.
• Restrict access by **vendors** to PHI unless an appropriate process has been followed (for example, completing a business associate agreement).

Physicians should refer to the applicable Permanente Medical Group (PMG) policy.

**Consider This…**

We mail printouts of patients’ lab results and sometimes the pages get stuck together, so someone else’s results end up getting mailed to a member. We can just ask the member to throw away the results that don’t belong to them, right?

Wrong. Improperly revealing PHI without authorization from a member or patient is a serious violation of that person’s privacy, even if it’s accidental. If this happens, there are several notifications that must take place to ensure the member is informed and the situation is resolved. Also, papers containing PHI need to be disposed of properly through shredding or another destruction method. Don’t ever throw papers with PHI in ordinary trash receptacles.

**Check It Out:** See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief or immediate supervisor on how to handle PHI appropriately.

### 2.1 Store Confidential Information Correctly

You should store confidential information such as PHI on **Kaiser Permanente’s secured network servers** rather than on **electronic devices**.

**Senior-level approval** is required ahead of time if you have an essential business need to store confidential patient information on any desktop computer or portable electronic device.

When you get approval to store data on an electronic device, the data must be encrypted and other special physical and security steps, such as password-protecting the device, must be taken to protect against the information being misused if the device is lost or stolen.

**Did You Know…**

*Data saved on a computer or laptop’s desktop or C drive doesn’t get backed up.*

Data could get lost if there are technical problems with the device because it’s stored on the device itself and not on our servers, which are secured and backed up regularly. It’s just like storing data on an external device, like a thumb drive or CD, that isn’t connected to our servers.

Check with your IT department to make sure you’re saving data correctly on network servers.
3. Focus Resources on Member and Patient Care

3.1 Detect and Prevent Fraud, Waste, and Abuse

Kaiser Permanente’s fraud control program protects our members and patients and preserves our resources to reduce costs and help us provide affordable health care. This is part of our mission and values and requires the involvement, commitment, and participation of every physician and employee. Many of our activities at work are monitored to prevent and detect fraud, waste, and abuse.

Legally Speaking...

Fraud is a deception or misrepresentation made intentionally or with reckless disregard of the truth, knowing that the deception could result in some unauthorized benefit to the perpetrator, another individual, or an entity.

Examples Embezzlement, false claims, kickbacks, bribery, false financial reporting, software piracy, credit card fraud, expense account fraud, identity theft, check fraud, false Workers Compensation claims, fraudulent vendor billing, member fraud, mail fraud, and falsifying timecards.

Find Out More

Learn more about Kaiser Permanente’s fraud control program at kp.org/compliance > Employees & Physicians > Compliance Programs > Compliance Programs > Fraud Control.
3.2 Follow Anti-Fraud Laws

Physicians and employees must never participate in fraudulent activity at work. We must preserve our resources to provide the most affordable health care for our members and patients. If you are aware of any fraudulent activity, you must report it to your chief or immediate supervisor, compliance officer, internal audit services, controller, human resources representative or the Compliance Hotline at 1-888-774-9100.

See Section 5.1 Safeguard and Use Our Assets and Information Properly for more on fraud, waste, and abuse prevention.

See Section 8.5.4 Patient Referrals, 8.5.5 Follow Anti-Kickback Laws, and 8.6.2 Purchase and Contract Fairly for more on avoiding fraud.

Physicians and employees must document and code (where applicable) patient care provided in an accurate, complete, and timely manner. Claims and supporting medical record documentation must comply with all applicable coding requirements. This documentation is the basis for regulatory reporting and many other activities, including billing, quality reporting, and financial forecasting, so it is very important that it is accurate.

In the health care industry, government definitions of fraud include certain acts that are not intentional. For example, if we submit a claim with a mistake to the Centers for Medicare and Medicaid Services (CMS), it could be considered fraud, even if the mistake is accidental.
4. Support Community Involvement

Kaiser Permanente believes that by serving our communities’ interests and overall social goals, we can help to improve the health of everyone, especially those who are most vulnerable in our communities. We believe everyone should have access to high-quality health care, regardless of their ability to pay.

Kaiser Permanente has always taken a leadership role in our communities — creating and sponsoring programs as well as supporting physician and employee volunteerism. We recognize our ability to influence change nationally and locally, and we believe in being visible and active participants in the communities where we live and work.

Find Out More: You can learn more about Kaiser Permanente’s Community Benefit Program at kp.org/communitybenefit, or volunteer opportunities at kp.cares.org.

Consider This...
I’m active in my church’s Single Parent Support Group. We are filling backpacks for kids getting ready to go back to school and need some supplies. I’ve seen sunscreen and water bottles given out at health fairs and I think our kids would really love these. Can I get some for our kids?

All requests for contributions must be directed to the Community Benefit/Community Relations department for review and approval. Each region has community benefit goals and funding guidelines to address community needs. While Kaiser Permanente is committed to providing support to the community, unfortunately we may not be able to fulfill every request.

Check It Out: See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief or immediate supervisor.
4.1 Disclose When Serving on Boards

Many of our physicians and employees share their professional expertise in a personal way by volunteering to serve on a board of directors or on an advisory board for community-based organizations.

Unless your job responsibilities require that you serve on a community board or committee as a Kaiser Permanente representative, you must make it clear that your involvement with an organization is as an individual, and that you do not necessarily represent Kaiser Permanente’s interests or perspectives.

You must disclose in writing your involvement with community organizations to your chief or immediate supervisor, if:

- These activities conflict with the work or mission of Kaiser Permanente or with your individual job responsibilities.
- The position is connected with an official city, county, state, or federal commission, board, or committee.
- The organization is requesting a contribution in cash, goods, or services from Kaiser Permanente.
5. Protect Our Assets and Information

5.1 Safeguard and Use Our Assets and Information Properly

Kaiser Permanente’s assets are to be used for Kaiser Permanente health care and business purposes only. They must be handled with care and protected against all forms of misuse, waste, damage, and loss. Do not use Kaiser Permanente assets for personal gain or benefit, or dispose of assets outside of authorized practices regardless of condition or value. Consult with Community Benefit/Community Relations if you would like to give away Kaiser Permanente assets.

Physicians and employees must protect Kaiser Permanente’s assets. If you are aware of any fraudulent activity, you must report it to your chief or immediate supervisor, compliance officer, internal audit services, controller, or human resources representative.

Consider This…

In the past few years I’ve seen some of our regular patients struggle financially because they’ve had their work hours reduced or a family member has lost a job. A few of them have asked me if I can waive the registration co-pay. I feel so bad because I don’t want to be responsible for a member not coming in for an appointment because they can’t afford to, but I’m quite sure I can’t do this. What should I do or say?

While co-pays cannot be waived (except in accordance with policy), members and patients cannot be denied services for not having their co-pay. If members or patients cannot make their co-pay when they receive services, they will be billed after the service or other arrangements will be made.

Check It Out: See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief or immediate supervisor on where to direct members and patients for financial assistance.
5.1.1 Use Information Systems Appropriately

Kaiser Permanente’s information systems include KP HealthConnect, e-mail, voicemail, instant messaging, the Kaiser Permanente intranet, and access to the Internet over the Kaiser Permanente network. These assets are tools for physicians and employees to use in providing care to Kaiser Permanente members and patients and to conduct Kaiser Permanente business. All communications, including electronic communications on hand-held devices, must be conducted in a professional, respectful, and lawful manner that is appropriate in a business environment.

Find Out More
See Section 2. Respect Confidentiality, Privacy, and Security to learn more about accessing information systems appropriately and the safeguards in place to protect patients and their health information.

Kaiser Permanente information systems should never be used to engage in activities that are illegal or illicit, that violate Kaiser Permanente policies, or that could damage our reputation or result in liability for Kaiser Permanente.

The following activities are not allowed when using e-mail, the intranet, or the Internet on Kaiser Permanente computers:

- Sending mass e-mails asking co-workers to support personal or professional causes
- Gambling
- Bidding on/purchasing items other than for Kaiser Permanente use (using eBay, craigslist, and so forth)
- Viewing pornography or any other offensive, discriminatory, derogatory, or exploitative content
- Downloading and/or running external software not approved by Kaiser Permanente IT
- Downloading music and videos for personal use
- Accessing Twitter, Facebook, MySpace, and other social networking sites for personal purposes

Check It Out: See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as your area’s policies and procedures for social media, and check with your chief or immediate supervisor on using information systems and making representations about Kaiser Permanente in any external, public communications forums appropriately. If you would like more guidance on this topic, talk to your public affairs or communications office or your compliance officer.
Consider This
My co-worker collects rare silver coins. In between seeing patients, I often see him using his computer to bid on online auctions. Is this OK?

No. Kaiser Permanente information systems, including computers, are tools for work. While it's understandable that you may need to handle some personal matters during work from time to time, such as scheduling appointments or following up with teachers and so forth, participating in online auctions during work hours is not permitted.

Check It Out: See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief or immediate supervisor on using information systems.

Also, you should know that when you use Kaiser Permanente information systems, all data and communications — including e-mail and voicemail messages — become the property of Kaiser Permanente and can be monitored and reviewed. While Kaiser Permanente respects the privacy of physicians and employees, it is legal for Kaiser Permanente to monitor your e-mail and Internet usage (including the frequency and duration of visits to specific websites) and your access to information systems and tools — without your consent or prior notice.

5.1.2 Safeguard Confidential Information
Confidential information, such as Kaiser Permanente's financial data and reports, strategies, initiatives, and similar material, should not be shared with anyone outside the organization unless you have received approval to disclose it from someone who is a decision maker for that confidential information.

Check It Out: See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief or immediate supervisor about what is considered confidential.

5.1.3 Protect Intellectual Property and Research
Intellectual property includes ideas, strategies, patents, copyrights, inventions, and trademarked programs (for example, KP HealthConnect). These assets help to keep Kaiser Permanente competitive and contribute to the body of knowledge that advances health care. All research and intellectual property generated in the course of employment at Kaiser Permanente are the property of Kaiser Permanente.

If you suspect that any intellectual property has been disclosed inappropriately, stolen, or lost, you should report it right away to your chief, or immediate supervisor, human resources representative, compliance officer, or the Compliance Hotline at 1-888-774-9100.
5.1.4 Use Funds Appropriately

Kaiser Permanente funds, which include anything that has or represents financial value, must be handled responsibly, honestly, and in strict compliance with Kaiser Permanente policies. Corporate credit cards must be used only for authorized business purposes and cannot be used for personal charges.

5.1.5 Keep Track of Assets

Chiefs and immediate supervisors have a responsibility to keep track of the assets issued to physicians and employees in their unit or department. Kaiser Permanente assets should be returned when a physician or employee is promoted, is transferred, or leaves Kaiser Permanente.

Chiefs and immediate supervisors should have a current list of all assets held by physicians and employees and should review this list to ensure that it remains current.

5.1.6 Entering Kaiser Permanente Facilities

To protect the safety and security of our members, patients, physicians and employees, and Kaiser Permanente assets:

- Wear your identification at all times.
- If you see people without identification, offer to assist them in getting to their destination.
- If you see people without proper identification or without an escort in a restricted area:
  - Offer to escort them to an appropriate area.
  - Get an authorized person to assist them.
  - Report them to security.
- Do not provide unauthorized people with access to Kaiser Permanente facilities.
- Access Kaiser Permanente facilities yourself only for legitimate business purposes during the hours that you are authorized to do so.

5.2 Maintain Accurate Business Records

It is important to maintain accurate business records, including providing the purpose of a business meal and individuals in attendance in expense reports, reporting financial and statistical information to third parties, filling in timesheets, and so forth.

Physicians and employees who provide data or information they know or suspect is false are subject to discipline, up to and including termination of employment.
Consider This…
Because we do everything electronically on KP HealthConnect now, we don’t need to keep all these paper charts or medical records anymore, right?

Wrong. Those paper charts and medical records contain years of valuable information about our patients. While KP HealthConnect helps Kaiser Permanente care for our members and patients more effectively and efficiently, we need to maintain certain paper medical records in accordance with laws and other requirements.

5.2.1 Retain and Destroy Company Records According to Policy
Kaiser Permanente business records should be retained or destroyed according to federal, state, and local laws and regulations; applicable licensing, accreditation, and contractual requirements; and applicable Kaiser Permanente policy.

Never destroy, change, or conceal any record if you have been instructed to keep it, or if you know or think it’s possible the record may be involved in an investigation or litigation.

Check it out: See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief or immediate supervisor on how to handle records and PHI appropriately.
6. Protect Our Reputation

6.1 Market and Communicate About Kaiser Permanente Accurately and Strategically

Federal and state laws protect the public from marketing that is deceptive and dishonest. Determining how, where, and to whom we advertise Kaiser Permanente products and services involves strategy, creativity, and consistency. It also involves being truthful and accurate.

Only authorized individuals may communicate, either directly or indirectly, to the public on behalf of Kaiser Permanente. Communication includes relaying information in any form, including but not limited to print advertising, publications, flyers, Web-based media, radio, television, press releases, interviews, electronic advertisements, kaiserpermanente.org and all other websites owned and/or operated by Kaiser Permanente.

All types of external communications must be reviewed and approved by the appropriate national or regional communications group for your area:

- Brand Marketing
- Marketing Communications
- Brand Strategy, Communications, and Public Relations
- Communications or public affairs staff for your area

Some materials, depending on their content and the audience, may also need to be reviewed by the Kaiser Permanente attorney for your area and your compliance officer to ensure that they have been approved by applicable federal and state agencies.
It is also important that you not photocopy any type of educational materials that have been produced outside of Kaiser Permanente and give them to members or patients without copyright permission from the publisher.

Permanente Medical Group physicians should follow applicable PMG policy for these activities.

**Consider This…**

_I want to let members know about a new support group we are offering at our medical center. I could easily make a flyer and post it in our waiting area, but I’m told that we need to go through public affairs or marketing. Why all the bureaucracy?_

We want to make sure that we communicate with our members and patients consistently, in both written and oral communications. Kaiser Permanente has invested a great deal in building and promoting our brand, and we want to make sure that all external communications are consistent with our brand, whether we are communicating with our members or patients through a flyer or an appointment reminder.

### 6.2 Know What to Say When Speaking Externally

Whenever employees interact with the media, participate in social media, talk about _Kaiser Permanente_, participate in external conferences and presentations and share any information about Kaiser Permanente, you must get approval from your immediate supervisor and your public affairs or external communications staff to ensure that we comply with all laws and regulations governing the release of information and to correctly promote our brand and protect our reputation.

These interactions include, but are not limited to, contacts with reporters, writers, bloggers, videographers, and members or non-members participating in social networking sites or devices. This also includes any public speaking about our organization, for example, speaking to an outside group such as your local Rotary Club or your daughter’s school on career day.

If you receive any request for an interview, speaking engagement, or social media interaction, or if you determine that you want to engage in a social media conversation that mentions Kaiser Permanente, you should discuss it with your immediate supervisor and your public affairs or external communications staff.

Permanente Medical Group physicians should follow applicable PMG policy when speaking externally.

**Check It Out:** See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures, for your area, and check with your chief and immediate supervisor on social media and communicating outside of Kaiser Permanente.
7. Treat One Another with Dignity and Respect

We believe that all our physicians and employees have a right to receive fair and just treatment and that we all have the responsibility to treat one another respectfully. This extends to our relationships with members, patients, customers, vendors, the community, and anyone who comes into contact with Kaiser Permanente.

7.1 Value Workforce Diversity

Kaiser Permanente has long been known for its leadership in workplace diversity. The diverse ideas and backgrounds we bring to the workplace strengthen Kaiser Permanente, and create a workplace environment in which everyone can thrive.
Kaiser Permanente is committed to promoting and maintaining an inclusive, high-performing culture in which everyone celebrates innovative thinking, and makes full use of each others’ talents, experience, and backgrounds.

If you believe that you or any other Kaiser Permanente physician or employee has been subject to discriminatory conduct, you should report it promptly to your chief, immediate supervisor, or human resources representative. You may also use the Equal Employment Opportunity Internal Complaint Procedure or the Compliance Hotline at 1-888-774-9100. Chiefs and immediate supervisors must report allegations of discrimination to human resources right away regardless of who is engaged in the alleged misconduct.

7.1.1 Respect Member and Patient Diversity
Kaiser Permanente has the privilege of serving a diverse population. This privilege comes with the responsibility of considering and respecting members’ and patients’ cultural needs and values when we care for them or have contact with them and their families.

Our goal is to deliver unbiased, culturally appropriate health care that incorporates the diversity of health beliefs, practices, and communication preferences of our very diverse membership. Kaiser Permanente does not discriminate against patients on the basis of sex, age, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity, marital status or source of payment.

Consider This…
I get frustrated and irritated when I work with members or patients whose family and friends speak in another language. Is it OK for me to ask members or patients to speak in English?

No. Our members and patients have the option of speaking in their preferred language. If needed, offer interpretive services to ensure that you and the member or patient understand one another.

It’s important to remember that the health care setting can be stressful. When members and patients speak in their preferred language, they may be able to communicate the care or help they need more clearly than if they were required to speak in English.

Check It Out: See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief or immediate supervisor on respect and fair treatment for members and patients. If you would like more guidance on this topic, talk to your diversity or linguistic services department.
7.2 Foster a Harassment-Free Environment

We do not tolerate harassment of any kind by anyone in violation of **Kaiser Permanente** policies, whether it involves an **employee**, **physician**, executive, **vendor**, contractor, member, patient, or anyone else. We believe in personal dignity and respect for one another. Whether or not an offense was intended, harassment — or the perception that it exists or has occurred — is harmful and creates a less effective work environment.

Harassment takes many forms. A few examples include:

- Jokes, insults, threats, and inappropriate comments about a person’s race, color, sex, gender identity, age, religion, national origin, ancestry, citizenship, physical or mental disability, veteran status, sexual orientation, genetic information, or other status protected by applicable federal, state, or local laws
- Unwelcome sexual advances, sexual remarks, displays of offensive material, requests for sexual favors, and other unwelcome verbal or physical conduct of a sexual nature
- Verbal, physical, or visual conduct that disrupts another’s work performance or creates an intimidating, harassing, or hostile work environment
- Communicating or displaying offensive material in the workplace

If you are the victim of workplace harassment, or see or hear it taking place, you should report it immediately to your **chief**, **immediate supervisor**, human resources representative, or compliance officer. You can also call the Compliance Hotline at 1-888-774-9100.

**Consider This**…

*Two of my co-workers are constantly engaging in very obvious flirtatious behavior. While I think this is more talk than action, it makes many of us uncomfortable. Our supervisor just laughs about it and says it’s “harmless.” What should we do?*

Report it. These two employees are creating an uncomfortable work environment that could be impacting your team’s effectiveness. Raise the concern with your human resources representative or your compliance officer.

**Check It Out**: See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief or immediate supervisor on fostering a harassment-free environment. If you would like more guidance on this topic, talk to your human resources representative or compliance officer.
7.3 Make Safety and Environmental Awareness a Priority

We want to keep everyone who steps into a Kaiser Permanente facility safe. This includes members, patients, visitors, physicians, employees, vendors, and volunteers. We also want to ensure that the way we do business is mindful of short- and long-term environmental impact.

7.3.1 Focusing on Workplace Safety

Safety is an important Kaiser Permanente value. Kaiser Permanente complies with all laws and regulations that govern workplace health and safety, and our standards often exceed minimum safety requirements.

We all play a role in ensuring workplace safety. Kaiser Permanente’s senior leaders are responsible for having the right policies, procedures, systems, tools, equipment, and training in place, and for addressing unsafe conditions or security issues promptly. It is everyone’s responsibility to work safely and to report any unsafe conditions or security-related issues immediately. We must all work together to create a safe, secure, and injury-free workplace.

You are required to:

- Participate in safety training programs.
- Follow safety standards and incorporate them into workflows and performance improvement projects.
- Report safety concerns as they arise to your chief, immediate supervisor, or safety manager.
- Share and discuss ideas about improving safety with your co-workers and your chief or immediate supervisor.
- Familiarize yourself with safety resources, including getting to know your safety manager.
- Contact a security office or law enforcement personnel, as appropriate, when a crime is in progress and/or an individual’s life could be in jeopardy.

7.3.2 Reporting Work-Related Injuries

Kaiser Permanente is required to record and report work-related injuries. While we want to have zero occurrences of work-related injuries, they do occur, and it is critical that these accidents and incidents are reported. Laws require us to record and report these incidents, and doing so helps Kaiser Permanente put better mechanisms, processes, and practices in place to avoid them in the future.

If you are involved in an incident, you must report it promptly to your chief or immediate supervisor and follow the necessary procedures.

Consider This…

I work in the chart room, and I like to do my work while listening to music. I put on some good tunes, stick my ear buds in, and I’m good to go! My supervisor makes me take the headphones out. Why?
Having headphones in your ears interferes with your ability to hear others. This may pose a danger while you are moving around the chart room, walking down hallways, etc. Rules specific to a department are often implemented to avoid injuries.

**Check It Out:** See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief or immediate supervisor on making safety a priority at work. If you would like more guidance on this topic for your department, talk to your safety manager or compliance officer.

### 7.3.3 Cooperating With Periodic Federal and State Inspections

From time to time, federal and state agencies may make unannounced visits to our facilities to conduct inspections. **Physicians and employees** must cooperate with these officials and contact a **chief, immediate supervisor**, compliance officer, and/or safety manager to assist with the inspection right away.

### 7.3.4 Minimizing Our Environmental Footprint

**Kaiser Permanente** is dedicated to environmental sustainability because a healthy environment has a direct and positive impact on both individual and community health. **Kaiser Permanente physicians and employees** should reduce Kaiser Permanente’s environmental impact by reducing waste (for example, using less paper), participating in recycling programs, conserving energy and water, and using renewable resources whenever possible. If you have suggestions on ways that we could provide care or do business in a more environmentally sustainable manner, share them with your **chief, immediate supervisor**, facility green team member, or safety manager.

### 7.3.5 Reporting Environmental Hazards

If you know or suspect that an environmental hazard has occurred, you must notify your **chief** or **immediate supervisor** or safety manager as soon as possible. Improperly disposing of hazardous materials can have negative effects on people and the environment. It could also result in **Kaiser Permanente** facing regulatory and criminal charges and penalties.
7.4 Know the Facts About Retaliation

Kaiser Permanente prohibits retaliation of any kind against individuals who in good faith report or participate in the investigation of any complaint. This includes retaliation between peers, immediate supervisors and employees, physicians and employees, vendors and employees, and so forth.

If you believe you or others are being retaliated against in any way for reporting or participating in the investigation of suspected illegal, unethical, or otherwise inappropriate acts, you must immediately refer the matter to your compliance officer or call the Compliance Hotline at 1-888-774-9100.

Kaiser Permanente is committed to creating a work place where physicians and employees are protected from retaliation when you speak up and make a good faith report of inappropriate or suspicious activities or when you refuse to participate in wrongdoing.

All Kaiser Permanente physicians and employees are covered by the whistleblower protections in the Federal False Claims Act and other federal and state whistleblower laws and regulations.

The Federal False Claims Act is intended to reduce fraud, waste, and abuse of federal funds by allowing private parties to bring suit on behalf of the government against people or businesses alleged to have committed fraud. The act also protects whistleblower physicians and employees from retaliation by employers.

**Consider This...**

*In comparing patient visits and the claims submitted over the past few months, I think the way my manager is filing Medicare reimbursement claims is not correct. I’m scared to say anything about it because my manager could get into a lot of trouble and, I think, so could I. What should I do?*

You should discuss your concerns with your compliance officer, speak with the Kaiser Permanente attorney for your area, or call the Kaiser Permanente Compliance Hotline at 1-888-774-9100. The Federal False Claims Act and other federal and state whistleblower laws protect you. Kaiser Permanente will not discharge, demote, suspend, threaten, harass, or in any manner discriminate against physicians and employees in retaliation for exercising their rights under these laws.
Make Objective and Fair Decisions

8. Avoid Conflicts of Interest

Kaiser Permanente’s distinguished reputation as an innovator and health care pioneer has been earned through the efforts of physicians and employees over more than six decades. Maintaining and protecting that reputation depends directly on our actions and the integrity with which we conduct our work.

Workplace decisions must be made objectively and fairly. If you have a conflict of interest, or other persons reasonably could believe that you have a conflict of interest, the objectivity and fairness of your decisions could be questioned by your colleagues, coworkers, or even the federal and state government. In fact, many federal and state government agencies now have specific rules on conflicts of interest and we must comply with them.

If you think that you or a coworker might have a conflict of interest, talk with your chief, immediate supervisor, or compliance officer. These situations are often not clear cut and they will be reviewed by experts on a case-by-case basis.
8.1 Understanding How Conflicts of Interest Occur

Conflicts of interest occur any time your personal interests or personal relationships might impair, or might reasonably appear to impair, your ability to make an objective and fair decision based solely on what is best for Kaiser Permanente and the members and patients we serve.

Actual or perceived conflicts of interest arise from many different kinds of relationships. The relationships addressed in the Principles of Responsibility are vendor relationships, employment relationships, and financial relationships. There are countless other kinds of relationships that you might have as a Kaiser Permanente physician or employee that could generate an actual or perceived conflict of interest. Read the Kaiser Permanente policies that apply to you to check for other kinds of conflicts to avoid.

Our business model is a complicated one. Many parts of Kaiser Permanente are focused on the administrative aspects of running a health plan, while others are involved in providing actual health care in the medical office and hospital settings. We also contract with outside provider organizations.

The list of people and organizations we have relationships with is long and varied. Some of them include:
- Members, patients, and customers
- Business partners, including vendors, consultants, and unions
- Universities and training programs
- Benefit consultants and brokers
- Federal, state, city, and county governments
- Community-based organizations, volunteers, and foundations
- The general public

Many of these relationships are bound by a legal contract; others are not. The complexity of all these relationships can contribute to situations in which conflicts of interest may occur. This is especially true if roles, responsibilities, and accountabilities are not clear. When your role at Kaiser Permanente involves such interactions, you need to ensure that potential conflicts are managed appropriately.

8.2 How to Handle Conflicts of Interest

When potential conflicts of interest are not handled correctly, they can put both you and Kaiser Permanente at risk of fines, litigation, penalties, criticism from patients, interest groups, or government agencies, and negative media coverage. Investigating and resolving conflicts of interest can be costly. It takes time, money, and effort. These resources should be spent taking care of our members and patients and improving our quality of care.

8.2.1 Getting Help on Conflicts of Interest

To help manage conflicts of interest, Kaiser Permanente has developed the following guidance.
You should also be aware that some Kaiser Permanente employers and departments have more stringent conflicts of interest policies. For example, Kaiser Permanente physicians and employees who have direct decision-making authority over the pharmaceuticals that Kaiser Permanente buys are not allowed to accept anything of value from any pharmaceutical vendor. In addition, some of the PMGs have adopted policies that prohibit any PMG physician or employee from accepting anything of value from a Kaiser Permanente vendor.

Check to make sure you know which conflicts of interest policies apply to you. There may be more than one policy that applies to you, and you are required to comply with the strictest one. For example, a physician with the Southern California Permanente Medical Group (SCPMMG) who is also a member of the Kaiser Permanente National Products Council (NPC) is subject to the SCPPMG conflicts of interest policy and the NPC conflicts of interest policy. Since the NPC policy is stricter, the provisions of the NPC policy apply to that physician.

8.2.2 Conflicts of Interest Questionnaire

As a physician or employee, you may be asked to complete a conflicts of interest questionnaire. If so, you must answer honestly, completely, and in a timely manner. Not doing so could lead to disciplinary action up to and including termination of your employment.

The conflicts of interest questionnaire is not the only way for you to communicate a potential issue. Even if you are not asked, you must tell your chief, immediate supervisor, or compliance officer of any actual or potential conflict.

8.3 How to Handle Gifts and Business Courtesies

Creating and maintaining strong relationships with our members and patients, business partners, and customers is vital to our success. However, if you accept gifts from individuals or organizations that sell or offer to sell goods and services to Kaiser Permanente, you allow others to raise at least the possibility that your decision to do business with that vendor or prospective vendor was not made objectively or fairly and in the best interest of Kaiser Permanente.

8.3.1 Accepting Gifts from Vendors

Some Kaiser Permanente entities, such as The Permanente Medical Group, Inc., do not permit their physicians or employees to accept gifts from Kaiser Permanente vendors. Other Kaiser Permanente entities follow the rules that are included in the Principles of Responsibility.

In addition, Kaiser Permanente physicians and employees who have the authority to sign Kaiser Permanente contracts, authorize payment of Kaiser Permanente funds to vendors, or have decision-making authority over the selection of products or services purchased by Kaiser Permanente must not accept any gifts from a Kaiser Permanente vendor or prospective vendor.
If you do not have **signing authority**, you may be able to accept gifts from Kaiser Permanente vendors only if the following criteria are met and the policies that apply to you allow you to do so:

- The gifts do not violate any law or policy (See Section 8.3.3 Gifts You Cannot Accept).
- The gifts cannot reasonably be seen as an attempt to gain an advantage or be considered a bribe, payoff, or insider deal.
- The gift cannot be more than $25 per person per incident and is not given on a **regular basis**. (This includes meals.) Check your regional or local policy because some areas have adopted a $0 limit.

Although in some cases, limited exceptions or waivers may be granted, if you are invited to a business-related dinner or event that is paid for by a vendor and exceeds the $25 per person limit, then you must obtain your **chief’s or immediate supervisor’s** permission to attend. If the value that you receive at the dinner or event unexpectedly exceeds the $25 maximum, then you must disclose it to your chief or immediate supervisor as soon as possible.

Remember, you are responsible for knowing which policies apply to you, and complying with the strictest one. Some regions, Permanente Medical Groups, medical centers, and departments have stricter policies that you must follow. If you would like more guidance on this topic, talk with your compliance officer.

**Consider This…**
Alisa works in a Kaiser Permanente region that allows her to accept gifts worth less than $25. She attends a product training at a vendor’s office. Is it OK for her to:
- Have a bagel and cream cheese that is provided during a break?
- Be taken out for dinner at a restaurant after the session?

If the food does not exceed $25 in value, it is acceptable: a bagel is fine, but a four-course meal at a steak house probably wouldn’t be.

**Check It Out:** See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief or immediate supervisor.
8.3.2 Accepting Gifts from Grateful Members and Patients
Sometimes members and patients want to express their appreciation for the care they received by giving a Kaiser Permanente physician or employee a gift. You can accept reasonable gifts from grateful patients. Perishable items, such as food or flowers that cannot be returned, can be accepted and shared with others.

8.3.3 Gifts You Cannot Accept
As a Kaiser Permanente physician or employee, accepting some gifts is prohibited, including:

- Accepting a tip for a complimentary or routine service
- Receiving gifts or entertainments on a regular basis
- Receiving cash or cash-equivalent gifts (for example, checks, gift certificates or cards, coupons, and the like)
- Receiving gifts of more than a modest gift value (Note: If you receive a more than modest gift from a patient, speak with your chief or immediate supervisor.) (Note: If your Kaiser Permanente employer does not allow gifts of any value, you cannot accept any gifts, including modest ones.)
- Receiving weapons of any kind
- Receiving tobacco of any kind
- Receiving items that reasonably might be viewed as lewd, vulgar, pornographic, or offensive

Prohibited gifts must be refused, returned immediately to the sender, or donated appropriately.

Check It Out: If a situation comes up that falls outside of the above criteria, talk to your chief or immediate supervisor or compliance officer and see Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area.

Some regions, medical groups, medical centers, departments, and job functions have stricter policies on accepting gifts that you must follow.

In cases where Kaiser Permanente is an event sponsor, speak with your compliance officer and public affairs or communications department in your area about how to handle tickets.

8.3.4 Giving Gifts Using Kaiser Permanente Resources
There may be occasions when you want to show a vendor, customer, or government official your appreciation for exceptional work by offering a gift, meal, entertainment, or similar token of appreciation. This is acceptable if:

- It does not violate any law or contractual agreements.
- It cannot be construed as a bribe, payoff, deal, or any other attempt to gain advantage.
• The gift is worth no more than $25, or the limit established by the policy that applies to your job. For example, marketing and sales departments have more detailed policies on the kinds of gifts that are acceptable.

Just as we have policies about giving and receiving gifts, the recipient may have similar policies as well. Please make a prudent effort to ensure that the gift meets the recipient’s gift policy.

See Section 9.3.2 Interacting With Individuals and Organizations Restricted by the Government as well as Section 9.4 Protect Kaiser Permanente During Political Activities and When Making Political Donations for more on gifts, invitations, and donations involving government officials.

8.4 Avoid Conflicts of Interest in Personal Relationships

8.4.1 Employment of Relatives and Household Members

Employment decisions must always be made based on qualifications and merit. Kaiser Permanente permits relatives and members of the same household to work together if they are the most qualified candidates. However, the following employment relationships are not allowed:

• Reporting relationships — A physician or employee may not report directly or indirectly to a relative or someone you have a personal relationship with unless you disclose it to your chief or immediate supervisor and get senior-level approval. For example, a staff member cannot report to his aunt or to a chief or immediate supervisor who reports to his aunt.

• Awkward working arrangements — Relatives or members of the same household working together may create a real or perceived conflict of interest or an unethical or inappropriate situation by being a risk to safety, security, operations, or morale. For example, if relatives or members of the same household working together always take the same days off, the resulting pressure for others to cover their time off could affect the department’s effectiveness.

• Employment decisions — You may not make hiring and/or compensation decisions, including coaching, promoting, or termination of employment for any relatives, members of the same household, or someone with whom you have a personal relationship.

• Performance feedback — You may not provide performance feedback for any relatives or members of the same household.

You must give written notice to your chief or immediate supervisor (in your current department or any that you transfer to) of any work situations involving the employment of relatives, members of your household, or someone with whom you have a personal relationship.
Consider This…

The department chief’s niece was hired as a receptionist, and other department staff feel she’s being favored.

If the chief has direct oversight of the niece or her immediate supervisor, she shouldn’t have been hired into that position in the department. The reporting structure should be adjusted so that she doesn’t report up the chain to the department chief.

Jeff just learned that his wife, an independent consultant who often contracts with a large firm, just landed a contract to provide training for Kaiser Permanente. Is there anything he needs to do?

To avoid the appearance of a conflict of interest, Jeff should disclose to his chief or immediate supervisor that his spouse is a contractor to Kaiser Permanente.

Check It Out: You should seek guidance from a compliance officer on situations in your department. Each situation should be considered individually.

8.4.2 Relatives and Members of the Same Household Who Work for Vendors

Anyone with the authority to direct or influence the use of Kaiser Permanente assets must be careful to avoid any potential conflicts of interest with vendors.

See Section 8.5.7 Outside Directorships for more about serving on the board of directors of a vendor.

Consider This…

A new vendor just completed a project for my department and gave me a $50 gift voucher to say “thanks for the business.” I know that they received the Vendor Code of Conduct that says that gifts valued at more than $25 cannot be given or accepted. What should I do?

Thank the vendor for the work and for the gift, but let the vendor know that you cannot accept the gift voucher because it exceeds the $25 allowable amount and because gift cards are not acceptable. You may also want to get a copy of the Vendor Code of Conduct (go to kp.org/compliance and click Vendors & Contractors), highlight the section on gifts and business courtesies, and give it to the vendor to explain your actions.
8.5 Keep Our Financial Interests Separate

Kaiser Permanente physicians and employees must avoid situations where investments and outside income can influence or appear to influence decisions made on behalf of Kaiser Permanente.

Kaiser Foundation Health Plan, Inc., and Kaiser Foundation Hospitals are nonprofit organizations and their employees must follow rules that protect their tax-exempt status.

8.5.1 Outside Employment, Including Self-Employment

Different Kaiser Permanente entities have different policies about outside employment and outside income that may be stricter than the policy set forth in this Principles of Responsibility. You must comply with the policy of the Kaiser Permanente entity that employs you. Outside employment, including self-employment, by physicians or employees must always be avoided if it interferes or conflicts with Kaiser Permanente’s mission, business, or your work. Generally, physicians and employees cannot:

- Serve as a member of a board of directors or an advisory board of a Kaiser Permanente vendor. (See Section 8.5.7 Outside Directorships for more.)
- Be directly involved in the sale of a product or service to Kaiser Permanente while employed by Kaiser Permanente.
- Serve as a member of a board of directors, an advisory board, or as a consultant to a research sponsor of a study for which you are a researcher.

You must also give written notice to your chief or immediate supervisor before working as a consultant, independent contractor, representative, or employee of any organization that is a competitor of Kaiser Permanente. If an outside organization you are working for becomes a competitor, disclosure is required at that time.

Additionally, special situations may arise where written disclosure to your chief or immediate supervisor is required, such as contracting with a former physician or employee or contracting with an organization that you have worked with in the past. In some cases, exceptions or waivers may be granted.
If you work for Kaiser Permanente on an on-call or per-diem basis, you are not required to provide a written disclosure for work outside Kaiser Permanente unless it is for a Kaiser Permanente competitor. However, if you are asked to complete a **conflicts of interest questionnaire**, you must respond to all questions accurately, completely, and in a timely manner.

### 8.5.2 Honoraria and Speakers Fees

You cannot accept **honoraria**, speakers fees, or anything else of value from a **vendor** or **research sponsor** in exchange for teaching or giving presentations prepared in the course of work for **Kaiser Permanente** or presenting content related to Kaiser Permanente. This includes, but is not limited to, payment for:

- Time
- Travel expenses
- Meals
- **Entertainment**
- Recreational or social activities

If you are offered an honorarium when giving a presentation as a representative of Kaiser Permanente, you should turn over any honoraria to your Kaiser Permanente employer.

Presentations prepared in your personal time on content that doesn’t relate to Kaiser Permanente may be acceptable but must meet the requirements in Section 8.5.1 Outside Employment, Including Self-Employment, and any other policy that applies to you. If you give a presentation or lecture that is not prepared or delivered on work time and is not about Kaiser Permanente, accepting an honorarium from any of the following organizations may be acceptable — again, depending on the policy that applies to you:

- Educational institutions
- Training programs
- Professional associations
- Non-profit organizations
- Government agencies

However, you may be required to disclose and receive approval for acceptance of the honoraria, again depending upon your Kaiser Permanente employer and the policy that applies to your job or function.
8.5.3 Financial Interests and Investments

As a physician or employee, you must tell your chief, immediate supervisor, or compliance officer if you or anyone in your immediate family has a financial interest in any vendor, customer, or competitor as soon as you know of the connection. This is especially important to keep in mind if your job duties and responsibilities change over time.

For example, acquiring a financial interest in a piece of real estate may present a conflict if you have confidential information that Kaiser Permanente may be considering buying that property. This includes interests in real estate, patent rights, or securities. However mutual fund shares and insubstantial share holdings of a publicly held company do not need to be disclosed.

If you are a researcher, there are specific rules relating to holding investments and other interests in research sponsors. Please refer to the appropriate policy or your compliance officer for guidance.

If you have questions about financial interests, investment requirements, or similar situations, ask your chief, immediate supervisor, or compliance officer.

8.5.4 Patient Referrals

Federal, state, and/or local laws generally prohibit payment, either directly or indirectly, for referring certain patients for medical services. Specific laws also ban payment for patient referrals to a service provider (for example, laboratory services) where the referring provider or an immediate family member has a financial interest in that service provider. Health care providers are also prohibited from referring Kaiser Permanente members and patients to their own private practice for care. For example, a physician cannot refer a Medicare patient to a laboratory if that physician holds an ownership interest in that lab or receives any type of payment from that lab, unless a legally recognized exception applies.

Consult your chief, immediate supervisor, or compliance officer before making such referrals, because patient referral requirements are complex.

See Section 8.3 How to Handle Gifts and Business Courtesies for more on what kinds of gifts are and are not acceptable.

8.5.5 Follow Anti-Kickback Laws

Anti-kickback and Stark laws and similar state laws make it illegal for physicians and other health care providers to knowingly and willfully accept bribes or other kick-backs in return for generating Medicare, Medicaid, or other federal health care business.
This area of the law is complex. Arrangements that involve payments for things like recommending or ordering a particular drug, types of medical equipment, lab tests, and so forth are strictly prohibited. Keep in mind that there are stiff penalties for violations, including:

- Disciplinary action up to and including termination
- Large monetary penalties
- Exclusion from federal health care programs (for example, Medicare)
- Imprisonment up to five years (in the case of anti-kickback violations)

See Section 8.3 How to Handle Gifts and Business Courtesies for more on what kinds of gifts are and are not acceptable.

**Check It Out:** See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief, immediate supervisor, and legal counsel for your area if you have questions about this area of the law.

### 8.5.6 Physician Income and Investments

Physician partners and shareholders of the Permanente Medical Groups may not invest in or perform services for any organization providing health care services to patients in areas served by Kaiser Permanente, except as specifically permitted by PMG policy or as otherwise approved in writing by an authorized PMG senior leader. This includes any services that involve or require a medical license or medical expertise.

Income earned by PMG physicians and employees for professional services performed outside of your PMG is subject to the policies of your PMG.

### 8.5.7 Outside Directorships

Service on the board of directors of a vendor or potential vendor generally is not permitted. To serve on the board of a competitor requires written disclosure to your chief, immediate supervisor, or compliance officer.

See Section 4.1 Disclose When Serving on Boards for more on being involved in other organizations’ boards of directors.
8.6 Partner With Vendors to Support Our Values

8.6.1 Build Vendor and Contractor Relationships with Integrity

Running a successful organization often requires using the professional expertise of others and buying materials and products from third parties. It is critical for Kaiser Permanente to build these vendor and contractor relationships with integrity to ensure that business dealings between all parties run smoothly and to protect the interests of Kaiser Permanente.

**Check It Out:** See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief or immediate supervisor. If you would like more guidance on this topic, speak with your safety manager or compliance officer.

See Section 8.4.2 Relatives and Members of the Same Household Who Work for Vendors.

See Section 8.3 How to Handle Gifts and Business Courtesies for more on what kinds of gifts are and are not acceptable.

8.6.2 Purchase and Contract Fairly

Kaiser Permanente has negotiated contracts with some vendors that enable us to purchase products (such as office supplies) and services (such as express mail) that have a consistent quality at a discounted rate. Using only these select vendors helps reduce costs and improve quality.

**Check It Out:** Each region’s preferred vendor list varies. Check with your chief or immediate supervisor for the list you can work with.

8.6.3 Avoid Antitrust and Unfair Competition

Antitrust laws prohibit working together with competitors to:

- Set prices, terms, or conditions of sale
- Boycott customers or suppliers
- Divide markets by customers, territories, or services
- Limit free-market competition in other ways

Ask your Kaiser Permanente attorney if you ever question whether a business deal violates antitrust and unfair competition laws.

**Check It Out:** See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief or immediate supervisor.
8.6.4 Choose Vendors and Independent Contractors Fairly

Only physicians and employees who are authorized to enter into binding contracts on behalf of their respective Kaiser Permanente entity should attempt to do so. Selecting suppliers and vendors must be done fairly and objectively. The following factors should be considered carefully:

- Kaiser Permanente purchasing policies
- The well-being of our members and patients
- The best interests of Kaiser Permanente
- Whether the vendor is likely to provide quality products and/or services as promised
- Affordability

Decisions about what goods and services Kaiser Permanente buys should be made objectively and fairly. No one should use or attempt to use his or her position to advocate for or against a vendor unfairly. The criteria and process used to select a vendor should be documented, and the terms and conditions of the purchase should be defined clearly. Mistakes or misunderstandings can occur if agreements are made orally, over the telephone, or in other informal exchanges.

8.6.5 Fair Conduct for Vendors and Independent Contractors

Just as physicians and employees are expected to treat our business partners fairly, vendors and independent contractors are expected to conduct business professionally and to follow Kaiser Permanente’s Vendor Code of Conduct. All vendors should be given a copy of and follow the Vendor Code of Conduct and familiarize themselves with applicable Kaiser Permanente policies.

For More Information

Go to kp.org/compliance and click Vendors & Contractors for a copy of Kaiser Permanente’s Vendor Code of Conduct and the Principles of Responsibility.

When you contract with a vendor, you are responsible for making sure that vendor is following Kaiser Permanente’s policies and all other requirements in the work that you are directing or have assigned to the vendor.

If you ever have a concern about the relationship you have with a vendor or independent contractor, talk with your chief or immediate supervisor and refer to the Vendor Code of Conduct. You also can find more by reviewing Section 8. Avoid Conflicts of Interest, Section 3.2 Follow Anti-Fraud Laws, and Section 8.5.5 Follow Anti-Kickback Laws.

Check It Out: See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief or immediate supervisor.
9. Meet Government Expectations and Cooperate With Government Inquiries

From time to time, federal and state agencies may make unannounced visits to our facilities to conduct inspections. You also may get an inquiry, subpoena, or other legal document from a government agency regarding Kaiser Permanente’s business or care.

Physicians and employees must cooperate with government officials and contact your chief, immediate supervisor, or compliance officer right away. They will then contact your area’s safety manager and Kaiser Permanente attorney, as appropriate.

Involving these people helps ensure that Kaiser Permanente’s response is appropriate and meets all legal requirements.

Any documents, information, or testimony you provide to a government agency in response to an inquiry must be coordinated with Kaiser Permanente’s attorneys and must be truthful, accurate, complete, and timely. If you discover or suspect that you or someone else has made a misstatement — either by saying something incorrect or by creating a misunderstanding or misimpression through an omission — you must disclose it immediately to a Kaiser Permanente attorney so Kaiser Permanente can quickly take steps to correct the situation.

Consider This…

I heard that Kaiser Permanente has been asked by the government to turn over documents for a grand jury investigation. I’d prefer not to provide them with my personal notes, which I always save just for my own reference. Would it be OK to destroy them?

No. Deliberate destruction of documents that may be relevant in an investigation is illegal and against Kaiser Permanente policy. Never alter, conceal, or destroy documents or records if they have been requested by a government agency or if they are likely to be requested in connection with an investigation.
9.1 Interacting Appropriately With Government Officials

Most government officials and their staffs are prohibited from accepting anything of value, including services or gifts.

Speak with your compliance officer, the Kaiser Permanente attorney for your area, and/or the government relations department if you are thinking of offering gifts to any government officials or their staffs or inviting them to any Kaiser Permanente event.

9.2 Report Accurately to the Government

Any time that we are reporting to any federal, state, or local government agency, we must be accurate, complete, and timely. Here are some examples of this type of reporting:

- Centers for Medicare and Medicaid Services (CMS) cost reports — All cost and pricing information
- Corrective action plans (CAPs) — Responses to audit and investigation findings
- Medical records — Medical care and services
- Claim — Diagnostic and procedural coding requirements

Physicians and employees who are found guilty of providing misinformation could face criminal prosecution.

Check It Out: See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief or immediate supervisor.

9.3 Follow Licensing and Certification Requirements

Today’s health care industry is highly regulated, including everything from federal and state licensure for professional practices to building codes and various medical services.

You are responsible for following all professional licensing and certification requirements that apply to you, including keeping them up to date.

9.3.1 If Convicted of a Crime

If you are convicted of a crime in a court of law, you are required to provide written disclosure to your chief or immediate supervisor as soon as possible. This applies regardless of the type of offense committed, such as a felony or misdemeanor.

9.3.2 Interacting With Individuals and Organizations Restricted by the Government

The government keeps lists of individuals and organizations that have been excluded from government contracting or are not allowed to contract or subcontract with the Medicare, Medicaid, or other government health programs. Everyone in Kaiser Permanente, affiliated with Kaiser Permanente, and doing business with Kaiser Permanente will be checked for exclusion.
We screen these lists prior to a job candidate becoming an employee of Kaiser Permanente and monthly after an individual is hired. If you are added to any of these government exclusion lists, you must provide written disclosure to your chief or immediate supervisor as soon as you become aware of it.

Any existing or proposed employment, contract, or other association with any individual or entity on these lists will be handled on a case-by-case basis in accordance with the law and Kaiser Permanente policies.

Check It Out: See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your chief or immediate supervisor.

9.4 Protect Kaiser Permanente During Political Activities and When Making Political Donations

Kaiser Foundation Health Plan, Inc. (KFHP) and Kaiser Foundation Hospitals (KFH) are tax-exempt organizations. The privilege of having a tax-exempt status comes with very strict rules under Internal Revenue Service regulations. Federal law prohibits KFHP and KFH from making political campaign contributions, directly or indirectly through their employees or any other persons. Similarly, reimbursing employees for participation in any partisan political activity would jeopardize this tax-exempt status.

Check It Out: See Section 1.2 Refer to and Follow Laws, Regulations, and Policies for where to find additional guidance, such as policies and procedures for your area, and check with your government relations department if you have questions.

If you are an employee of KFHP or KFH and are personally involved in politics, you must express your political views as an individual and not as a representative of KFHP or KFH or as a physician or employee of Kaiser Permanente. Your personal political activities or donations must occur on your own time and at your own expense, off Kaiser Permanente property.

The rules are slightly different for physicians and employees of the Permanente Medical Groups (PMGs), which are taxable organizations. Each of the PMGs has adopted policies that relate to political activities.
10. Speak Up if You Have Any Questions or Concerns

Kaiser Permanente’s Principles of Responsibility, our code of conduct, provides guidance about business behavior expected of physicians and employees in our work and interactions with others.

There are many people and resources available to help you make ethical decisions, including:

- Your chief, immediate supervisor, or management
- Your human resources representative
- Your union representative
- Your compliance officer
- Your Kaiser Foundation Health Plan, Inc.; Kaiser Foundation Hospital; or Permanente Medical Group legal counsel or department, as appropriate
- Internal audit services
- Your controller’s office
- The National Compliance, Ethics & Integrity Office or website at kp.org/compliance
- National, regional, and local policy websites
- The Compliance Hotline at 1-888-774-9100
10.1 Report Potential Compliance Issues

Kaiser Permanente is committed to maintaining, as appropriate, confidentiality and anonymity for all individuals reporting compliance issues, real or perceived. You can seek guidance and report possible violations without fear of retaliation.

It is better to report something you suspect is occurring than to ignore it because you aren’t certain it is true.

**Consider This…**

_I think my boss has some stake in a side business that contracts with Kaiser Permanente for skilled nursing care. I’m not sure about it, though. I don’t want to report it in case I am wrong. What should I do?_

You should go ahead and report the issue to your local compliance officer. If you feel you want to make the report anonymously, you can call the Kaiser Permanente Compliance Hotline at 1-888-774-9100. Representatives from Kaiser Permanente’s National Compliance, Ethics & Integrity office would rather follow up on this situation and discover that all relationships are legitimate than learn about a real conflicts of interest situation through public criticism or other external sources.

10.2 Call the Kaiser Permanente Compliance Hotline

It’s always best to attempt to resolve an issue by talking with your chief or immediate supervisor or with any of the above contacts. If after doing so, you are still unable to address the issue, you can call the Kaiser Permanente Compliance Hotline for physicians and employees at 1-888-774-9100.

An outside firm answers all calls to the Compliance Hotline. Calls are never recorded or traced. Trained operators answer calls 24 hours a day, seven days a week. You can remain anonymous when you call or you can reveal your identity — it’s up to you. When reporting a potential compliance issue, be prepared to provide detailed information. Without enough information it may not be possible to properly investigate the issue.

The information you provide is sent to the National Compliance, Ethics & Integrity Office for review and action. They respond to all calls, which are handled by departments with investigative responsibilities such as legal, compliance, internal audit services, human resources, finance, information technology, and others.

Intentionally making a false report to the Compliance Hotline is a serious violation of Kaiser Permanente policies. Anyone who does so will face disciplinary action.

Kaiser Permanente’s reputation is in all our hands. We are fortunate to be guided by principles that have served us well and that will continue to make us proud. Thank you for reading the Principles of Responsibility with care, referring to them often, and committing to following them in your daily work.
Principles of Responsibility—Our Code of Conduct

Kaiser Permanente exists to provide affordable, high quality health care services to improve the health of our members and the communities we serve. Our Principles of Responsibility are our organization’s code of conduct, which guide us in our daily work and help us accomplish our mission in an ethical work environment. They rest on the foundation of the following Guiding Principles, which help us build an organization of which we are proud to be a part:

- Improve our members’ health and the nation’s health care
- Excel and innovate in our professions
- Respect members, patients, customers and one another
- Be fair and honest in our business dealings
- Demonstrate a commitment to compliance and ethics

Why the Principles of Responsibility are Important to You

- Every individual and organization that works for or on behalf of Kaiser Permanente is required to follow all applicable laws, policies, and the provisions of this code of conduct.
- Concrete examples throughout show how the Principles of Responsibility can help you with day-to-day issues that occur on the job.
- It will help you recognize and respond to potential compliance and ethics issues.
- You must sign a document stating that you have read and understand the Principles of Responsibility.
- You can’t follow what you don’t know!

What We’ve Updated in the Principles of Responsibility

Our Principles of Responsibility have been updated in the following key areas:

Gifts, Business Courtesies and Other Business Practices

Our business decisions should be free of actual, potential, or the appearance of conflicts of interest. A conflict may arise when personal or financial interests influence our judgment or interfere with our work responsibilities. The $100 limit on the acceptance or giving of gifts or gratuities to or from vendors or suppliers has been lowered to $25. Find out the minimum general standards for typical conflicts of interest, including gifts and business courtesies, employment of relatives, investments and outside income. There may be more stringent requirements based on your department or Kaiser Permanente committees on which you serve.

Fraud, Waste, and Abuse

We have updated information regarding antifraud laws. Kaiser Permanente will investigate allegations of fraud, waste or abuse and, where appropriate, will take corrective action, including but not limited to civil or criminal action. Specifically, the Federal False Claims Act and similar state laws are designed to reduce fraud, waste, and abuse by allowing citizens to bring suit on behalf of the federal government to recover fraudulently obtained funds (i.e.; “whistleblower” or “qui tam” actions). Kaiser Permanente physicians and employees may not be threatened,
harassed or in any manner discriminated against in retaliation for exercising their rights under the Federal False Claims Act or similar state laws. Learn more about our Fraud Control Program, applicable laws, and government requests and investigations.

**Respecting Confidentiality, Privacy and Security**
We included additional information regarding updated policies on confidentiality, privacy and security. Keeping member and patient identifiable information confidential, private, and secure is essential to preserving member trust, providing quality health care, and complying with federal and state regulations. We must be sure to access medical records only when it is essential to our job and keep all electronic devices password protected and secure and follow all administrative, technical, and physical safeguards designed to protect patients and their health information.

**Disciplinary Action for Violations of Policies or Laws**
Each of us is expected to comply with all applicable laws, federal health care program requirements, and Kaiser Permanente’s policies, and each of us is obligated to report any compliance violations. Disciplinary action—up to and including termination—may be taken for noncompliant behavior.

**Highlights of Other Information You'll Find**

**Respect for Others**
Kaiser Permanente recognizes and embraces the diversity of our workforce and the communities we serve. We’re committed to a workplace where members, patients, physicians, and employees are treated with respect. Learn about diversity, our non-harassment policy, and maintaining a safe and healthy work environment.

**Our Interaction with Suppliers and Vendors**
When choosing suppliers and vendors and negotiating contracts, our decisions must be made fairly and objectively, with patient well-being and the best interests of the organization in mind. Read more about your responsibilities.

**Accurate and Honest Recording and Reporting**
Maintaining complete and accurate records is essential. We must never create or change a document for the purpose of misleading anyone, and no relevant information should ever intentionally be left out, hidden, falsified, or covered up. We must comply with federal and state regulations—including Medicare requirements—when preparing and maintaining these records and communications. Find out about preparing clinical data, reports, and outcomes; and executing proper document retention and disposal.

**Safeguarding and Proper Use of Assets**
Kaiser Permanente assets are intended to be used for business purposes. Our assets include buildings, equipment, supplies, computers, voicemail or e-mail, knowledge and information. We are all responsible for safeguarding our organizational assets against misuse, waste, damage, loss, impairment, and theft.

**Serving Our Communities**
Have you ever been approached by a reporter about KP? Are you being asked to serve on a charitable board? As the nation’s leading integrated health care organization, we have an obligation to communicate information in a responsible manner. Find out what you need to do for externally-facing communications and activities.
Political Activities and Donations
Physicians and employees are encouraged to actively participate in the political process as private citizens.

As not-for-profit, tax exempt organizations, Kaiser Foundation Hospitals and each of the Kaiser Foundation Health Plans must not engage in partisan political activities supporting or opposing candidates for public office, political parties, or political action committees. Thus, these organizations are not allowed, directly or indirectly, to make (or reimburse employees for) political campaign contributions. Similarly, buildings and other assets owned by these organizations cannot be used in support of partisan political activities. To do so could jeopardize the tax-exempt status of these organizations. If you are employed by Kaiser Foundation Hospitals or any of the Kaiser Foundation Health Plans and are personally involved in politics, please be sure to express your political views as an individual and not as a representative of any of these organizations. In addition, your personal political activities or donations must be on your own time and at your own expense.

The rules are slightly different for physicians and employees of the Permanente Medical Groups, which are for-profit organizations. For more specific guidance regarding restrictions that apply to you and your organization, read the policy that applies to you and consult your supervisor, your Human Resources representative, or your Compliance Officer.

Our Non-Retaliation Policy
We all have a responsibility to maintain an environment in which we can speak candidly about our concerns and report suspected noncompliance. Managers and supervisors have additional responsibilities to promote this kind of environment. Kaiser Permanente does not tolerate retaliation against individuals who 1) report illegal, unethical, or otherwise inappropriate acts, 2) refuse to participate in wrongdoing, or 3) cooperate with government investigations.

Anyone who retaliates against individuals who report or refuse to participate in violations of law, regulations, policies, or the Principles of Responsibility is subject to disciplinary action up to and including termination.

Where to Get Help if You Suspect a Violation or Need Information
If you suspect a potential compliance, ethics or integrity violation, or have questions about specific actions or practices, you can get help by:

- Talking to your supervisor, manager or chief
- Talking to your Human Resources representative
- Talking to your facility or regional compliance officer
- Talking to your controller (for finance-related concerns)
- Visiting the Compliance Web site at kp.org/compliance
- Calling the Compliance Hotline at 1-888-774-9100
- Watching the video introduction to Kaiser Permanente’s Compliance Program, Compliance: A Path to Success, at kp.org/compliance and clicking the Employees & Physicians link.

Updated: 10/18/2007

To request this document in another language, contact National Compliance, Ethics, and Integrity at 510-271-4699.
HIPAA 101: The Privacy and Security Basics

Purpose:

This document gives you a basic understanding of Kaiser Permanente policies and state and federal law for protecting the privacy and security of Member/Patient Identifiable Information (MPII) and Protected Health Information (PHI). KP policies and local procedures provide more information about your roles and responsibilities related to your job. You are responsible for understanding this information and any additional information you need to comply with all laws and policies that affect your job. If you have questions about what you must do, consult with your supervisor, contract manager, your local Compliance Officer or your Regional Privacy and Security Officer. You can also access information at kp.org/compliance.

In most cases, you have received this information because you are a “limited time workforce member”—you work or volunteer at KP less than 160 hours/year. However, if your job description or contract requires you to routinely receive, access, create, use or disclose member patient individually identifiable information, including protected health information, you must take additional privacy and security training. Contact your contract manager or supervisor immediately to get the KP Privacy and Security web-based or instructor-led training for new employees.

Definitions:

**HIPAA** - (Health Insurance Portability and Accountability Act) requires all KP workforce members, regardless of job title or hours worked, to understand the risks and safeguard the privacy and security of individually identifiable information of our members and patients.

**MPII** - (member patient individually identifiable information), any member/patient individually identifiable information that KP has received, collected, created, transmitted or maintained in connection with the individual’s status as a KP member or patient. MPII includes financial data, credit card account numbers and pins, and protected health information (PHI), but not information in employment files.

**PHI** - (protected health information) defined by HIPAA to cover an individual’s past, present and future health care and health care payment information and those identifiers—such as name, medical record number, address, email, social security number, driver’s license number, etc., ---that individually identify a person. The law and policy requires you to protect all forms of PHI—written, spoken or electronic. For example, the law prohibits your accessing or discussing a member/patient’s medical diagnosis unless it is required for your job and allowed by the law. PHI is a sub-set of MPII.
Five Privacy and Security Principles You Must Follow:

- **Allowed or Required by Law**—you can only use or disclose MPII/PHI for purposes allowed or required by law.
- **Need to Know for Your Job**—if allowed or required by law, you can only access, use or disclose MPII/PHI if you need it to do your job.
- **Do Not Assume**—even though you think it is necessary to access, use or disclose MPII/PHI, to do so may not be permitted by law or policy. Ask your supervisor, Privacy/Security Officer or Compliance Officer.
- **Minimum Necessary**—do not use, access or disclose more information than is needed to do your job—use the least amount necessary.
- **Do the Right Thing**—always treat MPII/PHI as if it were one of your own and a member/patient’s most important possession.

Uses or Disclosures of MPII/PHI That Are Allowed or Required by Law

In general, HIPAA allows a KP workforce member to create, receive, access, use, or disclose MPII/PHI for the following purposes—but only if and when the individual’s job duties includes these activities:

- **Health care treatment**—the treatment team can use MPII/PHI to provide, coordinate, or manage health care and related services. A health care professional can not use MPII/PHI for other purposes—such as to check on the health care status of a colleague or friend UNLESS he/she is directly involved in the care of the patient, and therefore needs the information for treatment.
- **Health care or health plan payment**—MPII/PHI can be used for a variety of payment, billing, claims, and collection activities.
- **Health care or health plan operations**—MPII/PHI can be used for quality assessment, case management accreditation, underwriting, legal and audit functions, and business management.

Uses or Disclosures of MPII/PHI Prohibited by Law and Policy

If you are not using MPII/PHI for treatment, payment, or operations, then in most cases you must get a written authorization from the member/patient or remove all information that could identify an individual. For example, if you are a health care allied professions student rotating at KP from another institution, you cannot use KP MPII/PHI for your presentations or papers you prepare for your other school. If you are conducting a training session or presentation of any type, you cannot use MPII/PHI for screen shots in presentations.
When you leave KP employment—as either a KP employee, vendor or contractor—you may not remove, make copies of or continue to use, access, receive, or disclose MPII/PHI. Doing so is a violation of the law and KP policy.

If you are a contractor, you may not copy, use, or disclose KP MPII/PHI for any purpose other than specifically allowed in your Business Associate contract. If you inadvertently access or disclose MPII/PHI in ways not allowed in your contract, the law requires you to immediately report the disclosure to your supervisor or contract manager.

**Privacy and Security Requirements**

The following is a list of some of the safeguards you must implement to protect the privacy and security of MPII/PHI:

► **Think Twice When You Talk About MPII/PHI**
  - Never tell others about MPII/PHI unless allowed by law and required by your job. For example, never tell other employees about a fellow employee’s MPII/PHI unless it is for purposes allowed by law and required for your job.
  - Avoid discussing MPII/PHI in public areas, including the use of cell phones where others may overhear.
  - Lower your voice when you must share MPII/PHI in areas where others might overhear.
  - If possible, close the door when consulting with patients and/or family members or when dictating.
  - Be sure to ask the patient in advance if it is acceptable to speak with his or her family members.

► **Prevent Illegal Access to Facilities and Secure Areas**
  - If you notice someone without an ID/card badge in a restricted access area, immediately notify Security. If you feel comfortable and safe doing so, you could ask the individual, “May I help you? You seem to be lost.” Then direct them to Security to get a temporary badge.
  - If you are a limited time workforce member, vendor, or volunteer, ask your supervisor or contract manager for information about getting an ID badge before entering a KP facility to begin your work.
  - When you leave KP or are transferred to a job where your current ID badge will not be re-used, you are responsible for turning in your badge to your supervisor or HR.
  - Do not post keypad access codes near doors, offices and workstations.
  - Follow the same guidelines you would for passwords—i.e., change codes often; use complex codes that are not obvious; do not share your access...
code or access badge; do not allow others to use your access rights to enter a facility or secure area.

- When entering the access code, shield the key strokes to prevent others from seeing the code.

**Protect the Privacy of MPII/PHI in Printed or Written Documents**

- Never access, use or disclose MPII/PHI in a written document or file—e.g., a medical record—unless allowed by law and required by your job. For example, you cannot access a medical record of a friend, family member, or celebrity because you are simply curious about his/her health status.
- Never remove medical records from a KP facility without express approval from your supervisor. If copies of the medical record are transported by car or other means, make certain the records are secure and protected in transit.
- Always double check the fax number before sending a fax. Use a coversheet with a confidentiality statement when transmitting faxes containing MPII/PHI.
- Place machines that process MPII/PHI in secure areas.
- Check fax machines, printers, copiers, and mailboxes frequently to retrieve MPII/PHI.
- Cover, put away, or turn over paperwork with MPII/PHI.
- Use cabinets with locks to store printed or written documents containing MPII/PHI.
- Keep paper medical records storage areas locked or otherwise secured. Access to these areas should be limited to those individuals with designated rights of access.
- Use a confidential destruction bin or shredder when disposing of MPII/PHI.

**Prevent Illegal Access to and Disclosure of Electronic MPII/PHI**

- Create complex passwords with a minimum of six characters—at least one number and one letter. Use a mixture of capital and lower case letters. Do not use consecutive identical characters or all alphabetical groups or consecutive characters on the keyboard (e.g., aaaaaa, 111111, qwerty).
- Do not use actual words (e.g., Kaiser, password).
- Do not use your individual identifiers (names, driver’s license number, social security number).
- If you suspect your password has been compromised or misused, you should immediately change the password, and report the incident to your supervisor.
- Do not share or post passwords or user IDs on your computer. If someone asks to use your password, report this to your supervisor.
- Use clues or your own code to remind you of your password. For example, use your grandmother’s middle initials and number of grandchildren.
Protect MPII/PHI on your Computer, PC or Biomedical Equipment

- Store MPII/PHI on a secure drive so in the event it is lost or stolen, the information has been backed up and you can continue to provide health care or carry out business functions.
- Use a password or lock your workstation before stepping away and leaving it unattended for any period of time. For those using Microsoft Windows, press the Ctrl Alt Del keys at the same time and then select Lock Workstation.
- If you share a workstation, only use your password and logon ID to access data. Log-off when you are finished. Never share your passwords with other users or you could be held responsible if someone using your logon or password illegally accesses or discloses MPII/PHI.
- If you have a legitimate need to store MPII/PHI on a portable device, you must first obtain your supervisor and regional leadership’s approval. If granted, the mobile device must have encryption software installed. You will be permitted to store MPII/PHI on the portable device. See KP’s Secure Electronic Storage Policy for more information.
- Turn your computer screen away from viewing by visitors if you work in an open area. If MPII/PHI is frequently displayed on your screen, install a “privacy screen” to protect the display.
- Log off when your work day is over.

Provide Physical Security for Portable Computing and Storage Devices

- Know where your laptop and PDA are at all times. Never check it as baggage or leave it unattended or unsecured at home, work, or in transit.
- Whenever you leave your work area, make sure your laptop is secured by a locking cable, or securely locked in the docking station.
- If you’re leaving for the day, take the device with you or lock it in a desk or cabinet.
- Carry tokens and removable media separately from the laptop (don’t put it in the same case).
- If your device is stolen or lost, you must report the loss immediately to your supervisor.
- If the lost or stolen device contained MPII/PHI—encrypted or unencrypted—you must report the loss of the data immediately to your regional Privacy and Security Officer or Compliance Officer.
- Never store MPII/PHI on a laptop or other portable, endpoint device unless you have specific approval from your supervisor and Regional Leadership and the data is encrypted as required by the Secure Electronic Storage policy.
Secure MPII/PHI in E-mail and E-mail Attachments

- Encrypt all e-mails containing MPII/PHI that are sent from an internal KP.org address to a non KP.org external address (e.g., earthlink.net). If you use the “E-mail Your Doctor” secure messaging function, you do not need to encrypt.
- To encrypt an e-mail, include any one of three “keywords” in the subject line. Put either parentheses or brackets around the word. A keyword can be capitalized or lower case:
  - PHI (phi), {PHI}, [phi]
  - MPII (MPII), [mpii], {MPII}
  - Encrypt (encrypt), {encrypt}, [ENCRYPT]
- Never open e-mail messages or attachments from people you don’t know or can’t identify.
- Always double-check the address line(s) before sending an e-mail message to make sure it’s going to the right party. If you send an e-mail containing MPII/PHI to the wrong addressee, report the mis-mailing immediately to your supervisor and Privacy and Security Officer.
- Do NOT rely on the Lotus Notes functionality to accurately auto fill or auto-populate the address lines. Instead, use the Lotus Notes address book and select the name of each intended recipient.
- If you must use a distribution list to send MPII/PHI, verify the names on the list as each having a need to receive the e-mail. Take a critical view of any e-mail address that is not within Kaiser Permanente’s e-mail system.

Secure MPII/PHI in Electronic Documents, Files, and Applications on Portable, End-point Devices

- Get the required approval to store MPII/PHI on a portable, end-point computing device. If you get approval to store MPII/PHI, you must have encryption software installed so that you can encrypt the data, as required by policy. See National Policy: NATLNCO PS 024, Secure Electronic Storage of Member/Patient Data for more information.
- If you have been approved to use and store MPII/PHI on a portable, end-point computing device—e.g., a laptop, PDA, etc.—you should obtain the Privacy and Security training that is required for all workforce members. See your supervisor or contract manager immediately about the training.

Updated: 2/2/2007
**Principles of Responsibility**

Kaiser Permanente exists to provide affordable, high quality health care services to improve the health of our members and the communities we serve. Our Principles of Responsibility are our organization’s code of conduct, which guide us in our daily work and help us accomplish our mission in an ethical work environment. They rest on the foundation of the following Guiding Principles, which help us build an organization of which we are proud to be a part:

- Improve our members’ health and the Nation’s health care
- Excel and innovate in our professions
- Respect members, patients, customers and one another
- Be fair and honest in our business dealings
- Demonstrate a commitment to compliance and ethics

**Highlights from the POR:**

**Gifts, Business Courtesies and other Business Practices**

Our business decisions should be free of actual, potential, or the appearance of conflicts of interest. A conflict may arise when personal or financial interests influence our judgment or interfere with our work responsibilities. The limit on the acceptance or giving of gifts or gratuities to or from vendors or suppliers is $25.

**Fraud, Waste and Abuse**

Kaiser Permanente will investigate allegations of fraud, waste or abuse and, where appropriate, will take corrective action, including but not limited to civil or criminal action. Specifically, the Federal False Claims Act and similar state laws are designed to reduce fraud, waste, and abuse by allowing citizens to bring suit on behalf of the federal government to recover fraudulently obtained funds (i.e.; “whistleblower” or “qui tam” actions). Kaiser Permanente physicians and employees may not be threatened, harassed or in any manner discriminated against in retaliation for exercising their rights under the Federal False Claims Act or similar state laws.

**Non-Retaliation**

Kaiser Permanente values an environment where people from all parts of the organization feel safe raising concerns and reporting suspected violations. Kaiser Permanente does not tolerate retaliation against individuals who 1) report illegal,
unethical, or otherwise inappropriate acts, 2) refuse to participate in wrongdoing, or 3) cooperate with government investigations. Anyone who retaliates against individuals who report or refuse to participate in violations of law, regulations, policies, or the Principles of Responsibility is subject to disciplinary action up to and including termination.

**Respect for all Individuals**

Kaiser Permanente recognizes and embraces the diversity of our workforce and the communities we serve. We’re committed to a workplace where members, patients, physicians, and employees are treated with respect. We do not tolerate unlawful discrimination or harassment.

**Ethics in Business Practices**

Ethics in our business practices includes compliance with the law in our own practices and with regard to sanctioned providers. It also extends to cooperation with government investigations. We do not engage in unlawful or unethical business practices.

**Protecting Kaiser Permanente Assets**

Kaiser Permanente assets are intended to be used for business purposes. Our assets include buildings, equipment, supplies, computers, voicemail or e-mail, knowledge and information, including Kaiser Permanente copyrights. We are all responsible for safeguarding our organizational assets against misuse, waste, damage, loss, impairment, and theft.

**Accurate and Honest Reporting**

Maintaining complete and accurate records is essential. We must never create or change a document for the purpose of misleading anyone, and no relevant information should ever intentionally be left out, hidden, falsified, or covered up. We must comply with federal and state regulations—including Medicare requirements—when preparing and maintaining these records and communications.

**Confidentiality, Privacy and Information Security**

We safeguard many kinds of confidential information in any format (e.g., paper, electronic, audio, video) from unauthorized access, including organizational, physician and employee, and member and patient records. Keeping member and patient identifiable information confidential, private, and secure is essential to preserving
member trust, providing quality health care, and complying with federal and state regulations. We must be sure to access medical records only when it is essential to our job and keep all electronic devices password protected and secure and follow all administrative, technical, and physical safeguards designed to protect patients and their health information.

**Suppliers and Vendors**

When choosing suppliers and vendors and negotiating contracts, our decisions must be made fairly and objectively, with patient well-being and the best interests of the organization in mind.

**Disciplinary Action for Violations of Policies or Laws**

Each of us is expected to comply with all applicable laws, federal health care program requirements, and Kaiser Permanente’s policies, and each of us is obligated to report any compliance violations. Disciplinary action—up to and including termination—may be taken for noncompliant behavior.

**Where to Get Help if You Suspect a Violation or Need Information**

If you suspect a potential compliance, ethics or integrity violation, or have questions about specific actions or practices, you can get help by:

- Talking to your supervisor, manager or chief
- Talking to your Human Resources representative
- Talking to your controller (for finance-related concerns)
- Visiting the Compliance Web site at [http://xnet.kp.org/compliance](http://xnet.kp.org/compliance)

Or by calling:

- Janell Raines, Privacy and Security Officer, 303-344-7915
- Scott R. Nelson, Fraud Control Program Manager, 303-344-7584
- Sally O’Donnell, Regional Compliance Officer, 303-344-7489
- KP Compliance Connection Hotline at 1-888-774-9100.
Policy and Procedures Statement

Kaiser Permanente (KP) prohibits the use and/or abuse of alcohol and illegal drugs in the workplace. In acknowledgement that chemical dependency is a chronic disease and that rehabilitative treatment is available, KP supports the use of such treatment and will provide it when conditions and circumstances warrant. However, KP is committed to providing a workplace safe from the adverse effects of alcohol and drugs.

Purpose

This policy is consistent with requirements of the federal Drug-Free Workplace Act of 1988 and with KP’s obligation to provide safe, reliable and timely health care services and a safe work environment.

Scope/Coverage

3.1 This policy applies to all employees in the Southern California Region including temporary employees, contract personnel, registry personnel, volunteers, residents, and students/trainees (collectively referred to as “employees”) working in the following entities (collectively referred to as “Kaiser Permanente”):

3.1.1 Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals (together, KFHP/H);

3.1.2 KFHP/H’s subsidiaries; and

3.1.3 Southern California Permanente Medical Group (SCPMG) [NOTE: This policy does not apply to physicians of SCPMG].

3.2 All organizations who supply temporary or registry personnel, students or trainees to KP will be held accountable for providing personnel who meet the same drug-free standard imposed by KP on its own employees. Violation of applicable provisions or refusal to cooperate in the implementation of this Policy can result in contract personnel being barred from company premises or from working in its operations.

3.3 Employees whose jobs require commercial driver’s licenses are subject to a drug and alcohol testing program in accordance with SCAL HR Policy #5.05.

Definitions

4.1 Being under the influence - means an individual is impaired by alcohol or an illegal drug, or the combination of alcohol and illegal drugs in any detectable manner. The symptoms of being under the influence are not confined to those consistent with misbehavior, or to obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance. A determination of “under the influence” can be established by a professional opinion, a medically accepted drug or alcohol screening test, or a lay person’s opinion based upon observation of conduct and/or events.

4.2 Company premises -- includes company parking lots, vehicles and other facilities and property owned, leased or operated by KP.

4.3 Illegal drug -- means any drug which is not legally obtainable; any drug which is legally obtainable but has not been legally obtained; or prescribed drugs not being used for
prescribed purposes or at prescribed dosages. It also includes any mind-altering drug and controlled substance.

4.4 Work Time -- time during which an employee is required or scheduled to be on duty, exclusive of break time, meal time, or time before and after required or scheduled work time.

5.0 Provisions/Procedures

5.1 Employees with Drug and Alcohol Problems

5.1.1 Any employee covered by this policy who is experiencing alcohol or drug dependency is urged to make use of KP's confidential Employee Assistance Program (see California HR Policy #5.03) and/or such disability plans, rehabilitation programs and health coverage plans as are appropriate. Conscientious efforts to seek and use such help will not jeopardize an employee's job. They may, in fact, help to preserve an employee's job by leading to rehabilitation before serious absenteeism, performance problems, or misconduct occur.

5.1.2 Employees' voluntary participation in chemical dependency recovery programs or other rehabilitation services will be kept confidential and will not affect their employment. Both KP policy and existing laws protect the confidentiality of persons who seek treatment for chemical dependency.

5.2 Employees Taking Prescribed Medication

The use of prescribed medication at prescribed dosages and for prescribed purposes under the direction of a physician or other appropriate licensed person on either a long-term or short-term basis may affect the safety of the employee, co-workers or members, the employee's job performance, or the safe or efficient delivery of services. Therefore, any employee who feels or has been informed that the use of such medication might impair his or her motor functions (e.g., drowsiness, dizziness, vision impairment, lack of balance) is urged to report such to his or her supervisor. If the use of such medication affects the safety of the employee, co-workers or members, the employee's job performance, or the safe or efficient delivery of services, the employee may be required to be away from work temporarily using sick leave, ETO, medical leave, personal leave, or other time off benefits.

5.3 Drug and Alcohol Related Offenses and Penalties

5.3.1 Being under the influence of alcohol by any employee while on company premises or during work time is prohibited. The consumption, sale, or offer for sale of alcohol on company premises is prohibited. Violations of these prohibitions will subject the employee to corrective/disciplinary action, up to and including termination.

5.3.2 Being under the influence of an illegal drug by any employee on company premises or during work time is prohibited. The unlawful manufacture, distribution, dispensation, possession, use, sale, offer for sale, or purchase of an illegal drug on company premises is prohibited. Violations of these prohibitions
5.3.3 The theft, diversion or unauthorized removal of drugs maintained or dispensed on KP premises or during work time will subject the employee to corrective/disciplinary action, up to and including termination.

5.4 Reasonable Suspicion

5.4.1 When there is reasonable suspicion that any employee covered by this policy is under the influence of alcohol or a drug, the employee will be required to report to a designated location on company time and at company expense, and blood and urine specimens will be obtained and tested for the presence of alcohol, drugs or drug metabolites. Reasonable suspicion will include, but not be limited to, supervisor's personal observations of an employee's appearance, behavior or speech. Employees suspected of being under the influence of such a substance as described above will be removed from the worksite. Refusal to submit to required testing will constitute insubordination and will subject the employee to corrective/disciplinary action, up to and including termination.

5.4.2 Where there is reasonable suspicion that employees possess or their personal effects (including vehicles, purses, briefcases, clothing, personal containers) contain an illegal drug or an open container of alcohol, KP may, with consent, search such individuals or their personal effects. Refusal to consent to such searches will constitute insubordination and will subject such employees to corrective/disciplinary action, including termination. Illegal drugs which are confiscated will be turned over to local law enforcement agencies.

5.4.3 KP is obligated to file a report on any employee who is convicted of a criminal offense for a drug violation that occurred in the workplace.

5.4.4 Employees who unlawfully manufacture, distribute, dispense, possess, sell, purchase, or use an illegal drug while off duty or off premises may be subject to corrective/disciplinary action, up to and including termination, where the conduct adversely affects the employment relationship or KP's business interests.

5.5 Confidentiality

KP recognizes the importance of maintaining confidentiality in any situation where current and former employees covered by this policy are suspected of alcohol or drug related infractions. Every effort will be made to assure the privacy of suspected employees throughout investigatory and corrective/disciplinary action proceedings.

6.0 References/Appendices

If there are concerns or questions about implementing this policy, managers should contact their local HR Consultant or the Security department. Additional resources include:

6.1 Employee Assistance Program: http://xnet.kp.org/hr/ca/eap/index.htm

6.2 Supervisor's Guide to Handling Employee Alcohol or Drug Problems
7.0 Signature Lines
This policy was approved by the following representative(s) of Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals and their subsidiaries, and Southern California Permanente Medical Group.
• Arlene Peasnall, VP Human Resources, 10/25/07
• Thomas J Williamson, SCPMG Business Administrator, Operations, 10/25/07

8.0 History
8.1 Original Effective Date: 10/1/87
8.2 Revision Effective Dates: 3/1/89
8.3 Updated: 9/03; 3/05; 11/06/07
Do Not Use Abbreviations

BACKGROUND:
This policy was developed to address the JCAHO 2004 Patient Safety Goal #2. This list of abbreviations not to use was developed based on recommendations from JCAHO and an assessment of patient safety risk and the feasibility of implementation in Kaiser Permanente facilities.

POLICY STATEMENT:
This policy reflects abbreviations, acronyms, dosage designations and symbols not to be used organization wide.

PROCEDURE:
The following abbreviations, acronyms and symbols are not to be used in pre-printed orders, protocols or handwritten orders that involve patient care:

<table>
<thead>
<tr>
<th>Abbreviation / Dose Expression</th>
<th>Intended Meaning</th>
<th>Potential Error</th>
<th>Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>Unit</td>
<td>Mistaken for 0, 4, or cc</td>
<td>Write “Unit”</td>
</tr>
<tr>
<td>IU</td>
<td>International Unit</td>
<td>Mistaken for I.V. or 10</td>
<td>Write &quot;international unit&quot;</td>
</tr>
<tr>
<td>QD, QOD</td>
<td>Daily, every other day</td>
<td>Mistaken for each other or QID</td>
<td>Write “Daily” or “every other day”</td>
</tr>
<tr>
<td>MSO4, MgSO4, MS</td>
<td>Morphine Sulfate or Magnesium Sulfate</td>
<td>Confused with each other (magnesium sulfate and morphine sulfate)</td>
<td>Write full drug name</td>
</tr>
<tr>
<td>Trailing zero (1.0 mg)</td>
<td>1 mg</td>
<td>The decimal could be missed, causing a ten-fold overdose</td>
<td>Do not use trailing zero</td>
</tr>
<tr>
<td>No leading zero (.1 mg)</td>
<td>0.1 mg</td>
<td>The decimal could be missed, causing a ten-fold overdose</td>
<td>Use a leading zero</td>
</tr>
</tbody>
</table>
The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

**Identify patients correctly**  
NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.  
Make sure that the correct patient gets the correct blood when they get a blood transfusion.

NPSG.01.03.01

**Improve staff communication**  
NPSG.02.03.01 Get important test results to the right staff person on time.

**Use medicines safely**  
NPSG.03.04.01 Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01 Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines 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.

**Prevent infection**  
NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01 Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01 Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01 Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01 Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

**Identify patient safety risks**  
NPSG.15.01.01 Find out which patients are most likely to try to commit suicide.

**Prevent mistakes in surgery**  
UP.01.01.01 Make sure that the correct surgery 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 is to be done.

UP.01.02.01 Pause before the surgery to make sure that a mistake is not being made.

UP.01.03.01
SBAR is an effective and efficient way to communicate important information using a structured framework that is organized, concise, and easy to follow.

<table>
<thead>
<tr>
<th>S</th>
<th>Situation (Headline)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What is going on right now requiring attention?</td>
</tr>
<tr>
<td></td>
<td>• Be clear and concise.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>Background (Brief History)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What lead up to this event? What has already happen?</td>
</tr>
<tr>
<td></td>
<td>• Important relevant information (e.g. recent appointments and procedures, medication list, tests, treatments, labs, etc.)</td>
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</table>

<table>
<thead>
<tr>
<th>A</th>
<th>Assessment (Details)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What other pertinent information?</td>
</tr>
<tr>
<td></td>
<td>• Current or pending orders, plan of care, referrals, scheduled appointments, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>R</th>
<th>Recommendation (Suggestion)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What do you want or propose?</td>
</tr>
<tr>
<td></td>
<td>• Make suggestion based on what is known.</td>
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</tbody>
</table>
As healthcare workers we offer our care and experience to people in all stages of life, from infants to older adults. They are all individuals with their own feelings and abilities, but they grow and develop in similar ways. At each stage in life there are certain qualities and needs that are shared, and by understanding what these are, we can provide better, more appropriate care at each stage. Age-specific competencies address the different needs people have at different ages.

By incorporating age-specific considerations with each patient, you help identify and provide the care that particular patients need at that time of life, and you can help the patient become an active partner in health decisions.

Age-specific competencies have also become a major focus of the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission). Healthcare staff needs to be trained on how the age of each patient can impact assessment, delivery of care, and health education needs for the patient. There may be special health considerations to be aware of at each stage of life, and Joint Commission feels all healthcare staff should understand and apply these age-specific considerations. Being able to apply age-specific care often depends on using age-appropriate communication skills to understand the patient’s needs. We will address this issue first.

**Barriers to Communication**

At just about any age there may be barriers to communication that you should look for. Give the person your full attention and observe closely. You may not be able to fully do away with any barriers you find, but you can be aware of them and minimize them.

- You should assess the patient’s primary language and whether communication might be clearer if you brought in a translator.
- Check for any speech or hearing impairments and check whether any confusion or depression might be a sign of physical or mental illness.
- Find out if the patient is under stress or worried if healthcare decisions might affect their schooling, job or family.

**AGE-SPECIFIC CARE FOR INFANTS:**

Now, we will discuss some of the common characteristics of infants during the first year of life:

- During this time period, infants depend on their parents for all their physiologic and psychological needs. Fulfillment of these needs is important for the infant to develop a sense of basic trust. Parents can enhance this trust by responding consistently to their infant’s needs.
- Newborns have little resistance to infection and parents should be instructed to wash their hands before handling the baby. According to research studies, infants should be placed on their back for sleeping, which can reduce the risk of SIDS (sudden infant death syndrome).
- Infants need to be fed every 2 to 4 hours. Whether bottle-feeding or breastfeeding, parents need to be informed that bottles should never be propped for feedings. To foster growth and development it is helpful to cluster care around sleep and awake states.
- By 2 months of age, the infant should be able to raise their head from a prone position. By 3 months, the infant should be able to turn their head and hold their head steady by 4 months. By 6 months, the infant should be able to roll over and by 8 months sit without support. By 9 months,
the infant should be reaching, be able to grasp a rattle and transfer from hand to hand. By 10 months, the infant should be able to stand by holding on, and by 12-15 months walk alone.

**AGE-SPECIFIC CARE FOR THE TODDLER AND PRESCHOOLER (1 to 6 YEARS)**

We will discuss the common characteristics of young children:
- Children at this age group are beginning to develop a sense of autonomy and control of body coordination greatly increases.
- Their minds begin to use symbols and they play with imagination, fears and stories.
- They identify with their parents but grow more independent, and begin to become sensitive to others’ feelings.

**Key emotional and health and safety issues at this age are for praise and clear rules to provide a secure set of boundaries, to keep immunizations and checkups on schedule and learn health habits for nutrition and grooming.**

- Keep small objects out of reach since this group tends to put objects in their mouths. The healthcare worker should work to involve both parents and children in healthcare choices. Always explain what you are going to do in a firm and direct way before you start. Do not lie to the child about whether something will hurt, but reassure them that it won’t hurt for long.
- Injury and disease can be very upsetting to children. Children at this age tend to weave fantasies, so a minor wound may suggest that the whole limb is about to fall off.
- Explain healthcare issues clearly and reassure the child. Explain grooming and hygiene issues and point out to the parents that it’s not just to look good, but an important infection control technique. Try to allow the child to make some reasonable choices. This will foster a growing sense of independence. It is important to incorporate the child’s home routines as much as possible.
- Use toys and games to help teach the child and reduce fear of health issues.
- Use talking, singing, and distractions like colorful stickers to divert attention from frightening procedures. Encourage the child to ask questions, talk about feelings, and play with other children to encourage both growing independence and social skills.

**AGE-SPECIFIC CARE FOR OLDER CHILDREN (7 – 12 YEARS)**

We will discuss some of the common characteristics of older children:
- Period where growth continues slowly until there is a spurt at puberty.
- Mentally active, eager learners and love to share their knowledge.
- They learn about cause-and-effect, perfect their reading and writing, and learn math skills.
- Develop a greater sense of self; there is also a great need to fit in with their peers. School activities become very important and they may start negotiating with their parents for greater independence. Some questions may arise about the development of secondary sexual characteristics and should be dealt with honestly.
- Key emotional and health and safety issues at this age are to learn to feel competent and useful, to continue immunizations and checkups, and to begin to learn honest information about alcohol, drugs and sexuality.
- It is also time to begin learning playground safety habits and how to resolve conflicts peacefully.
- At this age, vital signs approach the norms of adult parameters.
- Explain procedures in straightforward terms, using correct terminology.
- Invite the child to make some healthcare choices. If equipment is needed, allow the child to explore the equipment ahead of time.
- Provide privacy, if necessary, and build rewards and praise into your teaching.
- Do your best to guide the child toward a healthy lifestyle and safety choices. It is not too soon to begin to discuss exercise and nutrition. Habits formed at this age may last a lifetime.
Help the parents talk to the child about crucial issues of peer pressure around smoking, sexuality, and different kinds of substance abuse. It can be very hard for parents to know how to initiate these discussions, and utilizing an outside authority such as a healthcare worker can be a big help in getting the ball rolling.

**AGE-SPECIFIC CARE FOR ADOLESCENTS (13 – 17 YEARS)**

**We will discuss some of the common characteristics of adolescents:**

- Growth spurts upward and body transforms into a sexually mature adult, and physical appearance becomes increasingly important.
- Able to entertain complex moral thinking, and they begin to make up their own minds and choose their own values.
- Need to balance developing their own identity with the need for very close relationships.
- A time of challenging authority.
- Key emotional and health and safety issues are for privacy and respect.
- Find ways to foster teamwork.
- Time to learn about sexual responsibility and ways to resist vastly increased temptations to substance abuse.
- Risk-taking, particularly in driving and risky sports needs to be addressed, and adolescents should be helped to learn ways to peacefully handle violent situations.
- Begin looking for signs of common adolescent health problems such as nutritional disorders, obesity, anorexia, bulimia, acne problems, STDs, substance abuse, pregnancy and any stress-related problems.
- This is a stress-filled age. Reassure adolescents about the normality of the changes they are going through.
- Remember their self-consciousness about their bodies and provide for privacy.

The healthcare worker should begin treating the adolescent as an adult and avoid authoritarian approaches. Talk directly to the adolescent, not through the parents. Always explain why something is being done. Be considerate of how any treatment may affect the adolescent’s appearance and relationships, because these are very sensitive issues at this stage. Encourage questions about their fears. Respect any expressed or implied religious or cultural beliefs.

Adolescents with family histories of genetic-related diseases, such as cardiovascular disease, diabetes, or sickle cell trait, should be screened as appropriate. Adolescent girls should be taught breast self-examination. And boys should be taught testicular self-examination. Peak age for testicular cancer is 20-35.

Guide the teenager toward positive lifestyle choices, and pay particular attention to misinformation that is common at this age and help correct it. Realize that there may be some resistance to talking and promote open communication on any issues of concern. As an outside authority, you can often play a powerful role in opening up channels of communication.

**AGE-SPECIFIC CARE FOR YOUNG ADULTS (18 – 39 YEARS)**

**We will discuss some of the common characteristics of young adults:**

- Young people finally reach physical and sexual maturity, and nutritional needs shift away from growth toward maintenance of a healthy body.
- Young adults are still acquiring the new skills that will help them at home and at work.
- They are seeking closeness and partnership.
• They are making decisions that may last all their lives on careers, communities and starting a family.
• Key emotional and health and safety issues for young adults are for support and honesty and respect for their personal values. They need to have regular health checkups and updated immunizations.
• They should be encouraged to pursue healthy lifestyles, including good nutrition, exercise and weight control.
• Young adults need to be monitored for **STDs**.
• Testicular and breast self-exam should be taught and encouraged. Discuss questions of stress in their lives, as this can be a time of great change, marriage, beginning families, starting new jobs.
• The healthcare worker should encourage young adults in making positive fitness and health care choices.
• Help the young adults recognize the new reality of their time and financial commitments to family, career and community.
• Explore the impact of hospitalization or illness on the patient’s job or family.
• This is a time when most couples become parents and they need help considering the long-term commitments and challenges this brings. They may also need help with family planning and prenatal information.
• Explain the specifics of a healthy physical workout, including warm-up and stretching exercises.
• Explain proper nutrition and diet to encourage a healthy lifestyle. Explain risk factors and signs to watch for chronic conditions such as heart disease because young adults often feel invulnerable and tend to ignore or deny early signs of disease.

**AGE-SPECIFIC CARE FOR MIDDLE ADULTS (40 – 64 YEARS)**

**We will discuss the common characteristics of the middle adult:**
• Adults of this age have had tremendous life experiences and continue to use them to learn and create and solve problems.
• They often reach a point where priorities are reevaluated and new decisions are made about their lives to stay productive and avoid feelings of being stuck in a rut in life.
• Many start to think of retirement and start to plan for it.
• Some may begin to develop chronic health problems and women experience the life changes of menopause.

**Key emotional and health and safety issues for middle adults are:**
• To focus on strengths and keep a hopeful attitude.
• Immunizations should be updated. Women, for example, should be encouraged to continue having breast exams even after menopause.
• Reduced visual and auditory acuteness and slower reflexes and how this may affect activities such as driving.

Middle adults should be screened for chronic conditions that often develop at this age, such as diabetes, prostate disorders and breast cancer. Women should be counseled about menopause issues, such as taking estrogen or methods of minimizing the risks of osteoporosis. The healthcare worker should encourage middle adults to express freely any worries about the future, and encourage them to plan for a healthy and active retirement.

Be sure to acknowledge their abilities and contributions throughout life. This can be a time of mid-life crisis when some people begin to doubt themselves and their contributions and they need encouragement. Some may need specific psychiatric interventions so be alert for signs of depression or other mental illness.
Be alert for any worries they have about their children or older parents. This is an age where many become the “sandwich generation.” Caring for both older and younger family members at the same time. This can also be a positive stage of life, with more time available to fulfill lifelong dreams of travel and leisure, and to pursue new interests or volunteer work that had been put off.

**AGE-SPECIFIC CARE FOR OLDER ADULTS: (65 – 79 YEARS)**

**We will discuss some of the common characteristics of older adults:**

An older adult continues to be an active learner and thinker and can now pass on skills and wisdom to other generations. There is some decline in physical abilities and senses that needs attention. Often new roles will be taken on, such as grandparent or the return to single life after the death of a husband or wife. There is a tendency now to review one’s life, and to find new balances between independence and dependence.

**Key emotional and health and safety issues for older adults are:**

- To remain respected and prevent isolation
- Aspects of aging need to be accepted and extra effort made to remain active.
- Nutritional needs are changing and there are still needs for regular checkups, breast and prostate exams, and immunizations, particularly against influenza that can be much more serious at later ages. It is important to promote physical, mental and social activities and guard against depression.
- Home safety needs attention, especially guarding against falls, and changes in skills may make driving risks much greater.
- Stay alert for signs and complaints of the more common chronic conditions at this age, such as arthritis, hypertension, hearing impairment, and heart disease, and conduct regular screening for these conditions.
- Be alert for digestive and esophageal problems such as reflux, and bladder and bowel problems, which become more common at this age.
- The healthcare worker should encourage the older adults to express freely their feelings about their accomplishments in life, but also their feelings of loss and grief.
- As they age, they will lose friends and family and grief counseling can be very important.
- Multiple medications can become quite complicated, and it is important to help an older adult work out a manageable schedule.
- Explain any procedure using appropriate terms.
- Provide for warmth if necessary because of the possibility of decreased heat regulation.
- Be alert for the development of any impairment that may inhibit mobility or activities of daily living.
- Point out ways to make the environment safer, such as removing slick throw rugs.
- Do not assume impairments exist just because of age. Offer contacts to support services.
- Encourage social activities with peers or volunteer activities to give something back to the community. The sense of giving back and staying active can make all the difference in a person’s outlook at this age.
- Be aware that while some people in this age group may be hearing impaired this is not true of everyone. Continue to communicate in a moderate tone of voice and face the individual to prevent miscommunication and disrespect.
AGE-SPECIFIC CARE FOR ADULTS (80 YEARS AND OLDER)

Last we will discuss some of the common characteristics of older adults:

- There is no reason to think a person of this age is in mental decline.
- Be aware that while some people in this age group may be hearing impaired this is not true of everyone. Continue to communicate in a moderate tone of voice and face the individual to prevent miscommunication and disrespect. Do not assume all older adults are hearing impaired.
- Some great writers and artists continue to create until well past this age. While you should be alert for signs of confusion, they may just signal an illness or depression that might be treatable.
- Many people this age begin to accept that the end of life is approaching and begin to prepare for it.
- Key emotional and health and safety issues for adults over 80 are to encourage expression of feelings and thoughts, encourage humor and stay positive to help prevent depression.
- Health should be monitored closely, and proper nutrition, exercise, and healthy rest and avoidance of stress should all be encouraged.
- Immunizations should be updated, particularly against influenza, which can be more serious, even life threatening, for older adults.
- The environment should be monitored to prevent any hazards, particularly falls that can be devastating at this age. Safety grips, ramps and similar aids may become crucial at this age, either at home or in a nursing home.
- There is an increased risk of chronic illnesses and major health problems that need to be watched.
- The healthcare worker should encourage as much independent living in older adults as possible. Physical, mental and social activities should be encouraged.
- An active mind and a sense of humor can often support a person’s spirits.
- Medications for those over 80 can become even more complicated and may require you to work out very detailed plans. You may need to include tips like color-coding and timed reminders to help the person follow the schedule.
- Encourage healthy eating and adequate fluid intake. Be alert to the fact that changes in tastes or ability to chew may result in decreased intake. You may need to monitor bowel function daily.
- It is important to avoid treating an older adult like a child. Almost anyone will sense and resent being patronized.
- Support any end-of-life decisions, offering access to appropriate information such as advance directives, and encourage the preparation of trusts and living wills.
- Offer any assistive devices that can keep the person adept at his own activities of daily living, and make sure he has access to all necessary safety ramps and other equipment. The more independence the person can maintain, the better the quality of life.

CONCLUSION

People grow, learn and change all their lives. Each person is an individual with his or her own special needs and feelings, and thoughts and dislikes. But we all share the human condition, too, and there is so much that we share with one another at every step of the journey.

This has been a guideline for the age-specific competencies that will help you work with patients at all stages of their life. It will help you learn what you can offer them at just that moment in their journey when they need it most.
I. Introduction/Purpose

Regional high-alert medications are defined as those drugs which are involved in a higher percentage of medication incidents and/or sentinel events, or that carry an increased risk for error or other adverse outcomes. These medications are identified from KP facility data, literature, and regulatory agency standards.

A. The purpose of this policy is to standardize medication safety practices and to serve as the minimum standard for the SCal Regional High-Alert Medications. In order to maximize the safety of all the medication processes associated with these medications, each high-alert medication has specific medication safety practices required when they are administered. Not all medication safety practices are required for each high-alert medication. Refer to the Procedure section of this document for specific high-alert medications and the required medication safety practices.

II. Policy

A. The Southern California Regional Pharmacy/Nursing Task Force is responsible for the creation and maintenance of the Regional High-Alert Medication List. The Regional High-Alert Medication List established by this policy is the sole list and is standardized throughout the Southern California Region of Kaiser Permanente. Requests for changes to the Regional High-Alert Medication List shall be forwarded for consideration to the Regional Pharmacy/Nursing Task Force. The work of the Pharmacy/Nursing Task Force will be referred to the Regional Pharmacy and Therapeutics Committee for final approval. See attached algorithm.

B. The medication safety practices, special processes and interventions required for the Southern California Regional High-Alert Medication List must be adopted and implemented in all the patient care areas/units of KP facilities.

C. All registry/travelers are required to complete the High Alert Medication Training prior to start of assignment.

18. Registry/travelers will not administer or assist in the administration of any Intrathecal Medications.
D. Medications used during medical emergencies (e.g. immediate life threatening event) are exempt from the High-Alert Medication Safety Practices in this policy.

E. The High-Alert Medication safety practices are special safeguards that may be applicable to any step in the medication administration process. These steps include but are not limited to:
   - Prescribing
   - Prescription order communications
   - Product labeling
   - Packaging and nomenclature
   - Compounding
   - Dispensing
   - Distribution
   - Administration
   - Education
   - Monitoring
   - Use

F. Orders for High-Alert Medications will include at a minimum:
   1. Patient name and medical record number
   2. Date and time the order is written
   3. Agent name (generic), dose, route, and date of administration for each drug
   4. Rate and/or duration of administration (if applicable)

G. The following will be available on the patient’s medical record:
   1. All elements used to calculate the dose (e.g. height, weight, and/or BSA, if applicable)
   2. Allergies
   3. Informed consent (if applicable)

H. All High-Alert Medications will be documented on Medication Administration Record/Anesthesia record/Ambulatory medical record.


A. Independent Double Check

Independent Double Check is defined as a check of the factors listed below performed independently by two qualified health care practitioners (MD/RN/Pharmacist), against the current medication order, before each high-alert medication is administered.

- These checks must be documented on the Medication Administration Record/Anesthesia record/Ambulatory medical record.
• Refer to the Procedure section of this document to determine when an Independent Double Check is required prior to the administration of a specific high-alert medication.

The factors to be verified during the independent double check must include:
1. Right patient identification using two identifiers – patient name, medical record number.
2. Right Drug (verified against the current physician order)
3. Right dose of drug (verified against the infusion pump) including:
   a. Mathematic calculations using appropriate factors
   b. Strength or concentration of drug
4. Right route of administration
5. Time of administration
6. For patients with I.V. Pumps – verify the setting, rate of infusion, and line attachment.

B. Time Out

Time Out is defined as the period of time immediately before initiating a high-alert medication administration /procedure, when two qualified practitioners verify the factors listed below, at the patient’s side in the location where the medication administration /procedure will be performed. The Time Out must be documented on the medical record at the time of occurrence. Refer to the Procedure section of this document to determine when a Time Out is required prior to the administration of a specific high-alert medication.

The factors to be verified during the Time Out must include:

1. Availability of any special equipment or special requirements for administration of the medication (e.g. infusion devices), if applicable. For patients with I.V. Pumps – verify the setting and rate of infusion
2. Correct patient identity – patient name and medical record number.
3. Correct side and site - verify appropriateness and adequacy of IV access.
4. Agreement on the medication administration/procedure to be done with the patient - discuss with the patient/family the medication and administration procedure.
5. Correct patient position for epidural and intrathecal medication administration.

C. Medication Safety Verification Record

The Medication Safety Verification Record is a documentation tool to record the Independent Double Check and the Time Out medication safety practices for specific high-alert medications. This Record is initiated in the Pharmacy (Pharmacy retains pink copy), accompanies the high-alert medication to the point of administration, is completed by the practitioner administering the medication, white copy is placed on the medical record, and canary copy is sent to QI. Refer to the Procedure section of this document to determine when the
High Alert Medication Safety Verification Record is required for a specific high-alert medication.

D. Pharmacy Pause

A Pharmacy Pause is defined as checks performed independently by two pharmacists or a pharmacist and a pharmacy technician, before a specified high-alert medication is dispensed from the pharmacy. These checks must be documented on the High Alert Medication Safety Verification Record.

The factors to be verified during the Pharmacy Pause must include:

1. Right patient identification using two identifiers – patient name, medical record number.
2. Right Drug (verified against original physician order)

E. Hand-off

Hand-off is defined as an interactive process of passing patient specific information from one caregiver to another for the purpose of ensuring the continuity and safety of the patient’s care. Hand-off occurs when a nurse transfers responsibility for the patient for the remainder of the workday – eg. change of shift. Handoff does not include coverage for breaks or meal periods.

IV. Procedures

A. Vinca Alkaloids: VinCRIStine (Oncovin®), VinBLAStine (Velban®), Vinorelbine (Navelbine®)

Special processes to maximize safety

1. All doses of vinCRIStine and vinBLAStine will be prepared and dispensed in a minimum volume of 10mL of 0.9% Sodium Chloride injection delivered in a minimum of a 20mL syringe or minibag.
2. Vinorelbine will be prepared and dispensed in a minimum of 20mL of 0.9% Sodium Chloride delivered in a minimum of a 30mL syringe or minibag.
3. The syringe or minibag shall be labeled with the warnings:
   - “Fatal if given intrathecally.”
   - “For IV use only.”
   - “Independent Double Check and Time Out Required.”
4. Each syringe or minibag shall be placed in a covering which will remain intact until time of administration. The label will contain the warnings:
   - “Fatal if given intrathecally.”
   - “For IV use only.”
   - “Do not remove covering until moment of injection.”
   - “Independent Double Check and Time Out Required.”
5. At the time of compounding, all doses of vinca alkaloids shall be independently double checked by two qualified health care professionals (e.g. two pharmacists or one pharmacist and one qualified technician) in the Pharmacy before dispensing (when only a pharmacist is present this
procedure may include qualified nursing personnel). This check shall include verification against the current order, of the correct patient, drug, dose, route of administration, and frequency. This check shall be documented on the Medication Safety Verification Record.

6. Prior to dispensing, two qualified staff as described above shall institute a pharmacy pause to verify correctness and completeness of the product.

7. Prior to administration of the medication, the independent double check must be performed by two qualified health care professionals (e.g. one Pharmacist and one MD or two MDs or one MD and one RN or by two RNs).
   - The RN must possess a current Oncology Nursing Society (ONS) chemotherapy provider card and demonstrated clinical competency.

The independent double check shall include verifying the correct patient, drug, dose, dose calculations, and route of administration, infusion pump settings (if used) and line of insertion at the bedside. For each new medication container provided by the pharmacy (eg. bag, syringe, etc), the double check shall be documented by both parties on the Medication Safety Verification Record. Subsequent checks at hand offs will be documented by both parties on the Medication Administration Record (MAR) or other part of the medical record where drug administration is documented. Order changes involving infusion rates and/or pump settings should be documented via current practice.

8. Immediately following the double check, a “time out” shall be conducted at the patient’s side by two qualified health care professionals immediately prior to the administration of all doses of vinca alkaloids. This time out shall be documented on the High Alert Medication Safety Verification Record by both parties and placed in the medical record.

9. Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be used in the basic mode.

B. Medications administered via the Intrathecal Route

Special processes to maximize safety

1. An independent double check shall be conducted in the Pharmacy by two health care professionals (e.g. two pharmacists, one pharmacist and one pharmacy technician, one pharmacist and one physician) after the preparation of the intrathecal dose to assure it is prepared and labeled correctly. For intrathecal drugs prepared in a sterile environment outside the Pharmacy (e.g., operating room, labor and delivery), the independent double check shall be conducted by any two health care professionals (e.g., two registered nurses, one physician assistant and one nurse anesthetist, one certified nurse midwife and one physician, etc.) after the preparation of the intrathecal dose to assure it is prepared and labeled correctly.
   a. Label to include the warning:
      - “Caution: For intrathecal use only.”
      - “Independent Double Check and Time Out Required.”
b. This check shall include verification, against the current order, of the correct patient (via medication order), drug, dose, dose calculations, and route of administration. For each new medication container provided by the pharmacy (e.g. bag, syringe, etc), the independent double check shall be documented by both parties on the Medication Safety Verification Record. Subsequent checks at hand-offs will be documented by both parties on the Medication Administration Record (MAR) or other part of the medical record where drug administration is documented.

2. When an intrathecal drug is prepared or dispensed by the Pharmacy, intrathecal medications must be delivered directly from the pharmacist who prepared or verified the product to the physician who will administer the drug to encompass the sterile process. This process may occur at the site of administration or the Pharmacy.

3. Intrathecal chemo medication will be compounded and dispensed in a syringe that is **10 mL or smaller**.

**No other cytotoxic drugs will be present at the patient bedside during the intrathecal chemo administration process.**

4. A “time out,” including an independent double check, shall be conducted at the bedside immediately prior to the administration of all doses of intrathecal medications. (See definition above.) These checks shall be documented on the Medication Safety Verification Record.

C. **Continuous intravenous infusions of Heparin, Lepirudin and Argatroban**

Special processes to maximize safety

1. The abbreviation “u” will not be accepted in heparin medication orders. Units must be spelled out.

2. A standard concentration will be utilized for all continuous heparin, lepirudin and argatroban infusions.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heparin</td>
<td>50 units/mL</td>
</tr>
<tr>
<td>Lepirudin</td>
<td>50mg in 250mL</td>
</tr>
<tr>
<td></td>
<td>100mg in 250mL</td>
</tr>
<tr>
<td>Argatroban</td>
<td>250mg in 250mL</td>
</tr>
</tbody>
</table>

3. When not ordered by Pharmacy protocol, preprinted orders (protocols) shall be utilized for prescribing continuous infusions of heparin.

4. Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be used in the basic mode.

5. An independent double check by two qualified healthcare professionals (e.g. nurse, pharmacist, physician) is required initially, at each bag change, rate change, and at hand-offs. This check shall be against the current order and include the correct patient, dose, dose calculations, route of administration, infusion pump settings and line attachment at the bedside. This check shall be documented by both parties on the Medication Administration Record (eMAR), or other part of the medical record where drug administration is documented.
D. Continuous intravenous infusions of Insulin
Special processes to maximize safety

1. The abbreviation “u” shall not be accepted in the medication order. Units must be spelled out.
2. A standard insulin concentration of 1 unit/ml shall be utilized for all adult continuous insulin infusions.
3. Prime insulin tubing with 20 mL.
4. Maximum will be insulin 250 units in 250 mLs.
5. Preprinted orders shall be utilized for prescribing continuous infusions of insulin.
6. Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be used in the basic mode.
7. An independent double check by two qualified healthcare professionals (e.g. nurse, pharmacist, physician) is required initially, at each bag change, and at hand-offs. This check shall be against the current order and include the correct patient, dose, dose calculations, route of administration, infusion pump settings and line attachment at the bedside. This check shall be documented by both parties on the Medication Administration Record (eMAR), or other part of the medical record where drug administration is documented.

E. Distribution and storage of multi-dose Insulin Vials
Special processes to maximize safety

Inpatient Practice Area
1. Multi-dose vials of insulin shall be stored separately in appropriately labeled bins.
2. All multi dose vials of insulin must be discarded within 28 days of initially entering or opening (e.g., needle punctured). The date of first entering or opening should be noted on the vial.
3. All insulins other than approved floor stock insulin will be supplied as other medications on a patient specific basis.

Ambulatory Practice Areas
1. Multi-Dose vials of insulin should be limited to those commonly used in the practice area.
2. Different types of insulin vials shall be stored separately in appropriate labeled bins.
3. All multi-dose vials of insulin must be discarded within 28 days of initially entering or opening (e.g., needle-punctured). The date of first entering or opening should be noted on vial.

F. Concentrated Electrolytes >0.9% Sodium chloride injection, and ≥ 0.4 Eq/mL Potassium injection (chloride, acetate, and phosphate)
Special processes to maximize safety
1. Concentrated electrolyte injections will be stored only in the pharmacy. There is one identified exception:
   a. Cardiac OR at the KP Los Angeles Medical Center
2. When infusions of concentrated sodium chloride (maximum 3% in 500 mL bags) injection are required for patient use, only commercially prepared product, with patient-specific labeling, shall be dispensed.
3. All concentrated sodium chloride infusions shall be affixed with a special label “Hypertonic Sodium Bag (3%)” (letters in Red)
4. Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be used in the basic mode.
5. An independent double check by two qualified healthcare professionals (e.g. nurse, pharmacist, physician) is required initially, at each bag change, and at hand-offs. This check shall be against the current order and include the correct patient, dose, dose calculations, route of administration, infusion pump settings and line attachment at the bedside. This check shall be documented by both parties on the Medication Administration Record (eMAR), or other part of the medical record where drug administration is documented.

G. Epinephrine, Norepinephrine and Phenylephrine Infusions
Special processes to maximize safety

1. The medication order must include “Starting rate” and when titrating, the parameter must be included.
2. A standard concentration all continuous infusions shall be utilized for each of the following:
   a. Epinephrine: 4mg/250mL
   b. Norepinephrine: 8mg/250mL
   c. Phenylephrine: 50mg/250mL

   There is one identified exception:

   KFH, Los Angeles Medical Center, Cardiac Surgical Unit for fluid-restricted patients.
3. In clinical situations where non-standard concentrations infusions are required, the syringes/bags shall be affixed with a “Note Concentration” sticker.
4. All infusion bags of these medications shall be prepared by the pharmacy unless an emergency situation occurs.
5. Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be used in the basic mode.
6. Two qualified healthcare professionals (e.g. nurse, pharmacist, physician) shall independently double check, against the current order and include the correct patient, drug, dose, dose calculations, route of administration, infusion pump settings and line attachment at the bedside whenever a continuous infusion of one of these medications is initiated, at subsequent I.V. container
change, and at handoffs. This check shall be documented by both parties on the Medication Administration Record (eMAR), or other part of the medical record where drug administration is documented. Order changes involving infusion rates and/or pump settings should be documented via current practices.

H. Magnesium Sulfate Infusions

1. SoCal has agreed to a regional standard concentration of 40mg/mL in 100 mL (4g in 100 mL sterile water total volume container) no longer meets the criteria for a High Alert Medication. Any dose or concentration that exceeds this standard will require High Alert Medication status.

   NOTE:

When circumstances do not allow for use of the 40mg/mL in 100mL product at the medical center (e.g. shortage)—

- If the standard concentration 40mg/mL is exceeded,
- Or the total I.V. bag size is larger than 100mL the following will be required:
  - Two qualified healthcare professionals shall independently double check, against the current order, the correct patient, dose, dose calculations, route of administration, infusion pump settings and line attachment at the bedside whenever a continuous infusion of magnesium sulfate is initiated, and upon any change in dosage at bag change and at handoff.
  - Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be used in the basic mode.
  - Independent Double checks shall be documented on the Medication Administration Record (MAR) in the medical record by both parties. Order changes involving infusion rates and/or pump settings and the independent double checks involving bag change or at handoff may be documented via current practices.

I. Alteplase (t-PA, Activase®) Intravenous Infusions

   Special processes to maximize safety

1. Alteplase (t-PA) may only be prescribed using a KP HealthConnect order set. Exception: prescribing low dose alteplase (Cathflo™) for catheter clearance
2. All infusions of Alteplase (t-PA) for use in all departments including, but not limited to, the hospital and emergency departments shall be prepared by a pharmacist. Administration of Alteplase via IV, intra-arterial push or instillation for resolving clots in tubing is excluded.
3. For emergency use, when the pharmacist is verified as not available to prepare the medication, one package dose of Alteplase will be securely stored in the Emergency Department. When this dose must be used
appropriate documentation containing patient identification and reason for use must be transmitted to pharmacy before a new emergency dose is issued. *(Registry/Travelers mixing emergency doses to be determined)*

4. Prepared mixtures of Alteplase will include only the patient specific dose ordered. No excess medication is allowed in the final container to be used for drug administration to the patient (i.e. only the exact dose of the drug is to be in the final administration container).

5. The label for each dose shall include at a minimum; the Patient Name and Medical Record Number, the patient location, the generic and brand name of the drug, the concentration of the drug supplied in mg/mL, the total drug quantity/total volume of solution that is contained in the package, the expiration date and the rate of infusion/administration. Each label, e.g. the bolus syringe and the infusion container) shall be patient specific for that dose to be administered.

6. The compounding of the medications should be accomplished without interruption and in an area that is sequestered from other activities of disruption.

7. Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be used in the basic mode.

8. Two health care professionals (e.g. two licensed nurses, or one licensed nurse and one physician or pharmacist) shall complete an independent double check initially, at each bag change, and at hand-offs. This check shall be against the current order and include the correct patient, dose, dose calculations, route of administration, and infusion pump settings and line attachment at the bedside.

9. This check shall be documented by both parties on the Medication Administration Record (eMAR), or other part of the medical record where drug administration is documented. Order changes involving infusion rates and/or pump settings are documented via current practices.

**J. Tenecteplase (TNKase®) Intravenous Injections**

**Special Processes to maximize safety**

1. Tenecteplase (TNKase®) may only be prescribed using a KP HealthConnect order set.

2. Two health care professionals (e.g. two registered nurses, or one registered nurse and one physician or pharmacist) shall independently double check the correct medication, patient, dose, dose calculations and route of administration and label whenever an injection of tenecteplase (TNKase®) is initiated.

3. Whenever tenecteplase (TNKase®) is stored in an automated dispensing cabinet (e.g. PYXIS®SureMed®, Omnicell®, etc) a “Clinical Data Category:” warning shall be used to differentiate the product from alteplase (t-Pa) and minimize the possibility of a substitution error.

4. Whenever tenecteplase (TNKase®) is stored in an automated dispensing cabinet (e.g. PYXIS®SureMed®, Omnicell®, etc), it will not be placed on the device override list. This will minimize the possibility of clinical staff...
removing the drug without a medication order being placed in KP HealthConnect.

K. Neuromuscular Blocking Agents
   Special processes to maximize safety

1. Neuromuscular blockers shall only be stored in specific areas within the hospital, e.g. OR, PACU, Critical Care (PICU/NICU/ICU), ED, Cath Lab.
2. Distinctive labeling and/or storage shall be utilized to distinguish neuromuscular blockers from other medications outside the O.R., e.g. segregation, colored bins, etc. Pharmacy will affix a label to all vials prior to dispensing to areas outside the OR – eg. Critical Care, ED, PACU
3. All infusions of neuromuscular blockers shall be affixed with the following label prior to being dispensed from Pharmacy:
   Warning: Paralyzing Agent
   Causes Respiratory Arrest’
4. Two qualified health care professionals (e.g. two licensed nurses, or one licensed nurse and one physician or pharmacist) shall complete an independent double check initially, at each bag change, and at hand-offs. This check shall be against the current order, the correct patient, dose, dose calculations, route of administration, infusion pump settings and line attachment at the bedside.
5. Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be used in the basic mode.
6. For each new medication container provided by the pharmacy (eg. bag, syringe, etc), the double check shall be documented by both parties on the Medication Safety Verification Record. Subsequent checks will be documented by both parties on the Medication Administration Record (eMAR) or other part of the medical record where drug administration is documented. Order changes involving infusion rates and/or pump settings should be documented via current practices.
8. A “time out,” shall be conducted at the bedside immediately prior to the administration of all infusions of neuromuscular blocking agents. (See definition above.) These checks shall be documented on the Medication Safety Verification Record.

9. Whenever feasible, preprinted orders should be utilized for prescribing neuromuscular blocking agents. Orders must also state:

   • “Patient must be on a ventilator”

L. Opiate/Narcotic infusions including PCA therapy
   Special processes to maximize safety
1. Whenever feasible, preprinted orders should be utilized for prescribing opiate/narcotic infusions and PCA therapy.

2. The following standard concentrations shall be utilized for PCA therapy:
   - morphine 1 mg/mL
   - meperidine 10 mg/mL
   - hydromorphone 0.2 mg/mL

3. In clinical situations where more concentrated infusions are required, the syringes/bags shall be affixed with a “Note Concentration” label.

4. Two qualified health care professionals (e.g. two licensed nurses, or one licensed nurse and one physician or pharmacist) shall complete an independent double check initially, at each bag/syringe change, and at hand-offs. This check shall be against the current order and include the correct patient, dose, dose calculations, route of administration, infusion pump settings and line attachment at the bedside. This check shall be documented on the PCA Flow Sheet or the Medication Administration Record (eMAR) by both parties. Order changes involving infusion rates and/or pump settings should be documented via current practices.

5. Policies and procedures regarding the responsibilities of anesthesia providers in the High Alert Medication Program are specified in Regional High Alert Medication Safety Practices for Anesthesia.

M. Opiate/ Narcotic Medications administered via the Intrathecal Route
Special processes to maximize safety

1. Two qualified health care professionals (e.g. two licensed nurses, or one licensed nurse and one physician or pharmacist) shall complete an independent double check initially, at each bag change, and at hand-offs. This check shall be against the current order and include the correct patient, dose, dose calculations, route of administration, infusion pump settings and line attachment at the bedside for all doses of opiate/narcotic medications administered via intrathecal route. This double check shall be documented on the High Alert Medication Safety Verification Record by both parties. Order changes involving infusion rates and/or pump settings should be documented via current practices.

2. If applicable, infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be used in the basic mode.

3. A “time out”, including an independent double check, shall be conducted at the bedside immediately prior to the administration of all doses of opiates/narcotics administered via Intrathecal route by two qualified health care professionals. This check shall verify the correct patient, drug, dose, dose calculations, and route of administration.

N. Opiate/Narcotic Medications administered via the epidural route
Special processes to maximize safety
1. Whenever feasible, preprinted orders should be utilized for prescribing opiate/narcotic epidural infusions.
2. All opiate/narcotic epidural infusions shall be administered utilizing a programmable/advanced mode pump and label on pump display with appropriate opiate/narcotic.
3. Whenever feasible, commercially prepared bags of opiates/narcotics shall be utilized for epidural infusion.
4. Specific identified (e.g. yellow stripe) tubing without injection ports shall be utilized for administering opiate/narcotic epidural infusions.
5. Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be used in the basic mode.
6. Two health care professionals (e.g. two licensed nurses, or one licensed nurse and one physician or pharmacist) shall complete an independent double check initially, at each bag change, and at hand-offs. This check shall be against the current order and include the correct patient, dose, dose calculations, route of administration, infusion pump settings and line attachment at the bedside whenever epidural medication is administered. This check shall be documented by both parties on the Medication Administration Record (eMAR), or other part of the medical record where drug administration is documented. Order changes involving infusion rates and/or pump settings should be documented via current practices.

O. Intravenous, Intraperitoneal, Intraarterial, Intrahepatic and Intrapleural Cytotoxic Chemotherapy
Special processes to maximize safety

1. Verbal orders shall not be accepted when prescribing intravenous Intraperitoneal, Intraarterial, Intrahepatic and Intrapleural cytotoxic chemotherapy with the exception of date or time changes and clarifications.
2. Whenever feasible, preprinted orders shall be used for prescribing intravenous Intraperitoneal, Intraarterial, Intrahepatic and Intrapleural cytotoxic chemotherapy.
3. When prescribing intravenous cytotoxic chemotherapy, orders shall be written for individual doses, not the total amount of drug for the entire course of therapy.
4. Complete orders for intravenous Intraperitoneal, Intraarterial, Intrahepatic and Intrapleural cytotoxic chemotherapy should include:
   a. Patient name and medical record number, date and time the order is written
b. All elements used to calculate the initial dose or change of treatment of a chemotherapy agent should be included on the order or prescription (height, weight, and/or BSA if applicable)
c. Indication that written informed consent was obtained for research protocols
d. Allergies
e. Chemotherapy agent name, dose, route, and date of administration for each drug
f. Cycle number and/or week number as appropriate to the regimen, if applicable

5. All doses of intravenous Intraperitoneal, Intraarterial, Intrahepatic and Intrapleural cytotoxic chemotherapy shall be independently double checked by two qualified health care professionals (e.g. two pharmacists or one pharmacist and one qualified technician) in the Pharmacy before dispensing (when only a pharmacist is present this procedure may include qualified nursing personnel). This check shall include, against the current order, a verification of the correct patient, drug, dose, route of administration, and frequency. This check shall be documented in appropriate pharmacy record.

6. Specialized computer software (e.g. COPS, BEACON) shall be utilized by the pharmacy to assist with the monitoring of all intravenous, intraperitoneal, intraarterial, intrahepatic and intrapleural cytotoxic chemotherapy.

7. Distinctive labeling/packaging shall be utilized to distinguish intravenous intraperitoneal, intraarterial, intrahepatic and intrapleural cytotoxic chemotherapy from other medications.

8. All doses of intravenous intraperitoneal, intraarterial, intrahepatic and intrapleural cytotoxic chemotherapy shall be affixed with a “Caution: Chemotherapeutic Agent” label.

9. Missing dose requests for intravenous intraperitoneal, intraarterial, intrahepatic and intrapleural cytotoxic chemotherapy shall be investigated immediately by a pharmacist and a replacement dose shall not be dispensed until the disposition of the first dose is verified.

10. Only nurses with documented competency in chemotherapy administration may administer intravenous cytotoxic chemotherapy. Two qualified health care practitioners (per Independent Double Check Definition) shall independently double check all doses of intravenous intraperitoneal, intraarterial, intrahepatic and intrapleural cytotoxic chemotherapy at the bedside before administration. This check shall verify the correct patient, drug, dose, dose calculations, route of administration, frequency of administration, infusion pump settings and line attachment at the bedside. This check shall be documented by both parties on the Medication Administration Record (MAR), or other part of the medical record where drug administration is documented.

11. The Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be used in the basic mode.

12. Order changes involving infusion rates and/or pump settings should be documented via current practices.
P. Medication Administration to Pediatric and Neonatal Patients
Special processes to maximize safety

1. The High Alert Medications for use in all Pediatric and Neonates will include those drugs and medication management requirements in the adult High Alert Medication Policy and the following medications:
   a. Regicide, all routes.
   b. Chloral hydrate, all routes.
   c. Insulin, all routes.
   d. Digoxin, P.O. and I.V.
   e. DOPamine, DOBUTamine, Epinephrine, Norepinephrine Infusions.

2. Two qualified health care professionals (e.g. two licensed nurses, or one licensed nurse and one physician or pharmacist) shall complete an independent double check initially, at each bag change, and at hand-offs. This check shall be against the current order and include the correct patient, dose, dose calculations, route of administration, infusion pump settings and line attachment at the bedside. Double checks will be documented by both parties on the Medication Administration Record (MAR), or other part of the medical record where drug administration is documented.

3. Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be used in the basic mode.

4. The table below lists standard concentrations for continuous I.V. infusions for all patients admitted to pediatric, pediatric intensive care (PICU) and neonatal intensive care units (NICUs). Affix a “Note concentration” sticker to all bags/syringes that contain customized concentrations.
Standard Concentrations for pediatrics, PICU and NICU

<table>
<thead>
<tr>
<th></th>
<th>Concentration #1</th>
<th>#2</th>
<th>#3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potassium Chloride</td>
<td>0.1 mEq/mL (10 mEq/100 mL)</td>
<td>0.2 mEq/mL (20 mEq/100 mL), infuse via central line only</td>
<td></td>
</tr>
<tr>
<td>Pediatric/PICU specific</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOPamine</td>
<td>1600 mcg/mL (400 mg/250 mL)</td>
<td>3200 mcg/mL (800 mg/250 mL)</td>
<td></td>
</tr>
<tr>
<td>DOBUTamine</td>
<td>2000 mcg/mL (500 mg/250 mL)</td>
<td>4000 mcg/mL (1 Gm/250 mL)</td>
<td></td>
</tr>
<tr>
<td>Epinephrine</td>
<td>16 mcg/mL (4 mg/250 mL)</td>
<td>64 mcg/mL (16 mg/250 mL)</td>
<td></td>
</tr>
<tr>
<td>Norepinephrine</td>
<td>16 mcg/mL (4 mg/250 mL)</td>
<td>32 mcg/mL (8 mg/250 mL)</td>
<td></td>
</tr>
<tr>
<td>Insulin, Regular</td>
<td>0.5 Unit/mL</td>
<td>1 Unit/mL</td>
<td></td>
</tr>
<tr>
<td>NICU specific</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOPamine</td>
<td>400 mcg/mL</td>
<td>800 mcg/mL</td>
<td>1600 mcg/mL</td>
</tr>
<tr>
<td>DOBUTamine</td>
<td>500 mcg/mL</td>
<td>1000 mcg/mL</td>
<td>2000 mcg/mL</td>
</tr>
<tr>
<td>Epinephrine</td>
<td>20 mcg/mL</td>
<td>40 mcg/mL</td>
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</tr>
<tr>
<td>Insulin, Regular</td>
<td>0.1 Unit/mL</td>
<td>0.5 Unit/mL</td>
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</tbody>
</table>
### VINCA ALKALOIDS

<table>
<thead>
<tr>
<th>Medications</th>
<th>Storage</th>
<th>Dilution Requirement</th>
<th>Hi-Alert Sticker</th>
<th>Ordering</th>
<th>Infusion Pump with Safety Software Active if Drug in Library</th>
<th>Independent Double Check needed</th>
<th>Time Out Needed</th>
<th>Med Safety Verif. Form Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinca Alkaloids, VinCRISine, VinBLAStine, Vinorelbine</td>
<td>Prepared and stored in Pharmacy</td>
<td>For VinCRIStine VinBLAStine Prepare in minimum volume of 10ml of 0.9% NaCl &amp; deliver in a minimum 20ml syringe or minibag For Vinorelbine Prepare in a minimum of 20ml of 0.9% NaCl &amp; deliver in a minimum 30ml syringe or minibag</td>
<td>On the syringe or minibag: -“For Intravenous Use Only – Harmful or Fatal If Administered by Other Routes”” -“For IV use only” -“Independent Double Check &amp; Time Out Required” The Outer Cover: -“For Intravenous Use Only – Harmful or Fatal If Administered by Other Routes”” -“Do not remove covering until moment of injection” -“Independent Double Check &amp; Time Out Required</td>
<td>KPHC Order Sets</td>
<td>Yes</td>
<td>Yes (Initiation, rate change and hand-offs)</td>
<td>Yes</td>
<td>Initiated by pharmacy and completed by nursing</td>
</tr>
</tbody>
</table>
## INTRATHECAL MEDICATIONS

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>MD</th>
<th>Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications</td>
<td>Infusion Pump with Safety Software Active if Drug in Library</td>
<td>Independent Double Check needed</td>
</tr>
<tr>
<td>Storage</td>
<td>Time Out Needed</td>
<td>Med Safety Verif. Form Monitoring</td>
</tr>
<tr>
<td>Dilution Requirement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hi-Alert Sticker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Double Check and Pharmacy pause Required</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Intrathecal Medications**

- Prepared and stored in Pharmacy
- Independent Double Check and Pharmacy pause Required
- Compounded & dispensed in a 10ml or smaller syringe
- “Caution: For intrathecal use only”
- “Independent Double Check & Time Out Required”
- KPHC Order Set
- NO
- Yes (Initiation and hand-offs)
- Yes
- Initiated by pharmacy and completed by nursing/physician
### INSULIN INFUSIONS, CONCENTRATED ELECTROLYTES

<table>
<thead>
<tr>
<th>Medications</th>
<th>Pharmacy</th>
<th>Storage</th>
<th>Dilution Requirement</th>
<th>Hi-Alert Sticker</th>
<th>Ordering</th>
<th>Infusion Pump with Safety Software Active if Drug in Library</th>
<th>Independent Double Check Needed</th>
<th>Time Out Needed</th>
<th>Med Safety Verif. Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin Infusion</td>
<td></td>
<td>Prepared and stored in Pharmacy</td>
<td>Yes (1 unit/mL) Max bag size 250 Units/250mL</td>
<td>NO</td>
<td>“units” (must be spelled out on all orders) KPHC Order Set</td>
<td>Yes Prime Insulin tubing with 20 mL</td>
<td>Yes (Initiation, bag change, rate change and hand-offs)</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Concentrated Electrolytes (&gt;0.9% sodium chloride inj.: ≥0.4mEq/mL Potassium inj.)</td>
<td></td>
<td>Pharmacy</td>
<td>Yes (Pre-Mix)</td>
<td>Yes Hypertonic Sodium Bag (3%) words in RED</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes (Initiation, bag change, rate change and hand-offs)</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>
HEPARIN, LEPIRUDIN AND ARGATROBAN INFUSIONS

<table>
<thead>
<tr>
<th>Medications</th>
<th>Pharmacy &amp; Approved nursing units</th>
<th>Storage</th>
<th>Dilution Requirement</th>
<th>Hi-Alert Sticker</th>
<th>Ordering</th>
<th>Infusion Pump with Safety Software Active if Drug in Library</th>
<th>Independent Double Check needed</th>
<th>Time Out Needed</th>
<th>Med Safety Verif. Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heparin Infusion</td>
<td>Yes (50 units/mL) / If not standard concentration, place sticker “Note Concentration” On bag</td>
<td>NO</td>
<td>“units” (must be spelled out in all orders)</td>
<td>KPHC Order Set</td>
<td>Yes</td>
<td>Yes (Initiation, bag change, rate change and hand-off)</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Lepirudin Infusion</td>
<td>Yes 50mg in 250 mL / 100mg in 250 mL / Non std conc. as above</td>
<td>NO</td>
<td>KPHC Order Set</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (Initiation, bag change, rate change and hand-off)</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Argatroban Infusion</td>
<td>Yes 250mg in 250mL / Non std conc. as above</td>
<td>NO</td>
<td>KPHC Order Set</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (Initiation, bag change, rate change and hand-off)</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>
### MAGNESIUM SULFATE, VASOPRESSORS

<table>
<thead>
<tr>
<th>Medications</th>
<th>Pharmacy</th>
<th>Storage</th>
<th>Dilution Requirement</th>
<th>Hi-Alert Sticker</th>
<th>Ordering</th>
<th>Infusion Pump with Safety Software Active if Drug in Library</th>
<th>Independent Double Check needed</th>
<th>Time Out Needed</th>
<th>Med Safety Verif. Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conc. is greater than 40 mg/mL in a volume ≤ 150mL, or if Conc. &gt; 6 mg/mL in a volume larger than 150mL.</td>
<td>Pharmacy or approved floor stock</td>
<td>Yes (pre-mix)</td>
<td>NO</td>
<td>Do NOT use abbr “MgSO4”. Spell out Magnesium Sulfate</td>
<td>Yes</td>
<td>Yes (Initiation, bag change, dosage/rate change, and hand-off)</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Vasopressors Epinephrine Norepinephrine Phenylephrine</td>
<td>Pharmacy or approved floor stock</td>
<td>Yes Epinephrine 4 mg/250 mL Norepinephrine 8 mg/250 mL Phenylephrine 50 mg/250 mL</td>
<td>No (for std conc.) Place “note Concentration” stickers with non-standard concentration</td>
<td>Must include “starting rate” If titrating, must include “titrate to”</td>
<td>KPHC Order Set</td>
<td>KPHC Order Set</td>
<td>Yes (Initiation, bag change, and hand-off)</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>

**Conc. is greater than 40 mg/mL in a volume ≤ 150mL, or if Conc. > 6 mg/mL in a volume larger than 150mL.**

- **Pharmacy or approved floor stock**
- **Yes (pre-mix)**
- **NO**
- **Do NOT use abbr “MgSO4”. Spell out Magnesium Sulfate**
- **KPHC Order Set**
- **Yes**
- **Yes (Initiation, bag change, dosage/rate change, and hand-off)**
- **NO**
- **NO**

**Vasopressors Epinephrine Norepinephrine Phenylephrine**

- **Pharmacy or approved floor stock**
- **Yes Epinephrine 4 mg/250 mL Norepinephrine 8 mg/250 mL Phenylephrine 50 mg/250 mL**
- **No (for std conc.) Place “note Concentration” stickers with non-standard concentration**
- **Must include “starting rate” If titrating, must include “titrate to”**
- **KPHC Order Set**
- **Yes**
- **Yes (Initiation, bag change, and hand-off)**
- **NO**
- **NO**
# High Alert Medication Crosswalk
## Summary of Safety checks – Updated 5/31/2011

### ALTEPLASE (t-PA, Activase®)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alteplase (tPA infusion)</td>
<td>Pharmacy and ED</td>
<td>Yes (procedure for mixing and dosage forms)</td>
<td>Prepared by pharmacy personnel in an inpatient pharmacy setting, Supplied as Patient – specific separate doses for bolus and infusion, no excess med is allowed in the final container</td>
<td>NO</td>
<td>Includes: Pt name MR# Pt location Generic and brand name of the drug. Drug Conc. Total quantity/total vol. of the solution Expiration date Rate of infusion</td>
<td>KPHC Order Sets</td>
<td>Yes</td>
<td>Yes (Initiation, bag change, and hand-off)</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>
## TENECTEPLASE (TNKase®)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Pharmacy</th>
<th>MD</th>
<th>Nursing</th>
<th>Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenecteplase</td>
<td><strong>Pharmacy &amp; ED</strong></td>
<td><strong>Infusion Pump with</strong></td>
<td><strong>Independent double check</strong></td>
<td><strong>Time Out Needed</strong></td>
</tr>
<tr>
<td>Injection</td>
<td><strong>Clinical Data Category</strong></td>
<td><strong>Safety Software</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Warning in Pyxis</strong></td>
<td><strong>Active if Drug in Library</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>Include: Pt Name Drug Name Strength Quantity Exp</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>KPHC Order Sets</td>
<td>Yes At point of administration</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
<td></td>
<td>NO</td>
</tr>
</tbody>
</table>

**Med Safety Verif. Form**

**Order Sets**

**Med Safety Verif. Form**
## NEUROMUSCULAR BLOCKING AGENT INFUSIONS

<table>
<thead>
<tr>
<th>Medications</th>
<th>Pharmacy</th>
<th>MD</th>
<th>Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuromuscular Blocking Agent Infusions</td>
<td>Pharmacy, OR, PACU, Critical Care Units (PICU/NICU/ICU), ED, Cath lab Store in segregated, unique colored bins “Warning: Paralyzing Agent” label affixed to EACH vial</td>
<td>Infusion Pump with Safety Software Active if Drug in Library</td>
<td>Independent Double Check needed</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>“Warning: Paralyzing Agent causes Respiratory Arrest”</td>
<td>Time Out Needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Patient must be on a ventilator”</td>
<td>Med Safety Verif. Form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>KPHC Order Set</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes (Initiation, bag change, rate change and hand-off)</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## OPIATE/NARCOTIC INFUSIONS – INCLUDING PCA THERAPY

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>MD</th>
<th>Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medications</strong></td>
<td><strong>Storage</strong></td>
<td><strong>Std Conc.</strong></td>
</tr>
<tr>
<td>Morphine Meperidine</td>
<td>Prepared by pharmacy and stored in narcotic cabinet</td>
<td>Yes</td>
</tr>
<tr>
<td>Hydromorphone Infusions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### ALL EPIDURAL INFUSIONS (INCLUDING OPIATE/NARCOTIC MEDICATIONS)

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>MD</th>
<th>Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications</td>
<td>Std Conc.</td>
<td>Hi-alert Sticker</td>
</tr>
<tr>
<td>All meds via Epidural Route e.g. Opiates/narcotics</td>
<td>Commercially Prepared Bags whenever feasible</td>
<td>NO</td>
</tr>
</tbody>
</table>
## INTRAVENOUS, INTRAPERITONEAL, INTRAARTERIAL, INTRAHEPATIC AND INTRAPLEURAL CYTOTOXIC CHEMOTHERAPY AGENTS

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>MD</th>
<th>Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medications</strong></td>
<td><strong>Storage</strong></td>
<td><strong>Std Conc.</strong></td>
</tr>
<tr>
<td>Intravenous, Intraperitoneal, Intraarterial, Intrahepatic, Intrapleural Cytotoxic Chemotherapy</td>
<td>Pharmacy will prepare and prime all intravenous tubing of cytotoxic chemotherapy solutions</td>
<td>NO</td>
</tr>
</tbody>
</table>
## High Alert Medication Crosswalk
**Summary of Safety checks – Updated 5/31/2011**

### PROPOFOL, KETAMINE, PENTOBARBITAL, MIDAZOLAM, LORAZEPAM, DEXMEDETOMIDINE INFUSIONS

<table>
<thead>
<tr>
<th>Medications</th>
<th>Pharmacy</th>
<th>MD</th>
<th>Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Propofol, Ketamine, Pentobarbital, Midazolam, Lorazepam, Dexmedetomidine (Precedex) Infusions</td>
<td>Pharmacy will prepare</td>
<td>NO</td>
<td>YES (Initiation, bag/syringe change, and hand-off)</td>
</tr>
</tbody>
</table>

### Table Details
- **Pharmacy**: Pharmacy will prepare
- **MD**: Independent Double Check needed
- **Nursing**: Time Out Needed, Med Safety Verif. Form
- **Ordering**: Infusion Pump with Safety Software Active if Drug in Library
- **Storage**: KPHC Order Set When Available
### PEDS AND NEONATAL MEDICATIONS

<table>
<thead>
<tr>
<th>Medication</th>
<th>Standard Conc</th>
<th>Hi-alert Sticker</th>
<th>Infusion Pump with Safety Software Active if Drug in Library</th>
<th>Independent Double Check needed</th>
<th>Time Out Needed</th>
<th>Med Safety Verif. Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cytotoxic Chemotherapy including Remicade (All Routes)</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes (Initiation, bag/syringe change, rate change and hand-off)</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Opiate/Narcotics Infusion—PCA therapy</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes (Initiation, bag/syringe change, rate change and hand-off)</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Chloral Hydrate (All Routes)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes (Initiation, bag/syringe change, rate change and hand-off)</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Insulin (All Routes)</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes for insulin infusions</td>
<td>Yes (Initiation, bag/syringe change, rate change and hand-off)</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Medication</td>
<td>Standard Conc</td>
<td>Hi-alert Sticker</td>
<td>Infusion Pump with Safety Software Active if Drug in Library</td>
<td>Independent Double Check needed</td>
<td>Time Out Needed</td>
<td>Med Safety Verif. Form</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------------</td>
<td>------------------</td>
<td>---------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>-----------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Digoxin (PO &amp; IV)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Potassium (chloride, acetate, and phosphate)</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vinc Alkaloids</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Initiated by Pharmacy &amp; completed by Nursing</td>
</tr>
<tr>
<td>All Intrathecal Medications</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>NO</td>
<td>Initiated by Pharmacy &amp; completed by Nursing</td>
</tr>
<tr>
<td>Neuromuscular Blocking Agents in unintubated patients</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes – for infusions</td>
<td>Yes</td>
<td>Yes</td>
<td>Initiated by Pharmacy &amp; completed by Nursing</td>
</tr>
</tbody>
</table>
### Standard Concentrations for Pediatrics, PICU and NICU

<table>
<thead>
<tr>
<th>Medication</th>
<th>Concentration #1</th>
<th>Concentration #2</th>
<th>Concentration #3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Potassium Chloride</strong></td>
<td>0.1 mEq/mL (10 mEq/100 mL)</td>
<td>0.2 mEq/mL (20 mEq/100 mL), infuse via central line only</td>
<td></td>
</tr>
<tr>
<td><strong>Pediatrics/PICU</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOPamine</td>
<td>1600 mcg/mL (400 mg/250 mL)</td>
<td>3200 mcg/mL (800 mg/250 mL)</td>
<td></td>
</tr>
<tr>
<td>DOBUTamine</td>
<td>2000 mcg/mL (500 mg/250 mL)</td>
<td>4000 mcg/mL (1 Gm/250 mL)</td>
<td></td>
</tr>
<tr>
<td>Epinephrine</td>
<td>16 mcg/mL (4 mg/250 mL)</td>
<td>64 mcg/mL (16 mg/250 mL)</td>
<td></td>
</tr>
<tr>
<td>Norepinephrine</td>
<td>16 mcg/mL (4 mg/250 mL)</td>
<td>32 mcg/mL (8 mg/250 mL)</td>
<td>64 mcg/mL (16 mg/250 mL)</td>
</tr>
<tr>
<td>Insulin, Regular</td>
<td>0.5 Unit/mL</td>
<td>1 Unit/mL</td>
<td></td>
</tr>
<tr>
<td><strong>NICU</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOPamine</td>
<td>400 mcg/mL</td>
<td>800 mcg/mL</td>
<td>1600 mcg/mL</td>
</tr>
<tr>
<td>DOBUTamine</td>
<td>500 mcg/mL</td>
<td>1000 mcg/mL</td>
<td>2000 mcg/mL</td>
</tr>
<tr>
<td>Epinephrine</td>
<td>20 mcg/mL</td>
<td>40 mcg/mL</td>
<td></td>
</tr>
<tr>
<td>Insulin, Regular</td>
<td>0.1 Unit/mL</td>
<td>0.5 Unit/mL</td>
<td></td>
</tr>
</tbody>
</table>
# High Alert Medication Crosswalk

## Summary of Safety Checks – Updated May 2012

<table>
<thead>
<tr>
<th>Medications</th>
<th>Storage</th>
<th>Dilution Requirement</th>
<th>Hi-Alert Sticker</th>
<th>Ordering</th>
<th>Infusion Pump with Safety Software Active if Drug in Library</th>
<th>Independent Double Check needed</th>
<th>Time Out Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VINCA ALKALOIDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vinca Alkaloids</td>
<td>Prepare and store in Pharmacy</td>
<td>Yes – See HAMP policy.</td>
<td>Specific sticker</td>
<td>KPHC Order Sets</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>VinCRISine VinBLASTine Vinorelbine</td>
<td>Independent double Check and Pharmacy pause required</td>
<td></td>
<td>required. See HAMP policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INTRACELLULAR MEDICATIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intrathecal Medications</td>
<td>Prepare and store in Pharmacy</td>
<td>Compounded &amp; dispensed in a 10ml or smaller syringe</td>
<td>Specific sticker required. See HAMP policy</td>
<td>KPHC Order Set</td>
<td>NO</td>
<td></td>
<td>Yes (Initiation and hand-offs)</td>
</tr>
<tr>
<td></td>
<td>Independent double Check and Pharmacy pause required</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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## High Alert Medication Crosswalk
### Summary of Safety Checks – Updated May 2012

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<thead>
<tr>
<th>Medications</th>
<th>Storage</th>
<th>Dilution Requirement</th>
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<th>Ordering</th>
<th>Infusion Pump with Safety Software Active if Drug in Library</th>
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</thead>
<tbody>
<tr>
<td><strong>INSULIN INFUSIONS, CONCENTRATED ELECTROLYTES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin Infusion</td>
<td>Prepare &amp; store in Pharmacy</td>
<td>Yes (1 unit/mL) Max bag size 250 Units/250mL</td>
<td>NO</td>
<td>“units” (to be spelled out) KPHC Order Set</td>
<td>Yes Prime Insulin tubing with 20 mL</td>
<td>Yes (Initiation, bag change, rate change &amp; hand-offs)</td>
<td>NO</td>
</tr>
<tr>
<td>Conc Electrolytes (&gt;0.9% sodium chloride inj.: &gt;0.4mEq/mL Potassium inj.)</td>
<td>Pharmacy</td>
<td>Yes (Pre-Mix)</td>
<td>Yes Hypertonic Sodium Bag (3%) words in RED</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes (Initiation, bag change, rate change &amp; hand-offs)</td>
<td>NO</td>
</tr>
<tr>
<td><strong>U-500 INSULIN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U500 Insulin</td>
<td>Prepare &amp; store in Pharmacy</td>
<td>N/A</td>
<td>NO</td>
<td>Alternative Alert in KPHC</td>
<td>N/A</td>
<td>Yes</td>
<td>NO</td>
</tr>
</tbody>
</table>
## High Alert Medication Crosswalk
### Summary of Safety Checks – Updated May 2012

<table>
<thead>
<tr>
<th>Medications</th>
<th>Pharmacy &amp; Approved nursing units</th>
<th>Storage</th>
<th>Dilution Requirement</th>
<th>Hi-Alert Sticker</th>
<th>Ordering</th>
<th>Infusion Pump with Safety Software Active if Drug in Library</th>
<th>Independent Double Check needed</th>
<th>Time Out Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEPARIN, LEPIRUDIN AND ARGATROBAN INFUSIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heparin Infusion</td>
<td>Pharmacy</td>
<td>Yes</td>
<td>(50 units/mL)</td>
<td>NO</td>
<td>“units”</td>
<td>Yes</td>
<td>Yes</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>&amp; Approved nursing units</td>
<td>If not</td>
<td>standard concentration, place sticker “Note Concentration” On bag</td>
<td></td>
<td>(must be spelled out in all orders)</td>
<td>KPHC Order Set</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lepirudin Infusion</td>
<td>Pharmacy</td>
<td>Yes</td>
<td>50mg in 250 mL</td>
<td>NO</td>
<td>KPHC</td>
<td>Yes</td>
<td>Yes</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>&amp; Approved nursing units</td>
<td>100mg in 250 mL</td>
<td>Non std conc. as above</td>
<td></td>
<td>Order Set</td>
<td>(Initiation, bag change, rate change &amp; hand-off)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Argatroban Infusion</td>
<td>Pharmacy</td>
<td>Yes</td>
<td>250mg in 250 mL</td>
<td>NO</td>
<td>KPHC</td>
<td>Yes</td>
<td>Yes</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>&amp; Approved nursing units</td>
<td>Non std conc. as above</td>
<td></td>
<td></td>
<td>Order Set</td>
<td>(Initiation, bag change, rate change &amp; hand-off)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td>Pharmacy</td>
<td>MD</td>
<td>Nursing</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAGNESIUM SULFATE, VASOPRESSORS</td>
<td>Pharmacy or approved floor stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conc. is greater than 40 mg/mL in a volume ≤ 150mL, or if Conc. &gt; 6 mg/mL in a volume larger than 150mL.</td>
<td>Yes (pre-mix)</td>
<td>NO</td>
<td>Do NOT use abbr “MgSO4”. Spell out Magnesium Sulfate KPHC Order Sets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vasopressors Epinephrine Norepinephrine Phenylephrine</td>
<td>Pharmacy or approved floor stock</td>
<td>No (for std conc.) Use “note Concentration” stickers with non-standard concentration</td>
<td>Must include starting infusion rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If titrating, include physiologic parameters and max rate KPHC Order Set</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pharmacy**

- **Storage**: Pharmacy or approved floor stock
- **Dilution Requirement**: Yes
- **Hi-Alert Sticker**: NO
- **Ordering**: KPHC Order Sets
- **Infusion Pump with Safety Software Active if Drug in Library**: Yes
- **Independent Double Check needed**: Yes
- **Time Out Needed**: NO

**MD**

- **Infusion Pump with Safety Software Active if Drug in Library**: Yes
- **Independent Double Check needed**: Yes
- **Time Out Needed**: NO

**Nursing**

- **Independent Double Check needed**: Yes
- **Time Out Needed**: NO
# High Alert Medication Crosswalk

## Summary of Safety Checks – Updated May 2012

<table>
<thead>
<tr>
<th>Medication</th>
<th>Storage</th>
<th>Std. Conc</th>
<th>Preparation</th>
<th>Hi-Alert Sticker</th>
<th>Labeling</th>
<th>Ordering</th>
<th>Infusion Pump with Safety Software Active if Drug in Library</th>
<th>Independent double check needed</th>
<th>Time Out Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALTEPLASE</strong> (t-PA, Activase®)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alteplase (tPA infusion)</td>
<td>Pharmacy and ED</td>
<td>Yes</td>
<td>Prepped by pharmacy personnel in an inpatient pharmacy setting</td>
<td>NO</td>
<td>Pt name MR# Pt location Generic and brand name of the drug. Drug Conc. Total quantity/total vol. Rate of infusion</td>
<td>KPHC Order Sets</td>
<td>Yes</td>
<td>Yes (Initiation, bag change, &amp; hand-off)</td>
<td>NO</td>
</tr>
<tr>
<td><strong>TENECTEPLASE</strong> (TNKase®)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tenecteplase Injection</td>
<td>Pharmacy &amp; ED Clinical Data Category Warning in Pyxis</td>
<td>Yes</td>
<td>N/A</td>
<td>NO</td>
<td>Include: Pt Name Drug Name Strength Quantity Exp</td>
<td>KPHC Order Sets</td>
<td>N/A</td>
<td>Yes At point of administration</td>
<td>NO</td>
</tr>
</tbody>
</table>

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**ALTEPLASE (t-PA, Activase®)**

- **Medication**: Alteplase (tPA infusion)
- **Storage**: Pharmacy and ED
- **Std. Conc**: Yes (procedure for mixing and dosage forms)
- **Preparation**: Prepared by pharmacy personnel in an inpatient pharmacy setting
- **Hi-Alert Sticker**: NO
- **Labeling**: Pt name MR# Pt location Generic and brand name of the drug. Drug Conc. Total quantity/total vol. Rate of infusion
- **Ordering**: KPHC Order Sets
- **MD**:
  - Infusion Pump with Safety Software Active if Drug in Library: Yes
  - Independent double check needed: Yes (Initiation, bag change, & hand-off)
  - Time Out Needed: NO
- **Nursing**:
  - KPHC Order Sets: N/A
  - Time Out Needed: NO
<table>
<thead>
<tr>
<th>Medications</th>
<th>Storage</th>
<th>Std Conc.</th>
<th>Hi-Alert Sticker</th>
<th>Ordering</th>
<th>Infusion Pump with Safety Software Active if Drug in Library</th>
<th>Independent Double Check needed</th>
<th>Time Out Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEUROMUSCULAR BLOCKING AGENT INFUSIONS</td>
<td>Pharmacy, OR, PACU, Critical Care Units (PICU/NICU/ICU), ED, Cath lab</td>
<td>No</td>
<td>“Warning: Paralyzing Agent causes Respiratory Arrest”</td>
<td>Yes</td>
<td>KPHC Order Set</td>
<td>Yes (Initiation, bag change, rate change &amp; hand-off)</td>
<td>Yes</td>
</tr>
<tr>
<td>Neuromuscular Blocking Agent Infusions</td>
<td>Store in segregated, unique colored bins “Warning: Paralyzing Agent” label on EACH vial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### High Alert Medication Crosswalk

**Summary of Safety Checks – Updated May 2012**

<table>
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<tr>
<th>Medications</th>
<th>Storage</th>
<th>Std Conc.</th>
<th>Hi-Alert Sticker</th>
<th>Ordering</th>
<th>Infusion Pump with Safety Software Active if Drug in Library</th>
<th>Independent Double Check needed</th>
<th>Time Out Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPIATE/NARCOTIC INFUSIONS – INCLUDING PCA THERAPY</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morphine Meperidine Hydromorphone Infusions</td>
<td>Prepared by pharmacy and stored in narcotic cabinet</td>
<td>Yes</td>
<td></td>
<td>Place “Note Concentration” stickers with non-standard concentration</td>
<td>KPHC Order Set</td>
<td>Yes</td>
<td>PCA Pump Or CADD Pump (Home Care patients)</td>
</tr>
<tr>
<td><strong>ALL EPIDURAL INFUSIONS (INCLUDING OPIATE/NARCOTIC MEDICATIONS)</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All meds via Epidural Route e.g. Opiates/narcotics</td>
<td>Commercially Prepared Bags whenever feasible</td>
<td>NO</td>
<td></td>
<td>KPHC Order Sets When Available</td>
<td>Yes and labeled with appropriate medication (e.g. opiate/narcotic)</td>
<td>Yes (Initiation, bag change – if applicable, rate change &amp; hand-off)</td>
<td>NO</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>MD</td>
<td>Nursing</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Medications</td>
<td>Storage</td>
<td>Std Conc.</td>
<td>Hi-Alert Sticker</td>
<td>Ordering</td>
<td>Infusion Pump with Safety Software Active if Drug in Library</td>
<td>Independent Double Check needed</td>
<td>Time Out Needed</td>
</tr>
<tr>
<td>INTRAVENOUS, INTRAPERITONEAL, INTRAARTERIAL, INTRAHEPATIC AND INTRAPLEURAL CYTOTOXIC CHEMOTHERAPY AGENTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravenous, Intraperitoneal, Intraarterial, Intrahepatic, Intrapleural Cytotoxic Chemotherapy</td>
<td>Pharmacy will prepare and prime all intravenous tubing of cytotoxic chemotherapy solutions</td>
<td>NO</td>
<td>“Cytotoxic Chemotherapy”</td>
<td>KPHC Order Set When Avail</td>
<td>Yes</td>
<td>Yes (Initiation, bag/syringe change, rate change &amp; hand-off)</td>
<td>NO</td>
</tr>
<tr>
<td>Bortezomib (Velcade®)</td>
<td>Same as cytotoxic chemo</td>
<td>NO</td>
<td>“Cytotoxic Chemotherapy”</td>
<td>KPHC Order Set When Avail</td>
<td>NO</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>PROPOFOL, KETAMINE, PENTOBARBITAL, MIDAZOLAM, LORAZEPAM, DEXMEDETOMIDINE INFUSIONS</td>
<td>Pharmacy will prepare</td>
<td>NO</td>
<td>NO</td>
<td>KPHC Order Set When Avail</td>
<td>Yes</td>
<td>Yes (Initiation, bag/syringe change, &amp; hand-off)</td>
<td>NO</td>
</tr>
<tr>
<td>Medication</td>
<td>Standard Conc</td>
<td>Hi-alt Sticker</td>
<td>Infusion Pump with Safety Software Active if Drug in Library</td>
<td>Independent Double Check needed</td>
<td>Time Out Needed</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>PEDS AND NEONATAL MEDICATIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cytotoxic Chemotherapy including Remicade (All Routes)</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes (Initiation, bag/syringe change, rate change and hand-off)</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opiate/Narcotcs Infusion—PCA therapy</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes (Initiation, bag/syringe change, rate change and hand-off)</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chloral Hydrate</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes (Initiation, bag/syringe change, rate change and hand-off)</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin (All Routes)</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes for insulin infusions</td>
<td>Yes (Initiation, bag/syringe change, rate change and hand-off)</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digoxin (PO &amp; IV)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes (Initiation, bag/syringe change, rate change and hand-off)</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potassium (chloride, acetate, and phosphate) Inj.&gt;= 0.4mEq/mL</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes (Initiation, bag/syringe change, rate change and hand-off)</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vinca Alkaloids</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes (Initiation, bag/syringe change, rate change and hand-off)</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Intrathecal Medications</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes (Initiation, and hand-off)</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuromuscular Blocking Agents in unintubated patients</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes – for infusions</td>
<td>Yes (Initiation, bag/syringe change, rate change and hand-off)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressors – Dopamine, Dobutamine, Epinephrine, Norepinephrine</td>
<td>Yes</td>
<td>Yes – for non-standard concentrations</td>
<td>Yes</td>
<td>Yes (Initiation, bag/syringe change, rate change and hand-off)</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


# High Alert Medication Crosswalk

**Summary of Safety Checks – Updated May 2012**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Concentration #1</th>
<th>Concentration #2</th>
<th>Concentration #3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard Concentrations for Pediatrics, PICU and NICU</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potassium Chloride</td>
<td>0.1 mEq/mL (10 mEq/100 mL)</td>
<td>0.2 mEq/mL (20 mEq/100 mL), infuse via central line only</td>
<td></td>
</tr>
<tr>
<td><strong>Pediatrics/PICU</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOPamine</td>
<td>1600 mcg/mL (400 mg/250 mL)</td>
<td>3200 mcg/mL (800 mg/250 mL)</td>
<td></td>
</tr>
<tr>
<td>DOBUTamine</td>
<td>2000 mcg/mL (500 mg/250 mL)</td>
<td>4000 mcg/mL (1 Gm/250 mL)</td>
<td></td>
</tr>
<tr>
<td>Epinephrine</td>
<td>16 mcg/mL (4 mg/250 mL)</td>
<td>64 mcg/mL (16 mg/250 mL)</td>
<td></td>
</tr>
<tr>
<td>Norepinephrine</td>
<td>16 mcg/mL (4 mg/250 mL)</td>
<td>32 mcg/mL (8 mg/250 mL)</td>
<td>64 mcg/mL (16 mg/250 mL)</td>
</tr>
<tr>
<td>Insulin, Regular</td>
<td>0.5 Unit/mL</td>
<td>1 Unit/mL</td>
<td></td>
</tr>
<tr>
<td><strong>NICU</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOPamine</td>
<td>400 mcg/mL</td>
<td>800 mcg/mL</td>
<td>1600 mcg/mL</td>
</tr>
<tr>
<td>DOBUTamine</td>
<td>500 mcg/mL</td>
<td>1000 mcg/mL</td>
<td>2000 mcg/mL</td>
</tr>
<tr>
<td>Epinephrine</td>
<td>20 mcg/mL</td>
<td>40 mcg/mL</td>
<td></td>
</tr>
<tr>
<td>Insulin, Regular</td>
<td>0.1 Unit/mL</td>
<td>0.5 Unit/mL</td>
<td></td>
</tr>
</tbody>
</table>
SOUND-A-LIKE AND LOOK-A-LIKE

MEDICATION PAIRS FOR 2012

1. Concentrated Liquid Morphine Products vs. Conventional liquid Morphine Products
2. Ephedrine vs. Epinephrine
3. Oxycontin<sup>R</sup> vs. Oxycodone
4. Hydromorphone (Dilaudid<sup>R</sup>) Injection vs. Morphine injection
5. Lipid-based Daunorubicin and Doxorubicin vs. conventional forms of Daunorubicin and Doxorubicin
6. Lipid-based Amphotericin vs. conventional forms of Amphotericin (Ablecet<sup>R</sup>, Ambisome<sup>R</sup>)
7. Heparin vs. Hespan<sup>R</sup>
8. Celebrex<sup>R</sup> and Celexa<sup>R</sup> and Cerebyx<sup>R</sup>
9. Clonidine (Catapres<sup>R</sup>) vs Klonopin<sup>R</sup> (Clonazepam)
10. Vinblastine vs. Vincristine

These medications will be stored separately and/or labeled to prevent confusion.

HIGH ALERT MEDICATIONS

These medications require a double signature on the Medication Administration Record (MAR) by nursing when administered.

Insulin   Heparin   PCA settings
Chemotherapy
REFERENCE:
Clinical Nursing Skills & Techniques, Perry and Potter, Chapter 28.

PURPOSE:
To ensure patient safety during blood and blood product administration.

A. INFORMED CONSENT POLICY

1. All patients receiving blood products (including red blood cells, fresh frozen plasma, platelets and cryoprecipitate) are informed of the risks, benefits, and alternatives.

2. The ordering physician shall complete the Informed Consent section of the Kaiser Permanente Health Connect (KPHC) Blood Transfusion Adult order set.

3. The nurse shall confirm the completion of the informed consent section of the blood transfusion orders in KPHC prior to implementation of the blood transfusion orders, and notify the ordering physician if the informed consent section has not been completed.

4. If the transfusion is emergent, it will not be delayed if informed consent has not been completed by the ordering physician.

5. If the transfusion is not emergent, the physician is contacted to document the informed consent prior to implementation of the blood transfusion orders.

B. ORDERING BLOOD PRODUCTS

PURPOSE: To ensure that the correct blood or blood component is ordered from Blood Bank

PERSONNEL AUTHORIZED TO PERFORM: RN, LVN, MD, Ward Clerk

EQUIPMENT:
KPHC Type and Screen Form
If computer is down, use a serology form and follow KPHC downtime procedures.

DEFINITIONS:

BLOOD PRODUCTS OR COMPONENTS – include Packed Red Blood Cells (PRBC), Whole Blood, Plasma, Cryoprecipitated Antihemolytic Factor (AHF), Platelets and Granulocytes.

TYPE AND SCREEN – [HealthConnect terminology: Type (ABORH) and antibody screen panel]. The specimen is held for 3 days in case cross-matching is needed. For Pre-Operative patients, if the Blood Bank is appropriately notified that the patient has not been transfused, pregnant or transplanted in the past three (3) months, the specimen is usable for 14 days. Please refer to KQE: 9.9.1-3-0100.00.

CROSS-MATCH (KPHC terminology: Major Crossmatch) - Units of blood are cross-matched for a specific patient and are not available for use by other patients for a predetermined time period.
- If the patient has been recently transfused, the blood is held for approximately one (1) day.
- For surgical patients, the blood is held until the morning following surgery.

BLOOD BANK DAY – A Blood Bank day begins and ends at 7:00 a.m. every morning. At 7:00 a.m. cross-matched blood is released from hold and returned to general stock.

POLICY:

1. There must be an electronic, telephone, or verbal physician's order specifying the blood component, the volume, the duration, and/or transfusion rate.

2. Blood products must be ordered on the KPHC Blood Transfusion Adult order set.
   - Telephone or verbal orders must be entered in KPHC by an RN and signed by the physician within 48 hours.
   - The physician's order must specify if the transfusion is emergent or requires rapid infusion, necessitating the release of more than one unit of blood product from the blood bank.

3. If orders are written to "keep blood available at all times," the ordering physician must re-evaluate the need for blood every four (4) days and renew the hold order if needed.

PROCEDURE:

1. If patient does not have a current type and screen, complete type and screen process.

2. If the computer is down, complete a serology form and follow KPHC downtime procedures. Complete a blood transfusion request for each unit ordered.

3. If the transfusion is an emergency, enter order in KPHC and call the lab to draw a specimen. For a non-emergent transfusion, enter request into KPHC as usual.

C. BLOOD RELEASE FROM THE BLOOD BANK

PURPOSE: To ensure the accurate verification of blood released from Blood Bank.
PERSONNEL AUTHORIZED TO PERFORM: RN, LVN, WCT, NA/Orderly

EQUIPMENT: KPHC Blood Release Verification Form

POLICY:
1. No more than one unit of blood per patient is released from the Blood Bank at any one time except in emergent situations, when more than one unit is being administered at a given time. (Exception: OR)

2. Emergent need or release of more than one unit of blood must be determined by the ordering physician and documented on the blood transfusion order. (See Section B – Procedure for Ordering Blood).

3. All blood products must be returned to the Blood Bank within 30 minutes of time issued, if the transfusion has not been initiated.

4. Blood products may not be stored in unit refrigerators at any time. (Exception: the Blood Bank refrigerator in OR)

PROCEDURE:
1. Prepare the patient for the transfusion prior to picking up the blood from the blood bank. Do not bring blood to floor until patient’s IV is established.

2. Initiate the Blood Release Verification form via KPHC (See Attachment B) and send a copy of the form with the staff member to Blood Bank to pick up the unit.
   - A complete request for blood release must be delivered to the Blood Bank.
   - Blood will not be released unless the blood verification is complete.

3. The staff member picking up the blood will review patient ID information on blood unit, the transfusion slip and the blood release verification form with blood bank technologist.

4. Both reviewers, the staff member and the blood bank technologist, sign the transfusion slip verifying the identification of the blood product.

D. CHECKING THE BLOOD

PURPOSE: To ensure patient safety by preventing administration errors and/or blood transfusion reactions.

POLICY:

1. THE BLOOD MUST BE CHECKED BY TWO LICENSED STAFF AT THE PATIENT’S BEDSIDE. THE TWO LICENSED STAFF MEMBERS MUST INCLUDE THE NURSE STARTING THE BLOOD AND ONE OF THE FOLLOWING:
2. Both staff members checking the blood product must verify physician’s order for the blood product type, the amount, the duration of transfusion and the calculated transfusion rate.

3. Both staff members checking the blood must verify patient’s identification and blood type by:
   a. Utilizing the patient’s ID Band attached to patient, the blood bag and tag, and the transfusion slip,
   b. Comparing the patient’s name and MR # to the patient name and MR # on the tag attached to the blood product and to any labeling placed directly on the blood product container,
   c. Verifying and confirming that the patient’s blood type and Rh factor documented in the patient’s chart matches the blood type and Rh factor documented on the blood product tag and label on the blood product container, and
   d. Completing the verification process by comparing the following items match the transfusion slip:
      - Patient’s name and MR #
      - Blood type and Rh-factor of patient
      - Donor number
      - Blood type and Rh-factor of the blood unit(s)
      - Expiration date
      - Amount of blood being given
      - Type of component (i.e., red blood cells, whole blood, plasma, etc.)
      - The calculated transfusion rate, based on the physician’s order
      - The transfusion rate set on the infusion device or pump.

4. The primary nurse will document the name and title of the second verifier in KPHC or, in outpatient areas, on the Blood Transfusion Slip.

E. BLOOD PRODUCT ADMINISTRATION

**PURPOSE:** To outline requirements for blood and blood products administration.

**PERSONNEL AUTHORIZED TO PERFORM:** RN, LVN

**POLICY:**
1. RNs and LVNs certified by the LVN Board for Blood Administration may administer blood after competency in blood product administration has been validated by the Nurse Educator, the Clinical Nurse Specialist, the Department Administrator, a competent RN or a physician.

2. The blood transfusion must be initiated within 30 minutes of release from Blood Bank, or the unit must be returned to the Blood Bank.
3. The patient's baseline vital signs must be taken prior to the administration of blood or blood products, 15 minutes after initiation of the transfusion, and at the conclusion of transfusion, unless patient’s condition dictates more frequent checks.

4. Record all transfusion vital signs in KPHC or on blood transfusion slip.

5. The blood bag tag must remain attached to the blood bag for the duration of the blood transfusion.

6. A MEMBER OF THE NURSING STAFF MUST CLOSELY OBSERVE THE PATIENT FOR THE FIRST 15 MINUTES OF THE TRANSFUSION AND FREQUENTLY THEREAFTER TO MONITOR FOR UNTOWARD REACTIONS. ALL OBSERVATIONS MUST BE DOCUMENTED ON BLOOD TRANSFUSION SLIP AND IN THE PATIENT PROGRESS NOTES.

7. A unit of blood may be infused for a maximum number of four (4) hours.
   - In the event the physician orders that the blood be transfused over greater than (4) hours (i.e. over 6 hours), the blood bank will split the unit.
   - The remaining portion of blood must be used for the same patient within 24 hours or be discarded.
   - The transfusion flow rate must be specified by the physician.

8. An 18 or 20 gauge catheter should be used to establish an IV for blood administration in adults. (Exception: In pediatric patients use an appropriate gauge catheter for the size of the patient.)

9. Maintain the IV using a 250 ml container of normal saline solution. Normal saline is the only solution that may be run in tandem with blood.

10. Blood must be administered through an infusion device as long as the catheter is no smaller than 24 gauge. (Exception: Pumps are always used in pediatric patients regardless of catheter gauge.)

11. Medication must never be added to blood products.

12. A closed system must be maintained during the administration of blood and blood products.

13. Blood transfusions must not to be piggybacked with other IV solutions or medications.

14. Blood may be infused through a CVP line when peripheral veins are not accessible. (Exception: If the line is used for TPN).

15. Record the following standard blood product volumes in the patient’s record:
   - Whole Blood – 450 ml
   - Packed Cells – 250 ml (marked CPDA) or 350 ml (marked Adenine Saline – AS)
   - Aphaeresis (Platelets or white cells) – variable; record volume as designated on bag
16. If blood type of the donor unit does not match the patient's type and Rh, an order must be obtained from the physician authorizing the transfusion. (Exception: If Rh negative is to be given to an Rh positive patient. Infants, under four (4) months of age, may be given group O Rh compatible blood.)

**PROCEDURE:**

**EQUIPMENT:**
- Y Type Blood Administration Set
- 250 ml Normal Saline
- Non-sterile gloves
- Blood product from Blood Bank
- Blood Filter, as indicated
- Infusion Pump (preferred)
- IV pole

<table>
<thead>
<tr>
<th>Essential Steps</th>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Preparation</strong></td>
<td></td>
</tr>
<tr>
<td>1. Check patient's TPR and BP immediately before starting blood.</td>
<td>To establish a baseline.</td>
</tr>
<tr>
<td>2. Verify the physician's transfusion order for blood product, volume, duration and calculate the infusion rate with an authorized staff member.</td>
<td>For the patient's safety this check must be done at the bedside by (2) authorized staff members.</td>
</tr>
<tr>
<td>3. Use two (2) patient identifiers (NAME and MEDICAL RECORD #) to verify the patient's identity before administration.</td>
<td>For the patient's safety, involve the patient in the identification process if possible.</td>
</tr>
<tr>
<td>4. Check the blood at the bedside according to steps specified in the Blood Administration section.</td>
<td>If all the information is correct, both staff members sign, date and time the transfusion slip. If discrepancies exist, return unit and the blood transfusion slip to Blood Bank</td>
</tr>
<tr>
<td>5. Wash hands and put on disposable gloves.</td>
<td>Standard precautions</td>
</tr>
<tr>
<td>6. Open the Normal Saline bag and attach to blood tubing and prime the tubing using aseptic technique.</td>
<td></td>
</tr>
<tr>
<td>7. Gently rotate blood container in a figure 8 movement.</td>
<td>Inverting the bag to gently mix the cells.</td>
</tr>
<tr>
<td>8. Remove cap from spike from the Y type tubing set and insert the spike into blood bag using aseptic technique.</td>
<td></td>
</tr>
</tbody>
</table>
### Essential Steps

9. Hang blood from the IV pole and connect to infusion pump. Set the rate as indicated by the physician’s order.

10. Attach the blood tubing to the IV site. If adding secondary filters, add to distal port as per manufacturer’s instruction.

### Key Points

Two staff members must verify the pump setting/infusion rate before starting the transfusion. This check must be performed at the bedside.

Use aseptic technique to avoid contamination.

### B. Administration

1. Clamp the normal saline infusion and start the blood transfusion.

2. If a pump is not used, regulate the flow of blood according to rate of administration ordered by the physician.

   Use of an infusion pump is preferred. Rapid infusion may cause complications. The transfusion should be completed in 4 hours or less to minimize the danger of bacterial contamination.

3. Remove gloves and wash hands.

   Standard Precautions.

4. Observe patient closely during the first 15 minutes after initiation of the infusion.

   Generalized reactions occur more frequently during this period. If the patient exhibits signs of reaction, follow policy for reaction treatment and reporting.

5. Note flow of blood every 10 to 15 minutes, *if a pump is not used*. If a pump is used, this step may be omitted.

   Ensures a consistent flow of blood to prevent reaction due to rapid flow or clotting due to slow flow.

6. If blood flow appears too slow, and there are no indications of infiltration or phlebitis, gently irrigate the tubing with normal saline.

### Additional Instructions

8. Check patient’s TPR, BP and document in KPHC or on blood transfusion slip.

9. Put on clean gloves to disconnect the...
blood tubing and discontinue the IV (if appropriate).

venipuncture site for 3-5 minutes after discontinuing the catheter.

10. If the IV is to be continued, attach the appropriate solution and IV tubing.


C. Documentation
1. Document all transfusion related information on the appropriate forms.
   - Document V/S taken before, during and after the transfusion and presence/absence of transfusion reaction on the transfusion slip.
   - Document volume infused on the Intake & Output record.

F. FRESH FROZEN PLASMA (FFP) AND PLATELET ADMINISTRATION

PURPOSE: Fresh Frozen Plasma (FFP) can be given to assist with blood coagulation and as volume replacement. Platelets are given to assist with blood coagulation.

PERSONNEL AUTHORIZED TO PERFORM: RN, LVN

POLICY:
FFP Administration:
1. Fresh frozen plasma (FFP) must be ABO compatible. The Rh factor is not present in FFP.
2. Fresh frozen plasma is stored in a frozen state. Thirty minutes of thawing time is required.
3. A blood release verification form must be sent to the Blood Bank via KPHC to request thawing of a unit of FFP for patient use at least 30 minutes in advance.
4. A copy of the KPHC blood release verification form is required for release of FFP following thawing.
5. Fresh frozen plasma must be administered through a blood administration set.
6. Fresh frozen plasma must be infused within two (2) hours of release from the Blood Bank, unless the physician's order dictates otherwise.
7. Fresh frozen plasma must not to be piggybacked to any other solution.

Platelet Administration:
1. Platelets may be ordered type-specific or random.
2. Platelets must be administered through a specific platelet filter.

3. Plateletpheresis must be infused as rapidly as patient condition permits, with intermittent agitation (mixing) of the platelet bag to prevent clumping.

**FFP and Platelet Administration:**
1. Vital signs must be recorded as a baseline prior to administration of FFP or Platelets, 15 minutes after beginning of transfusion and at the conclusion of transfusion.

2. Patient must be observed closely for adverse reactions during and immediately after FFP or Platelet transfusion.

**PROCEDURE:**

**EQUIPMENT:**
- 250 ml Normal Saline
- Blood Component Set for Platelets or FFP
- Infusion Pump (preferred method of administration)
- Platelets or FFP from Blood Bank
- Non-sterile gloves
- IV pole

**Essential Steps**

**A. Preparation**

1. Check the patient's TPR and BP immediately prior to starting blood. To establish a baseline.

2. Verify the physician's transfusion order for blood product, volume, duration and calculate the infusion rate with an authorized staff member. For the patient's safety, this check must be done at the bedside by (2) authorized staff members.

3. Use two (2) patient identifiers (NAME and MED Record #) to verify the patient's identity before administration. For the patient's safety, involve the patient in the identification process, if possible.

4. Check the blood at the bedside according to steps specified in the Blood Administration section. If all the information is correct, both staff members sign, date and time the transfusion slip. If discrepancies exist, return unit and the blood transfusion slip to Blood Bank.

5. Wash hands and put on disposable gloves. Standard precautions

6. Using aseptic technique connect blood component recipient set to bag of normal saline. Fill drip chamber with saline above
filter level.

7. Disconnect the normal saline and discard.

8. Connect blood product to the tubing, prime the tubing and attach the tubing to the infusion pump. Set the rate as indicated by the physician's order. Two staff members must verify the pump setting/infusion rate before starting the transfusion. This check must be performed at the bedside.

B. Administration

9. Attach the blood tubing to the IV site and start the infusion as ordered. Remove gloves and wash hands. Standard Precautions.

10. Observe patient closely during the first 15 minutes after initiation of the infusion. Generalized reactions occur more frequently during this period. If the patient exhibits signs of reaction, follow policy for reaction treatment and reporting.

11. Note flow of blood product every 10 to 15 minutes, if a pump is not used. If a pump is used, this step may be omitted. Ensure a consistent flow of blood to prevent reaction. Rapid infusion may cause complications. The transfusion should be completed in 2 hours or less to minimize the danger of bacterial contamination.

12. When the blood product has been completely infused, clamp the tubing and stop the pump.

13. Put on clean gloves and flush the tubing with a minimal amount of normal saline. Standard Precautions. Clear the tubing of all blood products.

14. Disconnect the blood tubing and discontinue the IV, if appropriate. Apply pressure on venipuncture site for 3-5 minutes after discontinuing the catheter.

15. If the IV is to be continued, attach the appropriate solution and IV tubing.


17. Check patient's TPR, BP and document in KPHC or on blood transfusion slip.
C. Documentation
   1. Document all transfusion related information on the appropriate forms.


H. TRANSFUSION OF UNCROSSMATCHED BLOOD

   PURPOSE: To outline the process for transfusion of uncrossmatched blood.

   POLICY:
   1. In acute emergencies it may be necessary to transfuse blood before complete compatibility testing can be performed. Complete compatibility testing consists of ABO/Rh and antibody screening of the patient and crossmatching of the unit. Every effort must be made to obtain a sample from the patient for ABO/Rh determination, so that group and type-specific uncrossmatched blood can be used.

   2. Where there is not time to get a specimen for ABO/Rh determination, group O Rh-negative, PACKED CELLS will be used. This is essential for OB patients and females of childbearing age with unknown Rh factor, in the event of triage due to blood shortages.

   3. When the group O Rh-negative supply reaches a point where it may become exhausted, the pathologist or supervisor, in consultation with the patient's physician, will decide if use of group O Rh-positive blood is appropriate.

   4. When ABO and Rh is determined, group- and type-specific blood will then be issued.

   5. When a physician requires uncrossmatched blood, an Emergency Waiver must be signed by the physician and returned to the Blood Bank before the blood is released. In dire emergencies, the Emergency Waiver may be sent for signature along with the first unit(s) of blood. The signed waiver must be returned to the Blood Bank before additional units of blood are released.

   6. The Transfusion Slip and blood bag tag must be labeled "UNCROSSMATCHED BLOOD".

   7. The crossmatch must be completed as soon as possible. If incompatibility is detected, the Blood Bank will notify the physician immediately.

   8. If Fresh Frozen Plasma (FFP) is required, and the patient's blood group is not known, Group AB FFP will be used.

I. BLOOD FILTERS

   PURPOSE: To outline the process for use of blood filters
POLICY:
1. Blood administration tubing with integral filter must be used, without exception, when administering blood.

2. If patient is to be continued on IV therapy, the tubing with the integral filter must be discarded and regular IV tubing substituted.

3. If the transfusion is continuous, the blood tubing with integral filter must be changed after every two (2) units and PRN.

4. A secondary micro aggregate blood filter will be used when whole blood or packed cells are administered to patients according to the following guidelines:
   - All patients in the critical care areas.
   - Patients who are likely to receive four (4) or more units of blood consecutively.
   - Patients with chronic respiratory, cardiac or renal disease.
   - Immunocompromised patients as ordered by physician.

J. BLOOD WARMERS

PURPOSE: To warm refrigerated blood to body temperature.

PERSONNEL AUTHORIZED TO PERFORM: RN

EQUIPMENT:
From CSU, PACU, OR, or specialty area as appropriate:
Blood Warmer
Blood Warmer Unit Warming Coil

PROCEDURE: Refer to the specific Blood Warmer User’s Manual

K. BLOOD TRANSFUSION REACTION

PURPOSE: To outline the procedure for handling blood transfusion reactions

PROCEDURE:

When a blood transfusion reaction is suspected, the following steps must be taken immediately:

1. Stop the transfusion.

2. Perform an immediate clerical check by comparing the information on the donor unit, the transfusion slip and the patient’s wristband.

3. Take the vital signs (temperature, pulse, respiratory rate and blood pressure) STAT.

5. Disconnect the infusion set with the donor unit (except in cases of urticaria or volume overload), and maintain the IV site with normal saline.

6. Cover the end of the blood transfusion tubing (if disconnected) to maintain sterility in the event the physician decides to restart the transfusion.

7. In all cases, except minor skin rashes or mild hives, draw a STAT EDTA sample of the patient's blood, and send it to the Blood Bank.

8. If the physician determines that the blood should not be restarted, or if the physician does not respond within 30 minutes, return the donor unit with attached infusion set and normal saline to the Blood Bank.

9. Complete all appropriate sections of the Investigation of Suspected Transfusion Reaction form (see Attachment C) and send the form to the Blood Bank.

10. If the blood transfusion is discontinued, collect the first voided urine. Label the specimen "post reaction urine" and send the urine to the lab immediately.

ATTACHMENT A – KPHC BLOOD TRANSFUSION ADULT ORDER SET INFORMED CONSENT SECTION

ATTACHMENT B – KPHC BLOOD ISSUANCE VERIFICATION FORM

ATTACHMENT C – INVESTIGATION OF SUSPECTED TRANSFUSION REACTION FORM

OWNER/RESPONSIBLE PARTY – Nursing Administration / Blood Bank
ATTACHMENT A – KPHC BLOOD TRANSFUSION ADULT ORDER SET INFORMED CONSENT SECTION

Informed Consent located within the blood product order. Example: Red Blood Cells.
ATTACHMENT B – KPHC BLOOD ISSUANCE VERIFICATION FORM

Blood Release Verification Report

Patient Name: Kphc, Eightmlzztestxx
MRN: 000011544714
HAR: 21611370572
Sex: female
Date of Birth: 7/27/1945 (64 year old)
Unit: PASS
Room/Bed: PASS/02

Code Status: No current code status entered for this patient.

Isolation: Airborne Precautions
Contact Precautions
Contact Precautions
Contact Precautions

Order: TRANSFUSE PACKED RED BLOOD CELLS [210302]
Order #: 172808133
Start Date: 10/12/09
Ordering User: GALE, MARY ELLEN
Authorizing Provider: DUMMY, TEST (M.D.)
Admitting Provider: DUMMY, TEST (M.D.)
Quantity: 1
Frequency: WHEN BLOOD AVAILABLE
Priority: Routine

Order Comments: Please verify that blood product is ready for pickup before releasing the order from Order Review.

Order Questions:
Transfuse each unit over *** hours -> 1
The advantages, risks, and complications of transfusion therapy, as well as the alternatives, have been explained to the patient and or family
Blood or Blood Products administered under emergent conditions

Number of units: ___
ATTACHMENT C – INVESTIGATION OF SUSPECTED TRANSFUSION REACTION

TRANSFUSION REACTION: Investigation of Suspected Reaction
Complete form for ALL suspected transfusion reactions including nonfebrile and non-hemolytic suspected reactions

1. Immediately stop the transfusion. Except for urticaria, disconnect the infusion set with the donor unit and normal saline attached. Maintain patient IV site with normal saline. (See back of this form)
2. Immediately perform a clerical check, comparing the information on the donor unit, form and the patient's wristband.
3. Promptly notify the attending physician and the laboratory.
4. For all other cases, except minor skin rashes or mild hives, draw a STAT EDTA sample of the patient's blood. Send it IMMEDIATELY to the lab with this completed ISTR form, and the donor unit with attached infusion set and all attached solutions including normal saline.

TRANSFUSION RECORD (To be completed by a physician or a nurse)

<table>
<thead>
<tr>
<th>Reaction Date</th>
<th>Time of Reaction</th>
<th>Donor Unit Number</th>
<th>Volume Transfused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Started</td>
<td>Time Infusion Stopped</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE CHECK THOSE WHICH APPLY

Product Transfused:
- Packed Red Blood Cells
- Platelets
- Cryoprecipitate
- Other

Symptoms: * Over IVC (1.8°F) from pre-transfusion level
- Hypertension
- Back Pain
- Shook
- Pain at infusion site
- Other (Specify)
- Hemoglobinuria (clear red, dark red, brown, dark brown or black urine)

BP

Temperature

Pre-Transfusion

Post-Transfusion

Respiration

Patient I.D. Check (Patient ID Band, Requisition, Blood Bag, and Unit Tag MUST all agree)
- Agree
- Disagree

RN

FOR LABORATORY USE ONLY

Clerical Check Satisfactory: Yes No

Are solutions and infusion set attached? Yes No

Are solutions only 0.9% Saline? Yes No

On all reports, check for a rise in temperature of 2°C (3.6°F) or more for all components except platelets.
- Yes No

If yes, take a sample from the bag and culture.

Work up as needed:
- Visible Hemolysis
- Visible Icerus
- DAT

ABO/Rh
- Pt
- Unit

Additional Testing:

TRANFUSION SERVICE SUMMARY:
- Unit Compatible (if applicable)
- Unit NOT Compatible (if applicable)
- Sent for culture: Yes No

Technologist:

Date:

PATHOLOGY EVALUATION:

- Nonhemolytic Reaction
- Allergic Reaction
- Hemolytic Reaction
- Suspected TRALI
- Delayed Serologic (Red Cell A/I sensitization)
- Other (explain below)
- Transfusion Associated Circulatory Overload (TACO)

Pathologist:

Date:

DISTRIBUTION: 1 copy each - Attending Physician, Blood Bank, Quality Improvement, Hospital Chart, Clinic Chart

TM/TS/1-2008
SUSPECTED TRANSFUSION REACTION:
(1) STOP TRANSFUSION IMMEDIATELY
(2) CALL DR. FOR STAT ORDERS
(3) CALL BLOOD BANK
(4) Except for urticaria, DO disconnect the infusion set and send it to the blood bank along with fresh blood samples and any solutions attached to the bag. This includes suspected circulatory overload associated with transfusions.
(5) If the reaction is urticarial DO NOT disconnect the infusion set. Keep I.V. site open with normal saline
(6) The Transfusion Reaction: Investigation of Suspected Transfusion Reaction form should be filled out and sent to the blood bank for any of the above reactions, regardless of whether the infusion set is left connected or disconnected and even if transfusion is continued.

HEMOLYTIC TRANSFUSION REACTION:
Symptoms:
1) Chills
2) Fever over 101°F
3) Back, flank, abdominal, chest, infusion site pain or headache
4) Tachycardia
5) Dyspnea
6) Bleeding / DIC
7) Hypotension (decreased by 20 mmHg systolic)
8) Muscular cramps
9) Dark or blood tinged urine (if previously normal)
10) Nausea and/or Vomiting

FELDILE NON-HEMOLYTIC TRANSFUSION REACTION:
Symptoms:
1) Fever
2) Chills, sometimes striking
3) Tachycardia
4) Nausea and/or vomiting
5) Headache

BACTERIAL / SEPTIC TRANSFUSION REACTION:
Symptoms:
1) Fever 101°F or higher with platelets and 2°C/3.6°F with all other blood components transfused. Index of suspicion is higher with platelets due to room temperature storage (all other products refrigerated).
2) Shaking chills
3) Hypotension
4) Shock of rapid onset within 90 min. of transfusion

TRALL / TRANSFUSION RELATED ACUTE LUNG INJURY:
Symptoms:
1) Dyspnea / Cyanosis (acute respiratory insufficiency)
2) Chest pain on inspiration
3) Tachycardia
4) Hypotension
5) Abnormal X-ray or pulmonary edema, but not cardiac symptoms like in volume overload (see below).

TRANSFUSION ASSOC. CIRCULATORY / FLUID OR VOLUME OVERLOAD (TACO) TRANSFUSION REACTION:
Symptoms:
1) Congestive Heart Failure Symptoms including:
   A) Dyspnea
   B) Orthopnea
   C) Peripheral edema (sudden onset)
   D) Cough or rales
   E) Cyanosis
   F) Jugular venous distention
   G) X-ray may also show pulmonary edema
2) Hypertension and/or tachycardia more than 20% above baseline
3) Headache

ANAPHYLACTIC TRANSFUSION REACTION (SEVERE ALLERGIC REACTION):
Symptoms:
1) Hypotension / shock
2) Syncope (loss of consciousness)
3) Generalized flushing / red skin
4) Hives / urticaria / itching
5) Cough / stridor
6) Bronchospasm / wheezing
7) Dyspnea / shortness of breath
8) Tachypnea / rapid breathing
9) Chest tightness / anxiety
10) Pain: substernal or abdominal
11) Cramps
12) Nausea / vomiting
13) Diarrhea
14) Cardiac signs / arrhythmias
15) Cyanosis

URTICARIAL TRANSFUSION REACTION (MILD ALLERGIC REACTION):
Symptoms:
Similar to Anaphylactic Reaction except less severe and no evidence of shock, loss of consciousness, less severe cardiac signs

ACTION: Suspected Urticarial Transfusion Reaction is the only reaction that will not necessitate disconnecting the infusion set. Per Dr's. orders the transfusion under this circumstance may be continued after careful consideration of the findings and some modifications of the therapy surrounding the transfusion. For any of the other reactions, including suspected circulatory overload (TACO) the transfusion must be stopped and the infusion set disconnected to initiate an investigation into the cause of the reaction. The infusion set must be sent to the blood bank immediately along with any solutions attached to the bag & a fresh blood sample. Remember that the Transfusion Reaction: Investigation of Suspected Transfusion Reaction form should be filled out and sent to the blood bank for any of the above reactions.
Organ and Tissue Donation

JCAHO & OneLegacy Guidelines for reporting potential organ & tissue donation  
(800) 338-6112

Regulation
The Center for Medicare and Medicaid Services (CMS) requires that all hospitals refer all deaths and imminent deaths to the local Organ Procurement Organizations (OPO) in a timely manner. Hospitals are reviewed for compliance by JCAHO and Medicare.

These include:
- Imminent brain death: Report as soon as patient shows one or more clinical signs of cessation of brain and brain stem functions.
- Cardiac death: Report death as soon as possible, preferably within one hour.

OneLegacy is certified by Center for Medicare and Medicaid Services (CMS) to facilitate the donation and transplantation process within the seven-county greater Los Angeles area. OneLegacy collaborates with approximately 215 area hospitals and the county coroners to provide donation-related services, including:

- Supporting potential donor families in their time of loss
- Coordinating the recovery of all medically suitable organs and tissues for transplant
- Ensure organs are effectively placed with 14 regional and many national transplant centers

Criteria for organ and tissue donor selection

Brain death criteria:
- Maintained on a ventilator
- Heart continues to beat

Donation after cardiac death criteria:
- Maintained on a ventilator
- Not brain dead
- Family and physician have decided to discontinue ventilator support

Patients who meet the criteria for brain death or donation after cardiac death (DACD), are potential donors for the following organs and tissue:
- Organs: heart, heart/lung, lungs, liver, kidneys, pancreas, small intestine
- Tissue: corneas/eyes, heart valves, skin, bone, tendons, cartilage, veins

Patients who reach cardiac death - no cardiac or respiratory activity - are potential tissue donors only.

Each donor is evaluated on a case by case basis due to variable transplant center criteria.
Organ and Tissue Donation

**Signs of imminent brain death**
- Ventilator dependent
- GCS of 5 or less (per CMS guidelines)
- Plans to discontinue pharmacological support
- One or more clinical signs:
  - Pupils fixed and dilated
  - No cough
  - No gag reflex
  - No spontaneous respiration
  - No purposeful movement in response to noxious stimuli

<table>
<thead>
<tr>
<th>Potential Organ Donation</th>
<th>Potential Tissue Donation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventilator Dependent</td>
<td>Not on Ventilator</td>
</tr>
<tr>
<td><em>(Report to OneLegacy before extubation)</em></td>
<td>Report Death within one hour of cardiopulmonary arrest</td>
</tr>
<tr>
<td>Glasgow Coma Scale ≤ 5</td>
<td></td>
</tr>
<tr>
<td>Severe Neurological Injury <em>(CVA, Anoxia, Brain Tumor, Head Trauma, etc.)</em></td>
<td></td>
</tr>
</tbody>
</table>

**Glasgow Coma Scale**

<table>
<thead>
<tr>
<th>Eyes Open</th>
<th>Best Verbal Response</th>
<th>Best Motor Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous ................ 4</td>
<td>Oriented (to time, person, place) ... 5</td>
<td>Obey commands ...........6</td>
</tr>
<tr>
<td>To speech .................... 3</td>
<td>Confused speech ............ 4</td>
<td>Localized pain ......... 5</td>
</tr>
<tr>
<td>To pain ...................... 2</td>
<td>Inappropriate ............... 3</td>
<td>Withdrawal .............. 4</td>
</tr>
<tr>
<td>Never ...................... 1</td>
<td>Incomprehensible .......... 2</td>
<td>Abnormal flexion ....... 3</td>
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<tr>
<td></td>
<td>None ........................ 1</td>
<td>Extension ................. 2</td>
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<td>None ...................... 1</td>
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**Early referral is critical - and required**
The hospital that takes ownership of the donation process identifies and refers potential donors early and recognizes that the early referral is not “giving up on a patient;” rather, it is an opportunity to provide families a chance to donate. An early referral also attunes us to the potential donor’s medical and family needs in case treatment cannot prevent a decline in the patient’s condition. Early referral (Glasgow Coma Scale of <5, per CMS guidelines) allows OneLegacy coordinators to assist the hospital team in preparing the family for the variety of outcomes.

Organs can become non-viable during the time the family considers the donation option. It is essential that the potential donor be properly managed at all times so as to enable adequate hydration, ocular care, etc.
Referral to OneLegacy
Once a potential donor has been identified, the hospital calls OneLegacy’s 24-hour Donor Referral Line, (800) 338-6112. Upon receiving the call, an OneLegacy Coordinator will arrive at the hospital to:

- Review the patient chart for donor suitability. It is not necessary to approach a family about donation if their loved one is not a candidate.
- Answer any questions or concerns from the hospital staff.
- Be available at the earliest possible time when intervention becomes appropriate.

The Nurse’s role
The ER/ICU nurse plays an essential role in the organ and tissue donation process. Without the nurse’s referral to OneLegacy, the hospital and the family will not have access to the essential services that we provide.

There are a number of proactive steps the nurse can take to ensure the family’s right to consider the opportunity to donate. They include:

Patient care
- Maintain vital signs, including blood pressure, heart rate and normal temperature
- Maintain pulmonary care as if the patient were expected to recover (pO2 > 100), even if a DNR or brain death
- Obtain requested/necessary organ-specific labs
- Ensure adequate urine output and fluid resuscitation
- Notify OneLegacy of any changes in the patient's status

Donor management goals:
- SBP>100
- PaO2>100
- UO=100
- Core temp=normothermic
- Maximize function of donor organs for benefit of recipient

Family care
- Do not mention organ donation to the patient's family. (Premature notification has been shown to reduce family trust in the hospital and caregivers.)
- Identify the family's native/nurturing language
- Notify OneLegacy of any visits by family members
Declaration of brain death
The hospital that takes ownership seeks to ensure that treatment is not “decelerated” on patients for whom continued treatment is deemed to be futile until OneLegacy has evaluated the patient as a potential candidate to donate and the family has been given the opportunity to choose donation.

The Physician's role
The primary role of the physician is to determine and declare brain death.

Confirmatory tests are at the discretion of the physician. Tests to determine brain death include:

- A clinical exam, which is required in the State of California
- EEG or CBF, although these are not mandatory
- Any other tests required by Hospital Policy and Procedure

Once brain death has been determined, it must be documented by two licensed physicians. The notes should state “Patient is Brain Dead” and should be signed with date and time of declaration. Test(s) performed to determine brain death should also be documented.

California Uniform Determination of Death Act (1982)
California Health and Safety Code, Section 7180 et seq..

A person shall be pronounced brain dead if it is determined by a physician that the person has suffered a total and irreversible cessation of all functions of the entire brain, including the brain stem. There shall be independent confirmation of the death by another physician.

Family support and the opportunity to donate
Recognizing that families who have the opportunity to donate find tremendous value in the act of donation, the hospital that takes ownership utilizes OneLegacy coordinators and family support staff to provide the explanation, counsel and grief support that the hospital simply does not have the time and current clinical information to offer.

Reference:
**EVALISYS® Patient Classification System**

*Kaiser Permanente Southern California Region*

**INTRODUCTION:**

Please read the following information related to the EVALISYS® Patient Classification System (PCS), which is utilized to measure patient care requirements and plan for shift to shift staffing needs at Kaiser Permanente, Southern California facilities. On arrival at the facility you will receive clinically specific EVALISYS® PCS education materials.

**BACKGROUND INFORMATION:**

**What is patient classification?**

- Patient classification is the prediction of nursing care requirements of individual patients for a specific time period.

**What is a patient classification system (PCS)?**

- A patient classification system determines, validates, and monitors individual patient care requirements over time in order to assist in determining unit staffing, patient assignments, case mix analysis, budget planning and defense, per patient cost of nursing services, variable patient billing, and maintenance of quality standards, etc.

**What are the essential elements of the EVALISYS® PCS?**

- **Patient classification tools:** The EVALISYS® PCS tools, created by Catalyst Systems, are care interaction tools that reflect both the complexity and quantity of patient care. The care indicators are based on conceptually distinct categories of patient care requirements, rather than on individual activities, tasks, or procedures. Determining patient care requirements using any version of EVALISYS involves expert clinical judgement. As such, EVALISYS Tools are based on a professional judgement model and they require higher order thinking about patient care. They are the most streamlined format available, and have been validated in clinical settings across the country.

- **PCS validation process:** EVALISYS® Patient Classification/Staff Activity Studies have been conducted by trained nurse observers in hospitals across the country. From these studies, the validity of EVALISYS® tools has been consistently demonstrated.

- **PCS related staffing:** The staffing matrix approach will provide an explicit tie between patient care requirements and staffing.
- **Reliability monitoring process**: A PCS reliability monitoring system is utilized to assure the accurate use of the PCS Tools, which requires periodic audits by Unit Experts.

**Why do we need a patient classification system?**

- **Professional empowerment**: The EVALISYS® PCS will empower nursing with the ability to objectively measure and identify patient care requirements.

- **Regulatory requirements**: Healthcare providers are required to meet various regulatory requirements regarding the identification of patients care needs.

  - **The Joint Commission (TJC)**: We are required to utilize and maintain a system to evaluate patient care requirements and assign resources to meet those requirements.

  - **California Title XXII**  
    **Section 70053.2 Patient Classification System.**

    a) Patient classification system means a method for establishing staffing requirements by unit, patient, and shift that includes:

    1. A method to predict nursing care requirements of individual patients.
    2. An established method by which the amount of nursing care needed for each category of patient is validated for each unit and for each shift.
    3. An established method to discern trends and patterns of nursing care delivery by each unit, each shift, and each level of licensed and unlicensed staff.
    4. A mechanism by which the accuracy of the nursing care validation method described in (a) (2) above can be tested. This method will address the amount of nursing care needed, by patient category and pattern of care delivery, on an annual basis, or more frequently if warranted by the changes in patient populations, skill mix of the staff, or patient care delivery model.
    5. A method to determine staff resource allocations based on nursing care requirements for each shift and each unit.
    6. A method by which the hospital validates the reliability of the patient classification system for each unit and for each shift.

**Section 70217. Nursing Service Staff.**

(a) Hospitals shall provide staffing by licensed nurses, within the scope of their licensure in accordance to nurse to patient ratios. Licensed nurse means a registered nurse, licensed vocational nurse and, in psychiatric units only, a licensed psychiatric technician. Staffing for care not requiring a licensed nurse is not included within the ratios and shall be determined pursuant to the patient classification system.
(b) In addition to the requirements of subsection (a), the hospital shall implement a patient classification system (as defined) for determining nursing care needs of individual patients that reflects the assessment, made by a registered nurse of patient requirements and provides for shift-by shift staffing based on those requirements. The ratios specified in subsection (a) shall constitute the minimum number of the RNs, LVNs, and LPTs who shall be assigned to direct patient care. Additional staff in excess of these prescribed ratios including non-licensed staff shall be assigned according to the patient classification system.

**Next Steps:**

During your orientation at the Kaiser Permanente Medical Center you will be given an `EVALISYS® PCS` Self Learning Module to read and complete the Post Test.

- A two part competency validation process is required
  - Part 1 – Complete Post Test with a Reliability score of ≥90%
  - Part 2 – Complete the PCS rating for 4 of your patients and have them audited by the Unit Manager or PCS Unit Expert. A Reliability score of ≥90% must be achieved

- You will need to obtain access to Kaiser’s mainframe computer system to access the PCS. Make sure this process is started during your orientation.
1.0 Policy and Procedures Statement

It is the policy of Kaiser Foundation Hospitals (KFH) to manage the care of the homeless patient with the same dignity and compassion that all patients should expect to receive at a KFH hospital. Prior to discharge, an appropriate discharge plan for post-hospital medical care will be completed and clearly documented in the medical record. A list of resources for follow-up care will be given as appropriate.

2.0 Purpose

To improve continuity of care and better address the particular health care needs of the homeless patient population, KFH hospitals in the Southern California Region are committed to the following protocol for discharge planning for its homeless patients.

3.0 Scope/Coverage

This policy applies to Kaiser Foundation Hospitals, SCPMG and their professional staff and personnel.

4.0 Definitions

Definitions of terms are incorporated into Policy and Procedure below.

5.0 Protocol and Implementation Procedure. The implementation procedures for each protocol element below are intended to provide additional operational detail to implement the requirements of the protocol.

5.1 Identifying Homeless Patients.

5.1.1 Protocol.

Registration staff, nursing staff, or other members of the health care team will seek to identify homeless patients as soon as possible upon arrival in the ED or after admission.

5.1.1.1 Definition: Homeless Person (Updated Department of Housing and Urban Development (HUD) Definition)

A person is considered homeless only when he/she resides in one of the places described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street); or
- In an emergency shelter; or
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is being evicted within a week from a private dwelling unit or is fleeing a domestic violence situation with no subsequent residence identified and the person lacks the resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the financial resources and social support networks needed to obtain housing.

5.1.1.2 Identified homeless patients will be captured in hospital homeless patient logs to enable better monitoring of care and services provided to the homeless and to assist in identifying barriers to continuing health care in the Los Angeles community.

5.1.2 Implementation Procedures

5.1.2.1 Emergency Department: Treat and Release patients

All homeless patients will be identified and noted on the Homeless Log by Nursing (See Attachment 4). Nursing is responsible for notifying the UM Department/Social Medicine Department that a homeless patient is present and needs evaluation.

5.1.2.2 Inpatient/Observation Admissions:

Nursing is responsible for maintaining a log of all Homeless patients admitted to observation or to inpatient units. Inpatient Case Manager and/or Social Worker will be notified—that a homeless patient has been admitted to observation or an inpatient unit.

5.2 Belongings

5.2.1 Protocol.

Emergency Department Nurses will document the belongings of the patient and return these belongings upon discharge. If patient belongings do not include adequate clothing, KFH hospitals will provide adequate clothing to the patient.
5.2.2 Implementation Procedure: Emergency Department

5.2.2.1 The Emergency Department/Admitting Nurse is responsible for documenting all belongings and valuables of the patient. It is important to note that the belongings of the homeless may represent the totality of their personal assets and therefore, extra care must be taken to secure and return these belongings upon discharge.

5.2.2.2 The Emergency Department Discharging Nurse is responsible for ensuring that the patient has appropriate clothing (to be provided, if needed) prior to discharge.

5.3. Mental Status

5.3.1 Protocol.

5.3.1.1 KFH practitioners recognize that homeless patients may be at greater risk of mental illness or other conditions that affect cognitive intactness (cognitive intactness is defined as the absence of cognitive impairment that could interfere with the patient’s ability to understand and make informed decisions about treatment options and to follow post-discharge care plans or to effectively negotiate the community in which he or she resides).

5.3.1.2 Accordingly, treating Physicians, Nurses, and Social Workers will assess and document the mental status of homeless patients during their clinical examinations or assessments over the course of the patient’s hospital stay to determine whether the patient is cognitively intact. Based on such assessment, additional services or referrals may be clinically indicated depending on mental status, such as referrals for additional cognitive or neurological evaluation, inpatient mental health treatment, outpatient mental health referrals, assistive care, involuntary (Welfare & Institutions Code § 5150) holds, or conservatorship.

5.3.1.3 When developing discharge plans, hospital Nursing Staff, Case Managers and/or Social Workers will evaluate and document the patient’s cognitive intactness, including his/her understanding of and ability to implement the plan. The assessment of a patient’s cognitive intactness will consider, and will be appropriate to, the patient’s individual circumstances (e.g., the patient’s living circumstances and available support system post-discharge) and the
complexity of the discharge plan to be implemented, but considerations will include the patient’s orientation to person, place, circumstance and time, his or her ability to provide self care and the ability to secure needed follow-up medical care, food and emergency shelter.

5.3.1.4 If any member of the treatment team questions the patient’s cognitive intactness to follow a discharge plan, the discharge will be delayed until the concern is addressed and appropriately resolved. In the event a patient cannot be transported to the shelter as agreed upon with the Shelter Intake personnel, the patient will not be transported and alternative arrangements will be made including delaying the transport until appropriate arrangements can be made.

5.3.2 Implementation Procedure.

5.3.2.1 Emergency Department: Treat and Release

The Emergency Department Nurse is responsible for conducting an initial psychosocial assessment and documenting the findings in the medical record. The Nurse shall also review the findings of the assessment with the physician for agreement. The Physician may request additional consults as needed to determine whether a patient is cognitively intact.

5.3.2.2 Inpatient/Observation Admissions:

The Admitting Nurse completes an initial psychosocial assessment on the patient. A Social Worker consult must be arranged for all homeless patients. The Social Worker will conduct a psychosocial evaluation and assess the patient’s cognitive intactness. If patient is not deemed to be cognitively intact, or there are any questions related to cognitive abilities, the Social Worker will notify the attending Physician. The Physician may request additional consults as needed to determine whether a patient is cognitively intact.

5.4 Discharge Planning

5.4.1 Protocol.

5.4.1.1 In recognition that homeless patients face particular barriers to ongoing medical care and have complex medical and social service needs, the discharge planning process will begin as soon as possible after hospital admission.
5.4.1.2 The treating Physician is responsible for determining clinical stability for discharge and identifying post-hospitalization medical needs.

5.4.1.3 A Social Worker will conduct a social services needs assessment for homeless inpatients. In the Emergency Department, Nursing staff or the treating Physician will request a Social Services consult when indicated for social services needs.

Social services needs may include the need for food, shelter, substance abuse treatment, treatment for (or protection from) domestic violence, vocational assistance, Medi-Cal enrollment, eligibility for DMH mental health services, application for financial assistance (SSI, etc.), or other supportive services.

5.4.1.4 A discharge plan for transition to the community will be developed with the participation and agreement of the patient, or appropriate surrogate decision-maker, and will be appropriate to the patient’s medical and social services needs.

Barriers to appropriate discharge will be identified and addressed.

5.4.1.4.1 For patients in need of ongoing inpatient care (e.g., specialized hospitalization, skilled nursing), Case Managers will arrange transfers in compliance with hospital policy and applicable law.

5.4.1.4.2 For patients with assistive care needs (e.g., assistive living, recuperative beds, board & care) or follow-up medical or mental health needs, Nursing staff (Emergency Department) / Case Managers / Social Workers assist the patient with referral options.

5.4.1.4.3 Social Workers (or sometimes nursing staff in the emergency department) will provide assistance with referrals to service providers and government agencies for needs identified in the social services needs assessment conducted pursuant to Section 5.4.1.3, if accepted by the patient.

5.4.1.4.4 If the patient's discharge orders include medical equipment (e.g. canes or walkers) or a prescription for medication, refer to the Medical Financial Assistance (Charity Care).
5.4.1.5 Dispensing of Discharge Medications:

5.4.1.5.1 The treating Physician will determine which medications are needed in order to manage the current medical care needs of the homeless patient prior to discharge from the Emergency Room or acute care settings. The treating Physician will order a reasonable supply of medications to cover the current medical care needs, while the health care team assists with transitioning the patient to primary care resources in the community. For example, a patient needing antibiotics would be prescribed the amount the treating Physician feels is needed to treat the condition (generally a 7-10 day supply); for anti-hypertensive’s, pain medication or other maintenance drugs, a reasonable supply would be enough medications to allow the patient to arrange follow-up care at a community clinic (3-5 days supply). The treating Physician maintains the ultimate decision in amount of medications to be dispensed.

5.4.1.5.2 The medications shall be picked up from the pharmacy by the ED / Inpatient staff and delivered to the patients at discharge.

5.4.1.5.3 The treating Physician, discharge nurse and / or Pharmacist are responsible for explaining the medications and usage prior to discharge and documenting in the medical record.

5.4.1.5.4 The Social Worker / UM Case Manager is responsible for transitioning the patient to the community for follow-up care, medication management or other medical care needs. The documentation should include that a list of community-based clinics have been provided to the patient, in order to obtain additional medications and medical care.

5.4.1.6 Patients will be discharged with appropriate clothing, based on the season.

5.4.1.7 Documentation of discharge planning pursuant to Section 5.9.9.5.
5.4.2 Implementation Procedure, Emergency Department (Treat and Release)/Observation/Inpatient

5.4.2.1 All Treat and Release / Observation / Inpatients must have a viable discharge plan with follow-up clinical care plan, placement, social services referrals and/or resources, and transportation arrangements, as appropriate to the patient. The Social Worker / Case Manager shall prepare the patient for discharge and ensure that all necessary actions are taken to initiate the plan.

5.4.2.2 The patient should also have a list with addresses and phone numbers of available community resources and a contact number for internal Social Services assistance if any questions arise.

5.4.2.3 The Staff Nurse, in collaboration with the Social Worker and/or Case Manager shall ensure that the discharge instruction form is completed. The Staff Nurse will review the discharge instructions with the patient and ensure that the patient has verbalized understanding and agreement with the discharge plan. The Unit Nurse will ensure that the patient has signed the discharge instructions pursuant to Section 5.9.9.5. In the event the patient refuses to sign the discharge instructions, document the refusal to sign in the medical record.

5.4.2.4 Prior to discharge, the Nurse Manager / House Supervisor / Administrator/Designee will complete the Homeless Discharge Checklist (Attachment 2) with signatures, dates and times.

5.4.2.5 Once Homeless Discharge Checklist is completed, the Nurse Manager / House Supervisor / Administrator/Designee will contact the Executive Director or Administrator on Call to review the checklist for final approval of the discharge.

5.4.2.6 The Nurse Manager / House Supervisor / Administrator/Designee will document the name of Executive Director / Administrator-on-Call who reviewed the discharge plan, with the date and time.

5.4.2.7 For patients being transported to a Homeless shelter: If the Hub transportation is unable to deliver the patient to his or her destination as timely planned, the HUB driver will notify the HUB and the HUB will notify the sending facility. The HUB will immediately contact the medical center Administrator-On-Call (per the Hospital Operator) for any further instructions, and the patient will be transported back to the sending facility. The patient is not to be
If a patient is being transported to a Referral Center for Shelter placement, document the time, date, name of the person you spoke to and what was agreed upon and the name of the potential shelter placement the patient is being transported to. Document the date and time for each telephone encounter/communication with the Referral center. Consider other options, if the referral center cannot give you the name of a potential Shelter placement. Homeless patients transported to Referral centers require HUB transportation. The use of a referral center is not a guarantee that a shelter bed will be secured.

Placement of patients in shelters outside of the geographic area where the patient normally resides must be authorized by the Administrator-On-Call before any transport takes place.

The HUB is responsible to do a warm handoff inside of the Referral Center. If the Referral Center refuses the patient or the patient refuses to go inside the facility, the driver is to contact the HUB and the HUB is to contact the sending facility, and the patient transported back to the sending facility. The HUB will immediately contact the medical center Administrator-On-Call (per the Hospital Operator) for any further instructions. The patient is not to be discharged until a suitable plan has been made and the patient agrees with the plan.

For transportation to battered persons shelter: In certain situations, although a patient may be categorized as homeless, separate transportation arrangements may need to be made for battered persons in order to protect a patient and facility anonymity.

For transportation to a Cold Winter shelter or Pick up Point, where a "Warm Handoff" cannot be accomplished, the HUB will transport the patient to the pick up location and the patient will be instructed to stay and wait for the Shelter van. Document on the medical records that the patient has received the instructions for shelter placement and understands and agrees with the discharge plan.

The Nurse Manager / House Supervisor / Administrator/Designee will place a copy of the Homeless Discharge Checklist in a place...
5.4.2.14 Again, if there are any questions regarding the discharge plan being safe and secure, the discharge must be delayed.

5.5 Referral to Shelters

5.5.1 Protocol.

5.5.1.1 Social services will assist all patients who request shelter referral post-discharge, which should include a list of community shelters and resources available to the patient in the area of residence.

5.5.1.2 The Social Worker will ascertain the patient’s wish for a shelter referral and identify the patient's current geographic residence and preferred geographic residence, if they are different. In addition to a shelter, other community organizations serving the homeless may also be considered to assist with shelter alternatives. Efforts will be made to secure shelter / community-based housing within close proximity to the area where the patient resides, unless the patient makes a specific request for a different location.

5.5.1.3 The perception of patient dumping is risks to the organization, therefore, in the event a patient needs to be transferred outside of the Medical Center area where he/she has received treatment, escalate the situation to the Administrator/designee for approval before transport and document.

5.5.1.4 The Social Worker will locate available shelter options and discuss these options with the patient.

5.5.1.5 The Social Worker will assure that the patient meets the shelter’s criteria for acceptance (e.g., gender limitations) and is appropriate to those criteria (e.g., patient expresses willingness to abide by prohibitions on substance use, and is able to follow instructions from the shelter to access shelter services, such as complying with “pick-up” location restrictions for shelters that do not permit direct transportation to the shelter). The Social Worker will document the patient’s agreement to the shelter and the shelter's acknowledgment that it can provide shelter to the patient (for shelters that are willing to have direct discussions with hospitals). At no time shall Protected Health Information be shared with shelter for acceptance, unless the patient gives written permission.
5.5.1.6 Criteria for Referral to Skid Row Shelters: KFH hospitals recognize that although many services available to the homeless are concentrated in Skid Row, this environment is not appropriate for all homeless individuals. Skid Row shelters will be a destination of last resort for hospital patients that are homeless. In addition to the above elements, KFH hospitals will adopt the following protocol for discharge to Skid Row shelters:

5.5.1.6.1 KFH hospitals will assist patients with referrals and transportation to Skid Row shelters only if the patient currently resides in the Skid Row area or requests and specifically agrees to placement with a Skid Row service provider, after discussion of other non-Skid Row options, if available.

5.5.1.6.2 The Social Worker will evaluate the patient’s cognitive intactness to negotiate the Skid Row area, based on training to be provided regarding considerations specific to this area, and will document this determination.

5.5.1.6.3 The Social Worker will contact available shelters, identify an accepting shelter, and confirm that the patient meets its acceptance criteria. The Social Worker will document the above contacts and acceptance.

5.5.1.6.4 The Social Worker will provide the patient with information regarding resources for other supportive services available in the Skid Row area that the patient may need.

5.5.1.6.5 Patients will be transported to the shelter by HUB arranged transportation only. Transportation staff will assist the homeless individual as needed in entering the shelter and making contact with shelter staff or otherwise accessing shelter services (e.g. identifying where the individual is to wait in line for services.) HUB transportation will not be provided if the shelter is self arranged by the patient.

5.5.1.6.6 Prior to discharge, the Executive Director, or designee, will review and approve the discharge plans of all
homeless patients being transported to Skid Row service providers.

5.5.2 Implementation Procedure, Emergency Department (Treat and Release) / Observation / Inpatient

5.5.2.1 For consistency, Social Workers/Case Managers will follow the same contact and placement procedures for all shelters whether located on Skid Row or another geographic location.

5.5.2.2 The Social Worker contacts a shelter for space availability and informs the shelter of the fact that the patient is being discharged from the hospital, informs them of the ability of the patient to provide self-care and their cognitive intactness, and that the patient will have written discharge instructions with any follow-up care recommended. All questions are reviewed with the shelter or community-based housing, as per the specific shelter or community housing policy. The Social Worker documents the name of the shelter, the contact person, date and time and phone number, as able. (Shelter Contact Checklist – Attachment 1).

5.5.2.3 The Social Worker informs the patient of the arrangements made and any special instructions regarding accessing shelter services, assures that the patient agrees to the arrangements and may need to advise the patient that a bed is not guaranteed, as placement is usually on a first-come first-serve basis.

5.5.2.4 The Social Worker / Case Manager / ED Staff assists the patient with securing a HUB-arranged shuttle van for transportation to a shelter or other community housing. Contact the transportation HUB to schedule van transportation at least 4 hours in advance of discharge. The Social Worker completes the Shelter Contact Checklist (Attachment 1) and provides the patient with a copy, maintains one copy in the medical record, sends a copy to the Executive Director.

5.5.2.5 If the patient is deemed to be cognitively intact to negotiate the community and is not requesting shelter placement, then the Social Worker/Case Manager may secure a bus token or other public services to transport the patient to the desired location.

Note: A taxi or bus token is not to be given if patient is being sent to a homeless shelter or transitional housing shelters.
5.6 Community Resources.

5.6.1 Protocol.
KFH will establish and build relationships with community service providers to assure accurate contact information and acceptance criteria for community services and to maximize resource availability for KFH patients.

5.6.2 Implementation Procedure

5.6.2.1 Local medical center leadership is responsible for assuring current knowledge of community resources, either through the efforts of the local homeless task force or oversight committee or through the local medical center community benefit department.

5.6.2.2 Each medical center/service area will organize a local work team to identify local needs and available community resources. The team will ensure appropriate education and training of all appropriate medical and professional staff. The teams shall: meet on a regular basis throughout the year; maintain minutes of meeting; a team that reports up to the Executive Committee; includes, but not limited to Utilization Management Department, Nursing, Social Service, Administrator, Quality and Compliance.

5.7 Accountable Executive.

5.7.1 Protocol.

The Executive Director at each KFH Hospital is accountable for assuring ongoing compliance with this Protocol.

5.7.2 Implementation Procedure.

5.7.2.1 The Nurse Manager / House Supervisor / Administrator/Designee, upon notification of a pending discharge of a homeless patient, will go to the patient’s location to review discharge plan, review and validate Shelter Checklist (as appropriate), and Homeless Discharge Checklist (as appropriate), ensuring that the elements of the protocol have been satisfied prior to calling Executive Director/designee.

5.7.2.2 The Executive Director/designee will be called for final approval of the discharge prior to the discharge of any homeless patient by the Nurse Manager/House Supervisor/Administrator/Designee, excluding when a patient is transferred to a Skilled Nursing Facility, another
5.7.2.3 In the event that a patient is taken into police custody, expires, elopes or signs out against medical advice (AMA), transfers to a SNF or transfers to a psychiatric facility the manager must be notified and the Executive director does not need to be contacted for approval of the discharge plan unless there is an unusual occurrence associated.

5.8 Training.

5.8.1 Protocol.

5.8.1.1 KFH will establish initial and periodic training reasonably designed to ensure that hospital physicians, clinical staff, social services and discharge planning personnel, and other hospital staff who are most likely to be involved in discharge planning and discharge of homeless patients receive training regarding the procedures required by this Protocol.

5.8.1.2 The above personnel will be provided training in the following areas, as applicable to their role in the discharge planning process:

5.8.1.2.1 Implementation and application of the Homeless Patient Discharge protocols.

5.8.1.2.2 The nature and extent of homelessness in Los Angeles County.

5.8.1.2.3 The mental and physical problems typically faced by homeless persons Los Angeles County.

5.8.1.2.4 Assessing the presence or lack of cognitive intactness in homeless persons who present for treatment.

5.8.1.2.5 The post-discharge care issues that distinguish the discharge planning for homeless persons from that of the general patient population.

5.8.1.2.6 The need for effective communication with homeless persons regarding their post-discharge care.

5.8.1.2.7 The location and limitations of shelters or services for homeless persons in the Skid Row area of the City of Los Angeles.
The nature, location and limitations of homeless shelters or services in other areas in Los Angeles County

Appropriate referrals to government agencies and non-government service providers that can assist homeless patients in obtaining benefits and other supportive services, including, without limitation, engaging and referring appropriate cases during the hospital stay to programs, such as those offered through the Department of Mental Health, where housing, medical care, food and clothing may be available to the homeless patient during her/his stay in the hospital or immediately following discharge.

The nature and extent of the hazards facing the homeless in the Skid Row area of the City of Los Angeles

The circumstances and procedures under which a surrogate decision maker may be required, including, but not limited to, appointment of a conservator or public guardian.

Training reference materials will be available at each KFH hospital.

Each hospital will establish a process by which to monitor and reconcile training provided to existing staff and to new employees to ensure that relevant staff are trained.

Medical record documentation will include the following elements as appropriate, inclusive of the Shelter Contact Checklist, Homeless Discharge Checklist, along with “discipline specific” documentation forms.

Documentation of mental status assessments performed.

Documentation of Cognitive Intactness, meaning the absence of cognitive impairment that could interfere with the patient’s ability to understand and make informed decisions about treatment options and to follow post-discharge care plans or to effectively negotiate the community in which he or she resides. Assessment will consider the following:

Is the patient alert, oriented (to person, place, circumstance and time), and able to provide self-care and secure needed follow-up
medical care, food, clothing and emergency shelter, or effectively utilize these if they are provided for him/her?

5.9.2.2 Patient’s capacity to understand the following:
- The reason for his/her hospital visit
- That he/she is being discharged and will be leaving the hospital
- Medical regimen of medications/wound care/diet, etc.
- Plan for follow-up medical care (e.g., where to go for suture removal, how to make follow-up appointments at county clinic)
- Other elements of the discharge plan

5.9.2.3 The patient’s living circumstances and available support system post-discharge

5.9.2.4 The complexity of the discharge plan to be implemented

5.9.3 Social services needs assessment for all inpatients, and as requested by the Emergency Department. The needs assessment may include the need for food, shelter, substance abuse treatment, treatment for (or protection from) domestic violence, vocational assistance, Medi-Cal enrollment, eligibility for Department of Mental Health services, application for financial assistance (Social Security Insurance, etc) or other supportive services.

5.9.4. Documentation of discharge plan and continuation of care needed post discharge (addressing medical and mental health needs, including substance abuse treatment as applicable):

5.9.4.1 Clear, concise description of where patient lives and preference of living area post-discharge.

5.9.4.2 Plan of care discussion between patient (including authorized representative if applicable and family or significant other as authorized by patient), and attending physician, Registered Nurse, Case Managers, Social Worker– using specific names of each person.

5.9.4.3 Detail of agreements made among patient and Health Care Team.

5.9.4.4 Barriers to be addressed and outcomes of such.

5.9.9.5 Documentation of the discharge plan is to include complete discharge instructions with the patient’s name and signature, documentation of patient’s cognitive intactness and documentation...
that the patient understands and agrees with the discharge plan, including medications and follow-up care.

5.9.5. Condition of patient upon discharge – including ability to ambulate (or operate wheelchair, etc.) adequately and whether patient is adequately clothed.

5.9.6 Discharge instructions given and to whom.

5.9.7. Documentation regarding discharge destination, for all patients, regardless of destination:

5.9.7.1 Name of facility (as applicable)
5.9.7.2 Transportation to be provided
5.9.7.3 Accepting person at destination (as applicable)
5.9.7.4 Discharge Disposition section of KP HealthConnect (KPHC) Discharge Writer completed and signed

5.9.8 Medical equipment provided or referrals to the patient

5.9.9 Medications provided to the patient at discharge

5.9.10 Supplies provided to the patient at discharge

5.9.11 Community resources provided

5.9.12 For shelter placement, Social Services documentation will include:

5.9.12.1 Completion of the Shelter Checklist (Attachment 1),
5.9.12.2 Documentation of communications with shelters
5.9.12.3 Shelter acceptance criteria and whether patient meets that criteria and is able to follow instructions from the shelter to access services,
5.9.12.4 Patient’s agreement/refusal to shelter placement
5.9.12.5 The shelter’s acknowledgment that it can provide shelter to the patient (for shelters that are willing to have direct discussions with hospitals)

5.9.13 Documentation of patient agreement or disagreement with the discharge plan, or refusal of assistance, resources, or element of the discharge plan. For patient refusal, the record should document that the patient understands the consequences of refusing the proposed interventions and discharge plans.

5.9.14 Completion of Belongings Inventory, and documentation that belongings have been returned to patient.
5.9.15 Documentation that the Discharge Plan was reviewed and approved by the Nurse Manager/Administrator/Designee, prior to patient leaving the hospital (inclusive of the Executive Director’s/designee’s name, date and time of review and approval), and the Homeless Discharge Checklist (as appropriate) was completed.

5.10 Elements of a Homeless Log tracking tool:

5.10.1 Implementation Procedure. Emergency Department (Treat and Release) / Observation/Inpatient

Accurate detailed logs of Homeless cases – preferably in an excel program for data capabilities will be maintained at each KFH medical center. Each hospital will review and reconcile their Homeless Logs on at least a monthly basis.

The following attachments will be used as documentation tools:

Attachment 1: Shelter Checklist- To be used when a patient has been referred to a shelter. A copy of this form is to be (1) Given to the patient; (2) Maintained in the medical record; (3) Sent to the Executive Director.

Attachment 2: The Medical Center Homeless Discharge Checklist- To be completed for homeless patients. This form does not need to be completed when a patient is transferred to a Skilled Nursing Facility, another acute medical, psychiatric, rehabilitation, or inpatient drug rehabilitation facility, taken into police custody, expires, elopes, or signed out against medical advice (AMA) does not agree with the discharge plan and refuses to sign. This form is to be kept in a place easily accessible for auditing and is a permanent part of the medical record.

Attachment 3: The Medical Financial Assistance Program [MFA] Referral Form - Case Managers and/or Social Workers will complete the top portion of MFA application. A patient’s signature is not required. MFA form is to be forwarded to the Financial Counseling Office, where a Financial Counselor verifies patient’s eligibility.

Attachment 4: Homeless Log- A standardized Regional Homeless Log is to contain an entry for all Treat and Release Emergency Department patients and Inpatients.
6.0 References/Appendices

Attachments or Appendices:
- SCAL RUM 1, Appendix A: Policy Approval Cover Page
- SCAL RUM 15 Attachment 1: Shelter Checklist
- SCAL RUM 15 Attachment 2: Homeless Discharge Checklist
- SCAL RUM 15 Attachment 2B: Skilled Nursing Facility Homeless Discharge Checklist
- SCAL RUM 15 Attachment 3: Medical Financial Assistance Program Referral Form
- SCAL RUM 15 Attachment 4: Homeless Log

### NATIONAL POLICY AND PROCEDURES

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<th>Topics</th>
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### REGIONAL POLICIES AND PROCEDURES

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<td>Care and discharge planning for homeless patients</td>
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### SERVICE AREA AND LOCAL POLICIES AND PROCEDURES

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### 7.0 Signature Lines

This policy was approved by the members of the Southern California Executive Resource Stewardship Committee.

→ See SCAL RUM 1, Appendix A: Policy Approval Cover Page

<table>
<thead>
<tr>
<th>Business Owner Signature</th>
<th>Printed Name and Title</th>
<th>Date</th>
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Attachment #1: Shelter Contact Checklist  
**Document Instructions:** Complete this form AT time of discharge, if patient requires shelter- (1) Provide patient with a copy; (2) Maintain a copy in the medical record; (3) Send another copy to the Executive Director.

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<td>Shelter Contact Person:</td>
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<td><strong>3.</strong></td>
<td><strong>Requirements of Accepting Shelter (i.e., waiting in line, specific time format):</strong></td>
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<td><strong>Patient Agrees to Shelter:</strong></td>
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<td>Patient Signature:<strong><strong><strong><strong>Date:</strong></strong></strong></strong></td>
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<td>Patient Name (printed):</td>
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<td><strong>4b.</strong></td>
<td><strong>Patient Declines Shelter:</strong></td>
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<td>Patient Signature:<strong><strong><strong><strong>Date:</strong></strong></strong></strong></td>
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<td>Patient Name (printed):</td>
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<td><strong>5.</strong></td>
<td><strong>Responsible Party Approval:</strong></td>
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<td>I attest that:</td>
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<td>- The medical record documents that the patient is cognitively intact and able to negotiate the community.</td>
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<td>- I have explained to the patient that all transportation to shelters must be provided by the Kaiser Permanente Transportation HUB.</td>
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<td>Responsible Party’s Signature:<strong><strong><strong><strong>Date:</strong></strong></strong></strong></td>
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**Patient Name:** __________________________

**Medical Record Number:** ________________
**Homeless Discharge Checklist (Attachment #2)**

**Patient Name:** ______________________  **Medical Record Number:** ______________________

**Note:** This form does not need to be completed when a patient is transferred to a Skilled Nursing Facility, another acute medical, psychiatric, rehabilitation, or inpatient drug rehabilitation facility, taken into police custody, expires, elopes, or signed out against medical advice (AMA).

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<th>Discharging Case Manager (if applicable):</th>
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<th>Discharging Social Worker (if applicable):</th>
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**Transportation**

*To Shelter:* Call HUB to arrange transportation (877) 227-8799  
*NO Taxi/Bus Token to be used/given for transportation to shelter*  

*Other:*

**Comments:**

**Mental Status**

*Patient alert, oriented, and able to provide self-care, secure follow-up care, negotiate community*  
*Psychiatric consult, as indicated*  

**Post Discharge Care**

*Community referrals made and/or references provided, as appropriate*  
*Discharge instructions given; Patient understands and agrees. If patient refuses to sign, refusal documented*  
*Patient ambulatory or independent with mobility device*  
*Follow-up plan of care documented on the discharge instructions*  
*Medication w/ instructions provided, as ordered*  

**Miscellaneous**

*Medical equipment provided as ordered*  
*Patient is appropriately clothed*  
*Patient’s belongings returned*  
*All IV access lines removed*  
*All name bands removed*  
*Vital signs stable*  
*Other pertinent information:*  

**Forms Completed**

*Top portion of MFA application completed. Referral made to Financial Counselor*  
*Shelter Checklist completed*  
*Discharge Disposition section of KP HealthConnect (KPHC) Discharge Writer completed*  

**OR**

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<th>Approving Nurse Mgr./House Supervisor (Sign):</th>
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<th>Executive Director/Desigeee Approver’s Name:</th>
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MEDICAL FINANCIAL ASSISTANCE PROGRAM
REFERRAL FORM

DATE: ____________________________

For all Personnel, fax WHITE COPY of completed form to the MFAP Central Unit at 8-331-3542. If you are unable to fax this form, send WHITE COPY via interoffice mail to: MFAP Central Unit/PBS, Parsons East, Basement, Pasadena, CA 91109.

Referred by: ____________________________
NAME: ____________________________ DEPARTMENT / MEDICAL CENTER / FACILITY: ____________________________ COMPLETE PHONE NO. / (TIE LINE): ____________________________

Other Contact: ____________________________
NAME: ____________________________ DEPARTMENT / MEDICAL CENTER / FACILITY: ____________________________ COMPLETE PHONE NO. / (TIE LINE): ____________________________

Emergency Dept. Admit Date: ____________________________ Inpatient Dates: ____________________________ □ Homeless Services/medications/supplies provided: ____________________________

Pharmacy Only: □ Attach charge documentation to White Copy □ PMA Referral □ Initial 30-day

Dear Patient,
If you need help paying for your medical services, you may be eligible for Kaiser Permanente’s Medical Financial Assistance Program (MFAP), including pharmacy waiver for Medicare Part D; or the Discount Payment Program. To apply for these programs, you must contact the Medical Financial Assistance Program Central Unit at the phone number shown in Step 2 below and complete the application form. You must do this within five days from the date of this form.

DIRECTIONS:
Step 1: Complete this form and return it to the person who gave it to you. You MUST sign both places and provide all the information outlined below! This is our only way of communicating with you.
Step 2: Call toll-free 1-866-399-7696 as soon as possible to receive more information about financial assistance that may be available to you. They will provide you with the actual application form if you have not already received it.
Step 3: Gather your documentation and complete the application form. To be able to be considered, you will need to provide a copy of your most recent IRS tax return, copies of your last two complete bank statements, and copies of your last two pay stubs or proof of income. Further information on where to send such documentation will be provided once you call the toll free 866 number listed in Step 2 above. You must do this within five days from the date of this form.

By signing below, you understand that failure to apply and qualify for the MFAP will result in you being financially responsible for any charges for copayments or non-covered services you may receive from Kaiser Permanente.

_____________________________ ____________________________
PATIENT/GUARANTOR SIGNATURE DATE

Eligibility requirements include income and existing debt obligations. In order to verify your eligibility, we need to obtain and review your consumer credit report. By signing below, you are granting permission to Kaiser Permanente to obtain your credit report from one or more consumer reporting agencies.

_____________________________ ____________________________
PATIENT/GUARANTOR SIGNATURE DATE

Your Daytime Telephone Number: (______) _______ - __________

Your Social Security Number: _______ - _____ - __________

Current Address: ____________________________ City: ____________________________ State: ______ ZIP: ______

Thank you for selecting Kaiser Permanente for your health care needs.

[Handwritten notes and stamp marks]
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<th>10/13/09</th>
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<th>ETOH Abuse</th>
<th>OPCC, Santa Monica Shelter</th>
<th>Tamar Liebross</th>
<th>Hannah Sam</th>
<th>HUB Shuttle</th>
<th>Carolyn Jackson</th>
<th>N/A: Patient expired, went to SNF, police custody</th>
<th>N/A: Patient expired, went to SNF, police custody</th>
<th>Shelter picks up patient</th>
<th>Comments</th>
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Log submitted to Region by: ________________ Date: ________________

I attest that the monthly log has been reviewed and the issues are addressed and/or resolved to the best of my ability.
### Attachment #4: Homeless Audit Tool

<table>
<thead>
<tr>
<th>#</th>
<th>ISSUE</th>
<th>LOCATION TO VERIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2.2.1</td>
<td>Patient belongings and valuables documented</td>
<td>▪ Belonging List</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Homeless Discharge Checklist</td>
</tr>
<tr>
<td>5.3.1.1</td>
<td>Cognitively intact and able to negotiate community</td>
<td>▪ Medical Record</td>
</tr>
<tr>
<td>5.3.2.2</td>
<td>Psychosocial assessment completed</td>
<td>▪ Nurse Assessment/Social Worker (if applicable) – ED</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Social Worker Consult (Required for inpatient/Observation. N/A if patient elopes,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>transfers to an acute facility or leaves AMA</td>
</tr>
<tr>
<td>5.4.1.4</td>
<td>Follow-up care documented in discharge instructions</td>
<td>▪ Discharge Writer</td>
</tr>
<tr>
<td>5.9.7.4</td>
<td>Discharge Disposition completed</td>
<td>▪ Discharge Writer/Navigator</td>
</tr>
<tr>
<td>5.4.1.4.3</td>
<td>List of community resources provided</td>
<td>▪ Discharge Instructions and/or notes</td>
</tr>
<tr>
<td>5.4.2.2</td>
<td>Top portion of Medical Financial Assistance application completed. Referral made to Financial Counsel</td>
<td>▪ Zip code entered as “99999” and “Homeless” written in KPHC primary address field</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Patient summary page has a red “homeless” alert within KP HealthConnect (KPHC) - To activate flag, go to additional notes section</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Note: Put the patient’s verified address in the field marked “Temporary Address” (i.e.: for mail)</td>
</tr>
<tr>
<td>5.4.1.4.4</td>
<td>Medical equipment (e.g. canes or walkers) or a prescription for medication provided (if applicable)</td>
<td>▪ Case Manager/Social Worker/Nurse Notes</td>
</tr>
<tr>
<td>5.4.1.5</td>
<td>Discharged with appropriate clothing</td>
<td>▪ Homeless Discharge Checklist and/or Nursing notes</td>
</tr>
<tr>
<td>5.4.2.1</td>
<td>Discharge disposition entered</td>
<td></td>
</tr>
<tr>
<td>5.5.1.1</td>
<td>▪ Note (1): N/A for patients transferred to a Skilled Nursing Facility, another acute medical, psychiatric, rehabilitation, or inpatient drug rehabilitation facility, taken in police custody, expires, elopes, or signed out against medical advice (AMA)</td>
<td></td>
</tr>
<tr>
<td>5.5.1.3</td>
<td>▪ Note (2): Shelter checklist reflects actual discharge disposition (i.e. It should not be: Shelter checklist indicates patient declines shelter but patient sent to shelter)</td>
<td>▪ Discharge Writer (primary)</td>
</tr>
<tr>
<td></td>
<td>▪ Note (3): In the event patient sent to shelter outside of patient’s preferred geographic residence or to a Skid Row shelter, documentation of reason and evidence of escalation to Administrator/designee</td>
<td>▪ Shelter Checklist (if applicable)</td>
</tr>
<tr>
<td>5.4.2.4</td>
<td>Homeless Discharge Checklist completed</td>
<td>▪ Homeless Discharge Checklist</td>
</tr>
<tr>
<td>5.4.2.7</td>
<td>Transportation arranged to shelter via HUB only</td>
<td></td>
</tr>
<tr>
<td>5.5.1.5.5</td>
<td>▪ Note (1): 5.4.2.8 special arrangements need to be made for person transported to battered persons shelter or Cold Winter shelters where the patient is transported by HUB to a pick up point for transport to a undisclosed shelter by the shelter shuttle</td>
<td>▪ Notes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Homeless Log</td>
</tr>
<tr>
<td>5.7.2.2</td>
<td>Approval of discharge from AOC/designee</td>
<td>▪ Homeless Discharge Checklist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Homeless Log</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Note: N/A for transferred to a Skilled Nursing Facility, another acute medical or psychiatric facility, rehabilitation facility, or inpatient drug rehabilitation.</td>
</tr>
<tr>
<td>5.9.9.5</td>
<td>Patient’s name and signature confirming patient understands and agrees with the discharge plan, including medications and follow-up care</td>
<td>▪ Discharge Writer</td>
</tr>
</tbody>
</table>
## Attachment #4: Homeless Audit Tool

| 5.2.2.1 | All elements of Homeless Log completed | 5.1.2.1 | Homeless Log |