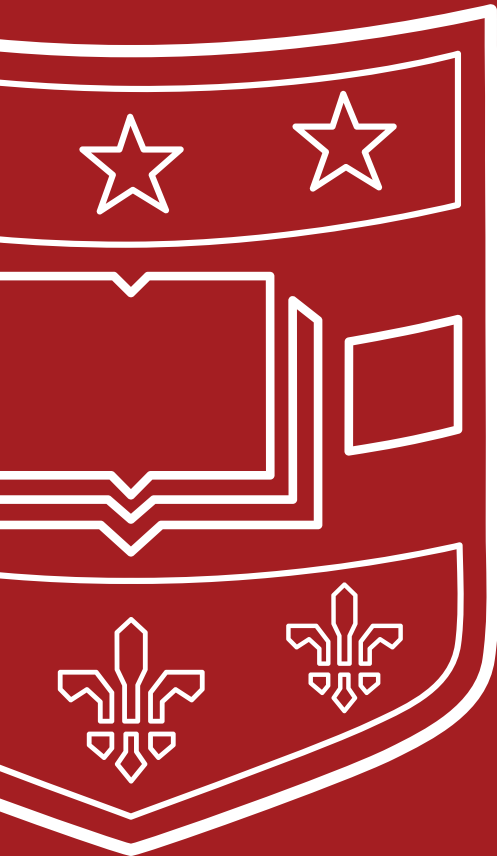


Professional Service Commitments

Washington University Physicians
at Barnes-Jewish Hospital and St. Louis Children's Hospital



Dear Colleague,

The professional service commitments described in this book were developed and endorsed by:

- Washington University Faculty Practice Plan Board of Directors
- Barnes-Jewish Hospital Medical Executive Committee
- St. Louis Children's Hospital Medical Executive Committee
- Washington University Medical Center Graduate Medical Education Committee



These principles and expectations reflect the professionalism we all strive to deliver in our daily practice. We ask that you carefully review and apply them as you interact with patients, families, visitors, colleagues and coworkers.

We also ask that you take a few moments to review the Mission, Vision and Value statements that start on page 23 of this booklet. These statements are designed to inform, inspire and challenge us. We believe that they accurately reflect our core values and purpose and provide an enduring framework to guide our daily actions and future decision making.

Thanks to the excellence of our faculty, trainees and staff, Washington University Medical Center is recognized as one of the finest academic health centers in the world. You play a vital role in making this a reality, and your commitment to assuring compassionate care of the highest quality is most appreciated.

With best regards,

Paul J. Scheel, Jr., MD

A handwritten signature in black ink, appearing to read "Paul J. Scheel, Jr., MD". The signature is fluid and cursive.

CEO, Faculty Practice Plan
Associate Vice Chancellor for Clinical Affairs

Our Commitments

We, the physicians and staff of Washington University School of Medicine, are dedicated to improving the health of people through excellence in patient care and medical discovery.

Our service principles — safety and quality, care and compassion, partnership and collaboration and diversity and inclusion — organize our commitments to:

- Provide patients with the highest quality and safest care possible.
- Consistently deliver an exceptional experience for our patients, families and visitors, and work to provide service recovery whenever we fall short.
- Maintain patient privacy and protect the confidentiality of the patient's medical care.
- Provide medical care promptly and efficiently.
- Provide patients with clear and accurate information regarding their health status and necessary follow-up.
- Respond consistently to the needs of referring physicians and other health-care professionals who are participating in the patient's care.
- Create a positive work environment by treating all students, staff and physicians with dignity.
- Be prepared to respond to emergencies and maintain business continuity in collaboration with our hospital partners.



May 2017

Commitment to Clinical Excellence and Patient Safety

We will provide patients with the highest quality and safest care possible.



SAFETY AND QUALITY

1. Patient safety is a top priority at Washington University School of Medicine. Our goal is to provide exceptional and safe care to every patient. Safe care embodies the imperative “First, do no harm,” and is based on sound processes and systems that optimize clinical outcomes and minimize the risk of medical harm.
2. We are committed to enhancing patient safety by establishing a culture of safety focused on transparency, continual learning and proactive performance improvement of processes of care. In order to support these efforts, Washington University has embedded Physician Patient Safety Officers (PSO) and Patient Safety Nurse Coordinators (PSC) within departments to champion patient safety efforts.
3. We continuously educate our health-care team members about our shared commitment to safety and best practices for reduction of medical errors. Patient safety priorities are also integrated into the design of relevant organizational functions, processes and services. All physicians and staff are encouraged to report potential patient safety concerns so that active steps can be taken to prevent harm.
4. As an organization, we support the concept that errors occur due to breakdowns in systems and processes. We also believe in a just culture and encourage transparency when adverse events occur. We encourage patients to be active participants in their own care and acknowledge that they have the right to full disclosure of any adverse event.

CARE AND COMPASSION

5. We believe safety includes communication and actions that ensure all patients, visitors and employees *feel* safe, in addition to providing safe processes.

PARTNERSHIP AND COLLABORATION

6. The patient safety departments of Washington University, Barnes–Jewish Hospital and St. Louis Children’s Hospital share knowledge and work together to investigate patient safety events, and to improve processes to ensure that our patients receive the safest possible care.

DIVERSITY AND INCLUSION

7. Our commitment to safety encompasses processes, communication and actions for all patients, visitors, and employees.

Commitment to Respect Patients and Their Families

We will consistently deliver an exceptional experience for our patients, families and visitors, and work to provide service recovery whenever we fall short.



SAFETY AND QUALITY

1. An attending physician, or his/her designee, is available to patients at all times.

CARE AND COMPASSION

2. All physicians, residents, medical students and staff members are professional and outgoing in their assistance to patients. This includes:
 - Greeting patients respectfully, introducing themselves and identifying their specific role in the patients' care.
 - Wearing clearly-readable name tags, indicating name and job function.
 - Being aware of the importance of cultural beliefs, values and lifestyles on patient perception and responses to medical and preventive care recommendations.
 - Refraining from making personal calls in patient areas or holding private conversations in front of patients.
 - Eating, talking loudly, playing loud radios or computer games, or conducting other non-work activity away from patient areas.
3. Telephone communication with patients and families is conducted by:
 - Simplifying the use of auto attendants during working hours.
 - Answering phone calls within three rings and ensuring an on-hold time of less than two minutes during business hours.
 - Identifying yourself, department or clinical practice and purpose of your call.
 - Using the caller's name.
 - Providing clear instructions on what to do in an emergency.
 - Returning telephone calls within 24 hours.
4. To manage service recovery in a manner that achieves positive outcomes for all involved, we "take the HEAT" by Hearing them out, Empathizing, Apologizing and Taking responsibility.

PARTNERSHIP AND COLLABORATION

5. Feedback from our patients is regularly solicited and monitored using a standardized patient satisfaction survey tool across the clinical practice.
6. Solicited and unsolicited feedback is shared with the appropriate leadership/designee in a timely manner and is used to identify opportunities to improve patient care and service.
7. Service recovery is also an important process in maintaining or repairing the patient experience. Unsolicited feedback, complaints and compliments are documented and resolved in collaboration with our hospital partners when needed.

DIVERSITY AND INCLUSION

8. Understanding how our personal cultural context can influence the effectiveness of the care we provide.
9. Understanding the importance of effective provider-patient communications and the need to adapt communications to each patient's level of health literacy.

Commitment to Patient Privacy and Confidentiality

We will maintain patient privacy and protect the confidentiality of the patient's medical care.



SAFETY AND QUALITY

1. The fact that a person is a patient is kept confidential.
2. All medical records are kept confidential and the information contained therein only accessed by and provided to authorized parties with a legitimate need-to-know.

CARE AND COMPASSION

3. Patient names, personal information and their medical care provided are never discussed in public areas, including corridors, elevators and cafeterias.
4. Information regarding scheduled appointments and information given to patients about appointment preparation is kept confidential.
5. Explanations of medical condition and treatment options are given solely to the patient, unless the patient and his/her physician agree otherwise. Physicians may communicate with the next of kin or legal guardian if the patient is incapacitated due to medical reasons.
6. Test results are reported solely to the patient and/or referring physician unless the patient agrees otherwise. Physicians may communicate with the next of kin or legal guardian if the patient is incapacitated due to medical reasons.
7. In examination rooms, patients are kept clothed as long as possible. During procedures, patients are covered whenever possible.

PARTNERSHIP AND COLLABORATION

8. The Notice of Privacy Practices serves as a joint notice for Barnes-Jewish Hospital, St. Louis Children's Hospital and Washington University School of Medicine.
9. Because we are affiliated health-care providers, we have designated ourselves as an organized health-care arrangement under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

DIVERSITY AND INCLUSION

10. Working in cooperation with faculty, staff and students, information security staff employ industry-accepted frameworks and practices to minimize potential harm, embarrassment, inconvenience or unfairness to any individual on whom information is maintained, including its employees, partners, patients and visitors.

As health-care providers, our obligations to our patients and the confidentiality of their protected health information are defined by the federal regulations commonly referred to as HIPAA. A statement of these obligations, as well as our patients' rights under the HIPAA regulations, can be found in our joint Notice of Privacy Practices on our websites:

WUPhysicians.wustl.edu | BarnesJewish.org | StLouisChildrens.org

Commitment to Prompt and Efficient Medical Care

We will provide medical care promptly and efficiently.



SAFETY AND QUALITY

1. Patient appointments are available in all specialties as follows:
 - Emergency appointments within the same day.
 - Urgent visits within 48 hours or less.
 - Routine new appointments within 14 days or less.
 - New appointments related to a cancer diagnosis or for an ancillary test within seven days.

Some unique tertiary and quaternary services may be exceptions.

2. Patient pre-visit information such as lab work, X-rays, examinations or prior procedures is obtained by assigned staff prior to the patient's appointment.

CARE AND COMPASSION

3. Appointment triage decisions are explained in a way that helps the patient and/or referring physician understand the reason for the time frame.
4. Patients are seen by their physician or other scheduled health provider within 30 minutes of scheduled appointment times. If the office wait time exceeds 30 minutes, patients are informed of the expected length of delay and given an opportunity to reschedule their appointments.
5. Follow-up appointments are scheduled prior to patient departure from the office.

PARTNERSHIP AND COLLABORATION

6. All required patient and/or guarantor demographic data and insurance coverage/eligibility are completed electronically or by phone prior to the appointment. When information is incorrect, insurance is inactive or contact with the patient prior to the appointment is not possible, the information will be gathered when the patient arrives at the office.
7. Copayments are collected at point-of-service during check-in.

DIVERSITY AND INCLUSION

8. Our commitment to safety encompasses processes, communication and actions for all patients, visitors and employees.

Commitment to Clear and Accurate Information

We will provide patients with clear and accurate information regarding their health status and necessary follow-up.



SAFETY AND QUALITY

1. Patients are provided with a clinical summary for each office visit. Clinical summaries are given electronically when possible, and hard copy otherwise.

CARE AND COMPASSION

2. New patients receive all necessary information regarding their appointment prior to arrival so they can focus on their visit with the provider. This includes, but is not limited to:
 - Name of the physician to be seen.
 - Standard patient and visitor guide maps and/or directions.
 - Health history forms, if applicable.
 - Financial obligation information.
 - Pre-visit instructions, if applicable.

PARTNERSHIP AND COLLABORATION

3. Patients are offered electronic access to their health information, i.e., allergies, medication, problem list and certain lab results.
4. Medical information and test results are provided to patients promptly and in an appropriate and sensitive manner. Patients are told when test results should become available to them.
5. Trained medical interpreters are made available to patients with limited English proficiency.

DIVERSITY AND INCLUSION

6. Patients receive instructions regarding their medical condition, necessary medications and treatment, therapy and exercise, test results, self-help and support groups and other services appropriate to their health status. This information is:
 - Written at a level appropriate to their learning needs.
 - Focused on instructions for key behaviors the patient should put into action.

Commitment to Communication with Referral Sources

We will respond consistently to the needs of referring physicians and other health-care professionals who are participating in the patient's care.



SAFETY AND QUALITY

1. Ambulatory office visits:
 - a. Staff is knowledgeable about referring providers and has documented processes in place to expedite appointments as necessary. Appointments should take into account all locations where the requested provider or specialty sees patients, with a date/time provided as quickly as possible.
 - b. Information about the scheduled appointment is communicated to the patient's primary care provider and/or referring provider in a timely manner, unless otherwise directed by the patient.
2. Inpatient consultations and referrals:
 - a. Inpatient consultations are provided within a reasonable time frame, as determined by the patient's condition.
 - b. First year residents must review with a supervising attending the need for inpatient consultation before requesting a consultation from another service.
 - c. If additional inpatient consultations are necessary within the same specialty, they are provided by the physician who performed the original consultation.
 - d. Inpatient consultations should only be requested if the consultation may impact the patient's hospital care. Otherwise, the consultation should be requested as an outpatient post discharge.
 - e. Medically urgent inpatient consultation results are reported to the attending physician as soon as possible, no later than the end of the same business day.
 - f. The inpatient consultation should be documented in the chart as follows:
 - An abbreviated note at the time of the consultation indicating that the patient has been seen and summarizing any major findings or recommendations.
 - A full consultation note within 24 hours.
 - g. Faculty attending physician provides all requested inpatient consultations or supervises house staff or mid-level providers in the provision of requested inpatient consultations.
 - h. Non-emergent, day-of-discharge consultations should be avoided to the fullest extent possible by anticipating the need for potential consultations as early as possible during the patient's hospitalization. Non-emergent consultations requested on the day of the hospital discharge may be managed by a resident with faculty attending evaluation performed in a timely manner in the outpatient setting.

CARE AND COMPASSION

3. Calls from primary care or referring providers are responded to promptly.
4. When necessary, a staff member calls the referring physician to inform him/her of unavoidable delays in response and determines a convenient time for the requested provider to return the call.

Commitment to Communication with Referral Sources



Continued...

PARTNERSHIP AND COLLABORATION

5. Directories of specialists are made available to referring physicians and other referral sources.
6. Referring physician satisfaction is monitored on a regularly scheduled basis either by focus groups, written surveys or individual interviews. This information is used to improve responsiveness and communication with physicians who refer their patients for care.
7. Ambulatory office visit communication with primary care or referring providers:
 - a. Ambulatory visits that result in a recommendation for immediate hospitalization are discussed prior to admission.
 - b. Ambulatory visit results that are urgent are reported as soon as possible or at least within 24 hours.
 - c. Results of routine ambulatory visits are reported within seven business days.
 - d. Additional visit results or condition changes are reported as the patient's condition warrants, including:
 - Major procedures.
 - Referrals to another specialist.
 - Significant medication changes.
 - Follow-up requiring referring-physician involvement (i.e. checking lab results).
8. Admission communication with primary care or referring providers:
 - a. While patients are admitted, the attending physician or his/her designee contacts the referring physician at least once per admission and at least once per week during an inpatient stay.
 - b. Results of major surgical or diagnostic procedures are communicated on the day of the surgery or procedure.
 - c. Unusual, unexpected or urgent clinical issues while a patient is admitted are communicated as soon as possible, at least within 24 hours.
 - d. Post discharge, a brief discharge summary is provided within 48 hours of discharge, with a full discharge summary sent within three weeks of discharge.

DIVERSITY AND INCLUSION

9. Communication with primary care and referring providers will be consistently completed regardless of a patient's socioeconomic status or race.

Commitment to Mutual Respect and a Positive Work Environment

We will create a positive work environment by treating all students, staff and physicians with dignity.



SAFETY AND QUALITY

1. We commit to creating and maintaining spaces that are inviting and reassuring, calm and comforting, clean and uncluttered and accessible to a diverse population.

CARE AND COMPASSION

2. We will recognize and reward:
 - c. Individual employees who consistently demonstrate ongoing acts of caring that go beyond the normally-expected levels of courtesy, responsiveness and customer service defined in their job descriptions.
 - d. Non-physician clinical leaders who consistently demonstrate vision, creativity and passion to manage individuals while supporting our mission to improve the health of people through excellence in patient care and medical discovery.
 - e. Department, clinical practice and ancillary areas that achieve the highest and most improved patient satisfaction scores as reported in the annual reports.

PARTNERSHIP AND COLLABORATION

3. Whenever possible, we will work with our affiliated hospitals to share communication and resolve any compliments or concerns about interactions between employees.

DIVERSITY AND INCLUSION

4. All physicians, residents, medical students and staff members are considered valued and trusted members of the health-care team and are treated accordingly.
5. We commit to creating and maintaining an environment that attracts the best physicians and staff in the world.
6. Communication, including verbal, nonverbal and written, is conducted in a mutually respectful manner.

Commitment to Clinical Emergency Preparedness and Continuity of Operations

We will provide safe clinical areas for patients, faculty and staff by planning and practicing life safety measures and emergency response coordination while ensuring continuous clinical operations.



SAFETY AND QUALITY

1. We recognize that prevention of emergencies and disruptions to Washington University clinics is the best mode of operation. We will work to mitigate known hazards at all clinical sites, eliminating or reducing them to build a resilient clinical environment.
2. We will identify risks that may impact the ability to provide safe and continuous clinical care. Based on these risks, we will plan the most appropriate response and recovery actions.
3. Training and exercising of clinical response and recovery actions is necessary for the plans to be effective. Clinical leadership will work with Washington University Emergency Management personnel to regularly schedule and practice emergency response drills.
4. The continuity of clinic operations is critical following any unexpected disruption. Clinical leadership will identify essential functions to sustain key operations. Based on these functions, we will plan, exercise, evaluate and improve strategies to ensure uninterrupted clinical operations.
5. We will proactively seek opportunities to educate and train on emergency preparedness principles that will benefit personnel and clinical operations.

CARE AND COMPASSION

6. We will work to ensure that employees are confident in their expected actions during emergency situations and know what to expect at an organizational level.
7. During emergencies, we will communicate in a way that enhances an orderly, safe response.

PARTNERSHIP AND COLLABORATION

8. We will continuously interface with Washington University Medical Campus partners for emergency planning, facilitating seamless coordination among campus institutions during response and recovery efforts.
9. Coordination among and between Washington University clinics during emergency response and recovery is vital to support resource needs including supplies, staff and space. Washington University School of Medicine leadership will plan and practice incident management to ensure central coordination and support for all clinical response and recovery needs.

DIVERSITY AND INCLUSION

10. Information about real or potential emergencies will be appropriately communicated to employees regardless of job grade or salary.



MISSION

We take exceptional care of people:

- By providing world-class health care.
- By delivering care in a compassionate, respectful and responsive way.
- By advancing medical knowledge and continuously improving our practices.
- By educating current and future generations of healthcare professionals.

VISION

Barnes-Jewish Hospital, along with our partner, Washington University School of Medicine, will be national leaders in medicine and the patient experience.

VALUES

In service to the patient, we value:

- Integrity
- Compassion
- Accountability
- Respect
- Excellence



MISSION

St. Louis Children's Hospital will do what is right for children.

VISION

St. Louis Children's Hospital will be the hallmark for quality pediatric care within our region, as well as nationally and internationally. As the flagship for a growing, integrated pediatric health-care network, we will lead the development of innovative, cost-effective approaches in prevention, primary care and specialty services, with the ultimate goal of improving the health of all children.

VALUES

St. Louis Children's Hospital puts our children's health first by:

- Providing quality health care for families — regardless of ability to pay — in a warm, supportive environment.
- Creating new frontiers in pediatric care, research and education.
- Collaborating with primary care providers in the communities we serve.
- Advocating for children and supporting the role of the family.
- Providing an environment which appreciates diversity and encourages our staff to reach their full potential.
- Encouraging a culture which rewards initiative, continuous learning, front-line decision-making and teamwork.
- Demonstrating value to our constituents by making quality outcomes and service priorities while responsibly controlling costs.
- Supporting the missions of BJC HealthCare and Washington University School of Medicine.
- Fostering ethical behavior and decisions in all that we do.



Physicians

MISSION

Our mission is to improve the health of people through excellence in patient care and medical discovery.

VISION

Washington University Physicians will be recognized as a world leader in innovative, high quality medical care. We will set a new standard for delivering compassionate, respectful and responsive patient care. We will create an environment that will attract and support the most highly talented physicians and staff.

VALUES

- **Quality:** We offer the most advanced medical care available to the patients we serve.
- **Respect:** We respect diversity and individuality and hold each patient's unique circumstances at the forefront of clinical care decisions.
- **Integrity:** We commit to regular self-evaluation of our practice and continuous quality improvement to assure patient safety, the best possible clinical outcomes and optimal use of medical resources.
- **Discovery:** We are dedicated to advancing medical knowledge through basic science and applied clinical research, and to sharing our discoveries for the benefit of society.
- **Education:** We are committed to providing outstanding education and training for current and future generations of health-care professionals.
- **Partnership:** We pursue our clinical and academic missions in close partnership with our major teaching hospitals, our health system and with key community physicians — especially those who serve as members of our voluntary clinical faculty.
- **Professionalism:** We believe our faculty, staff, residents and medical students are our greatest asset and recognize and value the contributions of each member of our health-care team.



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