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

Professional Service Commitments
Dear Colleague:

The professional service commitments described in this booklet were developed and endorsed by the

• 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 co-workers.

We also ask that you take a few moments to review the Mission, Vision and Value statements that start on page 20 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. Each of you plays 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,
James P. Crane, MD

CEO, Faculty Practice Plan
Associate Vice Chancellor for Clinical Affairs

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OUR COMMITMENTS

We, the physicians and staff of Washington University School of Medicine, are dedicated to providing world-class, compassionate health care. Our values are reflected in our commitment to

• provide patients with the highest quality and safest care possible,

• 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,

• monitor patient satisfaction routinely and take action to improve our service,

• 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 and respect.
Commitment to Clinical Excellence and Patient Safety

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

1. 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 continuous enhancement of patient safety by proactive surveillance, analysis and improvement of the care we provide. All physicians and staff are encouraged to report potential patient safety concerns so that active steps can be taken to prevent harm.

3. We continuously educate the members of our health care team about the best safety practices and enhance their skills using team-based simulation training and other educational programs.

4. We believe in a “just culture” and encourage transparency when adverse events occur. We acknowledge that patients have the right to know the details of significant events when they have the potential to impact their health status. This includes timely, honest and ongoing communication with our patients and families.

5. The Patient Safety Departments of Washington University, Barnes-Jewish Hospital and St. Louis Children's Hospital share knowledge and actively work in a collaborative manner to ensure that our patients receive the safest possible care.

6. The WUSM Patient Safety Physician Council and Clinical Administrators Safety Group serve as leaders in promoting patient safety best practices across our clinical practice. You can learn more about the work of these leadership groups and access our comprehensive patient safety library and curriculum center at http://patientsafety.wusm.wustl.edu.
Commitment to Respect Patients and Their Families:

We will treat patients and their families with care, respect and professionalism.

1. 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;
   • understanding how our personal cultural context can influence the effectiveness of the care we provide;
   • understanding the importance of effective provider-patient communications and the need to adapt communications to each patient’s level of health literacy.

2. An attending physician (or his/her designee) is available to patients at all times.

3. Employees meet the following expectations related to telephone communications:
   • avoid use of auto attendants during working hours;
   • answer telephone calls promptly (within three rings) and ensure on-hold time of less than two minutes during business hours;
   • identify themselves and their department or clinical practice site;
   • are efficient and friendly, using the caller’s name;
   • provide clear instructions on what to do in an emergency;
   • return telephone calls within 24 hours.

4. Employees refrain from making personal phone calls in patient areas or holding private conversations in front of patients.

5. Employees refrain from eating food, talking loudly, playing loud radios or computer games, or conducting other non-work activity in front of patients.
Commitment to Patient Privacy and Confidentiality:

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

1. The fact that a person is a patient is kept confidential.

2. Patient names, personal information and the extent or type of medical care provided are never discussed in public areas, including corridors, elevators and cafeterias.

3. Medical records, both paper and electronic, are kept confidential and the information contained therein only accessed by and provided to authorized parties with a legitimate need to know.

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, and during procedures, patients are covered whenever possible.

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 (http://www.wuphysicians.wustl.edu, http://www.barnesjewish.org, http://www.stlouischildrens.org).
Commitment to Prompt and Efficient Medical Care:

We will provide medical care promptly and efficiently.

1. Patient appointments are available in all specialties as follows:
   • emergency appointments within same day,
   • urgent visits within 48 hours or less,
   • routine new appointments within 14 days or less,
   • new appointments related to a cancer diagnosis within seven days or less.

(Some nonemergent unique tertiary and quaternary services may be exceptions.)

2. New patients receive all necessary information regarding their appointment prior to arrival. 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,
   • financial obligation information,
   • pre-visit instructions, if applicable.

3. 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.

4. All required demographic, insurance and scheduling fields and insurance eligibility verification are completed electronically, by telephone or website prior to the appointment. When issues arise such as incorrect information, inactive insurance, or contact with the patient prior to the appointment is not possible, the information will be gathered when the patient arrives at the office.

5. Co-payments are collected at the point of service during check-in.

6. Patients are seen by their physician or other scheduled health provider within 30 minutes of scheduled appointment times. If appointment wait time exceeds 30 minutes, patients are informed of the expected length of delay and given the opportunity to reschedule their appointments.

7. Follow-up appointments are scheduled prior to patient departure from the office.
Commitment to Clear and Accurate Information:

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

1. Patients are provided with a clinical summary for each office visit — electronically if possible, otherwise a hard copy.

2. Patients are offered electronic access to their health information, i.e., allergies, medications, problem list and certain lab results.

3. 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.

4. 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.

5. Trained medical interpreters are made available to patients with limited English proficiency.
Commitment to Patient Satisfaction:

We will monitor patient satisfaction routinely and take action to continuously improve our service.

1. We are committed to providing world-class service to all patients, families, faculty and staff by treating them in a compassionate, respectful and responsive way. Our goal is to exceed patient expectations.

2. Patient satisfaction is regularly solicited and monitored on a routine basis using a standardized patient satisfaction survey tool across the clinical practices.

3. The results of patient satisfaction surveys are:
   - shared with faculty physicians, clinical site staff and department/division/center leadership bi-annually and upon request,
   - used to identify opportunities to improve patient care and service.

4. Service recovery is also an important process in maintaining patient satisfaction and improving service. Patient complaints are documented in a database. Each complaint is addressed promptly, with resolution and appropriate feedback provided to all affected parties.

5. To manage service recovery with patients in a manner that achieves positive outcomes for all involved parties, we “take the HEAT:”
   - Hear them out,
   - Empathize,
   - Apologize,
   - Take responsibility for action.

6. Customer service expectations are also communicated to faculty and staff during new employee orientation, in scheduled general classes and in service boosters tailored to specific work groups.
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.

1. Directories of specialists — printed, electronic and online — are made available to referring physicians and other referral sources.

2. Calls from referring physicians are responded to promptly. 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 faculty physician to return the calls.

3. 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.

Ambulatory Referrals:

1. Staff are knowledgeable of referral sources and patterns and expedite referral appointments whenever possible. Referral appointments are made with the specified physician.

2. Visits that result in a recommendation for immediate hospitalization are discussed with the referring physician (and primary care physician as appropriate) prior to admission.

3. Visit results that are urgent are reported to the referring physician as soon as possible or at least within 24 hours.

4. Results of routine visits are reported to referring and primary care physicians within seven business days.

5. Additional visit results/condition changes are reported to the referring physician 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).
**Inpatient Referrals**

1. The attending physician (or his/her designee) contacts the referring physician prior to admission whenever possible, at least once per admission and at least once per week during an inpatient stay.

2. The results of major surgical or diagnostic procedures are communicated to the referring physician on the day of the surgery or procedure.

3. Unusual, unexpected or urgent clinical issues are communicated to the referring physician as soon as possible, at least within 24 hours.

4. A brief discharge summary is provided, either by phone, fax, electronic media or letter, to the referring physician within 48 hours of discharge.

5. A full discharge summary is sent to the referring and primary care physician(s) within three weeks of discharge.

**Inpatient Consultations**

1. Consultations are provided within a reasonable time frame, as determined by the patient’s condition.

2. If additional consultations are necessary within the same specialty, they are provided by the physician who performed the original consultation.

3. Medically urgent consultation results are reported to the attending physician as soon as possible, no later than the end of the same business day.

4. An abbreviated note is entered in the chart at the time of the consultation, indicating that the patient has been seen and summarizing any major findings or recommendations. Full consultation notes are in the chart within 24 hours.

5. Consultation notes are added to the patient’s permanent medical record.

6. A faculty attending physician provides all requested inpatient consultations or supervises house staff in the provision of requested inpatient consultations. This policy applies to both ward and private patients.

7. Inpatient consultations should only be requested if the consultation may impact the patient’s hospital care. Many non-acute problems are best handled by outpatient consultation after discharge from the hospital (i.e., patient has chronic back pain or needs a routine gynecologic exam or Pap smear).

8. 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.

9. First-year residents must review with a supervising attending the need for inpatient consultation before requesting a consultation from another service.
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 and respect.

1. All physicians, residents, medical students and staff members are considered valued and trusted members of the health care team and are treated accordingly.

2. Communication, including verbal, nonverbal and written, is conducted in a mutually respectful manner.

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

4. We commit to creating and maintaining an environment that attracts the best physicians and staff in the world.

5. We will recognize and reward:
   • 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;
   • 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;
   • departments and clinical practice units that achieve the highest and most improved patient satisfaction scores as reported in the annual patient satisfaction report.
BARNES-JEWISH HOSPITAL

Our 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 health care professionals

Our Vision
By 2010, Barnes-Jewish Hospital will be the best teaching hospital in the world, coupling unparalleled clinical expertise with a new standard in health care for compassion and service.

We want Barnes-Jewish Hospital to be the place where the best nurses and other healthcare workers want to be employed, where the best physicians want to practice, where the best healthcare professionals want to train, and where people want to receive their care.

Our Values
In pursuit of our mission, we:
• Put the well-being of our patients and their families above all else
• Value and respect the talented, committed and diverse people who make up our hospital as our most important strength
• Know that our research and teaching activities are essential to our ability to provide the best health care
• Are guided by the highest level of integrity in our daily work
• Take a leadership role in improving health within our community
• Support the missions of BJC HealthCare and Washington University School of Medicine
• Use our resources wisely so that we can meet the needs of today and tomorrow
• Commit to applying our mission and values in everything we say and do

ST. LOUIS CHILDREN’S HOSPITAL

Our Mission
St. Louis Children’s Hospital will do what is right for children.

Our 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 flagships 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.

Our Values
St. Louis Children’s Hospital puts our children’s health first by:
• Providing quality health care for children and 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
WASHINGTON UNIVERSITY PHYSICIANS

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

Our Clinical Vision
Washington University Physicians will be recognized as a world leader in innovative, highest 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.

Our Core 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 the 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.