


Name of Policy: iCare Standards Policy Number: 3364-100-35-06 Approving Officer: Chief Executive Officer Responsible Agent: Director, Customer Services Scope: University of Toledo Medical center		 Effective date: 2/24/2025 Original effective date: 7/14/2009	
Key words: iCare Standards, Patient Experience, Assistance, Patient Centered Care, Excellence			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	X	Reaffirmation of existing policy

(A) Policy statement

The practice of medicine is a true call to service. Patient-centered care reflects the noble tradition of commitment to individual patients, the patient’s caregivers, and the community. The University of Toledo healthcare provider’s and staff’s covenant is a promise to fully demonstrate to patients in their time of need to “be there” to provide relief whenever possible and to always offer comfort and compassion.

Meeting the patients’ basic requirements is expected; going beyond what is expected makes the patients’ experience memorable, differentiates providers, and builds patient loyalty. This means that any patient or guest that needs assistance, any noticeable area that needs cleaned or made more comfortable, any issue that needs to be addressed with regard to a patient will either be done personally on the spot or directed immediately to the appropriate person for handling. Patient centeredness is everyone’s job!

The patient is the center of our clinical work and, consequently, the center of our learning and research. Patient-centered care requires a relationship in which patients feel that their concerns have been acknowledged and that the university healthcare providers and staff understand the patient’s needs from that patient’s own unique perspective. Patients and healthcare providers must work together to find common ground regarding management – reaching a mutual understanding of their problems, goals of treatment communicating effectively and clearly defining the respective roles of patient and practitioner.

(B) Purpose of policy

It is the policy of the university that patients, patients’ caregivers, families and guests are treated with extreme patient-centeredness care. “*icare*” stands for: a distinctive pattern of caring in which each and every healthcare provider, including every physician and every staff member, commits to communicate clearly, augment access, revere, respect, and embrace excellence. The *iCare* standards of care include but are not limited to multiple aspects of communication, remarkable access, demonstrable respect and the joining of excellence as follows:

- (1) **Engaged communication** - university healthcare providers and staff will provide the clearest, most courteous and respectful communication possible with patients and patient's caregivers by being sensitive to anxieties, disabilities, and language needs, as well as, providing absolute clarity and confidentiality in communicating with fellow healthcare providers. University healthcare providers and staff must commit to the following:
- a) Explain things in a way the patient and patient's caregivers can understand. Verify that the patient and patient's caregivers are fully informed and clearly understand their condition, treatment options, the plan of care, understand new medicines, tests, procedures, and possible side effects.
 - b) Provide patients and patient's caregivers with written materials and other supplemental communications as appropriate and available. For example: foreign language and sign language interpreters, visual communication tools, video, etc.
 - c) Ensure that patients and patient's caregivers are educated and clearly understand their roles and responsibilities in patient's care including reminders and alerts for routine preventative care in layman's terms.
 - d) The patient's caregivers should be included and considered in the communication process as much as possible.
 - e) Use effective listening and questioning skills to gather essential and accurate information.
 - f) Encourage questions and demonstrate a willingness to answer.
 - g) Be cognizant of the environment in which the information is communicated and aware of non-verbal communication, both given and received.
 - h) Allow patients the ability to be involved in decision making regarding their healthcare as appropriate.
 - i) Healthcare providers and staff must identify themselves when entering a patient's room.
 - j) Healthcare providers should inform patients when they anticipate being back to check on them and conduct a bedside report at shift change.

Healthcare providers and staff must do the following with peers:

- a) Communicate effectively and efficiently with other healthcare providers and staff.
- b) When discussing patients, be cognizant that patient will likely be listening; continue to demonstrate patient courtesy and respect.
- c) Understand and comply with all patient health care information sharing and confidentiality obligations.

- (2) **Best physical comfort and pain management** – Healthcare providers and staff must assure that the patient is as physically comfortable as possible. Healthcare providers and staff must do the following:
- a) Be responsive and always try to help make patients comfortable during their entire stay. Respond to call lights in a timely manner.
 - b) Support noise reduction initiatives, such as, careful use of ice machines, limit social chatter, use of headsets for communication, quietly closing doors.
 - c) Accurately and completely inform patients of what pain levels to expect.
 - d) Respond to patient's complaints of pain; do not doubt patient's feelings.
 - e) Discuss and offer alternatives to pain medication as appropriate.
 - f) Address any cultural issues associated with pain, encourage questions, address concerns including addiction.

- g) Check on patients at least every two hours or more frequently depending on patient needs and acuity level. Ask if there's anything else you can do before you leave.
 - h) Refer patient to pain management or palliative care as needed.
- (3) **Continuity of service/discharge criteria** - Healthcare providers and staff must focus on all aspects of transition of care into and out from the hospital, through the ambulatory care system, and when discharged home. Healthcare providers must do the following:
- a) Discharge instructions should include: activity level, diet, medication purpose, possible side effects, follow-up appointments, and weight monitoring. Have patient and patient's caregiver repeat back information clearly before leaving. Ensure patients and patient's caregivers fully comprehend the information, know what to expect, and have a clear picture of what to do next.
 - b) Ensure that patient and patient's caregiver clearly understands and can repeat back information regarding dangerous symptoms and problems to look out for upon discharge and understand what to do in the event of a dangerous symptom. Provide written information whenever possible.
 - c) Anticipate home care needs, make early referral to social services, report to receiving agencies, and participate in call-backs post-discharge.
 - d) Verify patients have the help they need when discharged, verify patient's caregiver is actually able to manage the care needed, ensure the patient has appropriate transportation and can get prescriptions filled.
 - e) Set up patient's next appointment if possible or give phone number for patient to call.
- (4) **Prompt access to care** - Healthcare providers and staff must always and everywhere provide: convenient ease of access for patient's scheduling of an appointment or test, taking into consideration the patient's schedule; timely responses to inquiries and requests from patients and the patient's caregiver; apologies and explanations for delays in care or appointments as soon as possible; and effective and efficient use of physician's and patient's time. Healthcare providers and staff must, whenever possible, eliminate the patient's waiting for care or diagnostic information. Specifically, healthcare providers and staff must:
- a) Answer phones quickly and acknowledge people right away.
 - b) Avoid placing calls on hold for long periods of time.
 - c) Ensure transfers do not get dropped or lost.
 - d) Be accurate and organized.
 - e) Provide solutions and offer options.
 - f) Decrease appointment wait times, both from a scheduling perspective and when patients arrive.
 - g) Minimize disruption to the patient at all times.
 - h) Always offer follow-up care and deliver that promise.
- (5) **Coordinated care** – Healthcare providers and staff need to consider all sources of the patient's care, not just the healthcare provided at UTMC. Healthcare providers and staff must be knowledgeable regarding the availability and quality of specialty services and community resources. Healthcare providers and staff must:
- a) Promptly distribute specialist consultation reports to primary care physicians and patients and effectuate communication among other non-UTMC patient healthcare providers.

- b) Support patients as they move through different care settings. For example, use hand-off communication tools, bedside report every shift and team rounds as appropriate. Employ effective health records optimally.
 - c) Ensure the patient and patient's caregivers understand who is in charge of their primary care, where to contact them and under what circumstances.
- (6) **Appropriate emotional support** - Healthcare providers and staff are to provide patients and patient's caregivers with empathetic emotional support and be considerate of their feelings. Healthcare providers and staff must:
- a) Develop a therapeutic and ethically sound relationship of trust with patient and patient's caregivers by doing what you say you are going to do.
 - b) Take time to discuss concerns with an emotional patient, do not leave an upset patient.
 - c) Remember the power of non-verbal communication; actions and tone can convey concern or disinterest.
 - d) Suggest pastoral care if appropriate. Acknowledge religious and cultural practices.
- (7) **Distinctive excellence** - The attitudes and behaviors that recognize that we are all on the journey of excellence. This approach needs to permeate all of the interactions with patients, families, and colleagues. Healthcare providers and staff should do the following:
- a) Demonstrate respect, compassion, integrity, competence, confidence, knowledge, skill, and responsiveness to the needs of patients and society, and a commitment to excellence that supersedes self-interest.
 - b) Demonstrate a commitment to compliant and ethical principles pertaining to the provision or the withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
 - c) Demonstrate sensitivity and responsiveness to patients' culture, age, gender, modesty, and disabilities.
 - d) Strive to increase the overall quality of care provided and experience by seeking out and suggesting process improvements that support the iCare initiative.
 - e) Be proactive by asking if there are any additional patient needs and seek out problems in order to resolve them prior to escalation. Anticipate patient's needs and potential complications.
 - f) Advocate for quality patient care and direct patients in dealing with system complexities.
- (8) **Strategic initiatives** - Supervisors/unit managers need to understand the full impact of the iCare initiatives within their departments, identify opportunities for improvement, and manage appropriately to effectuate the iCare standards. Supervisors/unit managers must also utilize patient surveys to supplement the iCare strategic initiatives. This will include understanding survey results, develop action plans as needed, track progress and evaluate impact.
- (9) Comply with standards of conduct policy and customer service values.

(C) Procedure

Signing an **iCare** attestation commitment upon new hire orientation and upholding the principles of this policy is required as is reporting apparent violations of this policy to the proper authority. Violations should be reported to your direct manager or if appropriate to the Chief Executive Officer, UTMC, the University of Toledo Medical Center Medical Director and/or the Vice President, Medical Affairs. Failure to adhere to this policy may result in disciplinary action up to and including dismissal.

(D) References

1. The University of Western Ontario.

<p>Approved by:</p> <p>/s/</p> <p>_____</p> <p>Daniel Barbee Chief Executive Officer</p> <p>2/24/2025</p> <p>_____</p> <p>Date</p> <p><i>Review/Revision Completed by: Tara Parker, Director, Customer Services</i></p>	<p>Policies Superseded by This Policy: 3364-10-11 iCare Standards</p> <p>Initial effective date: 7/14/2009</p> <p>Review/Revision Date: 7/14/2009 3/1/2014 3/1/2017 4/1/2020 5/1/2021 2/24/2025</p> <p>Next review date: 2/24/2028</p>
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iCare Standard of Excellence Attestation of Commitment

I, _____ (print name), have read and fully understand the *iCare* Standards Policy (UT 3364-100-35-06). I understand that I am bound by the provisions in this policy and will, to the best of my ability, provide patients, families, and colleagues with the highest standards in quality of care, respect, and exemplary patient-centered service.

I understand that extreme patient-centered care reflects the highest standards possible for communication, access, respect, and excellence that I would expect or provide to my own family. Further, I understand that any breach of this or other applicable policies and procedures may result in disciplinary action up to and including termination.

By signing below, I attest that iCare!

Signature

Date