



UAMS MEDICAL CENTER POLICIES & PROCEDURES

Number: PS.2.01

Policy Title: **Patient Rights and Responsibilities**

Source: Patient Family Centered Care/ Executive Administration Committee

Approved By: Executive Administration Committee

Date Approved:

Review/Revised Date: 6/09, 2/14, 7/14, 9/17, 1/18, 3/18, 4/18, 8/18, 10/21

Replaces Policy:

PURPOSE

To describe the rights and responsibilities of patients and their legal representatives at UAMS Medical Center.

POLICY

UAMS Medical Center is committed to providing quality medical care, to respecting the individuality and dignity of every patient, and to complying with state and federal law regarding the same. UAMS Medical Center's patients or the patients' legal representatives will have the rights and responsibilities described in the Patient Rights and Responsibilities document, attached hereto. Each patient or legal representative, when appropriate, will be informed of the Patient Rights and Responsibilities in a language or manner that the patient or the patient's representative can understand. Whenever possible, this notice will be provided before providing or stopping care.

PROCEDURES

- I. The Patient Rights and Responsibilities document is available at admission to inpatient and outpatient facilities, including the Emergency Department.
- II. Patient Rights and Responsibilities will be prominently posted throughout UAMS facilities. The notice will also be posted on the UAMS Website.
- III. English and Spanish versions will be available. Other interpretive accommodations may be obtained by referring to the UAMS Medical Center Availability and Use of Spoken Language Interpreters Policy.
- IV. Any concerns about patient rights should be promptly addressed in accordance with UAMS Medical Center Patient Complaints and Grievances Policy. Staff, faculty,

Number: PS.2.01

Policy Title: **Patient Rights and Responsibilities**

patients, and family may consult the Clinical Ethics Consultation Service, 24/7 every day of the year, through the operator or Epic.

REFERENCES

42 C.F.R. § 482.13

The Joint Commission Standards, Rights and Responsibilities of the Individual.

UAMS Medical Center Patient Complaint and Grievance Policy PS.2.03

UAMS Medical Center Availability and Use of Spoken Language Interpreters PS.2.07

UAMS Medical Center Patient, Family and Guest Presence Policy PS.2.04.

UAMS PATIENT RIGHTS AND RESPONSIBILITIES

UAMS Medical Center is committed to providing quality medical care to every patient. It is our policy to respect your individuality and dignity. We support your right to know about your medical condition and your right to participate in the decisions that affect your well-being. When you are treated as a patient at UAMS Medical Center, you or your representative have the following rights and responsibilities:

Patient Rights:

- To be treated with dignity and receive considerate care that is respectful of your personal beliefs and cultural and spiritual values to the extent possible. UAMS will attempt to accommodate requests for providers on the basis of personal/religious modesty based on staff availability. UAMS will not support unfair discrimination against providers on the basis of race, color, national origin, religion, sex, gender identity or gender expression.
- To have a family member or other person of your choosing to be notified promptly upon your admission to UAMS Medical Center.
- To know the name of the physician who has primary responsibility for coordinating your care and the names of other health care providers who will be caring for you.
- To be informed of your health status, diagnosis, and treatment options, including risks, benefits and alternatives, and prospects for recovery and outcomes of care in terms you understand.
- To make decisions regarding your medical care, including the right to refuse treatment and participate in the development and implementation of your plan of care;
- To appropriate assessment and management of your symptoms, including pain.
- To impartial medical care, regardless of race, color, national origin, religion, cultural beliefs, sex, gender identity, gender expression, sexual orientation, disability or financial status.
- To leave UAMS against the advice of your health care providers, to the extent permitted by law.
- To be advised if your health care providers propose to engage in or perform research affecting your care or treatment, including the right to refuse to participate in such research proposals, and any such refusal will not jeopardize your access to treatment or services.
- To receive care in a safe setting, free from all forms of abuse or harassment.
- To be free from restraints and seclusion of any form that are used for the purpose of coercion, discipline, convenience, or retaliation by staff.
- To have your personal privacy respected. You have the right to restrict non-UAMS visitors and to have non-healthcare provider visitors leave prior to an examination and when treatment issues are being discussed.
- To confidential treatment of all communications and records pertaining to your care and stay in the hospital to the extent required by law. You will receive a separate Notice of Privacy Practices that explains your privacy rights in detail.
- To access your medical records within a reasonable time frame and have them explained unless restricted by law;

Number: PS.2.01

Policy Title: **Patient Rights and Responsibilities**

- To be informed of continuing health care requirements following discharge from the hospital and to be involved in the development and implementation of your discharge plan.
- To have your family and other guests present while receiving care at UAMS, and you have the right to define who your family is. UAMS will attempt to accommodate your preferences for family and guest presence. UAMS may restrict visitation privileges to help ensure the health and safety of patients, employees, and visitors. Visitation privileges may be restricted or terminated in circumstances that include, but are not limited to: inappropriate, abusive or threatening behavior, violation of UAMS policies such as smoking, drug, alcohol or weapon policies, interference with the care of patients, infection control, court orders limiting or restricting contact, excessive numbers of visitors, during performance of a procedure, or the patient's need for rest or privacy. Your health care team will exercise its best judgment in determining the appropriateness of visitation restrictions. Certain units may have additional unit-specific visitation restrictions. UAMS will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, gender expression, sexual orientation, or disability.
- To obtain an explanation of the bills related to your health care services.
- To access state and community protective services.
- To include or exclude any or all family members or support persons from participating in your care decisions.
- To have any restrictions on communications discussed with you.
- To formulate an advance directive and have it followed as allowed by law.
- To Pastoral Care support (pager **501-688-2060**) and the Clinical Ethics Consultation Service (pager **501-405-8134**) at your request.
- To express any concerns or grievances you have with UAMS orally or in writing by contacting any member of your health care team or by contacting the Department of Patient Relations at **501-296-1039**, 24/7 including weekends & holidays, and to be informed of the outcome or response to your concerns or grievance within a reasonable time and without affecting the quality of your care.

Patient Responsibilities:

- To be respectful and considerate of members of your health care team and to refrain from discrimination, threats, verbal abuse, harassment, or aggressive behavior directed at members of the health care team.
- To follow UAMS Medical Center rules, regulations and policies affecting patient care and conduct.
- To respect the rights and property of other patients and UAMS Medical Center employees. Just as you want privacy, a quiet atmosphere and courteous treatment, so do other patients. You have the responsibility to comply with UAMS policies prohibiting smoking, the use of illegal substances or alcohol, and the presence of weapons.

Number: PS.2.01

Policy Title: **Patient Rights and Responsibilities**

- To provide, to the best of your knowledge, accurate and complete information about your present illness and past medical history, including medications, to your physicians and other members of your health care team.
- To ask questions when you do not understand information or instructions.
- To participate as best you can in making decisions about your medical treatment and carry out the plan of care agreed upon by you and your health care team.
- To cooperate with members of the health care team who provide care for you.
- To be reasonable in requests for medical treatment and other services.
- To pay bills promptly to ensure that your financial obligations for your health care are fulfilled and to request financial assistance if needed.
- To understand how to continue your care after you leave UAMS Medical Center, including when and where to get further treatment if needed, and to cooperate with members of the health care team who are assisting you with any follow up care needs.
- To accept responsibility for your own decision and actions if you choose to refuse treatment or not to comply with instructions given by your health care providers.
- To provide UAMS with a copy of your advance directive if you have one.

To express any concerns about the service you are receiving, you may speak to any staff member or call **501-296-1039** to speak to a Patient Relations Coordinator or 0 to speak with the administrator on call. If you wish to submit a written grievance, you may address it to:

Department of Patient Relations
4301 W. Markham, #728
Little Rock, AR 72205

We are committed to addressing your concerns in a timely manner.

You may also contact the following outside agencies about your concerns regardless of whether you have first used UAMS' grievance process:

Arkansas Department of Health
5800 West 10th – Suite 400
Little Rock, AR 72204-1704
Phone: 501-661-2201
Toll Free: 1-800-223-0340
Online: www.healthyarkansas.com

KEPRO
5700 Lombardo Center Drive, Suite 100
Seven Hills, OH 44131
Toll Free: 1-844-430-9504

Office of Quality Monitoring:
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Phone: 630-792-5642
Toll Free: 1-800-994-6610
Fax: 630-792-5636
Email: complaint@jointcommission.org
Online: www.jointcommission.org



UAMS MEDICAL CENTER POLICIES & PROCEDURES

Number: A.1.18

Policy Title: **Same Day Cancellation and Missed Appointment Policy**

Source: Access Governance

Approved By: Executive Administrative Committee

Date Approved: 2/23/2018

Review/Revised Date: 2/18, 1/20, 06/21, 9/21

Replaces Policy:

PURPOSE

This policy defines same-day cancellations and missed appointments and articulates the responsibilities of UAMS in system documentation and patient follow up. The adherence to this policy improves patient access, patient satisfaction, and provider utilization.

POLICY

When a patient cancels their appointment less than 24 hours before the appointment or completely misses their appointment, clinic flow is disrupted, and the patient's health may be put at risk. The Same Day Cancellation and Missed Appointment Policy increases transparency and accountability for patients and provides clear procedures for the health system to mitigate risks to the clinic throughput.

Patients are expected to provide scheduling staff as much advance notice as possible when cancelling their appointment. Patients failing to provide at least a 24-hour notice of cancellation will be considered a same-day cancellation and should be noted Same Day Cancel in Epic. When a patient does not present for their scheduled appointment, this is considered a missed appointment (no show). If a patient misses three appointments within a year to the same clinic (designated by Epic Department/Center or Service Line Division as appropriate), the patient may be dismissed from the clinic at the provider's discretion and should receive a flag on their account for future scheduling.

The following actions will be taken for patients' missed appointments:

- a. First Missed Appointment – Letter sent to patient explaining the Missed Appointment Policy. Patient account is flagged.
- b. Second Missed Appointment – Letter sent to patient detailing the consequences of missing a third appointment. Patient account is flagged.

Number: A.1.18

Policy Title: **Same Day Cancellation and Missed Appointment Policy**

- c. Third Missed Appointment – At the provider’s discretion, patient is sent a written notice, advising them of termination from the provider’s clinic in accordance with the Dismissal of Patient from Care policy, MS.1.11. If the patient has seen multiple providers within the same Epic department, the final scheduled provider will receive the third missed appointment notice to determine potential discharge.

DEFINITIONS

Missed Appointment – Patient does not arrive for their scheduled appointment (no show)

Same Day Patient Cancellation – Patient contacts clinic/ABC/IDHI to cancel less than 24 hours before their scheduled appointment.

PROCEDURES

1. It is the responsibility of the Clinical Services Manager or Access Supervisor/Practice Manager to:
 - a. Ensure the Same Day Cancellation and Missed Appointment Policy is followed
 - b. Collaborate with providers to determine clinical urgency of patients when rescheduling
 - c. Ensure providers receive notification at the third (and any subsequent) missed appointments
 - d. Collaborate with providers to determine if/when patients should be dismissed
2. It is the responsibility of all schedulers to:
 - a. Inform patients of the Same Day Cancellation and Missed Appointment Policy at the time of scheduling (per outlined script)
3. It is the responsibility of the Service Line Access staff to:
 - a. Document the appropriate status in Epic (no show)
 - b. Work to reschedule patients who did not present for their appointment
 - c. Manage the Wait List to fill cancelled appointments
 - d. Notify referring providers when patient did not present for their appointment and were unable to be rescheduled
 - e. Review Epic-driven follow-up report to identify patients with three or more missed appointments for an Epic Department (utilize the following patient statuses to run report: No Show, Cancelled, and Scheduled)
 - f. Notify providers via InBasket message of a patient’s third or subsequent (if not previously dismissed) missed appointment
 - g. Upon receipt of dismissal approval, follow outlined processes to dismiss the patient in Epic
4. It is the responsibility of the Provider to:

Number: A.1.18

Policy Title: **Same Day Cancellation and Missed Appointment Policy**

- a. Review Inbasket requests asking if a patient should be dismissed based on three or more (if not previously dismissed) missed appointments.
 - b. Communicate provider requests to move forward with patient dismissal to Service Line Directors for final approval/rejection.
5. It is the responsibility of the Service Line Director to:
- a. Review any request for patient dismissal based on missed appointments for final approval/rejection and provide response to the initial provider request/recommendation.
 - b. Communicate requests for patient dismissal based on three or more missed appointments that have been approved both by the provider and the Service Line director back to the appointment center for system flagging.
6. It is the responsibility of the Access Governance designee to:
- a. Communicate messaging needs to confirmation call vendor to ensure incorporation of missed appointment language including potential dismissal
 - b. Collaborate with UAMS IT to ensure automated letters are sent to patients after the first and second missed appointment regarding the consequences of a third missed appointment. Ensure a process is in place to delay sending the third missed appointment letter to determine if a dismissal notification or the standard missed appointment letter should be sent to patients (pending provider InBasket response).
 - c. Ensure patients receive consistent communication at all points, to include:
 - i. Reminder letters
 - ii. Automated reminder calls/texts
 - iii. MyChart prompts
 - iv. In-clinic signage
 - v. Scripts for scheduling and check-in access staff
 - d. Ensure appropriate management staff members are trained to input any approved patient dismissal request stemming from this missed appointment policy

LEADING PRACTICE AND UAMS GOALS:

- Missed Appointment (No Show) Rate \leq 5%
- Impactable Cancellation Rate \leq 10-15%

REFERENCES

MS.1.11 Dismissal of Patient from Care

SEVERE WEATHER

(Tornado, High Winds, Ice/Snow)

FACILITY ALERT SEVERE WEATHER is designed to protect patients, visitors, students and staff in the event of a tornado, high winds or severe weather in the immediate area that may impact the University of Arkansas for Medical Sciences (UAMS). The actions of employees are directed in an effort to minimize injuries and loss of life.

Activation Levels:

- *Watch*- Provost, VC Institute Support Services and the Director of Emergency Preparedness for potential severe weather to impact UAMS.
- *Warning*- Full implementation of severe weather procedures.

Implementation: TORNADO, HIGH WIND (60 mph or greater)

Upon notification of severe weather warning RAVE and Alertus alerts will be activated, and an announcement will be made over the UAMS public address system, initially three times and every five (5) minutes thereafter until determined by the Incident Commander, Administrator on Call, Executive Director of Emergency Management or the ADON if the situation is safety to return to normal operating activities.

***FACILITY ALERT- “SEVERE WEATHER WILL IMPACT UAMS-SEEK SHELTER
IMMEDIATELY, MOVE AWAY FROM WINDOWS AND GLASS”***

The Administrator on duty/call or the ADON receiving initial notification will serve as the Incident Commander until relieved.

Actions:

All Departments will follow, at a minimum, the procedures listed here. Some departments have additional requirements, which are listed in “Department-Specific Responsibilities” and must also be implemented.

At the discretion of the Incident Commander, UAMS may take preparatory actions including but not limited to:

- Closing blinds, drapes and curtains in patient care, visitor waiting, research, academic and administrative areas.
- Distributing blankets to patients unable to move from their rooms.
- Clearing lobbies, atriums, sleeping rooms and other areas where glass walls, windows or doors are present.
- Informing employees, students and visitors of shelter options.
- Limiting movement of everyone on campus except for moving to safety or arriving for duty.
- Considering holding staff and students if near shift change or end of class.

- Employees will assist able patients and visitors to shelter areas, which include designated shelter-in-place locations, interior rooms, hallways, stairwells, restrooms and other areas indoors that are protected from glass or objects that are fragile or not permanently attached to a building.
- Employees will assist students and non-ambulatory patients to interior hallway or rooms. For patients that cannot be moved from the room, they should be placed perpendicular to a window and provided extra blankets and pillows.
- Elevators will only be used if deemed safe, which will be announced on the overhead system.
- Closing all doors.
- UAMS landline phones will not be permitted for personal use to allow for emergency availability.
- Encourage people to stay away from glass walls, windows or doors and not leave building.
- Holding staff and students if near shift change or end of class.

Shelter-In-Place Locations (SIP)

- Central Building- Ground Floor
- I. Dodd Wilson Building- First Floor Auditorium
- ED II and Rahn Building- Basement Hallway
- PRI- PRI tunnel
- Hospital- Basement hallways and interior basement stairwells.

Other buildings may have identified SIP locations. Follow the directions of staff for additional SIP areas.

Discontinuation:

All Clear: The Incident Commander, after consulting current NWS data, will decide when conditions warrant discontinuing the facility alert altogether. Incident Command will dispatch employees to assess and report building damage and casualties. Visitors and students will be released when deemed safe.

Upon determination that the facility alert will be discontinued, and it has been determined to be safe to release visitors and students, Incident Command will instruct the Hospital Operator (686-0000) to make the following announcement via the overhead public address system:

“FACILITY ALERT-SEVERE WEATHER ALL CLEAR”

Recovery:

After Action Review: Following the conclusion of severe weather implementation, Standby or Full Activation, Incident Command will meet to assess the effectiveness of the alert response.

Improvement Plan: A working group (including, at a minimum, the Incident Commander, Director of Nursing, ADON, Trauma Program Director, Director of Occupational Health and Safety, Director of Emergency Preparedness and representatives from each Emergency Preparedness Subcommittee) will meet within one week of FACILITY ALERT SEVERE WEATHER cessation for an after-action meeting to propose plan improvements. The Emergency Preparedness Director or designee will document this meeting and incorporate proposed changes into future UAMS plans.

Implementation: SNOW or ICE STORM (Inclement Weather)

Actions:

When inclement weather policy is declared for UAMS the following guidelines should be observed.

- The current Inclement Weather Policy is available online as UAMS Medical Center Policy HR.2.03 Inclement Weather. <http://intranet.uams.edu/uh/Policy/Policy-PDF/Human%20Resources/HR203.pdf>
- Managers/Directors are responsible for determining who is essential in their department and for determining locations for their personnel who need to stay overnight. Patient rooms should not be utilized for staff overnight stays.
- Overflow areas will be designated and POC will be designated for each area. UAMS PD will add the overflow areas to their rounds schedule to provide employee safety.
- An inclement Weather Resource Center will be set up in the Family Resource room near the Lobby Café to allow facilitation of support needs for staff. You may call the Center at 526-4225 during hours of operation.
- The Resource Center will be staffed from 7:00 am until 7:00 pm and from 5:00 pm until 7:00 pm during Inclement Weather. They can provide the following:
 - Access to air mattresses (as long as supply lasts)
 - Access to Meal Tickets for those staying overnight (Staff and Students)
 - Access to Linens
- Fitness Center Locker Rooms on the 8th floor and the 2nd Floor restroom showers of COPH have been identified as area during inclement weather for personal hygiene. Swipe your UAMS ID badge to enter into the Fitness Center. You will need to bring your own towels. There is shampoo and soap in each shower.
- There are showers in rooms 4E7 and 7E7 that may also be used. These rooms are on the ramp between Ward and Central.
- Cots/mattresses may be returned to Emergency Management during normal business hours or to their Charge nurses or Directors.

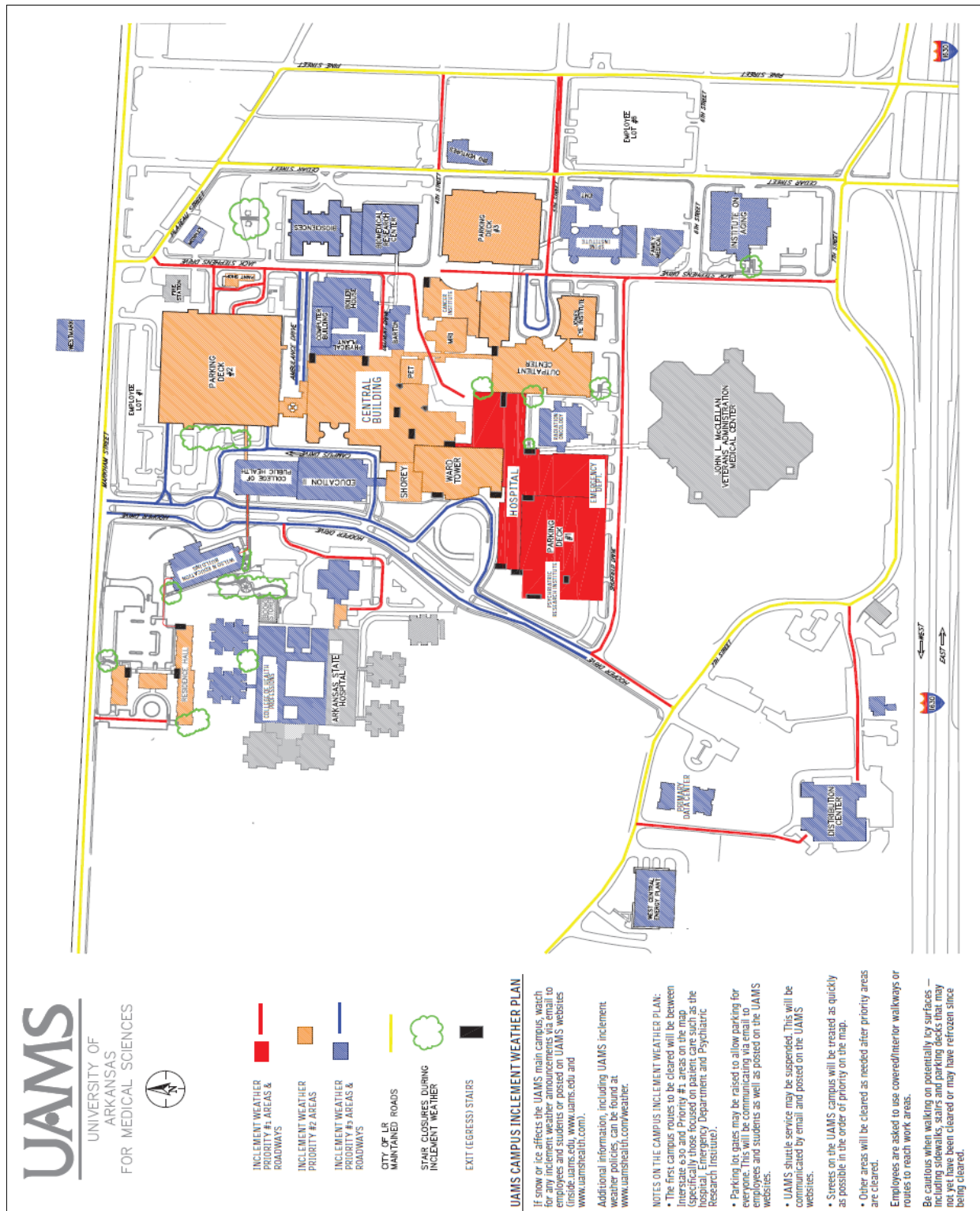
Academics and Classes

All academics and classes will follow the UAMS Inclement Weather Policy and follow instructions provided through UAMS Facebook, UAMS internet site, and local media.

See Annex A.

(Annex A to SEVERE WEATHER)

UAMS Inclement Weather Map



POLICY: The Medicaid OBHS Manual Section 210.00, mandates that outpatient providers must establish a site specific emergency response plan that complies with the DBHS Certification Rules for Providers of Outpatient Behavioral Health Services manual. To comply with this requirement, PRI has developed this policy to communicate our 24-hour emergency response capability to meet the emergency treatment needs of our outpatients.

PURPOSE: The Psychiatric Research Institute offers crisis services for patients who experience a crisis after regular business hours, including holidays and weekends. This handout provides you with the necessary information about who to call in case of crisis situations. Crisis services are available according to unique needs of patients and regardless of ability to pay.

PROCEDURE: For those who are in medical crisis or at imminent risk of harming themselves or others, immediately call 911 and request to go to your nearest emergency room for assistance. Adult and pediatric patients in need of *face-to-face* evaluation after business hours will be directed to the nearest emergency department where they will be seen by a physician and obtain psychiatric consultation as medically indicated. If seen at Arkansas Children's Hospital, UAMS provides Child/Adolescent psychiatry services for consultation 24 hours a day, 7 days a week. The on-call physician will respond within 15 minutes to the call and be available for face-to-face assessment within two hours as medically indicated.

The following numbers are available to clients and non-clients who are having thoughts of self-harm but not at imminent risk:

Arkansas Crisis Hotline 1-888-274-7472

National Suicide Prevention Lifeline 1-800-273-8255

Current PRI patients experiencing an urgent situation have access to crisis services 24 hours a day, 7 days a week. During regular business hours, clients should use the main clinic number below:

Walker Family Clinic: 501-526-8200

Women's Mental Health: 501-526-8201

Child Study Center: 501-364-5150

STRIVE: 501-771-8261

CAST: 501-526-8400

Northwest PRI 479-713-8350

Student Mental Health: 501-686-8408

AR Connect: 501-526-3563

Crisis Stabilization Unit: 501-340-6646

After regular business hours, including holidays and weekends. Patients are instructed to call to clinic line and press the option for after-hours emergencies for current patients.

PRI patients experiencing an urgent situation are able to access crisis intervention and emergency response services at locations within a 50 mile radius to PRI service sites in central or northwest Arkansas. See attached.

Requirements for documentation and clinical review

Any crisis situation that occurs after-hours will be reviewed by a medical director or clinical supervisor within 24 hours of each emergency intervention. Documentation of emergency responses or crisis calls will be handled in accordance with PRI Billing Policy for OP Clinics and UAMS' Patient Safety Events Policy.

Communication outside of sessions:

Occasionally a patient may need to speak to their doctor or therapist outside of their scheduled appointment. Providers of PRI are asked not to give out cell phone numbers to patients. Therefore, call the clinic and leaving a message for the provider to return your call. Using MyChart is an ideal method of non-emergency communication with your provider. While some providers may give out e-mail addresses or direct phone lines, please understand that these are not monitored



Psychiatric
Research Institute

PC 10
After Hours / In Crisis Policy
Patient Care

during the day, holidays or when a provider is on leave. The e-mail accounts and direct phone numbers can go hours or days without being answered. Please call the main clinic number and leave messages for anyone you need to contact you.

References: Medicaid Outpatient Behavioral Health Services Manual

https://medicaid.mmis.arkansas.gov/Download/provider/provdocs/Manuals/OBHS/OBHS_II.doc

Medical Facilities Within 50 Miles of Little Rock

Arkansas Children's
Hospital
1 Children's Way
Little Rock, AR 72202
501-364-1100

Arkansas Heart Hospital
1701 S Shackleford Road
Little Rock, AR 72211
501-219-7000

Arkansas State Hospital
305 S Palm Street
Little Rock, AR 72205
501-686-9000

Arkansas Surgical Hospital
5201 Northshore Drive
North Little Rock, AR
72118
501-748-8000

Arkansas VA Hospital
2200 Fort Roots Drive
North Little Rock, AR
72114
501-370-3820

Baptist Health – Little
Rock
9601 Baptist Health
Drive
Little Rock, AR 72205
501-202-2000

Baptist Health Medical
Center – Conway
1555 Exchange Avenue
Conway, AR 72032
501-585-2000

Baptist Health Medical
Center – North Little Rock
3333 Springhill Drive
North Little Rock, AR
72117
501-202-3000

CHI St. Vincent Infirmiry
2 Saint Vincent Circle
Little Rock, AR 72205
501-552-3000

CHI St. Vincent North
2215 Wildwood Avenue
Sherwood, AR 72120
501-552-7100

Conway Regional Medical
Center
2302 College Avenue
Conway, AR 72034
501-329-3831

Conway Regional Surgery
Center
2200 Ada Avenue, Ste 100
Conway, AR 72034
501-730-0754

John L. McClellan
Memorial Veterans Hospital
4200 W 7th Street
Little Rock, AR 72205
501-257-1000

Methodist Behavioral
Hospital
1601 Murphy Drive
Maumelle, AR 72113
501-803-3388

North Metro Medical
Center
1400 Braden Street
Jacksonville, AR 72076
501-985-7000

Pinnacle Point Hospital
11501 Financial Centre
Parkway
Little Rock, AR 72211
800-880-3322

Saline Memorial Hospital
1 Medical Park Drive
Benton, AR 72015
501-776-6000

University of Arkansas
for Medical Sciences
4301 W Markham Street
Little Rock, AR 72205
501-686-7000

Law Enforcement Locations Within 50 Miles of Little Rock

Alexander Police Department 15605 Alexander Road Alexander, AR 72002 501-455-1895	Arkansas Highway Police 10324 I-30 Little Rock, AR 72209 501-569-2421	Arkansas State Police 1 State Police Plaza Drive Little Rock, AR 72209 501-618-8000	Austin Police Department 3181 AR-367 Cabot, AR 72023 501-843-7856
Bauxite Police Department 6055 Stanley Circle Bauxite, AR 72011 501-557-5184	Benton Police Department 100 S East Street Benton, AR 72015 501-778-1171	Bryant Police Department 312 Roya Lane Bryant, AR 72022 501-847-0211	Cabot Police Department 101 N 2 nd Street Cabot, AR 72023 501-843-6526
Cammack Village Police Dept 2710 N McKinley Street, Little Rock, AR 72207 501-663-8267	Carlisle Police Department 120 W Main Street Carlisle, AR 72024 870-552-3637	Conway Police Department 1105 Prairie Street Conway, AR 72032 501-450-6120	England Police Department 110 NW 2 nd Street England, AR 72046 501-842-2311
Faulkner County Sheriff's Office 801 Locust Street Conway, AR 72032 501-450-4914	Greenbrier Police Department 11 Wilson Farm Road Greenbrier, AR 72058 501-679-3105	Jacksonville Police Department 1400 Marshall Road Jacksonville, AR 72076 501-982-3191	Little Rock Police Dept – Northwest Substation 10001 Kanis Road Little Rock, AR 72205 501-918-3500
Little Rock Police Department 700 W. Markham Street Little Rock, AR 72201 501-371-4605	Little Rock Police Department – 12 th Street Substation 3999 W 12 th Street Little Rock, AR 72204 501-918-5130	Little Rock Police Department Southwest Division 6401 Baseline Road, Suite B Little Rock, AR 72209 501-918-3900	Little Rock Police Department 300 E. Roosevelt Road Little Rock, AR 72206 501-374-9004
Lonoke County Sheriff's Office 440 Dee Dee Lane Lonoke, AR 72086 501-676-6494	Malvern Police Department 215 E. Highland Ave, Ste 113 Malvern, AR 72104 501-332-3636	Maumelle Police Department 2002 Murphy Drive Maumelle, AR 72113 501-851-1337	Mayflower Police Dept 6 Ashmore Street Mayflower, AR 72106 501-470-1000
North Little Rock Police Department 2525 Main Street North Little Rock, AR 72114 501-771-7108	North Little Rock Police Sub- Station 800 N Main Street North Little Rock, AR 7211 501-376-3407	North Little Rock Police – Patrol 200 W Pershing Blvd North Little Rock, AR 72114 501-771-7171	North Little Rock Police Levy Substation 4610 Camp Robinson Road NLR, AR 72118 501-791-2060
North Little Rock Police Sub- Station 622 E 19 th Street North Little Rock, AR 72114 501-758-9266	North Little Rock Police Department 400 N Palm Street North Little Rock, AR 72114 501-945-6938	North Little Rock Police Dept 2919 Lakewood Village Drive, A North Little Rock, AR 72116 501-812-2690	North Little Rock Police Sub-Station 4609 E Broadway Street NLR, AR 72117 501-945-8136
Pulaski County Sheriff's Office 2900 S Woodrow Street Little Rock, AR 72204 501-340-6600	Pulaski County Sheriff – Patrol Office SC/SE 10800 Arch Street Little Rock, AR 72206 501-888-8990	Pulaski County Sheriff's Department 3201 W Roosevelt Road Little Rock, AR 72204 501-340-6600	North Little Rock Police Sub-Station 10403 Mundo Road North Little Rock, AR 72118 501-803-4637
Pulaski County Sheriff Dept 4323 Roundtop Drive North Little Rock, AR 72117 501-945-1268	Redfield Police Department 509 Sheridan Road Redfield, AR 72132 501-397-5100	Saline County Sheriff's Office 735 South Neeley Street Benton, AR 72015 501-303-5609	Shannon Hills Police Dept 11610 County Line Road Alexander, AR 72002 501-455-3125
Sherwood Police Department 2201 E Kiehl Avenue Sherwood, AR 72120 501-835-1425	Sherwood Police Department 10000 Brockington Road Sherwood, AR 72120 501-8363-3922	State Capitol Police 501 Woodlane Street Little Rock, AR 72201 501-682-5173	UALR Police Dept (Public Safety) 2801 S. University Avenue Little Rock, AR 72204 501-569-3400
UAMS Police Department 800 Cottage Drive Little Rock, AR 72205 501-686-7777	US Marshall Services 600 W Capitol Avenue, #445 Little Rock, AR 72201 501-324-6256		

Medical Facilities -- Within 50 Miles of Fayetteville

Arkansas Children's Northwest 2601 Gene George Blvd Springdale, AR 72762 479-725-6800	Eureka Springs Hospital 24 Norris Street Eureka Springs, AR 72632 479-253-7400	Mercy Emergency Department – Bella Vista 1 Mercy Way Bella Vista, AR 72714 479-802-5577	Mercy Hospital Northwest Arkansas 2710 S Rife Medical Lane Rogers, AR 72758 479-338-8000
Mercy Hospital Northwest – Springdale 4600 Mercy Lane Springdale, AR 72762 479-347-3900	Northwest Health Physicians' Specialty Hospital 3873 N Parkview Drive Fayetteville, AR 72703 479-571-7070	Northwest Medical Center – Bentonville 3000 Medical Center Parkway Bentonville, AR 72712 479-553-1000	Northwest Medical Center – Springdale 609 W Maple Avenue Springdale, AR 72764 479-751-5711
Northwest Medical Center – Willow Creek Woman's Hospital 4301 Greathouse Springs Road Johnson, AR 72741 479-684-3000	Ozarks Community Hospital 1101 Jackson Street SW Gravette, AR 72736 479-787-5291	Regency Hospital – Springdale 609 W Maple Avenue, 6 th Floor Springdale, AR 72764 479-757-2600	Regency Hospital of NW Arkansas 1125 N College Avenue Fayetteville, AR 72703 479-527-0371
Siloam Springs Regional Hospital 603 N Progress Avenue Siloam springs, AR 72761 479-215-3000	Springwoods Behavioral Health Hospital 1955 W Truckers Drive Fayetteville, AR 72704 479-316-6307	Vantage Point Behavioral Health Hospital 4253 N Crossover Road Fayetteville, AR 72703 479-551-9840	Veterans Health Care System of the Ozarks 1100 N College Avenue Fayetteville, AR 72703 479-443-4301
Washington Regional Medical Center 3215 N Northhills Blvd Fayetteville, AR 72703 479-463-1000			

Law Enforcement Locations Within 50 Miles of Fayetteville

Bella Vista Police
Department
105 Towncenter
Bella Vista, AR 72714
479-855-3771

Benton County Sheriff's
Office
1300 SW 14th Street
Bentonville, AR 72712
479-271-1011

Bentonville Police
Department
908 SE 14th Street
Bentonville, AR 72712
479-271-3170

Carroll County Sheriff's
Office
1 Parkcliff Drive
Holiday Island, AR 72631
479-253-5030

Cave Springs Police
Department
134 N Main Street
Cave Springs, AR 72718
479-248-1414

Centerton Police
Department
220 Municipal Drive
Centerton, AR 72719
479-795-4431

Crawford County
Sheriff's Office
4235 Alma Highway
Van Buren, AR 72956
479-474-2261

Decatur Police Department
185 N Main Street
Decatur, AR 72722
479-752-3911

Elkins Police Department
1874 Stokenbury Road
Elkins, AR 72727
479-643-2600

Eureka Springs Police
Department
147 Passion Play Road
Eureka Springs, AR 72632
479-253-8666

Farmington Police
Department
354 W Main Street
Farmington, AR 72730
479-267-3411

Fayetteville Police
Department
100 W Rock Street
Fayetteville, AR 72701
479-587-3555

Fayetteville Police
Department Sub Station
4201 N Shiloh Drive
Fayetteville, AR 72703
479-587-3580

Gentry Police Department
628 E 3rd Street
Gentry, AR 72734
479-736-8400

Gravette Police
Department
606 1st Avenue SE
Gravette, AR 72736
479-787-6948

Greenland Police Department
#8 E. Ross Street
Greenland, AR 72701
479-521-5760

Huntsville Police
Department
208 E War Eagle Avenue
Huntsville, AR 72740
479-738-6556

Johnson Police Department
2904 Maine
Johnson, AR 72741
479-521-3192

Lincoln Police
Department
101 E Bean Street
Lincoln, AR 72744
479-824-3351

Lowell City Police
Department
214 N Lincoln Street
Lowell, AR 72745
479-659-8888

Madison County Sheriff's
Office
201 W Main St
Huntsville, AR 72740
479-738-2320

Mountainburg Police
Department
101 US-71
Mountainburg, AR 72946
479-369-2000

Pea Ridge Police
Department
187 Slack Street
Pea Ridge, AR 72751
479-451-8220

Prairie Grove Police
Department
955 E Douglas Street
Prairie Grove, AR 72753
479-846-3270

Rogers City Police
Department
1905 S Dixieland Road
Rogers, AR 72758
479-621-1172

Springdale Police
Department
201 Spring Street
Springdale, AR 72764
479-751-4542

University Police –
University of Arkansas
155 S. Razorback Road
Fayetteville, AR 72701
479-575-2222

Washington County Sheriff's
Office
1155 W Clydesdale Drive
Fayetteville, AR 72701
479-444-5700

West Fork Police
Department
262 W Main Street
West Fork, AR 72774
479-839-2300

Effective: 9/1/2000. Revised/Review: 9/2018. 02/2022

GUIDELINE: A safety and security measure will be in place as a means of providing additional security to Clinic staff as well as patients and visitors who may be present during a threatening situation.

PROCEDURE: Processes will be in place in all clinics to respond to a threatening situation that requires staff support and/or a police response. When appropriate, a flag can be placed on a patient chart in the UAMS electronic medical record.

PRI Reception areas:

Panic buttons have been installed in the reception areas of PRI, on floors 1, 2 and 4. When pushed, an urgent request for assistance goes to the UAMS Police Department.

PRI Outpatient Offices:

Panic software has been installed on computers in clinician offices on PRI floors 2 and 4. In the event of a threatening situation, a staff member will press two keyboard keys simultaneously. An urgent request for assistance is sent to the UAMS Police Department. This software must be tested monthly. Testing compliance is monitored by the UAMS Surveillance Department.

Crisis Stabilization Unit:

In case of an emergency, when capable, CSU staff call 911 either via the desk phone or cell phones.

Panic buttons are installed in individual offices and at the front desk. The back office buttons call central party and that party calls the front desk to alert them that help is needed in "office x." The panic button at the front desk calls 911 directly and dispatches and officer to the unit.

PRI Northwest offices will have panic alarms that ring to Fayetteville police.

PRI Child Study Center has policies in place for a clinical emergency. CSC leadership team has a plan to discuss with ACH on the installation of panic software.



UAMS MEDICAL CENTER POLICIES & PROCEDURES

Number: PS.2.03

Policy Title: **Patient Complaints and Grievances**

Source: Grievance Committee

Approved By: University of Arkansas Board of Trustees

Approved: January 10, 2002

Review/Revised Date: 1/02, 7/02, 4/03, 5/04, 5/05, 5/06, 11/06, 10/08, 5/09, 12/09, 9/13, 2/14, 9/14, 5/17, 1/20, 7/20, 11/23

Replaces Policy:

PURPOSE

To establish a process to respond, review and resolve patient and family complaints and grievances as required by the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC), while also improving quality of service to our patients and families.

GRIEVANCE COMMITTEE

The University of Arkansas Board of Trustees has delegated to the UAMS Grievance Committee and its designees the following responsibilities:

- The effective operation of the grievance process;
- Reviewing and resolving grievances in a timely manner; and
- Taking necessary actions to achieve this purpose.

POLICY

In accordance with UAMS Health Patient Rights and Responsibilities Policy and in compliance with Medicare Conditions of Participation, all patients and/or representatives have the right to file a complaint or grievance. UAMS Health will inform patients and/or representatives of this right and how to report a complaint/grievance.

- I. UAMS Health shall provide and adhere to a procedure for receiving, reviewing, resolving, and responding to patient complaints and/or grievances in a timely manner.
- II. The Grievance Committee includes a multi-disciplinary team of qualified stakeholders who oversee the review and resolution of grievances and provide guidance for resolution to select patient grievances as appropriate in a manner that complies with the Medicare Conditions of Participation requirements. Notice of the hospital's determination shall be provided to the patient or representative in a timely manner. [See Grievance Committee Charter]
- III. All inpatients and/or patient representatives shall be informed of their right to file a

Number: PS.2.03

Policy Title: **Patient Complaints and Grievances**

complaint or grievance with the Arkansas Department of Health, the Quality Improvement Organization or The Joint Commission (TJC) independent or in conjunction with the UAMS Health complaint/grievance process.

- IV. Any grievance involving immediate danger to patients shall be resolved, as quickly as possible and necessary actions shall be taken to ensure patient safety.
- V. Anyone may voice a concern about a patient's care or treatment, including the patient, a family member, legal representative or other interested party. However, UAMS will honor patient privacy and abide by HIPAA requirements when receiving and addressing complaints. Inquiries will be made with permission from the patient or the patient's legal representative. Consent may be verbal but should be documented in the complaint database or the patient's medical record.
- VI. Filing a complaint or grievance shall not limit or provide an unreasonable interruption to a patient's access to care and shall not result in discrimination or reprisal.
- VII. Complaints and grievances shall be tracked and trended using a centralized database, RL Datix: Feedback. The Grievance Committee is a subcommittee of the Quality, Experience, and Safety Team (QUEST) and data collected will be incorporated into the hospital's Quality Assurance/Performance Improvement Program and reported to QUEST on an annual basis. Trended data will be forwarded to department leadership as appropriate for review and process improvement activities as necessary.

SCOPE

This policy applies to UAMS Health. This policy does not apply to the College of Medicine and clinical research areas.

DEFINITIONS

- I. **Complaint**
A verbal or written expression of dissatisfaction regarding care or services provided that can be resolved in a timely manner by staff present.
 - a. Examples of a complaint include but are not limited to requests for linen changes, dissatisfaction with food, appointment changes/access, prescription refills, physician call backs, staff attitude etc.
- II. **Grievance**
A written or verbal complaint by a patient or patient's representative regarding the patient's care, abuse or neglect, hospital compliance with the Medicare Conditions of Participation or a Medicare beneficiary billing complaint related to rights and limitations provided under 42 CFR § 489.
 - a. Grievances may be filed during or after care, treatment or services provided.
 - b. When uncertain, a complaint will be treated as a grievance.
 - c. Requests to treat a complaint as a grievance will be considered a grievance.
 - d. For the purposes of this policy, the following are considered grievances:
 - i. All written complaints pertaining to UAMS Health inpatient and

ambulatory services including complaints regarding the following:

1. Abuse or neglect
 2. Quality of care
 3. Patient rights
 4. Confidentiality of or access to medical records
 5. Civil rights violations or issues relating to disability.
- ii. Written complaints include faxed or e-mailed complaints and complaints attached to patient satisfaction surveys that request a resolution.
- e. For the purposes of this policy, the following are NOT considered grievances:
 - i. Written or verbal complaints, concerns, or questions regarding billing are not considered grievances except for Medicare beneficiary billing complaints related to rights and limitations provided by 42 CFR § 489 and are reviewed and responded to directly by billing department leadership or designee.
 - ii. Written or verbal requests to obtain or amend medical records are reviewed and responded to by Health Information Management department staff.
 - iii. Letters attached to patient satisfaction surveys are not considered a grievance unless the patient requests a response or provides identification.

III. Staff Present

Includes any hospital staff present at the time the complaint is communicated or who can quickly be at the patient's location (i.e., unit supervisors, unit directors, hospital administration, patient advocates, etc.) to resolve the complaint.

IV. Resolved

Complaints and grievances are considered resolved when the patient is satisfied with the actions taken on his or her behalf.

V. Closed

Complaints and grievances are considered closed when the hospital has taken appropriate and reasonable action on behalf of the patient to resolve the complaint, even if the patient or the patient's representative remains unsatisfied with the hospital's actions.

PROCEDURES

All patients shall be informed of their right to file a complaint or grievance through the Patient Rights and Responsibilities information found online at the UAMS Patients' Rights and Responsibilities Website, as well as visible signage located throughout inpatient/outpatient areas and Emergency Department. Patients are also provided information on how to file a complaint or grievance with the hospital, the Arkansas Department of Health, Medicare Quality Improvement Organization, or The Joint Commission.

I. Report the Complaint/Grievance

- a. Verbal complaints received at the time of service should be addressed and resolved as soon as possible by the employee to whom the complaint is

directed, the unit supervisor, unit director, or Administrator on Call.

- i. If patient or legal representative remains dissatisfied or requests to file a formal complaint or grievance, contact the Patient Relations Department.
 - ii. Patient Relations' staff will communicate directly with the patient or representative in person, via phone or email.
 - iii. If attempts by the Patient Relations Coordinator to resolve the complaint at the bedside are unsuccessful, the complaint will be considered a grievance and the coordinator will enter the grievance into RL Datix Feedback.
- b. Any complaint concerning alleged abuse or neglect of a patient will be addressed immediately to protect patient safety and will be considered a grievance.
- i. Notify the unit supervisor, clinical leadership, the attending physician, the Department of Patient Safety and Relations, Clinical Risk, and the UAMS Police Department, as appropriate.

II. Patient Relations' Staff Conduct Grievance Investigation

- a. The Patient Relations Coordinator will enter the reported grievance into RL Datix Feedback and will document steps taken to investigate the grievance.
- b. The Patient Relations Coordinator reviews, consults appropriate staff, and assures timely resolution of grievances.
 - i. The staff and management resources available to aid with resolution include but are not limited to hospital administration, nursing, medical staff, pastoral care, ethics, care coordination, HIPAA Privacy Officer, clinical team members, and campus operations.
- c. The Patient Relations Department will provide the patient a written acknowledgement of receipt of the grievance (email or mail) within seven (7) business days.
 - i. Date of receipt is considered day one (1), next business day if weekend or holiday.
 - ii. If unable to complete the investigation within seven (7) business days of receipt, the complainant will be informed in writing of the status of the investigation and expected time frame to completion.
- d. The Patient Relations Department requests a written or verbal response from reviewers (clinical leadership and/or department leaders) within five (5) business days of request.
 - i. Collaborates with appropriate departments to obtain a thorough review.
 1. Grievances that involve regulatory issues will be routed to the Accreditation and Regulatory Compliance department.
 2. Grievances involving quality of care issues may be routed to the appropriate medical staff member and/or unit/area leadership.
 3. Grievances concerning patient privacy or confidentiality will be routed to the HIPAA Office.
 4. Grievances that involve an allegation of abuse or place a patient or the organization in danger require immediate

- notification of hospital administration, clinical risk, the unit director, and the UAMS Police Department.
5. Complaints/grievances received by the billing department, which also include quality of care or premature discharge, will be routed to the Department of Patient Safety and Relations and/or Care Management.
 6. Complaints/grievances concerning access to clinical records will be routed to Health Information Management.
 - ii. The Patient Relations Department provides a written reminder to reviewers if review is not received within five (5) business days.
- e. Patient Relations reviews the responses with Clinical Risk Management leadership to determine resolution or need for further review by Grievance Committee.
 - i. When deemed appropriate, the grievance and reviews are presented to the Grievance Committee for resolution recommendations.
- III. Patient Relations Provides Written Response to All Patient Grievances
- a. A written response to patient (email or mail) will be completed within thirty (30) business days from date of receipt of grievance.
 - i. Written response will include:
 1. Name of hospital contact person.
 2. Steps taken to investigate the grievance.
 3. Result of the grievance process.
 4. Date of completion.
 - ii. CMS Interpretive guidelines do not require an exhaustive explanation of every action taken to investigate or resolve the grievance.
 - b. In the event the written response is provided via e-mail, the e-mail shall be encrypted in accordance with UAMS policy.
 - c. A copy of all correspondence with patients regarding grievances will be attached to the patient's Feedback file in RL Datix.

PROCESS IMPROVEMENT

All hospital employees including faculty and residents will receive education on the complaint and grievance process during new employee orientation and annually thereafter via online educational modules. Education includes but is not limited to formal in-services, self-study materials, and feedback from Performance Improvement initiatives.

REFERENCES

42 CFR § 482.13

UAMS Medical Center Patient Rights and Responsibilities Policy and Procedures

UAMS Medical Center Medicare Beneficiary Notification of Discharge Appeal Rights Policy and Procedures

The Joint Commission Standards, Rights and Responsibilities of the Individual.



UAMS MEDICAL CENTER POLICIES & PROCEDURES

Number: PS.1.09

Policy Title: **Patient Smoking and Tobacco Use**

Source: Administration

Approved By: Executive Administrative Committee

Date Approved: August 19, 2002

Review/Revised Date: 3/04, 10/05, 5/10, 4/12, 9/17, 06/20, 05/23

Replaces Policy:

PURPOSE

In compliance with requirements set forth by Federal and State regulatory bodies and The Joint Commission, the following policy on patient smoking and the use of tobacco products has been established. UAMS Medical Center is a tobacco-free environment.

POLICY

Tobacco use has been determined by the Surgeon General to be a cause of preventable diseases. Smoking has been implicated as a source of hospital fires. To promote patient health, well being and safety and to comply with the Arkansas Act 134 of 2005 and the Arkansas Clean Air Act of 2009 which prohibits the smoking of tobacco in and on the grounds of all medical facilities, patients, patient's family members and patient's visitors will not be permitted to smoke or use tobacco products anywhere on UAMS property. See UAMS Administrative Guide Smoking Policy and Procedure for a tobacco free environment for visitors and employees.

DEFINITIONS

- I. Tobacco Products
Includes, but are not limited to, cigarettes, smokeless tobacco, electronic cigarettes/ vaping devices, chewing tobacco, pipes, cigars and any tobacco containing products.

- II. Licensed Independent Practitioner (LIP)
Includes attending, residents, fellows, Physician Assistants, APRNs, CRNAs or privileged physicians who are performing or directing the medical or surgical care of the patient.



Number: PS.1.09

Policy Title: **Patient Smoking and Tobacco Use**

PROCEDURES

- I. Information regarding tobacco use and the assistance available for abstinence from tobacco while on hospital grounds will be provided to patients during the following:
 - A. The admission process
 - B. At patient's outpatient clinic visit
 - C. During patient's inpatient stay
 - D. Emergency Department visit
- II. Upon admission, if the patient's nursing assessment determines tobacco use, the patient shall receive material describing the assistance available for abstinence during hospital stay, information about treatments and programs for treating tobacco use and dependence as well as information on UAMS Medical Center Patient Smoking and Tobacco Use Policy and Procedure.
- III. The patient's tobacco history will be documented in his/her medical record.
- IV. The LIP will discuss with the patient alternatives to tobacco use and the appropriate medications and/or counseling will be ordered.
- V. Tobacco products may be confiscated from the patient and/or visitor if the patient and/or visitor uses or attempts to use tobacco products in the hospital in violation of this policy.
- VI. The UAMS police may be contacted to enforce this policy.
- VII. As per the Arkansas Clean Air Act of 2009, citations may be given to anyone for smoking on campus. Upon conviction, fines of no less than \$100 and no more than \$500 can be issued. The UAMS Police will issue the citations.

REFERENCES

The Arkansas Act 134 of 2005

Act 8 The Arkansas Clean Air Act of 2009

UAMS Administrative Guide Smoking Policy and Procedure

UAMS Medical Center Patient Smoking and Tobacco Use Policy and Procedure

LOCATIONS WHERE POSSESSION OF A HANDGUN IS PROHIBITED
(Revised September 2017)

		Exceptions
A.C.A. § 5-73-119(c)(1)	Upon the property of any private institution of higher education or a publicly supported institution of higher education in this state on or about his or her person, in a vehicle occupied by him or her, or otherwise readily available for use with a purpose to employ the handgun as a weapon against a person.	<p>(e)(1) The person is in his or her own dwelling or place of business or on property in which he or she has a possessory or proprietary interest, except upon the property of a public or private institution of higher learning;</p> <p>(e)(2) The person is a law enforcement officer, correctional officer, or member of the armed forces acting in the course and scope of his or her official duties;</p> <p>(e)(3) The person is assisting a law enforcement officer, correctional officer, or member of the armed forces acting in the course and scope of his or her official duties pursuant to the direction or request of the law enforcement officer, correctional officer, or member of the armed forces;</p> <p>(e)(4) The person is a registered commissioned security guard acting in the course and scope of his or her duties;</p> <p>(e)(5) The person is hunting game with a handgun or firearm that may be hunted with a handgun or firearm under the rules and regulations of the Arkansas State Game and Fish Commission or is en route to or from a hunting area for the purpose of hunting game with a handgun or firearm;</p> <p>(e)(6) The person is a certified law enforcement officer;</p> <p>(e)(7) The person is on a journey beyond the county in which the person lives, unless the person is eighteen (18) years of age or less;</p> <p>(e)(8) The person is participating in a certified hunting safety course sponsored by the commission or a firearm safety course recognized and approved by the commission or by a state or national nonprofit organization qualified and experienced in firearm safety;</p> <p>(e)(9) The person is participating in a school-approved educational course or sporting activity involving the use of firearms;</p> <p>(e)(10) The person is a minor engaged in lawful marksmanship competition or practice or other lawful recreational shooting under the</p>

LOCATIONS WHERE POSSESSION OF A HANDGUN IS PROHIBITED
(Revised September 2017)

	<p>supervision of his or her parent, legal guardian, or other person twenty-one (21) years of age or older standing in loco parentis or is traveling to or from a lawful marksmanship competition or practice or other lawful recreational shooting with an unloaded handgun or firearm accompanied by his or her parent, legal guardian, or other person twenty-one (21) years of age or older standing in loco parentis;</p> <p>(e)(11) The person has a license to carry a concealed handgun under A.C.A. § 5-73-301 et seq. and is carrying a concealed handgun on the developed property of:</p> <p style="padding-left: 2em;">(A) A kindergarten through grade twelve (K-12) private school operated by a church or other place of worship that:</p> <p style="padding-left: 4em;">(i) Is located on the developed property of the kindergarten through grade twelve (K-12) private school;</p> <p style="padding-left: 4em;">(ii) Allows the person to carry a concealed handgun into the church or other place of worship under A.C.A. § 5-73-306; and</p> <p style="padding-left: 4em;">(iii) Allows the person to possess a concealed handgun on the developed property of the kindergarten through grade twelve (K-12) private school; or</p> <p style="padding-left: 2em;">(B) A kindergarten through grade twelve (K-12) private school or prekindergarten private school that through its governing board or director has set forth the rules and circumstances under which the licensee may carry a concealed handgun into a building or event of the kindergarten through grade twelve (K-12) private school or the prekindergarten private school; or</p> <p>(e)(12)(A) The person has a license to carry a concealed handgun under A.C.A. § 5-73-301 et seq. and is carrying a concealed handgun in his or her motor vehicle or has left the concealed handgun in his or her locked and unattended motor vehicle in a publicly owned and maintained parking lot.</p> <p style="padding-left: 2em;">(B)(i) As used in this subdivision (e)(12), “parking lot” means a designated area or structure or part of a structure intended for the parking of motor vehicles or a designated drop-</p>
--	---

LOCATIONS WHERE POSSESSION OF A HANDGUN IS PROHIBITED
(Revised September 2017)

		<p>off zone for children at a school.</p> <p>(ii) "Parking lot" does not include a parking lot owned, maintained, or otherwise controlled by the Department of Correction or Department of Community Correction.</p> <p>A.C.A. § 5-73-322(b) A licensee who has completed the training required under A.C.A. § 5-73-322(g) may possess a concealed handgun in the buildings and on the grounds of a public university, public college, or community college, whether owned or leased by the public university, public college, or community college, unless otherwise prohibited by:</p> <p>(d) The storage of a handgun in a university or college-operated student dormitory or residence hall is prohibited under A.C.A. § 5-73-119(c).</p> <p>(e)(1) A licensee who may carry a concealed handgun in the buildings and on the grounds of a public university, public college, or community college under this section may not carry a concealed handgun into a location in which an official meeting lasting no more than nine (9) hours is being conducted in accordance with documented grievance and disciplinary procedures as established by the public university, public college, or community college if:</p> <p>(A) At least twenty-four (24) hours' notice is given to participants of the official meeting;</p> <p>(B) Notice is posted on the door of or each entryway into the location in which the official meeting is being conducted that possession of a concealed handgun by a licensee under this section is prohibited during the official meeting; and</p> <p>(C) The area of a building prohibited under this subdivision (e)(1) is no larger than necessary to complete the grievance or disciplinary meeting.</p> <p>A.C.A. § 5-73-306</p> <p>A.C.A. § 5-73-322(c)(1) A licensee may possess a concealed handgun in the buildings and on the grounds of a private university or private college unless otherwise prohibited by</p>
--	--	--

LOCATIONS WHERE POSSESSION OF A HANDGUN IS PROHIBITED
(Revised September 2017)

		<p>this section or A.C.A. § 5-73-306 if the private university or private college does not adopt a policy expressly disallowing the carrying of a concealed handgun in the buildings and on the grounds of the private university or private college.</p>
<p>A.C.A. § 5-73-122(a)(1)</p>	<p>Publicly owned building or facility or on State Capitol grounds.</p>	<ul style="list-style-type: none"> • As provided in A.C.A. § 5-73-322(h)(1) – carrying a firearm in a publicly owned building or facility under A.C.A. § 5-73-122, if the firearm is a concealed handgun; A.C.A. § 5-73-306(5) – courthouses as allowed; and A.C.A. § 16-21-147(b)(3) – prosecuting attorneys and those deputy prosecuting attorneys designated by prosecuting attorneys. • Law enforcement officer or security guard in the employ of the state or an agency of the state, or any city or county, or any state or federal military personnel. <p>(a)(3)(A) For the purpose of participating in a shooting match or target practice under the auspices of the agency responsible for the publicly owned building or facility or State Capitol grounds.</p> <p>(B) If necessary to participate in a trade show, exhibit, or educational course conducted in the publicly owned building or facility or on the State Capitol grounds.</p> <p>(C)(i) If the person has a license to carry a concealed weapon under A.C.A. § 5-73-301 et seq. and is carrying a concealed handgun in his or her motor vehicle or has left the concealed handgun in his or her locked and unattended motor vehicle in a publicly owned and maintained parking lot.</p> <p>(ii)(a) As used in this subdivision (a)(3)(C), “parking lot” means a designated area or structure or part of a structure intended for the parking of motor vehicles or a designated drop-off zone for children at school.</p> <p>(b) “Parking lot” does not include a parking lot owned, maintained, or otherwise controlled by the Department of Correction or the Department of Community Correction.</p> <p>(D) If the person has completed the required</p>

LOCATIONS WHERE POSSESSION OF A HANDGUN IS PROHIBITED
(Revised September 2017)

		<p>training and received a concealed carry endorsement under A.C.A. § 5-73-322(g) and the place is not:</p> <p style="padding-left: 40px;">(i) A courtroom or the location of an administrative hearing conducted by a state agency, except as permitted by A.C.A. § 5-73-306(5) or A.C.A. § 5-73-306(6);</p> <p style="padding-left: 40px;">(ii) A public school kindergarten through grade twelve (K-12), a public prekindergarten, or a public daycare facility, except as permitted under subdivision (a)(3)(C) of this section;</p> <p style="padding-left: 40px;">(iii) A facility operated by the Department of Correction or the Department of Community Correction; or</p> <p style="padding-left: 40px;">(iv) A posted firearm-sensitive area, as approved by the Department of Arkansas State Police under A.C.A. § 5-73-325, located at:</p> <p style="padding-left: 80px;">(a) The Arkansas State Hospital;</p> <p style="padding-left: 80px;">(b) The University of Arkansas for Medical Sciences; or</p> <p style="padding-left: 80px;">(c) A collegiate athletic event.</p> <p>(E) If the person has a license to carry a concealed handgun under A.C.A. § 5-73-301 et seq., is a justice of the Supreme Court or a judge on the Court of Appeals, and is carrying a concealed handgun in the Arkansas Justice Building.</p> <p>(b) A law enforcement officer, officer of the court, bailiff, or any other person authorized by the court is permitted to possess a handgun in the courtroom of any court or a courthouse of this state.</p>
<p>A.C.A. § 5-73-122(a)(2)</p>	<p>State Capitol Building or the Arkansas Justice Building in Little Rock.</p>	<ul style="list-style-type: none"> • Law enforcement officer or security guard in the employ of the state or an agency of the state, or any city or county, or any state or federal military personnel. <p>A.C.A. § 5-73-322(h)(1) A licensee who completes a training course and obtains a concealed carry endorsement under subsection (g) of this section is exempted from the prohibitions on:</p> <p style="padding-left: 40px;">(1) Carrying a firearm in a publicly owned building or facility under A.C.A. § 5-73-122, if the firearm is a concealed handgun.</p>



UAMS MEDICAL CENTER POLICIES & PROCEDURES

Number: PS.2.06

Policy Title: **Advance Directives**

Source: Patient Care Issues Committee

Approved By: Hospital Medical Board

Date Approved: January 1, 1992

Review/Revised Date: 8/95, 6/98, 8/02, 1/05, 9/06, 2/09, 6/11, 4/14, 11/15, 8/16, 9/20

Replaces Policy:

PURPOSE

To help ensure that each patient's ability and right to participate in medical and mental health decision making is maximized, and to provide patients and staff with information regarding advance directives and the process by which advance directives are documented and communicated.

POLICY

- I. UAMS recognizes the rights of patients to make healthcare decisions, including those decisions related to withholding, withdrawing, and/or limiting treatment, and shall honor a patient's advance directive.
- II. A patient shall have the right to review or revise an advance directive at any time. A patient who has capacity may revoke an advance directive, at any time, verbally or in writing. A patient who has capacity may revoke the designation of an agent in an advance directive in writing or by personally informing the attending physician.
- III. The existence or lack of an advance directive shall not determine an individual's access to care, treatment or services.
- IV. In the absence or lack of knowledge of an advance directive, emergency responses shall be implemented in accordance with UAMS policy and professional medical judgment.
- V. Patients who do not have a written advance directive have the right to designate an alternate decision maker (a "surrogate") to make healthcare decisions on their behalf should the patient lose decision-making capacity. As long as the patient has decision-making capacity, he or she shall be the key decision-maker. The surrogate shall make decisions for the patient only after a physician has determined and documented that the patient has lost decision-making capacity.

DEFINITIONS

- I. Advance Directive

Number: PS.2.06

Policy Title: **Advance Directives**

An individual instruction or written statement that anticipates and directs the provision of healthcare for an individual, **including, but not limited to**, a living will or durable power of attorney for healthcare, **Physician Orders for Life-Sustaining Treatment, and portable DNR Order forms**.

II. Mental Health Care Advance Directive

An advance directive that describes a person's wishes in the event of a future mental health issue that affects the person's ability to make decisions or communicate effectively, also called a psychiatric advance directive.

For purposes of this policy, the term advance directive refers to both medical and mental health care advance directives.

III. Healthcare Agent

An individual designated in an advance directive to make healthcare decisions for the patient,

IV. Capacity

The ability to understand, appreciate, and communicate the nature and consequences of healthcare decisions, including the benefits, risks, and alternatives to any proposed healthcare treatment, and to reach an informed decision. Only a physician can determine when a patient has or lacks capacity. Every patient is presumed to have capacity unless their treating physician has determined otherwise.

V. Surrogate

An individual who has been designated by the patient or attending physician to make healthcare decisions for the patient if the patient becomes incapacitated and does not have an advance directive.

PROCEDURES

I. Advance Directives.

A. All adult patients will be asked whether they have an advance directive within 24 hours of admission. Patients admitted to PRI will also be asked if they have a mental health advance directive. The existence of an advance directive will be documented, and any available copies uploaded into the medical record. A copy will be placed in the patient's hard chart on the inpatient units. Patients who do not have an advance directive will be provided with information about creating an advance directive. (Refer to Appendices A, B, and C)

B. Information about how to prepare a written advance directive will be made available to outpatients upon request.

C. Care Management, Social Work, Pastoral Care or Clinical Ethics Consult Service may be contacted to provide assistance with formulating written advance directives upon patient request.

- D. Unless the document specifically states otherwise, an advance directive only becomes effective if a patient loses the ability to make and communicate decisions for himself or herself.
- E. Healthcare providers are responsible for reviewing a patient's advance directive to help ensure that care is provided in a manner that is consistent with the patient's wishes. Advance directives should be incorporated into the patient's individualized care plan to the fullest extent possible while still providing care that is in accordance with medically and legally accepted standards of practice.
- F. Healthcare providers are required to comply with a patient's advance directive unless the directive would require healthcare that is medically inappropriate. In such cases, the patient or alternate decision maker must be promptly informed of the reason for declining, and reasonable efforts should be made to transfer the patient to another healthcare provider or institution that is willing to comply with the advance directive. If a transfer cannot be completed, appropriate treatment that is within the standard of care will continue to be provided.
- G. Risk Management may be contacted for questions or assistance, including advanced directives that appear to no longer be applicable to the patient's current needs.

II. Surrogates

- A. Adult patients and emancipated or married minors may designate a surrogate to make healthcare decisions for them in the event they lose capacity to make healthcare decisions for themselves by informing their attending physician, either verbally or in writing, of the person they wish to act as their surrogate. The attending physician is responsible for documenting the surrogate designation in the medical record.
- B. A surrogate's decision-making authority shall **ONLY** become effective if the patient loses capacity **AND** the patient does not have a guardian or healthcare agent or such person is not willing to serve or not reasonably available.
- C. If a patient who lacks capacity is admitted and has not, to our knowledge, executed an advance directive or designated a surrogate, the attending physician may designate a surrogate in accordance with the UAMS Medical Center Informed Consent Policy.
- D. A treating healthcare provider may not be designated as a surrogate decision maker.
- E. A UAMS employee may not be designated as a surrogate decision maker unless he or she is related to the patient by blood, marriage or adoption and also meets the criteria set out in the UAMS Medical Center Informed Consent Policy
- F. A surrogate may make all healthcare decisions that the patient could have made for himself or herself, except that a surrogate designated by a physician may only consent

to withhold or withdraw artificial nutrition and hydration if the attending physician and a second independent physician document that such care will only prolong the act of dying and the patient is highly unlikely to regain capacity.

III. Revocation.

- A. A patient who has capacity may revoke all or part of his or her advance directive, except the designation of an agent, at any time and in any manner that communicates intent to revoke.
- B. A patient with capacity can revoke a healthcare agent in an advance directive by signing a written statement or personally informing the attending physician.
- C. A decree of annulment, divorce or legal separation automatically revokes a previous designation of a spouse as a healthcare agent in an advance directive unless the decree or directive specifically provides otherwise.

IV. Disputes

In the event of a dispute concerning an advance directive or decision made by a surrogate concerning the patient's wishes or best interests, the Clinical Ethics Consult Service and Risk Management should be notified.

V. Staff Rights

In the event a staff member is unable to carry out the wishes of a patient, agent or surrogate due to reasons of conscience, care of the patient shall be transferred to another provider in accordance with the UAMS Medical Center Staff Rights, Ethics and Responsibilities Policy.

VI. Special Circumstances.

A. Pregnant Patients

An advance directive that provides for withdrawal of life sustaining treatment shall not be honored in a pregnant patient if it is possible that the fetus could develop to the point of live birth if treatment is continued.

B. Witnessing an Advance Directive

An advance directive must be either notarized or witnessed by two competent, adult individuals. Notarization is recommended. If witnesses are used, neither witness can be the patient's designated agent, and at least one of the witnesses cannot be entitled to any part of the patient's estate in the event the patient dies. Direct treatment providers should not witness their patient's advance directive documents.

REFERENCES

Arkansas Code Annotated §§ 20-6-101 et seq. and 20-17-206.
Joint Commission Standards R1.01.05.01

Number: PS.2.06

Policy Title: **Advance Directives**

42 C.F.R. § 482.13(b)(3)

UAMS Medical Center Informed Consent Policy ML1.01

UAMS Medical Center Staff Rights, Ethics and Responsibilities Policy HR1.01

UAMS Medical Center Policy Do Not Resuscitate Orders and Withholding/Withdrawal of Life-Sustaining Treatment ML.3.10

On Demand Form MR3084 Surrogate Designation

On Demand Form 5008AD Advanced Directive Forms



UAMS MEDICAL CENTER POLICIES & PROCEDURES

Number: A.1.08

Policy Title: **Service Animals**

Source: Hospital Administration

Approved By: Executive Administrative Committee

Date Approved: July 2013

Review/Revised Date: 4/14, 7/15, 9/17, 7/20, 02/23

Replaces Policy:

PURPOSE

To help assure compliance with the Americans with Disabilities Act (ADA) and Arkansas State laws and regulations by affording individuals using Service Animals the broadest possible access to the UAMS Medical Center and Outpatient clinics.

POLICY

- I. Service Animals shall be permitted to accompany individuals in the same areas of the UAMS Medical Center and Outpatient clinics that are accessible to the public in general; provided that the animal does not pose a Direct Threat and its presence does not require a fundamental alteration of UAMS policies, practices, or procedures, and documented proof of current rabies vaccination (tag or paperwork is acceptable).
- II. A decision to exclude a Service Animal should be made by the unit supervisor based on an individual assessment as set forth in the Definitions Section of this policy.
- III. Dogs are the only approved type of Service Animal. Emotional support animals are not permitted at UAMS Medical Center and Outpatient Clinics.

DEFINITIONS

- I. Service Animal.
Any guide dog or signal dog individually trained to provide assistance to an individual with a disability.

A Service Animal is not required to wear any special identification or be licensed or certified. Its handler is not required to carry any certification papers. A Service Animal can be a dog of any breed or size.

Service Animals do not include household pets, therapy animals or laboratory animals. Dogs whose sole function is to provide comfort or emotional support do not qualify as Service Animals under the ADA.

Number: A.1.08

Policy Title: **Service Animals**

Examples of tasks that Service Animals may perform include, but are not limited to:

- A. Guiding people who are blind.
- B. Alerting people who are deaf.
- C. Pulling a wheelchair.
- D. Alerting / protecting a person having a seizure.
- E. Reminding a person to take prescribed medications.
- F. Calming a person with post-traumatic stress disorder (PTSD).
- G. Assisting people who have impaired balance or mobility.

II. Direct Threat.

A significant risk to the health or safety of others that cannot be eliminated or mitigated by a modification of policies, practices, procedures or the provision of auxiliary aids or services. Examples of a Direct Threat include, but are not limited to:

- A. A Service Animal that is unhealthy, feverish, suffering from gastroenteritis, fleas, ticks, or skin lesions;
- B. A Service Animal that is out of control and the handler does not take effective action to control it; or
- C. A Service Animal that is unable to control its bowel or bladder.

PROCEDURES

I. General Access.

A Service Animal shall be permitted in any area of the Medical Center or Outpatient Clinics that is unrestricted to inpatients, outpatients, or visitors provided that the animal does not pose a Direct Threat, its presence does not require a fundamental alteration of UAMS policies, practices, or procedures, and documented proof of current rabies vaccination (tag or paperwork is acceptable).

II. Identifying Service Animals.

. When the task or service that a Service Animal performs is readily apparent (guiding a visually impaired individual, pulling a wheelchair, etc.), employees shall not make an inquiry about the Service Animal. When the task or service that a Service Animal performs is not readily apparent, employees may only ask if the animal is used because of a disability and **what specific task is the animal trained to perform**, per the ADA.

III. Exclusions.

Service Animals may be excluded from areas that are not accessible to the public in general due to a health or safety risk. Such areas include, but are not limited to:

- A. Sterile areas such as operating rooms or other areas where invasive procedures are performed.

Number: A.1.08

Policy Title: **Service Animals**

- B. Medication preparation and storage areas.
- C. Food and formula preparation areas.
- D. Areas where equipment is reprocessed and sterilized.

Keeping in mind that the ADA provides greater protection for individuals with disabilities and takes precedence over state and local laws and regulations, Service Animals are generally not permitted access to burn units; units where patients are immunocompromised or in isolation for respiratory, enteric, or infectious precautions; units with patients who are hallucinating, psychotic or have altered perceptions of reality or other restricted access units, as access to such areas is also restricted to the public in general. Restricted access may be permitted if, in the professional judgment of the unit supervisor, it has been determined that the Service Animal does not pose a Direct Threat and its presence would not require a fundamental alteration in UAMS policies, procedures or practices.

IV. Non-Service Animals.

Animals that are not Service Animals are not permitted on the premises except as provided by the Animal Assisted Activity (AAA) and Animal Assisted Therapy Policy and Procedures which govern the presence of animals which are part of a goal-directed treatment or therapy program.

V. Handler Responsibilities.

A Service Animal handler is responsible for maintaining control of the animal. If a Service Animal becomes out of control, and the handler has not brought it under control within a reasonable amount of time, the handler will be required to remove the animal from the premises. Examples of lack of control of a Service Animal include, but are not limited to:

- A. Uncontrolled barking or growling.
- B. Snapping, biting, or baring of teeth.
- C. Urinating or defecating within the facility.
- D. Presence of skin lesions, fleas or infection.

Handlers are responsible for providing the Service Animal with necessary care, and promptly cleaning up after the animal. Service Animals should not be fed while on the premises and should be walked before entering the premises.

Handlers should be asked to wash their hands before having patient contact.

Employees, visitors, and patients should not be allowed to pet or play with a Service Animal.

VI. Patients Who Use Service Animals.

Number: A.1.08

Policy Title: **Service Animals**

A patient who uses a Service Animal and decides to leave the animal at home may have a family member or volunteer bring the animal in for visits to help maintain the bond between the individual and the Service Animal in accordance with this Policy.

Patients or visitors who use Service Animals will be advised that the care and supervision of a Service Animal are solely their responsibility and that UAMS employees are not responsible for the supervision of the animal and are not permitted to feed, groom, walk, or provide for the needs of a Service Animal.

If it is necessary to separate a patient from his/her Service Animal at admission, employees will make reasonable efforts to help facilitate the transfer of the animal to a designated family member or other responsible party prior to the separation. If no responsible party is available, Social Services should be contacted to make temporary arrangements for the care and supervision of the animal. Options may include use of a healthcare volunteer, consultation with a veterinarian, appropriate animal program, or boarding the Service Animal in an appropriate facility.

VII. Reporting.

Service Animals that pose a Direct Threat to the health or safety of others shall be reported to the unit supervisor, Risk Management and entered into the electronic event reporting system.

VIII. Documentation.

Use of a Service Animal should be documented in the patient's medical record, including information regarding any instances where an animal has been excluded or removed. A copy of the service animal's current vaccination record will be filed in the Department of Patient Safety, Clinical Risk, and Patient Relations.

IX. Questions.

Questions about this policy should be referred to Clinical Risk Management (296-1039) or General Counsel.

REFERENCES

Americans with Disabilities Act of 1990 U.S.C. Section 12181 et seq.

28 C.F.R. Parts 35 and 36

Ark. Code Ann. Section 20-14-301 *et seq.*

Arkansas Department of Health Rules and Regulations For Hospitals and Related Institutions in Arkansas