The DO’s and DON’Ts of Visitors, Recording, and Sharing Information in the ORs and Procedural Areas

April 18th, 2019
Visitors in the ORs and Procedural Areas:

- All Visitors must be evaluated/approved prior to gaining access to the Surgical and Procedural Suites and **MUST** be sponsored by an Attending Physician

- All Visitors to these areas are managed under three policies:
  - **A08-27 – Clinical Observer Policy**
    - Professional Observers
    - Clinical Observers
    - Resident/Fellow Observers
    - Medical Student Observers

  - **A05-08 – Supplier Relations**
    - Vendor Representatives (Technical Support, Product Development, etc.)

  - **A02-24 – Visitors in the Procedural Suites, ORs, and PACU**
    - All Visitors covered under A08-27
    - All Vendor Representatives covered under A05-08 (*special provision for those providing technical support*)
    - Lay Visitors (18 or Older) (includes Shadowing Experiences outlined in A09-07)
Clinical Observers:

**Visiting Professional Observer**
- Valid medical license in another state or country
- May also include a scientist, researcher or another licensed individual
- Present at the Medical Center to teach and/or observe
- Period: 9 business days or less

**Clinical Observer in Residence**
- Proper credentials to come to the Medical Center for a period of observation and training
- Valid medical license in another state or country
- May also include a scientist, researcher or another licensed individual who may have interactions with patients or patient information
- Will not perform any clinical activities
- Period: more than 5 business days and less than six months
**Resident/Fellow Observer**

- Enrolled in a Residency Training Program listed in IMED or currently participating in a fellowship
- Has the proper credentials (MD or equivalent) to come to the Medical Center for a period of observation and training
- Will not perform any clinical activities.
- Period: not to exceed 30 days

**Medical Student Observer**

- Enrolled in an LCME accredited medical school or enrolled in a Global Health program
- Proper credentials to come to the Medical Center for a period of supervised observation that is not a clinical elective
- Period: not to exceed 30 days.

*All visitors falling under the Clinical Observer designation (as outlined above) must submit all required documentation and forms as outlined in Policy A08-27*
Vendor Representatives:

Includes:
• Sales Representatives
• Other Manufacturer Representatives (Administrative, Marketing, etc.)
• Product Support Representatives (“Device Reps”)*

All Vendor Representatives Require the Following:
• Signed Business Associate Agreement on file with Supply Chain
• Credentialed/Registered in the Vendormate System and in good standing
• Must be scheduled in advance with an Outlook calendar appointment
• Must electronically check in every visit to the medical center to obtain credentials for visit

• *Product Support Representatives (“Device Reps”) do not require approval outlined in A02-24 for each visit, and are managed under the guidance of A05-08-Supplier Relations (credentialing, appointments,

• All Vendor Representatives requesting access to the Operating Rooms or Procedural Suites for any other reason outside of product technical support must be approved per guidelines outlined in A02-24
Lay Visitors (18+):

Includes:
- Media Representatives
- Shadowing Experiences *(Must be 18+ to Enter OR and Procedural Suites, regardless of 16 age requirement to participate in a shadowing experience)*
- Other observers

Does not include:
- Parents/Guardians of Patients (12 and under)
  - SEE A02-24, Section II. a.,b. for further guidance
A02-24, Procedural and OR Visitor Policy:

All visitors to the ORs and Procedure Areas:

- Must adhere to the requirements in this policy in addition to any other requirements outlined in A08-27 and A05-08

- Must be sponsored by an attending physician who shall provide the following:
  
  - Email notification of the visitor to the Executive Director, Clinical Director, DACC Vice Chair or designee and Medical Director of the area (if applicable) with a fully executed “Confidentiality and Non-Disclosure Agreement” *

*Does not include Vendor Representatives providing Technical support
Visitors must also be documented:

- on the “Authorization to Use and Disclose Health Information” and signed by the patient prior to the Visitor entering the OR/Procedural Suite, *(Excludes Vendor Representatives providing Technical Support)*

- in the patient’s intraoperative record and should outline:
  - Name, institution/employer, if applicable, and the times entering and exiting the operating room suite
  - If the Visitor is to verbally assist on the use of equipment

*A copy of this form must be provided to the patient*
A02-24, Procedural and OR Visitor Policy:

**PLEASE REMEMBER:**

- A Visitor needs to wear a identification badge at all times during their visit.
- A Visitor (including Vendor Reps) cannot participate in any part of the Patient’s care. (See A08-27 for further detail related to Clinical Observer exceptions)
- A Visitor shall be provided with only that patient information that is essential to the Visitor’s purpose, and he/she shall maintain the privacy and confidentiality of all patient information accessed.
- A Visitor may not photograph, audiotape, videotape, or otherwise record any aspect of the surgical procedure unless prior authorization has been granted (See A02-11)
Photographs, Video, and Other Forms of Recording

- It is University of Chicago Medical Center policy to protect patient health information, including images of patients created by photography, filming, videotaping, digital imaging, scans and other means.

- Photographing, motion picture filming, audio recording, and video recording (collectively referred to as “Photographing”, “Photograph”, “Photography”) of an individual requires the individual’s permission.

- Guidance provided under policy A02-11 Photographs and Other Images in the Hospital

- Do not provide copies of “photographs” directly to the patient. All requests for copies should be routed through HIM and pulled directly from the medical record (ONLY Provide “photographing related to the treatment of the patient”).

- 3 Scenarios to consider when dealing with this topic:
  - Related to the treatment of patient
  - Related to Non-patient care reasons
  - Related to Employee and non-patients

*”photography” acquired for INTERNAL training/education is covered under HIPPA regulations and does not require additional authorization.*
Related to the Treatment of a Patient

- The Photograph may not be used for any other purpose other than the patient’s care

- All “photographing” for patient care purposes **MUST be included as part of the medical record (EPIC or some other “SECURE” Repository)**

- **Only UCMC owned equipment should be used**

- **If “photographing” will be used for treatment and education please use both A & B forms**

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**ATTACHMENT A**

THE UNIVERSITY OF CHICAGO MEDICAL CENTER

RElease and consent to photograph a patient for patient care

1. As part of my care and services provided by Dr. __________________, I consent to the taking of photographs of me by __________________ of the University of Chicago Medical Center (“UCMC”) and/or the University of Chicago (“U of C”) related to the following treatment or procedure(s):

   ______________________________________

   ______________________________________

   I understand that the photographs will become part of my medical record at The University of Chicago Medical Center.

2. I understand that the photographs and/or videotapes are to be used to provide me with medical care.

3. As UCMC is a teaching hospital, I understand that the photographs may be used to teach medical, nursing, and other health care students who are working at UCMC or U of C.

4. **I HEREBY RELEASE THE UNIVERSITY OF CHICAGO MEDICAL CENTER AND THE UNIVERSITY OF CHICAGO AND ITS EMPLOYEES FROM ALL CLAIMS OR LIABILITIES RELATING TO THE USE OF THE PHOTOGRAPHS.**

   Name of Patient

   ___________________________  Signature of Patient or Legal Representative*

   Name of Legal Representative*  Relationship of Legal Representative *

   Name of Witness  Signature of Witness

   *The Legal Representative is the patient’s decision maker. It can be the parent if the patient is a minor, legal guardian, health care surrogate, or other person.
Related to Non-Patient Care Reasons

- If the patient is being Photographed for a non-patient care purpose or if the Photograph will be used for more than just patient care a patient’s **Authorization is required.**

- **Lay language should be used**

- Examples:
  - External Educational Sources
  - External Teaching, Education, and QI
  - Marketing and Media Communications

- **Only UCMC owned equipment should be used**

- **Anytime you use Attachment B, the Patient MUST receive a copy**

- **Involve Marketing and Communications as far in advance when applicable**
Related to Non-Patient Care Reasons (cont.)

- Specific consent can be used in addition to Attachment B if confidential information below may be part of the “photographing”
Related to Employee and Non-Patient

- Employees, vendors, visitors, students, and other non-patients is completely optional, and may only be photographed by UCMC or UC staff or their approved representatives if they provide consent.

- All external requests (e.g. media, vendors, affiliates) for photographing and videotaping employees must be cleared through the UCMC Media Team.

ATTACHMENT C

THE UNIVERSITY OF CHICAGO MEDICAL CENTER
RELEASE AND CONSENT TO PHOTOGRAPH A NON-PATIENT

1. I consent to the taking of photographs of me by:

   [Signature]

   (Freelance photographer or Media outlet)

   on behalf of the University of Chicago Medical Center (“UCMC”) and/or the University of Chicago (“U of C”) and allow UCMC and/or U of C to and allow the use the photograph for the following purposes:

   [Signature]

2. I understand that the photographs may be used to teach medical, nursing, and other health care students who are working at UCMC or U of C, in journals and other publications, in marketing materials, or in other public materials.

3. I HEREBY RELEASE THE UNIVERSITY OF CHICAGO MEDICAL CENTER AND THE UNIVERSITY OF CHICAGO AND ITS EMPLOYEES FROM ALL CLAIMS OR LIABILITIES RELATING TO THE USE OF THE PHOTOGRAPHS.

   [Signature]

   Name of the Individual

   [Signature]

   Name of Legal Representative*

   [Signature]

   Signature of the Individual or The Individual’s Legal Representative*

   [Relationship]

   Relationship of Legal Representative*

   [Signature]

   Name of Witness

   [Signature]

   Signature of Witness

*The Legal Representative is the person authorized to sign on behalf of the individual, for example the parent or legal guardian.
For non-Imaging Requests

- For all other non-imaging requests that may have PHI implications use the "Authorization to Use and Disclose Health Information" form

- Anytime you use this form, the Patient MUST receive a copy
If you have questions or are not sure what to do…

Please Call or Email Privacy
773-834-9716
hpo@bsd.uchicago.edu