Student and Instructor Handbook

Froedtert Health includes:

- Froedtert Hospital
- Froedtert Menomonee Falls Hospital
- Froedtert West Bend Hospital
- Community Physicians Clinics
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Mission, Vision & Values

Our Mission Statement:
Froedtert & the Medical College of Wisconsin advance the health of the communities we serve through exceptional care enhanced by innovation and discovery.

Our Vision Statement:
Froedtert & MCW will be the trusted leader by transforming healthcare and connecting communities to the best of academic medicine.

OUR VALUES:

**Partnership**
Partnering with patients, families and other organizations; collaborating with co-workers and colleagues

**Responsiveness**
Meeting the needs of the community in prevention, wellness and providing integrated care for all ages

**Integrity**
Using resources wisely; building trust

**Dignity and Respect**
Creating an inclusive and compassionate environment for all people

**Excellence**
Demonstrating excellence in all we do
Purpose

Performance Excellence describes how we do our work. The purpose of our Standards is to guide us in all interactions, so we develop, maintain, and/or improve relationships with every one of our customers. Our goal with every interaction is to create a positive memorable experience. These Standards can be summed up in the Platinum Rule: treat others as they want to be treated.

Definition

A customer is anyone who has an expectation. In addition to patients and families, we serve and partner with others such as visitors and suppliers who are customers in the traditional sense of the word. We also serve customers who work inside our system and rely on us for the services, products and information they need to get their job done. We provide the same level of care and consideration to all customers.

Accountability

All staff are involved in supporting our service culture. We choose to be accountable for fulfilling our responsibilities to our customers and each other. Our actions demonstrate our personal commitment and responsibility to the success of patient outcomes and the organization. In doing so, we follow through on our promises and commitments, take ownership in resolving concerns or problems and hold each other accountable for following policies, organizational initiatives and customer service standards.

*Please note this not an exhaustive list of customer service standards associated with working at Froedtert Health.*
Professionalism
• I maintain a positive attitude, accept new ideas and embrace change.
• I interact with all customers in a courteous and professional manner.
• I stay informed of organizational changes, policies and information by attending meetings and reading internal communications.
• I always wear my ID badge above my waist, so customers can easily identify me by name.
• I park in my designated parking area, leaving closer parking for patients and visitors.
• I escort individuals, if necessary, to their final destination or find someone else who can.
• I continuously learn so I'm able to improve the quality of my work.
• I am respectful, non-judgmental, and engaged with others during times of stress and conflict.
• I arrive at my workstation on time, prepared to help new and returning patients.
• I am flexible in meeting demands and willing to change my schedule to accommodate others.
• I maintain confidentiality and privacy at all times.
• I only access, use, disclose or share confidential information when carrying out legitimate job functions.
• I validate patient identifiers before disseminating confidential information.
• I prevent information from being handed out, faxed, or mailed to the wrong patient.
• When patients are someone I know, I acknowledge them when seen, but do not inquire about the reason for their visit or seek excessive information about them.
• I safeguard confidential information, not leaving it in plain sight or unsecured.
• I knock and announce myself before entering a room.
• I close or lock doors to protect patient privacy.
• I take preventive measures to limit others from overhearing private conversations.

Communication
• I use AIDET (Assessment, Introduction, Diagnosis, Explanation, Feedback) throughout my interactions.
• I manage up by communicating positively to build trust and confidence in the organization and staff.
• I communicate delays and provide assistance as needed, demonstrating a sincere desire to help.
• I communicate in a respectful and genuine manner.
• I use words and patients will understand, at an appropriate pace.
• I listen attentively, with concern and sensitivity.
• I use appropriate body language and tone of voice.
• I use L.A.S.T. (Listen, Apologize, Solve, Thank) for service recovery.
• I ask, "Is there anything else I can do for you?" prior to ending my interactions.

Confidentiality and Privacy
I only access, use, disclose or share confidential information when carrying out legitimate job functions.
• I validate patient identifiers before disseminating confidential information.
• I prevent information from being handed out, faxed or mailed to the wrong patient.
• When patients are someone I know, I acknowledge them when seen, but do not inquire about the reason for their visit or seek excessive information about them.
• I safeguard confidential information, not leaving it in plain sight or unsecured.
• I knock and announce myself before entering a room.
• I close or lock doors to protect patient privacy.
• I take preventive measures to limit others from overhearing private conversations.

Dignity and Respect
• I keep my voice mail message greeting current and always include:
  o my name, organization and department
  o how caller can have immediate needs met
• I provide the correct number before referring a call.
• I ask permission before putting a call on hold or transferring to voice mail.
• I send e-mails that are courteous, brief and to the point.
• I use appropriate words when sending e-mail and will not type in all CAPITALS.
• I follow the Froedtert & the Medical College of Wisconsin Meeting Rules and GuideLines document.
• I pause to allow others to enter or exit the elevator before me.
• I make room for others in the elevator and hold the door open as others board.
• I use designated elevators appropriately.
• I silence electronic devices during meetings and educational sessions.
• I only access meetings and educational sessions to answer urgent pages and phone calls.

Teamwork
• I collaborate with others to meet or exceed customer expectations in a timely manner.
• I help new team members feel welcomed and supported.
• If flexible, I will meet demands and willingness to assist team members.
• I view challenges as opportunities for improvement and foster the spirit of teaching and learning from each other.

Etiquette
• I use common terms of courtesy such as "please", "thank you" and "excuse me.
• I answer external phones utilizing organizational telephone standards.
• I return phone messages and reply to e-mails within 24 hours during the regular business week.

Safety and Environment
I follow proper hand washing techniques to reduce the risk of infection.
• I correct and/or report all safety concerns to prevent incidents.
• I follow safety and staff health guidelines according to policies.
• I proactively pay attention to my environment.
• I actively involve patients to assure a safe experience.
• I pick up debris in public areas.

Dignity and Respect
I value, support and promote workforce and supplier diversity in our organization.
I value diversity and understand it means more than race or gender.
• I encourage an environment where all individuals are able to contribute their skills and talents and reach their fullest potential.
• I use appropriate interpreters and translated documents, when needed.
• I take a respectful and genuine manner.
• I refuse to engage in any behavior that is disrespectful or discriminatory to others.
• I will not make assumptions and judgments about people based upon their appearance.
Enhanced Communication with Patients using the AIDET Framework

<table>
<thead>
<tr>
<th>A</th>
<th>Acknowledge</th>
<th>Make eye contact, smile, and acknowledge everyone in the room; include patient AND family/friends</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Introduce</td>
<td>“Hello, Mr. Clark. My name is Jackie and I am your nurse today. I have been a nurse for 20 years and have worked in this hospital for over 8 years. We have an excellent team on this unit and we will take exceptional care of you today.”</td>
</tr>
<tr>
<td>D</td>
<td>Duration</td>
<td>“This procedure will take about 10 minutes to perform and then about an hour for the result”</td>
</tr>
<tr>
<td>E</td>
<td>Explain</td>
<td>“Let me explain some more about the procedure.” (Explain why performing the procedure, what will happen, and what they should expect, understanding of side effects, and answer any questions.)</td>
</tr>
<tr>
<td>T</td>
<td>Thank You</td>
<td>“Thank you for choosing Froedtert Health...Thank you for waiting...Thank you for coming in today...What other questions do you have?” “Is there anything else I can do for you? I have time.”</td>
</tr>
</tbody>
</table>

Key Actions:

- The AIDET Communication Framework is not a script; it is a communication tool to use in every interaction. AIDET can be used in any order, as long as all five steps are used every time.
- Use patient whiteboard when introducing yourself; manage up other team members.
- AIDET is extremely important to use on the phone when you can’t see visual cues of body language. Avoid using jargon, abbreviations, & vague words: “soon”, “not long”, “as soon as possible.”
Key Concepts of Dignity & Respect: Pathway to Diversity and Inclusion

• Diversity is more than just race and gender. It includes all points of difference and similarity (age, geographic location, occupation, religion, marital status, education, etc.) that influence our values and behaviors.

• Diversity of our patients is increasing every day. Everyone perceives “quality care” differently. We must be able to anticipate and exceed the expectations of all of our patients. Cultural competence programs prepare healthcare providers with skills to meet diverse patient needs. Patient satisfaction and successful outcomes are key to Froedtert Health sustained growth and success.

• Froedtert’s Diversity and Inclusion Department focuses on:
  o Recruiting, retaining and developing staff to reflect the communities we serve
  o Understanding needs of diverse patients and developing strategies to exceed them
  o Developing relationships with diverse communities to build awareness of Froedtert and reach new patients
  o Promoting a Culture of Dignity and Respect

• Dignity and Respect is one of our core values. Every person who comes through our doors – whether a patient, family member, visitor, vendor or staff member – deserve to be treated with dignity and respect. Acknowledging each other by smiling and saying hello, and being kind and helpful can make a huge difference in someone’s day.

• What is Cultural Competence?
  o Cultural competence is not just being sensitive to differences, but knowing what to do when differences are encountered.
  o Cultural competence enhances patient centeredness, improves quality for all patients and improves coworker relations.

• Your Role
  o Smile. Create an environment where people feel cared for and valued.
  o Don’t let biased thoughts impact your actions and behavior.
  o Don’t let first impressions shape your perceptions. Get to know people beneath the surface.
  o Consider perspectives different from the ones you are used to.
  o Get involved in activities and programs that help you build cultural competence.

Updated 11/2019-OL
Froedtert uses The We Connect Model™ to explore our own dimensions of diversity.

Making More Connections

WeConnect Model™

This model allows us to discover similarities and build connections. This is accomplished by engaging in conversations that promote the discovery of similarities by using the We Connect Model™ as a reference of our many dimensions.

**RELATIONAL:** How we interact and behave
- Family Status
- Personal Beliefs
- Gender
- Gender Preference

**COGNITIVE:** How we think and process information
- Thinking
- Learning
- Integrated
- Decoded

**OCCUPATIONAL:** How we work oriented to work
- Occupation
- Work Experience
- Interests
- Industry

**PHYSICAL:** Who we are and what others think we are
- Age
- Gender
- Physical Identity

**SOCIETAL:** How we connect and relate to others
- Economic
- Political
- Social
- Language

**VALUES:** What we believe and tell
- Economic
- Political
- Social
- Language

Identifying our similarities and differences can affect our relationships and how we view others; let’s think about how important making connections are at work, for our team, and the organization.

Addition questions to consider:

- How can our individual differences and similarities in each of these dimensions affect our work relationships and/or how we view others?
- How can connections help you when problems, issues or tense situations arise in the workplace?
- Can you find ways to make connections with others at work, even with time-pressures?
- How do connections foster community at work?
# 2020 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

## Identify patients correctly

<table>
<thead>
<tr>
<th>NPSG</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.01.01.01</td>
<td>Use at least two ways to identify patients. For example, use the patient’s name <em>and</em> date of birth. This is done to make sure that each patient gets the correct medicine and treatment.</td>
</tr>
<tr>
<td>NPSG.01.03.01</td>
<td>Make sure that the correct patient gets the correct blood when they get a blood transfusion.</td>
</tr>
</tbody>
</table>

## Improve staff communication

<table>
<thead>
<tr>
<th>NPSG</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.02.03.01</td>
<td>Get important test results to the right staff person on time.</td>
</tr>
</tbody>
</table>

## Use medicines safely

<table>
<thead>
<tr>
<th>NPSG</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.03.04.01</td>
<td>Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.</td>
</tr>
<tr>
<td>NPSG.03.05.01</td>
<td>Take extra care with patients who take medicines to thin their blood.</td>
</tr>
<tr>
<td>NPSG.03.06.01</td>
<td>Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.</td>
</tr>
</tbody>
</table>

## Use alarms safely

<table>
<thead>
<tr>
<th>NPSG</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.06.01.01</td>
<td>Make improvements to ensure that alarms on medical equipment are heard and responded to on time.</td>
</tr>
</tbody>
</table>

## Prevent infection

<table>
<thead>
<tr>
<th>NPSG</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.07.01.01</td>
<td>Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.</td>
</tr>
<tr>
<td>NPSG.07.03.01</td>
<td>Use proven guidelines to prevent infections that are difficult to treat.</td>
</tr>
<tr>
<td>NPSG.07.04.01</td>
<td>Use proven guidelines to prevent infection of the blood from central lines.</td>
</tr>
<tr>
<td>NPSG.07.05.01</td>
<td>Use proven guidelines to prevent infection after surgery.</td>
</tr>
<tr>
<td>NPSG.07.06.01</td>
<td>Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.</td>
</tr>
</tbody>
</table>

## Identify patient safety risks

<table>
<thead>
<tr>
<th>NPSG</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.15.01.01</td>
<td>Reduce the risk for suicide.</td>
</tr>
</tbody>
</table>

## Prevent mistakes in surgery

<table>
<thead>
<tr>
<th>UP.01.01.01</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>UP.01.02.01</td>
<td>Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body.</td>
</tr>
<tr>
<td>UP.01.03.01</td>
<td>Mark the correct place on the patient’s body where the surgery is to be done. Pause before the surgery to make sure that a mistake is not being made.</td>
</tr>
</tbody>
</table>

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at [www.jointcommission.org](http://www.jointcommission.org).
Code of Business Conduct

→ Good Compliance Sense Makes Good Business Sense

Please note that the Code of Business Conduct does not create any contract of employment, express or implied, between Froedtert Health or any of its affiliated organizations and any individual.
A message from Cathy Jacobson and Mary Wolbert to the employees, providers, business partners and colleagues of Froedtert Health:

As an organization, we are committed to conducting our business with honesty, integrity and in a compliant manner. Throughout our history, as we have served our patients and our community, we have earned a reputation for honor and integrity. Our business is built on this trust and our strong reputation. It's about sustaining a place where we are all proud to work; it's about who we are as an organization.

The practice of behaving honestly, ethically and with integrity is an individual responsibility. We make decisions about how to conduct ourselves every day as we go about our work. Each of us is accountable for the actions that we decide to take. The Code of Business Conduct is a resource designed to help you with the legal and ethical questions you may encounter in your daily work. The organization’s corporate policies, coupled with the Code of Business Conduct, sets the standards and expectations to help us all do the right thing.

With your help, we are confident that Froedtert Health will continue to be an outstanding corporate citizen in every community we serve and our reputation for integrity will endure. Thank you for joining us in this effort.

Sincerely,

Cathy Jacobson  
President and CEO, Froedtert Health

Mary Wolbert  
Vice President, Chief Compliance and Risk Officer

Introduction

The purpose of the Code of Business Conduct (Code) is to set forth a code of ethical behavior designed to help all persons and businesses associated with Froedtert Health to perform their daily activities in accordance with the organization’s ethical standards and applicable federal, state, and local laws, rules and regulations. We believe acting ethically and responsibly is the right thing to do for our community and the many stakeholders we serve.

Froedtert Health expects staff and those organizations we do business with to use these rules of behavior as a foundation when making decisions and performing their daily work or duties for or on behalf of Froedtert Health. The nature of this Code is not meant to cover all possible topics and situations that may occur. It is designed to provide a frame of reference against which to measure activities. The Code is general, which means you will need to read Froedtert Health policies and procedures to get more details. You may find yourself in a situation that is not covered in the Code. If you have any questions or concerns about a situation, an activity or what you are reading in the Code, you should contact the Froedtert Health Compliance Department.

For the purposes of this Code, references to “Froedtert Health” mean Froedtert Health and its Affiliates. “Employee” or “Staff member” means an employee of Froedtert Health or an employee of one of its Affiliates.

In this Code, you will read about the following topics:

- Accuracy, Retention and Destruction of Documents and Records
- Background Checks
- Billing and Claims
- Compliance with the Law
- Conducting Business Practices with Respect, Honesty and Integrity
- Conflicts of Interest
- Discrimination and Harassment
- Education and Training
- Emergency Treatment
- Enforcement and Corrective Actions
- Environment and Safety
- Gifts or Tips
- Giving Free Supplies, Equipment or Services
- High-Quality Patient Care and Service
- Physician Relationships
- Proper Use of Company Property and Assets
- Protecting Confidential Information
- Reporting Compliance Concerns
- Response to Internal and External Investigations
- Retaliation
Conducting Business Practices with Respect, Honesty and Integrity
I will perform my job duties honestly, with respect and integrity.

Everyone working at, or for, Froedtert Health is expected to do the right thing. This includes being honest with and respectful to: patients, direct reports, leaders, coworkers, business partners, vendors, the general public and one another. Froedtert Health expects that you will not lie, cheat, steal or do anything that would harm or injure the reputation of yourself or Froedtert Health.

Code of Corporate Ethics Policy

Compliance with the Law
I will follow all laws, rules, regulations, policies and procedures that apply to me and my specific job duties.

Everyone must follow the laws, rules, regulations, policies and procedures that apply to their individual jobs. Just like the laws in the community that you must follow, such as traffic laws, health care is no different. These rules are in place to keep you, your coworkers, our patients and customers safe. An example of a rule we must follow is that staff must not steal from our patients, other staff members or the organization. Staff are not expected to know every single health care-related law, but you are expected to know, understand and follow the laws that are relevant to your specific job duties. It is also important that all staff members know where to locate Froedtert Health policies and procedures and to ask for assistance if they need help finding them. If you are ever unsure about whether an action is in compliance with a law or policy, discuss it with your leader or the Compliance Department. If you are unsure of what to do in any situation, ask before you act.

Background Checks
I understand that Froedtert Health will conduct formal background and credentialing checks on all staff, providers and certain vendors/contractors.

To reduce risk and promote a safe environment for patients, customers, staff members and our organization; Froedtert Health strives to only hire or contract with those that share the same values and integrity. As a result, an appropriate background check is conducted before staff, providers, vendors and contractors start working. We do not employ or enter into contracts with individuals or entities that cannot participate in federal or state health care programs. Staff, providers, vendors and contractors must obtain and maintain all appropriate licensure and/or certifications required for their job responsibilities or contracts. They are also required to report any changes in their status according to corporate policy.

Background and Exclusion Checks Policy

Education and Training
I will attend and/or complete all mandatory training and education in the required timeframe.

To be competent and successful in your role and to carry out your job duties in a compliant manner, it is critical to take all education and training seriously and to complete it within the timeframe required. Staff are responsible to ask for clarification if they do not understand the education or what is required of them.

Attendance at Education Programs Policy
New Employee Orientation Policy

Reporting Compliance Concerns
I will immediately report any activities and conduct that I believe violate Froedtert Health standards, policies, laws and/or regulations.

Anyone who in good faith believes that an activity is illegal, unethical or does not comply with the organization’s policies and procedures is responsible for immediately reporting the concern. Failure to report suspected violations or noncompliance can be viewed as misconduct and may warrant corrective action up to and including termination of employment. These matters must be reported to the department leader, vice president or to the Compliance Department without delay.

Compliance Reporting, Hotline and Non-Retaliation Policy

Anonymous Compliance Hotline Phone: 414-259-0220
Compliance Email Address: comhotl@froedtert.com

Retaliation
I will not retaliate against a patient, staff member or any other person who, in good faith, raises a concern about noncompliance or unethical behaviors or actions.

Froedtert Health leaders and staff will not retaliate against staff, colleagues, patients or any other person who raises a concern about noncompliance or unethical activities. If someone feels as though they have been retaliated against, it is their duty to immediately report it to the Compliance Department or Senior Leadership.

Compliance Reporting, Hotline and Non-Retaliation
Response to Internal and External Investigations

I am committed to cooperating with all internal and external investigations in an efficient and professional manner. I know to seek immediate guidance from my supervisor or the Compliance Department if contacted about/during an investigation.

Internal Investigations: Individuals are expected to cooperate with internal investigations, audits or reviews related to compliance with the laws or organizational policies.

External Investigations: Froedtert Health will cooperate and respond appropriately to any authorized government investigation, asserting all protections afforded by law. Froedtert Health believes that it is in the mutual interests of everyone involved that governmental inquiries be addressed to, and handled by, a leader and Corporate Compliance, or legal counsel designated by Froedtert Health. If a staff member is presented with a letter, subpoena or other legal document, or if someone from a governmental agency comes to a department or is contacted in some way; the staff member should immediately contact his or her manager or the Froedtert Health Legal Department.

Protecting Confidential Information

I will protect and secure all patient, staff and other confidential business information.

Patient Information: Froedtert Health is committed to maintaining the privacy and security of our patient’s information which includes, but is not limited to verbal, written or electronic information including patient lists, medical records, appointment information, billing information, etc. Therefore, no Froedtert Health staff member, medical staff member, student, volunteer, vendor, contractor or business partner has a right to access, use or disclose any patient information other than what is necessary to perform his or her job duties. Froedtert Health has no tolerance for inappropriate access, use or disclosure of confidential information when it is done with deliberate disregard or ignorance of Froedtert Health Policies and/or regulatory requirements.

Other Confidential Business Information: Other confidential business information includes, but is not limited to staff employment; benefits or payroll information; pricing or cost data; information pertaining to acquisitions, affiliations and mergers; financial data; research data; strategic plans; marketing strategies; contract information; or any other proprietary information, or information not publicly available that belongs to Froedtert Health or its business operations. Froedtert Health staff have no rights or ownership to Froedtert Health confidential information. Staff that are authorized to have access to this type of information are required to protect and safeguard it.

Froedtert Health has the right to monitor the access, use and disclosures of its confidential information and systems at any time and without notice.

Confidentiality Policy (Confidentiality Agreement attached to policy)

High-Quality Patient Care and Service

I will provide safe and high-quality care and service to our patients.

Froedtert Health and its staff are committed to providing quality, safe, compassionate and medically appropriate care to the patients that we serve. Care is centered around the patient’s needs and their wishes. Staff must treat patients and families with dignity and respect and will not discriminate against patients (e.g. because of race, religion, national origin, ability to pay, disability or any other factors) during any phase of the care and services provided, including the scheduling, admitting, transferring or discharge process.

Emergency Treatment

I will provide a medical screening and treatment to all persons who are seeking emergency medical treatment, regardless of ability to pay.

We provide an emergency medical screening exam and necessary stabilization to all patients that present to one of our hospital emergency departments seeking emergency treatment, regardless of their ability to pay. We will not delay the medical screening and necessary treatment to stabilize the patient in order to seek financial and demographic information. We do not admit, discharge or transfer patients with emergency medical conditions simply based on their ability or inability to pay. Patients are only transferred to another facility at the patient’s request or if the patient’s medical needs cannot be met at the facility.

Emergency Medical Treatment and Active Labor Act (EMTALA) Policies (See Entity Policies)

Environment and Safety

I will work to provide an environment where the health and safety of our patients and staff come first.

Froedtert Health is committed to promoting an environment and creating processes that protect patients, visitors and staff from infection, injury and illness. Staff are expected to support a culture of safety, attend safety training required for their job duties and to follow Froedtert Health policy and regulatory requirements. Froedtert Health encourages and supports open and honest reporting when events or any unsafe conditions or practices are identified. The goal is to prevent, detect and mitigate any situation or practice that is not safe or compliant.
Discrimination and Harassment

I will treat all people equally and fairly and will not harass or discriminate against another individual.

Everyone deserves dignity and respect. Froedtert Health is committed to fostering an environment of equality where all individuals are treated with dignity, fairness and respect. We are further committed to providing an environment where all individuals are protected from discrimination on the basis of race, color, national origin, age, disability and sex; including discrimination based on pregnancy, gender identity and sex stereotyping. Sexual harassment and intimidation is prohibited. Any individual who feels he/she has been subjected to discrimination, harassment or intimidation should immediately report the incident to a leader, Human Resources or the Corporate Compliance Hotline.

Physician Relationships

It is important that those staff members who interact with physicians are aware of the requirements of laws, regulations and policies that address relationships between facilities and physicians. This knowledge is especially important if you have a role in making payments to physicians for services rendered, leasing space, recruiting physicians to the community or arranging for physicians to serve in leadership positions in facilities. Any business arrangement with a physician must be in writing and must be reviewed and approved by the Froedtert Health Legal Department.

Conflicts of Interest

I will disclose the existence and nature of any actual or possible conflicts of interest between my personal interests and the interest of the organization.

All relationships and decisions must be in the best interest of our patients and the organization. Never influence or make decisions that result in our own personal financial benefit or our immediate family members’ financial benefit. This can occur when a staff member has authority to negotiate, recommend or influence a business decision. All staff members should report potential conflicts of interest to the Corporate Compliance Department.

Giving Free Supplies, Equipment or Services

I will not attempt to influence patients or any other person with an offer of free supplies, services or equipment.

Staff must follow corporate policy prior to any consideration of free or discounted supplies, services or equipment to patients. Giving free supplies, equipment or services to patients can be viewed by the government as an incentive or a way to influence the patient to use only our health care services.

Gifts/Nonmonetary Compensation to Physicians and Medical Staff

I will not solicit or accept money, gifts, business courtesies or other items of value from our patients, patient family members, external organizations/individuals and/or others.

The offer of money, gifts, services and entertainment should never influence a decision, selection of a vendor or affect the care of a patient. Staff must never accept cash directly, but instead direct those contributors to the respective hospital foundation. Staff may only accept tangible gifts from patients or patient family members when they are of nominal value or when they can be shared with their department and/or coworkers. Examples of nominal gifts include flowers, cookies, etc. Staff agree to follow corporate policy as it relates to the acceptance of gifts or anything of value from an external organization/individual. Staff must never offer or give money or gifts to governmental officials. Any form of gifts or nonmonetary compensation for providers must receive prior approval from the Compliance Department.

Billings and Claims

I will accurately and appropriately document and bill for the services provided by me or my department.

Froedtert Health takes great care to assure that all billings to the government, third-party payers and patients are accurate and conform to all applicable federal and state laws and regulations. We prohibit any employee or agent of Froedtert Health from knowingly presenting, or causing to be presented, claims for payment or approval that are false, fictitious or fraudulent. Strict federal and state laws and regulations govern third-party billing of our insured patients. Froedtert Health is committed to full compliance with federal health care program requirements, including preparing and submitting accurate claims consistent with such requirements. We monitor and verify that claims
are submitted accurately and appropriately. Some examples of compliant billing practices are:

- Submitting charges that accurately represent the care, services and supplies provided to patients.
- Including written documentation in the Legal Health Record that supports the services they provide and bill for.
- Claims are correctly prepared and submitted in accordance with regulations, organizational and departmental policy whether the activities are performed by Froedtert Health staff or an outsourced vendor.
- Monitor billing activities to detect any deliberate or accidental occurrences of incorrect billing.

All staff should be aware of and refer to the Billing Compliance Policy that is applicable to their business. These policies outline the False Claims Act and describe how the government protects individuals who report fraud and abuse.

_Froedtert Health Billing Compliance Policy_

**Proper Use of Company Property and Assets**

_I will protect the organization’s equipment, supplies, property and other assets against loss, theft, destruction and misuse._

Part of the job of every staff member is to keep the costs of health care down. One way to assist in doing that is to protect our organization’s assets. Staff should only use supplies and equipment (as well as electronic technology, storage and applications) for Froedtert Health business and never for personal use or benefit. We must make sure that we secure things of value and take precautions so our equipment and supplies are not lost, stolen, compromised or misused.

**Accuracy, Retention and Destruction of Documents and Records**

_I am committed to both retaining and maintaining timely and accurate patient and business records._

Each staff member is responsible for the integrity and accuracy of our organization’s documents and records, not only to comply with regulatory and legal requirements, but also to make sure records are available to support our business practices and actions. No one may alter or falsify information on any business or patient record or document. Records must be retained and destroyed in accordance with the law and our record retention policies.

_Record Retention Policy (See Facility Policies)_

**Enforcement and Corrective Action**

_I may be subject to corrective and/or legal actions if I do not follow laws and/or Froedtert Health Policies that apply to my job and my job duties._

All Froedtert Health staff must carry out their job duties in accordance with Froedtert Health standards of staff conduct and performance as stated in policies and procedures and as required by law. Staff members who violate a law or Froedtert Health standards, policies and/or procedures is subject to corrective action and potential external reporting as required under state and/or federal guidelines/rules. Illegal actions may involve law enforcement and/or legal action as applicable. The specific actions taken will depend on the nature and severity of the violation.

_Corrective Action Policy_

**Summary**

Abiding by the Code of Business Conduct, Froedtert Health Policies and Procedures, as well as state and federal laws, is critical to maintaining a safe and thriving environment. Seriously consider the manner in which you conduct yourself at work, and always choose to do the right thing by our patients, our staff and the organization.

_Revised February 2019_
Confidentiality Policy

A. To outline the responsibility, expectations and accountability for all Workforce Members to maintain and protect the confidentiality of patient, workforce and other business information at Froedert Health (FH).

B. To describe the consequences for failing to comply with the rules, and expected behaviors or actions.

Definitions

A. Confidential Information - For purposes of this policy, confidential information includes any information not publicly available that belongs to FH or is related to FH business operations.

1. Patient’s Protected Health Information (PHI): Any individually identifiable health information, whether oral, written, electronic, transmitted, or maintained in any form or medium that:
   I. Is created or received by a health care provider, a health plan, or a health care clearinghouse; and
   II. Relates to an individual’s past, present, or future physical or mental health condition, health care treatment, or the past, present or future payment for health care services to the individual; and
   III. Either identifies an individual (for example, name, social security number or medical record number) or can reasonably be used to find out the person’s identity (address, telephone number, birth date, e-mail address, and names of relatives or employers)

IV. Protected health information excludes individually identifiable health information contained in employment records held by a covered entity in its role as employer; in addition to any person who has been deceased for more than 50 years.

2. Information Pertaining to Workforce: Examples include salaries, benefits/claims, employment records, corrective actions, social security numbers, workforce health, occupational health, and payroll information, etc.

3. Business Information: Examples include FH financial, strategic, operations, contracts, research, internal communications or other proprietary information or information not publicly available.

B. Froedert Health Affiliate (FH Affiliate) - For purposes of this policy, Froedert Health Affiliate refers to: Froedert Memorial Lutheran Hospital, Inc.; Community Memorial Hospital of Menomonee Falls, Inc.; St. Joseph’s Community
C. Workforce Member – For purposes of this policy, FH or FH Affiliate employee, volunteer, student, temporary worker or other persons whose conduct in the performance of work is under the direct control of FH or a FH Affiliate, whether or not they are paid by FH or FH Affiliate.

D. All terms relevant to the Privacy Rule are defined in the Corporate Policy FH-COM.031- HIPAA Privacy Definitions.
to sign the FH Confidentiality Agreements due to the sensitive information they may come into contact with during their business engagement. Those agreements are to be stored in the departmental files and retained for 6 years after the engagement has ended.

J. Workforce Members have an obligation and responsibility to immediately report to the FH Compliance Department (FH Compliance) any activities that may compromise the privacy and/or security of our staff, business and/or patient information. FH will not retaliate against individuals who, in good faith, bring forth information of non-compliance. For more information on the reporting policy and procedures, refer to Corporate Policy FH-COM.025 Compliance Reporting, Hotline and Non-Retaliation.

K. FH Compliance is responsible for and will investigate and respond as appropriate to all reported concerns related to privacy and confidentiality. If a breach of our patient’s Confidential Information has occurred, FH Compliance will follow all applicable rules and regulations regarding breach notification which are outlined in the Corporate Policy: FH-COM.006 Notification of Breach of Protected Health Information.

L. Routine auditing and monitoring of system use and access may be conducted at any time and without notice. A Workforce Member’s system access may be revoked at any time.

M. FH will administer appropriate and consistent sanctions and will take corrective action against those Workforce Members who do not follow the rules, regulations and expected behaviors or actions.

Procedure

A. Only the Minimum Amount of Confidential Information should be acquired, accessed, used or disclosed when carrying out any given task. For example:
1. Workforce Members must not access, use or disclose information beyond the scope of his/her job responsibilities and are only authorized to access the data elements necessary to carry out his/her legitimate job duties. Staff who are unsure of the scope of their job duties or authorization to access PHI are required to seek immediate clarification from their leader.
2. Social Security Numbers will not be acquired, accessed, used or disclosed unless it is required to fulfill a business need. This includes having Social Security Numbers on reports or other documents when it is not needed or required.
3. Electronic security access is granted in accordance with the Workforce Members role and responsibility and in accordance with FH Information Technology policies and procedures.
4. Reports, spreadsheets and databases will only contain the data elements necessary to fulfill the business purpose and will be stored in a secure environment and for the appropriate length of time.

B. Disposal of Confidential Information must be done in a manner that ensures that the information cannot be identified, recovered or reconstructed and done in accordance with Corporate Policy: FH-COM.030 Disposal of Protected Health Information and Other Confidential Information. Workforce Members are required to use the locked/secure recycle bins or other authorized manner of disposal for the disposal of all Confidential Information. Confidential Information must never be discarded in regular trash bins or dumpsters.

C. Storing of Confidential Information must be done in a location (both physically and electronically) that is only accessible to those that require the information. Only store the information as long as required and in accordance to the Record Retention policies and regulatory requirements. For example:
1. Confidential Information in electronic format should not be stored on a shared or public drive, local hard drive, non-encrypted USB, mobile device, personal device or any other device that is not in compliance with FH Information Technology policy and procedures.
2. Departments should not indefinitely store data, internal reports, spreadsheets or other databases that are used for a
specific departmental use to track productivity, quality monitoring or for other internal purposes. (Unless required by law or other requirement, or is specifically addressed in a FH Affiliate record retention policy) Departments should perform regular maintenance of their electronic and physical space to assure that only the necessary data and information is retained.

D. Physical Environment Protections:
1. Keep all Confidential Information, devices or equipment that contain confidential information physically secure to prevent any unauthorized person from gaining access.
   a. Areas that do not have the capability of being locked during off hours must have an established process to assure that Confidential Information is not left easily viewable or accessible by others.
   b. Workforce Members that are in roles where removal of Confidential Information from the facility is authorized, are responsible for the security of the information in his/her possession. Confidential Information, including laptops, should never be left in an unlocked vehicle or in plain sight, or left unattended in a public location where others may steal, view or access it.
   c. Confidential Information should not be left carelessly in conference rooms, restrooms, dining locations, photocopiers or other publicly accessible locations. Any Workforce Member who discovers Confidential Information in a public location, is responsible for securing the information (e.g. disposing in the locked/secure recycle bins, or delivering to the owner, when known.)

E. Careful Dissemination of Confidential Information is critical in preventing errors and mishandling of information.
1. When disseminating or handing out documents or other information which contain PHI or other Confidential Information, Workforce Members must validate that they have the correct information prior to dissemination. For example, Workforce Members must:
   a. Positively identify the patient or staff member by validating identifiers (name and date of birth) prior to distributing any information.
   b. Validate each page of the documents or information that is to be distributed to ensure that all the correct information is enclosed and that no other information has been accidentally included.
2. When mailing information, verify that all of the correct papers are enclosed and match the name addressed on the envelope prior to sealing the envelope. Ensure that the envelope is properly addressed and select the appropriate type of envelope or sturdy packaging to ensure it will safely secure the documents during the mailing process.
3. When emailing Confidential Information within Froedtert Health, validate that the correct recipients have been selected to receive the email. If the email is going to another organization outside of Froedtert Health, (this does not include emails to/from MCW), type SECURE in the subject line to force the email to be encrypted. For additional information regarding emailing of confidential information, refer to the Email and Internet and Usage Policy FH-IT.025.
4. When routing Confidential Information throughout the health system, information must be protected to the extent possible to maintain its confidentiality. For example, only use the approved inter-office envelopes and complete all of the fields of information required on the outside of the envelope so it is properly delivered.
   a. If Confidential Information is misdirected and the recipient is unaware of who the owner or intended recipient is, the recipient may either dispose of the information in a locked recycle bin, or forward the information to the FH Compliance Department for proper identification or disposal.
5. When faxing PHI or other Confidential Information, Workforce Members must validate that they have the correct fax number, and to use caution when entering the number in the fax machine to prevent errors. Appropriate fax cover sheets must always be used and the Corporate Faxing Policy FH-HIM.010 must be followed.
6. When a Workforce Member receives a complaint or they discover that Confidential Information was mishandled or accidentally released to an unintended recipient, they must immediately report the incident to his/her Leader and to the FH Compliance Department.

F. Computer and other Electronic Security
1. Workforce Members must secure the computer workstation when it is left unattended. They must also:
   a. Alert other Workforce Members when they discover their workstations not properly secured.
   b. Notify Department Leader and/or FH Compliance if non-compliant practices continue.
2. Each Workforce Member is responsible for all activity and access that occurs under his/her UserID/password and will be held accountable for any inappropriate activities that may occur.
   a. Never share unique computer UserID/password information or share ID badges with anyone.
b. User must never allow anyone else to use a computer that they are logged into.
c. Never write your password down and leave it in a public or unsecure area where others may have access to it.
d. Never access a computer network, application or any other electronic information under another individual’s UserID/password.

3. Workforce Members will not email Confidential Information to any personal web email accounts. For any exceptions, discuss with your immediate Supervisor or the Compliance Department.
4. Workforce Members with mobile devices that contain access to Confidential Information must follow the FH Information Technology approval process, proper remote access policies and all other policies and procedures, in addition to wiping confidential information from the mobile device prior to end of employment.
5. Workforce Members may not make any unauthorized transmissions, inquiries, modifications or purging of Confidential Information and will not modify the workstation configuration, or use or add software to workstations without prior authorization from the FH Information Technology Department and the appropriate Leader.
6. If Workforce Members are provided direction or instruction that is in opposition with computer and/or electronic security policies or rules, or if they become aware of a situation that compromises the security of our systems, or unique UserIDs/passwords, Workforce Members are responsible to immediately report the incident to the FH Information Technology Department.
7. Workforce Members should not send in-basket messages to staff members who are receiving care as a patient. Any patient who happens to be a staff member should receive communication in the same manner as all other patients. (i.e. MyChart, phone calls, etc.)
8. Workforce Members will not post any patient information, including photographs or videos, on any Social Media Site.

G. Paging/Messaging Confidential Information
1. When necessary to deliver timely information to care providers, it is acceptable to include limited patient identifiers when sending messages through pagers. The intent is to provide necessary information to assist with safe and efficient care to patients. Workforce Members must:
   a. Use caution when sending messages to prevent improper disclosures.
   b. Never include mental health, HIV, sexually transmitted disease, or other highly sensitive information or diagnosis information.
   c. Provide the minimum amount of information that is necessary.
   d. Examples of acceptable elements for messaging: Patient full name, date of birth, medical record number, room number, non-sensitive results, description of complaint or reason for message.

H. Verbal Disclosures of Confidential Information requires Workforce Members to comply with the following guidelines:
1. Never discuss confidential business, workforce, or patient information with others that do not have a business reason to know; this includes family members/friends. Examples include:
   a. Do not share interesting or unusual patient situations with others who do not have a business need to know the information. This also includes inappropriate and unprofessional comments or gossip about patients, co-workers or others.
   b. Do not share staff members’ salary, corrective actions or other confidential employment/benefit/claims related information with others.
   c. Do not share confidential business information, transactions, trade secrets or other proprietary information or information not publicly available with others.
2. Care teams must take precautions when talking to patients about his/her health, care and treatment in the presence of others. Request patient visitors to step out of the inpatient room prior to discussing Confidential Information with the patient.
3. Speak softly in public areas, check-in areas and waiting rooms to prevent others from overhearing the information.
4. Close doors when possible to prevent others from overhearing information they do not require and to maintain the patient's overall privacy.
5. Use caution when having conversations in public areas such as elevators, dining locations, hallways and restrooms to prevent others from overhearing the conversation.
6. Care teams should be aware of surroundings when discussing patient information in the space directly outside of
professional discretion and judgment should be used when discussing patient information with patient’s family or friends. When possible, obtain patient's verbal consent prior to disclosing relevant information. In the event the patient is unable to consent, use professional judgment and keep the patient’s best interest in mind by sharing information only with family or friends who are currently involved in the patient’s care and by limiting the information to what they need to know about the current episode of care.

8. Information relevant to a patient’s insurance claim or detailed bill may be discussed with the guarantor on the patient’s account.

9. Voice messages may be left for patients and should generally include very basic information. Do not leave messages with specific health information on a voice message. Examples of acceptable information to be left on a voice message are:
   a. Name of the facility calling
   b. Name of the individual calling
   c. Contact information
   d. General comment or statement which describes the purpose of the phone message.
   e. Information about an appointment may include instructions the patient needs to know to be prepared for the appointment and to avoid the appointment from being cancelled. (i.e. eating, drinking, medication restrictions)

I. Reporting Suspected or Known Non-Compliance

1. It is the responsibility of each Workforce Member to immediately report any knowledge or suspicion of non-compliance to the FH Compliance Department. For further details on reporting, please refer to corporate policy- FH-COM.025 Compliance Reporting, Hotline and Non-Retaliation.

J. Sanctions for Breach of Confidentiality

1. Any Workforce Member who fails to comply with the confidentiality rules, policies and/or laws is subject to corrective action up to and including immediate termination of employment or business relationship.
2. Other actions such as remediation education, root cause analysis or other activities may be assigned to the leader and/or Workforce Member, depending upon the incident and severity of the violation.
3. Depending on the violations, reporting to applicable state licensing boards, law enforcement, affected parties and/or other external agencies may apply.
4. Upon completion of an investigation, a severity level is assigned to the incident based on the facts, circumstances, risk and severity of the incident. The following are common examples of privacy violations and what severity level they may fall into, depending upon the circumstances involved.
   a. Level 1 Severity: Generally involve lower risk infractions that are typically accidental or careless acts that result in non-compliance or breach of confidentiality. This may include patterns of failure to validate information, such as patient identifiers prior to distributing, mailing, faxing or handing out patient information or other confidential information. Any of these examples may escalate to a higher level severity infraction depending upon the particular facts and circumstances involved.
     (i) Patterns of accidental or careless actions, disregard of policy and procedures or overall poor performance by a workforce member will result in corrective action. Root cause analysis and re-education may be required.
   b. Level 2 Severity: Moderate risk or severity of infractions which are prohibited acts, where despite training, an individual does not follow policies. Typically these incidents are not accidental in nature and may be viewed as a more egregious action that results in non-compliance or breach of confidentiality. This may include actions such as accessing patient information beyond the scope of defined job role; but not deemed as curiosity or for personal reasons, accessing provider schedules, removing PHI or other confidential information from the facility for legitimate purpose but it is subsequently lost or stolen, disclosing patient information or location when the patient has opted out of the patient directory, computer username/password violations. Any of these examples may escalate to a Level 3 Severity, depending upon the particular facts and circumstances involved.
     (i) FH will hold staff member accountable by following the Corrective Action Policy, which may include corrective action or termination of employment or business relationship. Root cause analysis and re-education may be required.
   c. Level 3 Severity: Higher risk or severity infraction which involve willful intent, unethical actions, reckless and/or irresponsible acts or complete disregard of the rules. This may include actions such as the use, access or disclosure of patient or confidential information without a legitimate business purpose/job duty. Some examples include: snooping in records, reviewing records for personal reasons, curiosity, inappropriately disclosing confidential information to others that do not require the information, gossiping about patients or others, unethical acts or malicious
actions such as identity theft, fraud, personal gain, custody battles, defamation of character, and estranged relationships
(i) FH has no tolerance for these actions or behaviors and will take immediate corrective action, including the termination of employment or business relationship. Root cause analysis and re-education may be required.
5. Breaches of confidentiality that constitute violations of HIPAA are subject to civil and criminal penalties. The tiered civil money penalties range between $100 and $50,000 per violation, and potentially may be in excess of $1,500,000 for identical violations in a calendar year, determined based on the nature and extent of the violation, the nature and extent of the harm resulting from the violation, and the history of prior non-compliance and the level of culpability.
Public Display With Social Media

Policy Number

FH-HR.004

Purpose

The purpose of this policy is to provide guidelines for the proper use of social media websites or other media to protect the interests of Froedtert (FH) and its affiliates, staff and patients.

Definitions

A. Froedtert Health (FH) and its affiliates include all entities within the health system. Also referred to as the system.

B. Public Display: Includes the posting of any information about FH, its patients or staff members through any electronic means including, but not limited to social networking sites, blogs, instant messaging and tweeting.

C. Social Media is a website or medium that allows users to generate or share content online. Social media includes, but is not limited to, blogs, discussion forums, online review sites, podcasts, video sharing, wikis and social networks such as Facebook, Google+, LinkedIn and Twitter.

Policy

A. In general, FH views the public display of information on social media positively and understands that its staff use social media as a means of self-expression. However, staff need to understand that their actions captured via images, posts, or comments can reflect on FH. If staff choose to identify themselves as staff of FH on such Internet public display venues, some readers may view the staff as a representative or spokesperson of FH.

B. FH maintains an organizational presence on popular social media sites and through blogs. This presence facilitates communication opportunities for patients, staff, and other members of the communities served by FH and its affiliates.

Procedure

A. Guidelines for personal use of Social Media
   1) FH staff are to observe the following guidelines when identifying themselves as FH staff/affiliate or referring to the organization, its programs or activities, its patients, and/or other staff, in any social networking medium.
      a) Staff may not share confidential or proprietary information about FH and are to maintain patient privacy. This
applies to comments posted on blogs, forums, and social networking sites. Staff are not to post pictures or any other information that could identify patients directly (name, social security number, etc.) or indirectly (date of birth, diagnosis, etc.).

b) Whenever staff comment about Froedtert Health in social media, they should disclose their connection to the system and their role. Where staff connection to FH is apparent, he or she needs to make it clear that he or she is speaking for himself or herself and not on behalf of FH. It is also recommended that the staff member include this disclaimer: The views expressed on this [blog; website] are my own and do not reflect the views of my employer. Staff should consider adding this language in an About me section of the blog or networking profile.

c) The use of FH copyrighted logos, trademarks, and intellectual property (which includes those of affiliated hospitals and clinics) is not allowed without written permission of the Vice President of Marketing.

d) Personal social media activities should not interfere with work commitments and job duties and should be limited to non-work hours unless official FH participation is requested as noted below. If staff use FH-issued equipment or FH-provided web space to participate in social media activities, staff is reminded that there is no expectation of privacy with respect to this use.

e) Staff are encouraged to engage in professional and respectful conduct on social media. Social media posts are public or semi-public, and are often permanent.

f) Staff are not to use blogs or personal Web sites to harass, bully, or intimidate other staff or patients. Behaviors that constitute harassment and bullying include, but are not limited to, comments that are derogatory with respect to age, ancestry, national origin, race, religion, gender, sexual orientation, marital status, color, or disability; sexually suggestive, humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another staff or patient. See Rules of Conduct/Corrective Action Policy; Harassment Free Workplace Policy; Internet and Email Usage Policy.

B. Guidelines for Official FHParticipation:

1. Some FH staff members may need to engage in external Internet communication or may be asked to participate on behalf of FH. Any establishment of external sites representing FH or social media participation on behalf of FH are to be pre-approved and coordinated by the Vice President of Marketing. All use of external websites for work-related purposes are to be pre-approved by the Vice President of Marketing.

2. Social networking activities on behalf of FH are to comply with all FH policies and guidelines, including human resources, patient confidentiality, release of patient information, solicitation, and consent for recording, photographing and videotaping patients.

3. When sharing patient identifying health information or images through social media and blogs all uses and disclosures of patient identifying health information shall be carried out in a manner compliant with applicable patient privacy policies, regulations, and standards.

C) The absence of or lack of explicit reference to a specific site does not limit the extent of the application of this policy. Where no policy or guideline exists, staff should use their professional judgment and take the most prudent action possible.

D) Any staff found to be in violation of any portion of this staff Public Display with Social Media Policy will be subject to disciplinary action, up to and including termination of employment. Inappropriate disclosure of patient information may also result in civil and criminal penalties for patient privacy breach.

E) Staff who become aware of violations of this policy are to bring such information to their manager’s attention. Managers are to bring this information to the Human Resources site director.

F) FH will not be responsible for any staff posting on any social media site not approved by the Vice President of Marketing. Staff are responsible for reading, knowing and complying with the Terms of Service of the sites they use. Questions concerning this policy should be brought to the attention of the Vice President of Marketing.

G) Nothing in this Public Display with Social Media Policy should be interpreted or applied in a manner that would interfere with any rights under the National Labor Relations Act or any other state or federal law.
Issuing Authority

FH Corporate Policy Committee

Distribution

Froedtert Health

category

Human Resources,
## Dress Code - Personal Appearance

### Description

Dress code personal appearance

### Policy Number

FH-HR.002

### Purpose

A. To maintain a high standard of personal appearance that exemplifies the organization’s professionalism and excellence in serving its customers.

B. To ensure the integrity of the Froedtert & the Medical College of Wisconsin brand on apparel.

### Definitions

A. Froedtert Health and its affiliates includes all entities within the health system, also referred to as the system.

B. Staff: Any person employed by and receiving wages from FroedtertHealth.

C. Direct patient care staff are staff who have regular hands on care of patients or are in positions where exposure to hazards (as defined by OSHA standard 1910.136(a)) may occur.

D. OSHA Standard 1910.136(a) mandates that caregivers use protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where such caregiver’s feet are exposed to electrical hazards. Closed toed shoes are required in departments and areas in which the above hazards exist including all patient care areas. In addition, OSHA requires that protective clothing/covering must be worn that will prevent blood or other potentially infectious materials from reaching the skin.

### Policy
A. All staff members providing services within the Froedtert Health system are required to follow a dress code.

B. The professional appearance and cleanliness of staff directly influence how patients, visitors, and other staff members perceive them and the organization.

C. Staff must present a neat, clean and well-groomed appearance and dress in a manner appropriate to his/her function in the organization.

D. Each leader has the option to develop a department-specific dress code based on the needs of the department and within the general guidelines of this policy. Staff must refer to their department policy for additional guidelines or clarification.

### Procedure

**A. Clothing**

1. Staff are required to dress in “business casual attire” in accordance with general business and professional standards. Ties and/or jackets may be required at times depending on the nature of work and position held.
2. Proper undergarments are to be worn and not be exposed or visible through clothing.
3. Clothing with visible words, phrases, logos or graphics are unacceptable. F&MCW approved logos or a small logo as part of a designer brand are acceptable.
4. Clothing or accessories should be professional in appearance, non-offensive, and should never obstruct job performance or cause a safety concern.
5. **Acceptable Attire – General Guidelines**
   a. Attire should be clean, neat, wrinkle-free and in good repair.
   b. Clothing size should be appropriate and adequate for working.
   c. Necklines should be conservative, high enough in cut to provide full coverage, and not expose the chest when leaning or bending forward.
   d. Shirts/tops must be long enough to cover the midriff.
   e. Skirts/dresses must be of reasonable length (no more than two inches above the knee) so that staff can perform daily work activities without exposure.
   f. Pants must be of non-denim material. Dockers-type, twill, khaki, or dress material acceptable. Legging-style pants are not acceptable.
   g. Tailored capri and ankle length style pants must be business professional. Capri pants must be at least length and cannot be too casual or cargo-style (e.g., tie strings, pockets, elastic cuffs, etc.).
   h. Pants cut with a low waist must still provide full coverage.
   i. Footwear appropriate to the job being performed must be worn (see below for direct patient care and non-patient care variance).
6. Acceptable Attire for direct patient care staff as defined in the definition section above:
   a. Scrubs/uniforms, business casual or professional attire required as outlined in specific department policy. Each department will determine the uniform standard in its area. This will be approved by department leadership and align with other parts of this policy.
   b. Sleeveless tops are acceptable only when worn under another garment.
   c. Appropriate closed toe shoes are required. This is in accordance with OSHA Standard 1910.136(a). Only shoes without holes on the top of the foot are acceptable. Shoes with holes do not provide protection from potential needle sticks, splashing from blood or other potentially infectious materials spills and, therefore, are not acceptable.

7. Acceptable attire for staff that work in non-patient care areas
   a. Business casual or professional attire is required.
   b. Sleeveless tops are acceptable only when worn under another garment.
   c. Socks/hosiery are not required.
   d. Shoes may be open toe unless in areas where it would pose a safety concern (e.g., loading dock).

8. Unacceptable Attire. This list is not inclusive of all items or attire that is deemed inappropriate; management reserves the right to determine the appropriateness of any attire worn in the workplace:
   a. T-shirts or apparel worn by staff with visible words, phrases, logos or graphics that does not include the F&MCW logo.
   b. Jean style clothing, t-shirts, halter tops, casual tanktops, sweatshirts, sheer tops, or tops that show baremidriffs.
   c. Sweatpants, yoga pants, leggings, cargo pants, drawstring cropped cargo pants, lycra, shorts, skorts, and mini skirts.
   d. Athletic wear (permissible in areas where a sports club image is desired (e.g., sports medicine)).
   e. Non-business style footwear that is casual in appearances such as sandals, flip-flops, canvas, plastic, etc.

B. For T-shirts and apparel worn by staff as work apparel within any Froedtert Health Facility
   1. On F&MCW branded T-shirts and apparel, the F&MCW logo should be on the left chest. The F&MCW logo can only be displayed in conjunction with a site location and/or official department name.
   2. An employee's name and/or title can be imprinted or embroidered on the right chest.
   3. A tagline/slogan of a department or program can be imprinted or embroidered on the right chest or sleeve of a T-shirt or apparel. (Example: Environmental Services "PRIDE")
   4. An emblem, approved by the Marketing Department, can be imprinted or embroidered on the sleeve of a T-shirt or apparel. (Example: an American flag by members of the Military Veterans Resource Group).
   5. If considered work apparel, any T-shirt or apparel worn by staff that does include the F&MCW logo, and also includes a graphic design and/or large block lettering highlighting departments, services, and/or
programs must meet dress code guidelines as defined by departments with approval of the department vice president.

1. Cosmetics and Offensive Odors
   1. Cosmetics and scented products must be moderate and in good taste in keeping with a professional work atmosphere.
   2. Fragrances may not be worn by staff that have direct patient contact. Fragrances include any scented hygiene products such as lotions, body washes, scented soaps, hand sanitizer, body spray, cologne, etc.
   3. Staff are expected to keep themselves neat and clean, maintaining good hygiene and free of potentially offensive odors, such as strong fragrances, tobacco products, and body odor.
   4. Fragrances may be restricted in any area where sensitivity exists.

2. Jewelry and Piercings
   1. Jewelry, which includes earrings, necklaces, bracelets and other ornamentation, must be conservative in accordance with the professional and business functions of the organization.
   2. Jewelry that may interfere with job functions (e.g. dangling earrings, earrings of an excessive size, long chain necklaces) or possibly result in injury to staff or patients is prohibited.
   3. Ear piercings should be professional, discrete and within safety guidelines.
   4. Other body and facial piercings are not permitted.

3. Hair and Head Coverings
   1. Hair must be well groomed, conservative and of a natural color.
   2. In patient care and food service areas, long hair must be pulled back and secured so that it does not interfere with performance of duties.
   3. Beards and mustaches must be neatly trimmed.
   4. Individual department dress codes will specify whether the use of hair coverings, caps, hair ornaments, scarves and headwear are appropriate for the area.
   5. Head coverings are generally unacceptable unless worn for religious, medical, or safety reasons.

4. Nails
   1. Nails must be well manicured and of a reasonable length for the job function.
   2. Nail polish is allowed as long as it is well maintained.
   3. As recommended by the Center for Disease Control and Prevention, artificial nails, including all types of overlays, are not allowed for staff members who have direct patient contact and/or handle food. The CDC also recommends that natural nails should be less than a quarter inch in length for those who have direct patient contact.
5. Tattoos
   1. Staff will be required to cover tattoos if deemed inappropriate for the workplace by leadership.
   2. Disruptive or offensive tattoos (those that display nudity, profanity, are racially or ethnically offensive in nature, or otherwise do not project a positive image) must be covered.

6. Identification
   1. Staff are required to wear the official Froedtert Health photo ID name badge while on duty.
   2. Photo ID name badge shall be worn above the waist with the picture visible and facing outward. Clipping the ID on the bottom of shirt or pants at or below the waist is not acceptable.
   3. No stickers, buttons or pins may be attached to the photo ID name badge.
   4. A badge extender for behind the current photo ID name badge will promote proper identification (e.g. RN, Physician, etc.). Staff may attach approved professional or service award pins, etc.

7. Reasonable Accommodations
   1. Froedtert Health will allow accommodations for disability or religious purposes provided safety is not an issue.
   2. Staff should make requests for accommodation to their direct leader.

8. Adherence
   1. Leaders are expected to reasonably and consistently apply the guidelines to all staff under their supervision.
   2. Leaders may also set forth other specific standards necessary for the proper functioning of their area of responsibility.
   3. All federal, state and local laws, regulations, codes, etc., relating to sanitation, infection control, health and safety must be enforced universally.
   4. Leaders must counsel and advise staff when their personal appearance is unacceptable.
   5. Staff who refuse or are unable to follow either organizational or departmental personal appearance guidelines may receive corrective action following the FH-HR.001 Corrective Action policy.
   6. Leaders reserve the right to send any person who violates any part of the dress code policy home to change clothes. The time spent away from work for this reason will be unpaid.
Accessing Computer Polices at Froedtert Hospital

Accessing Policies for Nursing at FH

Logging In
Logging in is not required to search policies within Medworxx.

Begin Policy Search
Once inside Medworxx, use the “Search” drop down menu and click on “FH Policy and Procedure”.

Keyword Search Example
Using the “Keywords” field, type in a keyword (1) and click “Search” (2). This will locate policies containing that keyword inside its body text.

Name Search Example
This will search and display policies with that keyword (1) in the policy’s title.

Categories Search Example
Using the “Categories” tab, click on a folder to only apply your search to a specific location. In this example, clicking “Froedtert Hospital” has given a search result of 336 policies.
**Clinical (Formally Multidisciplinary)**

Click subfolders to narrow your search even more. Clicking “Clinical” has reduced our search result to 48 policies. This section includes Froedtert Hospital Corporate policies formerly known as “Multidisciplinary”. Always start in this category for patient care policy searches.

**Search Clinical-All PCS**

When searching for patient care policies that apply to multiple areas start with the “Clinical-All PCS” folder. These are the nursing policies typically managed by the FMLH Professional Practice Council.

**Search By Policy Number Step 1**

Click “Advanced”.

**Search By Policy Number Step 2**

Under “Type” choose “FH Policy and Procedure”.

**Search By Policy Number Step 3**

Enter the policy number in the “PolicyNumber” field and click “Search”.
**Starring Policies**

You must be logged in to Medworxx to “Star” items and save them to a folder.

Click on the “Star Item” icon, click the folder where you want to add the policy, and then click on the “Add” button.

Starred policies will be located under the “My Policies” tab at the top of the menu bar. You can store a maximum of 25 policies in one folder.

Right click on the “All Content” (1) folder to create a new folder. A pop up window will open and you can name your new folder.

Your folder(s) will always contain the most updated version of the policies as they exist in Medworxx.

---

**Search All Policies by Department**

Keywords are not needed to search for policies. If “Keyword Search” (1) fields are empty, all policies associated with departments will be displayed when clicking on department folders in the “Categories” tab.

---

**The “Reset” Button**

Use the “Reset” button between searches to clear the previous search.

---

**Medworxx Zoom Feature**

If a policy is too small to read, use the zoom feature in the lower right hand corner of the Medworxx window to enlarge it. (Internet Explorer)

---

**Help!**

Call the Service (Help) Desk for assistance.

They have received additional Medworxx training and are available to assist you. Calls are logged and issues are tracked so improvements can be made.

Call with your concerns: We need your help to identify what is not working well.

(414) 805-2101
Accessing Computer Policies at Froedtert Menomonee Falls Hospital or Froedtert West Bend Hospital

Accessing Policies for the CHD

Logging In
Logging in is not required to search policies within Medworxx.

Begin Policy Search
Once inside Medworxx, use the “Search” drop down menu and click on “FH Policy and Procedure”.

Keyword Search Example
Using the “Keywords” field, type in a keyword (1) and click “Search” (2). This will locate policies containing that keyword inside its body text.

Name Search Example
This will search and display policies with that keyword (1) in the policy’s title.

Categories Search Example
Using the “Categories” tab, click on a folder to only apply your search to a specific location. In this example, “Community Memorial Hospital” has been clicked.
Search Clinical (Formally Nursing Administration)
Click subfolders to narrow your search even more. Clicking the sub folder "Clinical" has reduced our search result to 23 policies.

SEARCH

Keyword Search Categories

Categories
- Freestart Health Corporate
- Freestart Hospital
- Community Memorial Hospital
- Administration
  - Clinical (formerly Nursing Administration)
  - Health Information Management

Policy Search by Department
Policies can also be searched by department or unit.

- Community Memorial Hospital Departmental Policies
  - Anesthesia
  - Anesthesia OB
  - Bio-Medical Engineering

Clicking "Nursing ICU" shows 5 results for the keyword "Blood".

Keyword Search by Department
"St Joseph's Hospital" has a folder too, along with its own set of sub folders.

Search All Policies by Department
Keywords are not needed to search for policies. If "Keyword Search" (1) fields are empty, all policies associated with departments will be displayed when clicking on department folders in the "Categories" tab.

Search By Policy Number 01
Click "Advanced".

Search By Policy Number 02
Under "Type" choose "FH Policy and Procedure".

Search by Policy Number 03
Enter the policy number in the "PolicyNumber" field and click "Search".
Starring Policies

You must be logged in to Medworxx to “Star” items and save them to a folder.

Click on the “Star Item” icon, click the folder where you want to add the policy, and then click on the “Add” button.

Starred policies will be located under the “My Policies” tab at the top of the menu bar. You can store a maximum of 25 policies in one folder.

Right click on the “All Content” folder to create a new folder. A pop up window will open and you can name your new folder.

Your folder(s) will always contain the most updated version of the policies as they exist in Medworxx.

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Help!

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They have received additional Medworxx training and are available to assist you. Calls are logged and issues are tracked so improvements can be made.

Call with your concerns: We need your help to identify what is not working well.

(414) 805-2101
Parking Information for Froedtert Hospital Students

Parking will be provided for students who have a clinical placement at Froedtert Hospital via the staff shuttle service from State Fair Park.

Students who are Froedtert Hospital staff members may park in their assigned parking area.

Please review the following important information to obtain a Student ID badge and parking assignment.

Student ID & Parking Process:

- Obtain a Froedtert Student ID at least one week prior to the start of clinical
- You must obtain ID badge prior to going to the Parking Office
  - Complete the attached Student ID Card Request
  - Take completed Student ID Card Request to the Security/Badge Office (located at Froedtert Hospital 9200 W Wisconsin Avenue - from the 2nd floor lobby entrance take the B elevators to the 1st floor, office is across from the Belevators)
  - Froedtert Student ID cost is $5 (non-refundable)
  - Security/Badge Office is open Monday through Friday from 6am-4:30pm
  - Froedtert Student ID is required to board the shuttle
  - Return Froedtert Student ID to the Security/Badge Office at the end of Froedtert Hospital clinical experience(s)
- Once you have obtained your Froedtert Student ID, take the Froedtert Student ID to the Parking Office to complete the Froedtert parking application.
  - The Parking Office is located in Parking Area 3 on Level A near the staff exit lanes. From the 2nd floor lobby entrance, follow the corridor towards the Jelevators.
  - Parking Area 3 is located just west of 87th Street and north of Doyne Avenue
  - The Parking Office is open Monday through Friday from 7:30am-4:30pm
  - When completing the parking application, additional shuttle information & maps to and from the shuttle parking area will be made available

We are committed to managing parking for patients, staff and students.

Parking in areas other than your assigned location may result in termination of your student clinical placement.

See additional information - Parking for Students in Clinical at Froedtert Hospital State Fair Shuttle FAQ or visit www.froedtert.com and search student parking.

Questions should be directed to the StudentParking@froedtert.com mailbox.
PARKING FOR STUDENTS IN CLINICAL AT FROEDTERT HOSPITAL

STATE FAIR SHUTTLE FAQ

What is the impact to patients?
- Allowing students to ride the shuttle and park in the off-campus parking location opens more spaces on campus for patients and visitors. This parking accommodation provides patients with convenient and adequate parking closest to entrances, sufficient parking for staff, and parking for students.

ACCOUNTABILITY

What is the process for obtaining parking access?
- Students who are Froedtert staff members may park in their assigned parking for clinicals.
- Students who are not staff members are expected to obtain a Froedtert Student ID and submit an application at the Froedtert Parking Office prior to the start of their clinical.

What happens if parking privileges are violated?
- Students need a Froedtert Student ID badge to access the shuttle.
- Ridership will be monitored.
- Parking on campus when assigned to the Shuttle Lot is considered a violation of the parking agreement. Violations will be addressed and may result in termination of student clinical at Froedtert Hospital.

Do I need a parking pass or badge for my car?
- Yes. For the safety of staff, we partner with State Fair Security to monitor the parking area.
- Only authorized cars can park in the lot at State Fair.
- You will receive a small window cling; place on the back windshield in the upper right corner (passengerside).

SHUTTLE SERVICE SCHEDULE AND DETAILS

What hours does the shuttle run? What if I am here after midnight?
- The shuttle runs 4:30 a.m. through midnight, Monday through Friday.
- The shuttle does NOT operate on weekends and observed holidays. Students having clinical on these days are allowed to park on campus. Please park in a staff reserved space in Parking Area 1 (front of hospital) or Parking Area 3 (back of hospital). Enter these areas through the patient/visitor gates. The entrance gates at the patient/visitor entrances to Parking Areas 1 & 3 are raised on weekends and holidays.
- For any student leaving after midnight, transportation to State Fair is available by contacting (SOC) Security Operations Center (5-7070) 30 minutes prior to the end of shift in order to schedule a ride back to State Fair.
  - The student provides the SOC with their information including name, work location, contact number (cell phone), vehicle information, desired pick up location, and shift end time.
  - A FMLH security officer will meet the student in the lobby of the ED or West Hospital (main) entrance 30 minutes after the call is placed and provide transport to the State Fair via FMLH vehicle.
What if I am not able to provide a 30 minute advance notice to Security?

- Notifications made less than 30 minutes prior to the end of shift may experience longer wait times depending on security officer availability.
- Security takes all possible steps to ensure that any wait times are kept to a minimum.

- How long is the shuttle ride? What are the pick-up/drop off times?
  - The shuttle ride is approximately 12-15 minutes.
  - Shuttles run a continuous loop so there are no specific pick-up/drop off times.
  - Shuttles depart every five to seven minutes during peak times. Shuttles depart every 13-15 minutes during non-peak times.

- Which gate at State Fair is the drop off/pick-up location?
  - North gate, east of the Pettit National Ice Center (enter off 84th or 76th streets).
  - Maps are available from the Parking Office.
  - Appropriate signage is posted at State Fair.

- Where are the drop off/pick-up sites at Froedtert Hospital?
  - There is one drop off and pick up location on the east side of the hospital (Specialty Clinics entrance, Level 1).

- What happens if I need to leave urgently during the day? How do I get back to my car?
  - Shuttles depart every five to seven minutes during peak times (6:30 - 8:30 a.m. and 3:30- 5:30 p.m.).
  - Shuttles depart every 12-15 minutes during non-peak times.

**Exceptions**

- What if I have a medical issue and feel I cannot ride the shuttle?
  - Student should submit a request for parking accommodation to FHADAResquests@froedtert.com.
  - In the email, state you are requesting a parking accommodation; include your name and preferred method of receiving information (work email, home email, or US mail).
  - Occupational Health and Human Resources will review and finalize details.

**About the Shuttle**

- How many passengers do the shuttles hold?
  - During morning and evening rush hours, the number of shuttles is increased to meet demand.
  - 14 and 33 passenger vehicles are being used on the shuttle route.

- Is there a covered structure at State Fair to protect from the elements?
  - State Fair parking is surface parking; there is not a covered structure option.

- Is there an app that allows students to track the shuttle?
  - Two offsite shuttle vehicles are equipped with GPS tracking capability. Both shuttles operating between 7:30pm and 12:00am are able to be tracked via the DoubleMap Bus Tracker app.
  - To select the Froedtert system, in the menu tab (identified as three horizontal lines), click on “Select System” then click on “Froedtert, Milwaukee, (WI).

- Who maintains the State Fair lot (i.e. plowing, salting, etc.)
  - State Fair has the equipment to maintain the lot for snow removal and salting.
Are there amenities available either on the shuttle or at State Fair (Wi-Fi, bathrooms)?
- There is heat and air conditioning on the shuttles.
- There are no restrooms on the shuttles themselves but there is access to restrooms on the State Fair parking area.
- Wi-Fi is not available.

**SECURITY**

Is there security at the State Fair?
- Yes, security is provided by both State Fair and by the Froedtert Security Department.
- For an emergency, dial 911.
- There is a manned booth from 4 a.m. – 12 a.m.; the phone number is listed below.
- There is a patrol vehicle on the grounds as well and you are able to call the vehicle any time.

*****For safety purposes, no one is allowed on the shuttle without proper identification.

Security numbers:
- State Fair Security Booth: 414-750-0178
- State Fair Dispatch: 414-266-7033
- FMLH Security: 414-805-7070

**OTHER**

Is there a bus route to State Fair?
- There is a bus route that appears to run from around State Fair Park to Froedtert Hospital (route 67). Please refer to the [Milwaukee Country Transit System website](http://milwaukeecountytotransit.com) for the most accurate information.

**QUESTIONS?**

Questions may be directed to the StudentParking@froedtert.com mailbox.
Parking Information for Froedtert Menomonee Falls Hospital

We offer free and convenient parking for faculty and students. We ask that you park in lot “J” if you are at Froedtert Menomonee Falls Hospital during the hours 0700- 1500. Lot J is located on the east side of the street on Town Hall Road. Students & faculty with clinical experiences after 1500 may park in any employee lot. You may enter the hospital either through the front entrance or through the designated staff entrance around the back of the hospital by the Women’s Center.

It is very important that faculty and students park in the designated lot. You will be asked to provide us your car license plate numbers for any vehicle parked on campus. Security does patrol the parking lots. Student and instructors parked in lots other than their designated lot will be ticketed and potentially towed. We appreciate your cooperation. See map below for directions.

Froedtert West Bend Hospital Parking

Students and Instructors may park in the back of the front parking lot and enter through the main entrance of the building.
Student Unit/Department Orientation Checklist

All students must complete a Student Unit/Department Orientation Checklist for each unit/department assignment. The form must be signed by the student and co-signed by the preceptor or clinical instructor. The checklist must be completed prior to patient care.

Students: Return checklist to your instructor or preceptor no later than one week from clinical start date.

Instructors/Preceptors: Checklists should be scanned and emailed to: StudentDeptChecklists@froedtert.com

Direct questions to Organizational Learning at 414-805-5393.

☐ Reviews ICOE (In Case Of Emergency) Book
☐ Identifies evacuation routes from unit/department and relocation point
☐ Explains fire safety procedures for site/department
☐ Identifies emergency phone number for site
☐ Locates fire pulls and exits
☐ Locates online Safety Data Sheets (SDS)
☐ Reviews equipment safety procedures
☐ Explains events or situations which may impact staff, patient, or visitor safety
☐ Locates Safety Event Reporting sheet
☐ Explains process for reporting safety event

☐ Demonstrates use of AIDET communication framework
☐ Explains strategies which positively impact patient satisfaction

☐ Reviews department specific communication systems (call light system, Rauland, Vocera, as applicable)
☐ Explains student parking expectations at assigned location
☐ Reviews site policies for personal cell phone use and other personal electronic devices
☐ Tours unit/department and assigned work area
☐ Describes dress code and personal appearance expectations
☐ Locates lockers/locker rooms and restrooms
☐ Locates supply rooms and clean/dirty holds

For students assigned with an individual preceptor:
☐ Discusses call-in procedures with your preceptor (sick, late, etc.)
☐ Locates department/leader/preceptor contact information

My signature indicates items listed above are complete.
I am accountable for this information and will ask questions and seek out resources if I am unsure.

Print Student Name (legibly): ____________________________________________ Date: ____________________

Hospital/Clinic: ____________________________ Department/Unit: ____________________________

Print Instructor/Preceptor Name (legibly): ____________________________________________

Instructor/Preceptor Signature: ______________________________________________________

School Name: ________________________________________________________________

11/8/2019-Organizational Learning
Instructor and Student EPIC Information
Cosigning Notes in EPIC

Per Froedtert policy all student documentation must be cosigned. This requirement is in place whether a student writes a note or not.

☐ Students document notes related to the patient’s care plan progress in a Progress Note.
   • Select the Notes Activity

3. Click on New Note

4. Identify note as Progress Note. The student is required to add a cosigner. The co-signer can be the nursing instructor or the nurse caring for the patient. Decide who this is in collaboration with the instructor. The student writes a note based on direction from nursing instructor. Student signs the note.

5. Once the student signs their note it will appear in the All notestab.
☐ Cosign your student’s documentation:

To cosign, click on the student note to highlight it. Click the Attest button.

7. From here you may add additional information to the student’s note in the free text field under the student’s note. Then, enter the dot phrase titled .cosign and double click to enter text. This indicates you have reviewed all student documentation.

8. Enter text in the *** areas. You may add text before or after this statement also. SIGN the note!
9. The status of the note now changes to **Attested**.

<table>
<thead>
<tr>
<th>Author Name</th>
<th>Author Type</th>
<th>Service</th>
<th>Status</th>
<th>Cosigner</th>
<th>Type</th>
<th>Note Time</th>
<th>File Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stitch, Martin</td>
<td>Physician</td>
<td>General</td>
<td>Su Addendum</td>
<td></td>
<td>Brief Op Nk</td>
<td>06/24/2014 2:31 PM</td>
<td>06/24/2014 2:33 PM</td>
</tr>
<tr>
<td>Dent, Shuan</td>
<td></td>
<td></td>
<td>Attested</td>
<td>Banana, Sr</td>
<td>Progress Nk</td>
<td>06/24/2014 1:25 PM</td>
<td>06/24/2014 1:26 PM</td>
</tr>
<tr>
<td>Banana, Sidne</td>
<td>Registered</td>
<td></td>
<td>Addendum</td>
<td></td>
<td>Progress Nk</td>
<td>06/24/2014 1:00 PM</td>
<td>06/24/2014 1:00 PM</td>
</tr>
<tr>
<td>20</td>
<td>Almandwhite, Al</td>
<td>Physician</td>
<td>Signed</td>
<td></td>
<td>Anesthesia</td>
<td>06/24/2014 12:55 PM</td>
<td>06/24/2014 12:56 PM</td>
</tr>
</tbody>
</table>

If your student does not write a note then the instructor must click new note from the All Notes tab. Select progress note and use .cosign to state they have reviewed the student’s electronic documentation.

Cosign your student’s documentation at the end of their shift after you have reviewed it.

**Note: For Inpatient Epic Practice Priorities/Updates – see Froedtert Hospital Intranet – Clinical References – Epic Practice Priorities – Epic Care Inpatient**
Patient Care Summary

The Patient Care Summary is the Flowsheet used to document your head to toe assessments and care interventions on admission, arrival, and each shift.

Try It Out

1. The Patient Care Summary flowsheet is organized around body systems. For each body system there is a “WDL” row and additional assessments row.

2. Intervention groups are added to the Patient Care Summary when care plans are added.

3. You can access the Patient Care Summary flowsheet through the Admission Navigator, the Flowsheets activity or the Required Doc reports.

4. Add or insert a column for the appropriate time.

5. "WDL" means “Within Defined Limits.” The defined limits are listed in the row information of the system WDL row. You must assess all items in the defined assessment. If the assessment falls within the defined limit, simply record “WDL” in the first row and leave any other rows in that group blank.

Continued on next page.
6. If your assessment is not within the defined limits, select ex=WDL except, meaning “within defined limits except.” This indicates only the items that are documented on were outside of the definitional and the rest of the items matched the definition. This is charting by exception.

7. Next, click which item(s) do not fall within the defined limits. Additional rows appear where you can document on the exceptions. Added rows will remain on the Patient Care Summary for all disciplines to see and document on.

8. Selecting options under Additional Documentation will add additional groups to your flowsheet.
   - Items in the Additional Documentation rows are not part of the defined assessment that is done on all patients. These are more specialized assessments and can be added as needed. Select an item from the list and the appropriate rows are automatically added to the flowsheet.

Continued on next page.
9. If exception rows have previously been added to the flowsheet, when subsequent assessments are made and any items are now WDL, you can skip those rows and only document the abnormal findings.

   If all items are now WDL you only need to select WDL and do not need to fill out normal findings in each row.

10. Document any interventions in the appropriate rows.

11. Anytime you reassess your patient, or perform interventions, document your findings in the Patient Care Summary in a timely manner.
Review the Chart

Preview your patients' charts in Patient Lists ........................................................................................................... 2
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Search the chart ............................................................................................................................................................ 6
Summary Sidebar .......................................................................................................................................................... 7
View a Patient’s Event Log ........................................................................................................................................... 8
Review current medications ........................................................................................................................................... 9
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Review lab results ............................................................................................................................................................ 9
View prior admissions and visits (in Chart Review) ..................................................................................................... 11
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Keep clinical information on hand in the sidebar ....................................................................................................... 12
Understand locked chart messages ............................................................................................................................ 13
Preview your patients' charts in Patient Lists

In Patient Lists, there are two ways to view patient information without opening the chart:

Use the icons in Patient List columns to identify patients who have overdue meds, outstanding documentation, new orders, and more.
Select a patient to see a detailed report about that patient in the lower pane. Use the toolbar buttons in the lower pane to switch between reports.

To add a report to your toolbar, click 📒 and then click Add Current. Enter a short display name so more buttons can appear on the toolbar.

From Patient Lists, double-click a patient's row to open his chart to the Summary activity. You can also double-click in a particular column to open the associated activity.

Use the Due Meds Patient Lists report to quickly find information about a patient's meds, including their frequencies, doses, routes, and last administration times.

Get an overview of a patient's chart

Storyboard

In Patient Lists, double-click a patient's row to open the chart. Storyboard appears on the left side of the screen, and the activity tabs appear at the top of the screen.

A. Review key patient information in Storyboard, including:
   - Name, age, and date of birth
   - Code status
   - Infections, isolations, and allergies

B. Hover over the Acknowledge Orders section to see a summary of orders that need to be acknowledged, and click to open a window from which you can acknowledge those orders.

C. Review and time mark new results without jumping to Results Review by clicking on the clock icon that appears when you hover over the New Results section. If you time mark results by mistake, you can immediately undo your time mark in Storyboard by clicking the back arrow that appears in place of the clock icon for a few seconds after you time mark results.

D. Hover over the Active Meds section to see a concise summary of the patient's medications. Click to jump to the MAR.
Summary Activity

When a patient’s chart is opened, the **Summary** activity opens by default.

The **Overview** report, the first report you see, shows information about a patient’s current hospitalization. It includes sections that show medical problems, recent vitals, active LDAs, and Orders to be Acknowledged. Click the links in the section headers to open the activity where you can document related information. For example, click **I/O** to jump to the Intake/Output activity.

Use the toolbar buttons in the Summary activity to review other reports, such as the SnapShot report.

**Review the professional exchange report**

This report gives interdisciplinary caregivers an overall view of patient progress. By utilizing the documentation tools, the Professional Exchange Report should succinctly synthesize and integrate pertinent
information that is individualized and patient-centered, related to a patient’s past, present and future problems and goals.

- The patient’s story and clinical response is reflected through data points scattered all throughout the chart that flow together into this shared report.

- The Professional Exchange Report is a visual reminder to all clinicians that care is driven by the patient’s individualized needs, not just by protocols.

- Flowsheet data shows in reports. Information buried in notes typically won’t. Use the flowsheets to capture important patient data for all to see!

Professional Exchange Report is designed to:

- guide individualized, interprofessional, holistic care by keeping the patient/significant other at the center of professional report
- establish prioritization of care for written orders, medical diagnoses, treatments
- reduce the risk of incomplete exchange by providing a process for sharing patient information across disciplines all in one place
- assure clarity on goals/outcomes as well as the evaluation of progress made toward those goals/outcomes
- minimize the need for information retrieval by subsequent caregivers
- assure mutuality and continuity of individualized care

Open the Prof Exchange Report in the Summary activity to get an overview of the patient’s story.

- Left Column: Establishing Familiarity
  In order to provide individualized care, it is essential to know the patient. This column is intended to highlight key information about the patient that is important to know in planning care.

- Center Column: Synthesis of Current Information
  Building on the information reflected in the first column, this column summarizes the patient’s plan and current status.

- Right Column: Integration to Support Transition of Care
  Information important to coordinate the transition to the next setting of care, including evaluation of the progress toward goals.

- The Professional Exchange contains links to additional information.
  - “Report” links in each widget will give you access to view more documentation.
  - Some widget headers are also links to activities such as Care Plans and Flowsheets.
You can modify the report toolbar by adding or removing buttons, or by changing the order of the buttons or giving them new names. The report toolbar appears in many activities, such as Patient Lists and Summary, and looks something like this:

1. Click ⚙ and select the reports that you want to appear as toolbar buttons.
   Click Add Current to quickly add the report you are viewing.
2. Enter short display names (button names) so more buttons can fit on the toolbar.
3. Click the arrows ⬇️ and ⬆️ to change the button order. The first report will appear as a button on the left side of the toolbar.

Personalize your report toolbar

You can modify the report toolbar by adding or removing buttons, or by changing the order of the buttons or giving them new names. The report toolbar appears in many activities, such as Patient Lists and Summary, and looks something like this:

1. Click ⚙ and select the reports that you want to appear as toolbar buttons.
   Click Add Current to quickly add the report you are viewing.
2. Enter short display names (button names) so more buttons can fit on the toolbar.
3. Click the arrows ⬇️ and ⬆️ to change the button order. The first report will appear as a button on the left side of the toolbar.
Search the chart

If you're looking for something specific, or just want to see information that's relevant to a certain condition, save clicks and search the chart. For example, search for "hypertension" to see problems, clinical notes, medications, and other orders related to that condition.

1. Within a patient's chart, enter a keyword in the Search field at the top right of Hyperspace and press Enter.
   Results appear organized by date, so you can get an idea of the history.
   If you prefer to keep your results in view as you chart, click → and select Move to Sidebar.

   Press Ctrl + Spacebar to quickly move your cursor to the Search field.

2. If you get too many results, narrow them down using the filter buttons at the top. For example, click Meds to see only the patient's medications related to hypertension.
   You can also filter the search results to quickly find relevant notes, labs, imaging, and more.
   - Click All to clear your filter.

2.3. Hover over a search result to see more info. For example, hover over a medication to see its history, hover over a problem to see relevant meds and labs, and hover over a note to see relevant snippets. If necessary, click a search result to open a full report.
Search tips:

- Enter a search term in quotation marks to find results that include only that exact phrase. To pull in your most recent search, press "=".

- Refine your search results by using the AND or OR operators. For example, enter arrhythmia AND pain to see only results related to both terms.

- Click 👈 at the top right of the Search activity or sidebar and select the Group by Encounter check box to group results by encounter instead of by date.

- When organizing your results by encounter, click an encounter heading (indicated by 🔄) to open the encounter report.

- Click ✽ to the right of the search field in the Search activity or sidebar to see more tips on searching effectively, including a list of all the items that are included in a search.

Search for something you see in a report

If you see something in a report or prior note and want to find related information, highlight the term you want to search for, right-click it, and select Search for <highlighted term>.

Jump to activities

Use the Search field to quickly jump to an activity. As you type, a list of matches appears. Click the name of the activity that you want to open.

Summary Sidebar

For some clinicians, it might be useful to be able to access the Summary activity side-by-side with other activities. For example, ICU nurses who spend the majority of their time in the MAR and Documentation Flowsheets activities can use the sidebar to look up patient information, such as past vitals, while they are documenting medication administrations and assessments.

If you look to the right of the screen, you will see the sidebar. Like the Summary activity, the Summary sidebar includes report buttons and a search box to open different reports.

- You might need to open the sidebar by clicking the arrow on the far right.
- Click the arrow again to close

The Summary Sidebar contains helpful information such as:

- History
- Orders
- Work list tasks
- You can also access reports here, including required documentation.
View a Patient's Event Log

When clinicians begin a shift or join a patient's care team, they need a way to see high-level patient information and a way to remind themselves of what's happened to a patient and when. The Event Log activity provides this information in an easy-to-skim, easy-to-filter format. It could be a Rapid Response or you’re covering a patient. You can use it to quickly check last meds given or assessments completed in the ED.

Open the Event Log from the Summary activity toolbar.

Hint: If the Event Log doesn’t appear as a report button in Summary, click the wrench to add it to the toolbar.

- The left pane of the activity shows a summary review of tasks, so the clinician can scroll to a particular time frame or get a general idea of recent patient care.
- The details pane on the right shows more in-depth information so that, for example, a clinician can see details of medication and lab information at a glance. If the clinician needs even more information, they can click on certain events to open details reports.
- This is a one stop shop for a summary of info of your patients care. Great place to look for information ex. Receiving patient from floor to ICU or a patient who has had an extended stay in the hospital.
- On the top, there are some filters that you can utilize to find the documentation you are looking for more efficiently.
Review current medications

See an overview of the patient’s current medications in the **Medications** section of the **Overview report**. A last action of Ordered means the medication has never been given. To jump to the MAR, click the **Medications** link.

Identify patients with due and overdue meds from Patient Lists by looking for in the Med Due and Med Overdue columns.

Identify patients with due meds from the Brain by looking for in an upcoming time column. If a med is overdue, appears in Notifications.

Leave "sticky notes" in the chart

You can leave "sticky notes" for other clinicians from the Overview report. These notes aren't part of the medical record and anyone can permanently delete them at any time. To add a sticky note, open the Overview report and click the **Comment** link.

Delete text in a sticky note that's no longer relevant by clicking **Comment**, deleting the text, and clicking **Accept**.

Review lab results

To see a patient’s lab results since admission, open the **Labs** report in the **Summary** activity. It opens to the All view, which shows all data recorded. You can control how much data you see.

A. To change the amount of time each column represents, click an interval link. For example, click 24 Hrs to see 24 hours of data in each column.

B. To drill down for more detail in a specific interval, click a column header link. Use the **legend** to see what the font colors and icons that appear in the report mean.

C. To see data from a different date, click the arrows next to the date or enter a specific date in the **Date** field.

D. Use the time mark icon to help you keep track of which results are new. Click each time you finish your review. The next time you open the Labs report in the Summary activity or open Results Review, the icon appears next to any new results.

When values are hidden, I/O cells show the total for that interval. All other cells show the last value documented in that interval.
In an interval view, the column headers show the start time of the interval. In the All view, they show the time the data was recorded.

Results Review activity

1. Open the Result Review activity and select a date range. Just click Accept to view all results.

2. View the results on the flowsheet or use the Search field to search for a specific test. You can also select the result using the Table of Contents on the left.

Note: You can set a default date range so that you do not have to choose each time by checking “Start with date range filter enabled” and Set Default.
3. Click **Legend** to view all the icon definitions. Click **View** to change the display of the results.
4. Click **Ref Range** to view the normal range for the results. The range column displays. Click Ref Range again to remove the column.

![Legend and View buttons](image)

**Note:** You can also hover over a result and the range for that item will display.

5. To view imaging results or micro reports, click the clipboard icon to open the result report.
6. The column order displays results chronologically. If you prefer to view the results in reverse, click **Newest First**
7. Graph results for visualization by selecting them on the flowsheet and then clicking the **Graph** button.

### View prior admissions and visits (in Chart Review)

1. Go to **Chart Review**. Information is organized by tabs. Select the tab for the type of information you want to see.
   For example, the Encounters tab shows past visits and admissions.
2. Select a row to see a detailed report about an item. (Click **Preview** if it doesn't appear.)
3. Scanned documents, such as the patient’s Advanced Directives are found under the **Media** tab.
4. Some filters are set up by default. Click the check box to apply the filter.

![Chart Review - Encounters tab](image)

5. Click **Filters** to narrow down the data by other criteria or to create your own.
   For example, choose to see only visits in a certain specialty or date range.
The filter options and criteria you see are based on the information in the chart, so they vary by patient.
Each tab has different filter criteria

To save a filter for future use, click Save as New Filter and give it a name. If you want your filter to be applied automatically next time you open Chart Review for any patient, select the Apply by default check box. Other clinicians can’t see your filters.

If you need to add orders or documentation to a visit or admission, select it and click Encounter to open it.

View LDAs from previous encounters (in Chart Review)
You can see information about lines, drains, airways, tubes, and wounds on the LDAs tab in Chart Review. The tab includes information about LDAs from previous encounters, including those that have been removed, as well as LDAs that are currently active on the patient.

1. Select the LDAs tab.
2. Select a row to see additional information about the LDA. (Click Preview if it doesn’t appear.)
3. Click Filters to narrow down the data.
   For example, choose to see only LDAs from a certain date range, site, or encounter date.
   The filter options and criteria you see are based on the information in the chart, so they vary by patient.

Keep clinical information on hand in the sidebar
You can keep a Chart Review report visible while you’re charting by pinning it to your sidebar. For example, you could keep a summary of the last visit in the sidebar if you want to refer to it during the current visit. This keeps more information in view and reduces your need to move between different activities and reports.

1. In Chart Review, select a report to pin to the sidebar.
2. Right-click that row and select Display in Chart Sidebar.
3. If your computer has two monitors, consider moving the sidebar to the second monitor. Click the arrow on the Visit Report tab at the top of the sidebar and select Move to Floating Window. Click Return to Sidebar to return the sidebar to its original position.

Use the separator between an activity and the sidebar to adjust how the sidebar looks.

- Click the separator arrow ( ) to temporarily hide the sidebar.
- Click the separator arrow ( ) to show the sidebar again.
- Click and drag the separator ( ) to make the sidebar wider or narrower.
Understand locked chart messages

To prevent you and your colleagues from double-documenting on a patient, the system locks parts of a patient's chart when you're documenting certain clinical information. For example, when you're documenting allergies, other clinicians can't document on that patient's allergies. When part of a chart is locked, you can still see that part of the chart and document in other parts.

To avoid locking the chart for other users, leave clinical documentation items when you're not actively documenting in them.

When a chart is locked, a message appears telling you that you can't document in that part of the chart.

<table>
<thead>
<tr>
<th>Notes</th>
<th>Most chart lock situations are intuitive, like the allergies example above, but this one is less obvious: When someone is editing a patient's problem list, no one can edit that patient's allergies.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warning</td>
<td>If your computer terminates unexpectedly when you're documenting in a chart, contact the help desk to unlock the chart for other users.</td>
</tr>
</tbody>
</table>
Nursing Student and Nursing Instructor Information
Froedtert Hospital
Nursing Professional Practice Model and Care Delivery System
Our Philosophy of Nursing

In accordance with the Core Values of Froedtert and the Medical College of Wisconsin, the Nurses of the Community Hospitals:

- Believe in ourselves, our patients, our community and the power of Nursing (Trust & Respect).
- Believe that we promote health, wellness, and optimal healing through the relationships we build, nurture and maintain (Community Responsiveness).
- Believe in compassionate, highly skilled, individualized, holistic care (Personal Attention & Care).
- Believe that caring for ourselves is valuable in creating and maintaining healthy relationships (Personal Attention & Care).
- Believe that Nursing is a scientific discipline that influences patient outcomes (Quality of Services).
- Believe that Nurses are accountable for their practice (Value Orientation).
- Believe that Nursing promotes a safe environment of care (Safety).
Information for Clinical Nursing Instructors

1. **Nursing Undergraduate Website** — Nursing instructor and student forms and information are located on this website - [Nursing Undergraduate Website](#). Instructors/students are responsible for reviewing the information on this website each semester.

2. **Communication to Nurse Manager/Unit Educator/Staff:**
   - Provide contact information – home/cell phone, pager, and email
   - Provide dates and times students will be on unit including prep times
   - Complete unit template or provide complete information on what students can/cannot do
   - Meet Director, Manager, Unit Educator/Professional Development Coordinator, and both weeks of staff
   - Meet with Unit Educator/Professional Development Coordinator and/or Nurse Manager at least weekly to discuss issues/concerns
   - Precepted Instructors/Coordinators - see “Precepted Student Guidelines”

3. **Course Curriculum/Objectives** — maintain current copy on file with the Hospital Education Coordinator for each clinical. Send update whenever curriculum/course changes or there are revisions or a new clinical is added. This is the responsibility of the course coordinator/instructor.

4. **Evaluations** — all instructors/coordinators and students should complete an evaluation of the clinical experience at the end of the semester or clinical.

5. **Parking Information**
   - See Parking Information on website.
   - Froedtert Hospital Nursing Instructors will be assigned by the Parking Office. Go to the Parking Office located in the Parking Area 3 Structure, Level A (by the Staff exit) at least one week prior to the start of your clinical after you have obtained your ID Badge. The Parking Office is open Monday through Friday from 7:30am-4:30pm.

6. **Valuables/Personal Belongings**
   - [Froedtert Hospital](#) – there are no lockers or areas for student belongings on the units. For security reasons, please do not leave personal belongings, etc. on the unit.
   - [Froedtert Menomonee Falls Hospital](#) – students should store their personal belongings in the lockers in the Third Floor South Conference Room. The staff areas on the unit should not be utilized for personal belongings.
     - Personal lunches may be stored in the staff refrigerator on the unit.
     - We encourage students to divide their meals and breaks rather than going as a group.
     - Breaks and lunches should take place off the unit.
   - [Froedtert West Bend Hospital](#) – consult with each unit to find the appropriate place to store your belongings

7. **Conference Rooms**
   - [Froedtert Hospital](#) – check with the Unit Educator for the availability of a conference room on the unit. The Cancer Center Mezzanine (located on the 1st floor of the Cancer Center) is available along with other areas within the Cancer Center that have tables and chairs, but they will not be available for reservations. Due to the limited rooms and the great increase in requests and needs within all of the departments, we will not be able to reserve rooms for orientation or post conferences.
   - [Froedtert Menomonee Falls Hospital](#) – email request to undergradstudents@froedtert.com
   - [Froedtert West Bend Hospital](#) – the unit conference rooms are available for meetings
8. **Equipment**
   - **Froedtert Hospital** – information about equipment resources/updates can be found on the Froedtert intranet Organizational Learning Scout page - [Equipment Resources](#).
   - **Froedtert Menomonee Falls Hospital & Froedtert West Bend Hospital** - If you are in need of any equipment for demonstration please email [undergradstudents@froedtert.com](mailto:undergradstudents@froedtert.com).

9. **Glucometer Blood Glucose Meters (Froedtert Hospital/Instructors)**
   - Instructors obtain a Froedtert ID badge from the Security Department (cost is $5.00) during instructor orientation to use for the Glucometer. If you are a Froedtert staff member, you may use your current ID badge. For a training meter to review with your students, contact Jane Hendricks in Organizational Learning. Do not use the meters on the unit.
   - Each instructor will scan for their students as the operator when they are performing a bedside blood glucose test.
   - Glucometer QC Test - level 1 (low) and level 3 (high) must be done by each instructor every 6 months (within the first 2 weeks of the clinical).
   - Annual Glucometer competency must be completed by all instructors whose students use the meter.

10. **Observational Experiences/OR** – email [undergradstudents@froedtert.com](mailto:undergradstudents@froedtert.com) for observational experiences prior to sending any students to the OR. Communicate to the observational area: expectations/objectives, what students can/cannot do, and schedule of who is coming day/time.

11. **Student Projects** - Coordinate any clinical student projects with the Unit Educator/Manager prior to initiating the project. The results of the project should be presented to the Unit Educator/Manager prior to presenting the information to the staff.

12. **Identification**
   - All students and instructors must wear school ID badge at all times when on Froedtert campus unless provided with a Froedtert ID badge, then Froedtert badge must be worn.
   - Students who have a clinical at Froedtert Hospital must wear Froedtert ID badge.
   - Instructor and student ID badges must be returned to Security at the end of the clinical experience(s).

13. **Clinical Group** – only 8 students on a unit in a clinical group. If your clinical group consists of 9 students, you must rotate one of the students off of the unit each clinical day.

14. **Inservices** – instructors/students are invited to all unless otherwise indicated on the flyer.

15. **Elsevier Clinical Skills**: to search go to the intranet, Learning & Development, Organizational Learning, and click on Elsevier Clinical Skills. Tip sheets and policies/procedures are available on the Practice Council References homepage. Policies and procedures trump any practice in Elsevier Clinical Skills. When searching for proper procedure use Medworxx for first search for policies and if policy cannot be found use Elsevier Clinical Skills.

Rev. 11/19
New Nursing Instructor Orientation

New instructor orientation must be completed prior to start of clinical and consists of:

- Enroll in Verification System - [Verification Link](#)
- Classroom orientation
- Epic Computer Class
- Clinical Orientation (at least 8 hours on the unit on the shift the instructor will have students)

**Classroom Orientation**

- Attend classroom orientation (includes meeting with System Education Coordinator RN, equipment checkoff, and obtaining an ID badge).
- Complete all Assigned Online Modules prior to attending new instructor orientation. Modules will be assigned via the Froedtert Learning Center: [Learning Center](#)
  
  *Exception:* Froedtert Health staff members do not need to complete modules completed as a staff member.

**Computer Training**

- Attend Epic Computer Class

**Clinical Orientation**

- At least 8 hours on the unit (on the shift the instructor will have students) with a preceptor taking patients.
- To be arranged with the Unit Nurse Educator/PDC

**Educator responsibilities:**

- Unit Introductions - Director, Manager, Nurse Educator, unit staff
- Unit routine/report - days/pms/nights
- Patient assignments including patients not to take
- Who to contact off hours
- Tour of unit/scavenger hunt (supply rooms, nurse servers, clipboards, etc.)
- Equipment - beds, pumps, SCDs, gait belts/transfer equipment, etc.
- Review Unit
- Population Specific documentation
- Other students on the floor

**Nursing Instructor Responsibilities**

- Contact information - provide home/cell phone, pager, and email. Notify unit staff and Education Coordinator of any changes.
- Provide dates and times students will be on unit including prep times
- Provide template or complete information on what students can/cannot do
- Introduce self and students to Director, Manager, Nurse Educator, and both weeks of staff
- Meet with Nurse Educator and/or Manager - at least weekly to discuss issues/concerns
- Complete Evaluation of clinical experience - at the end of the semester/clinical experience. Students should complete also.
- Complete unit specific education
CNA Nursing Instructor Orientation (orientation must be completed prior to start of clinical):

- Complete enrollment in verification system
- **Complete assigned online modules** prior to attending new instructor orientation (exception: epic, Alaris pump, Kangaroo Tube Feeding Pump modules)
- Meet with System Education Coordinator RN
- Attend 2 hour Epic Training
- Clinical orientation on the unit to be determined by Nurse Educator on Unit
- Obtain ID Badge (cost is $5.00) & return to the Security Office at the end of clinical experience(s)

Nursing Instructors Who Teach Onsite Programs - Orientation (orientation must be completed prior to start of class):

- Complete enrollment in verification system
- **Complete assigned online modules** (exception: epic, Alaris pump, Kangaroo Tube Feeding Pump modules)
- Meet with System Education Coordinator RN
- Obtain ID Badge (cost is $5.00) & return to the Security Office at the end of class(es)

Precepted Nursing Instructor/Coordinator Orientation & Ongoing Orientation Instructors/Coordinators

- **Verification System** - All clinical instructors who are on site are required to enroll every semester. Refer to handout on website.
- **Preceptor Packet** (precepted coordinators only) - provide to student and Director/Nurse Manager/Nurse Educator
- **Evaluation of clinical experience** - complete and have students complete at the end of the semester/clinical experience. An email will be sent with the evaluation link.
- Complete assigned online modules
- **Glucometer** - (Froedtert Hospital clinical instructors only) complete annual blood glucose meter competency and Glucometer QC test level 1 (low) and level 3 (high) every 6 months.
- **Computer training (clinical instructors only):**
  - For specific information on computer classes and online modules contact System Education Coordinator
  - Updates/changes are communicated via email
- **Inservices** - instructors/students are invited to all unless otherwise indicated on the flyer.
Instructor Department Orientation Checklist

All instructors must complete an Instructor Department Orientation Checklist for each department assignment. This checklist must be signed by the instructor and co-signed by the department leader or designee. Complete checklist prior to patient care.

Scan and email completed checklists to: StudentDeptChecklists@froedtert.com

For questions, contact Organizational Learning at 414-805-5393.

- Reviews ICOE (In Case Of Emergency) Book
- Identifies department evacuation routes and relocation point
- Explains department fire safety procedures
- Identifies emergency phone number for site
- Locates fire pulls and exits
- Locates online Safety Data Sheets (SDS)
- Reviews equipment safety procedures
- Explains events or situations which may impact staff, patient, or visitor safety
- Locates Safety Event Reporting sheet
- Explains process for reporting safety event

- Demonstrates use of AIDET communication framework
- Explains strategies which positively impact patient satisfaction

- Reviews department specific communication systems (call light system, Rauland, Vocera, staffing assignments, signage, patient charm bracelets) as applicable
- Explains student and instructor parking expectations at clinical site
- Reviews clinical site policies for use of personal cell phones and other electronic devices
- Tours assigned department and other applicable work areas
- Verbalizes unit workflows including handoff report
- Verbalizes and/or demonstrates correct use of department supplies and equipment
- Describes dress code and personal appearance expectations
- Locates lockers/locker rooms and restrooms
- Locates supply rooms and clean/dirty holds

- Discusses clinical cancellation process with department leader or designee (sick, late, etc.)
- Locates department/leader/designee contact information
- Explains process for addressing student or staff concerns
- Reviews and summarizes content of student handbook

My signature indicates items listed above are complete. I am accountable for this information and will ask questions and seek out resources if I am unsure.

Print Instructor Name (legibly):

Instructor Signature: ____________________________ Date: __________

Hospital/Clinic: ____________________________ Department/Unit: ____________________________

Print Department Leader or Designee Name (legibly):

Department Leader or Designee Signature: ____________________________

School Name ____________________________

11/8/2019-Organizational Learning
MEDICATION ADMINISTRATION
All medications administered by a student require direct supervision by their instructor or staff RN

1. Instructors shall determine safe medication administration as evidenced by the student’s ability to articulate the 6 rights, supporting physical examination data, lab data, patient physical presentation, and the clinical course competencies.

2. Instructors shall adhere to the medication policies and procedures.

3. Students shall always utilize their instructor first if any medications are to be administered.

SAFE PATIENT CARE
1. Instructors will be expected to develop and/or maintain competency in clinical assignment areas.
2. Instructors shall make student assignments commensurate with the instructor’s knowledge base and the level and ability of the student.
3. Instructors shall clearly identify what the students will and will not be doing on the student assignment sheets (medication administration, assessments, physical cares, etc.).

EVENT REPORTS
1. Whenever an incident involving a student error occurs.
   a. Instructors shall notify staff RN/ charge nurse, complete an event report as needed, and follow-up on all events discovered during the clinical hours. If an error is discovered it will be brought to the instructor’s attention.

   b. If the event is found after the clinical group has gone, pending the severity of the event, unit leadership will determine the follow-up process and will contact the instructor.

DEFINITIONS
Competency: A “competency is an expected level of performance that integrates knowledge, skills, abilities and judgments”


Supervision: The provision or guidance by a qualified individual for the accomplishment of a task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

Direct Supervision: “Immediate availability to continually coordinate, direct, and inspect at firsthand the practice of another”.

Nursing Student Practice Standards

Students who are Froedtert employees should act in the role of a student not as an employee during their clinical experience.

MEDICATION ADMINISTRATION
All medications administered by a student require direct supervision by the instructor or a RN

1. Students shall apply safe practice behaviors and follow the six rights of medication administration:
   a. Right Patient
   b. Right Route
   c. Right Dose
   d. Right Time
   e. Right Medication
   f. Right Documentation

2. Students shall verbalize and demonstrate a safe level of knowledge and skill in their medication administration including use, indications, dosage, side-effects and route. The school will ensure competency of medication administration and knowledge of the proper use of the medication administration record prior to the actual administration of medications.

3. Students shall verify the correct patient by always checking the patient identification band and verifying with the patient their name and date of birth against the Electronic Medical Record. Students will barcode the patient’s wristband and all medications 100% of the time. Exceptions/overrides will only be used in emergent situations based on instructor or preceptor discretion

4. Students shall verify the order and the prepared dose of all parenteral medications with instructor and/ or assigned nurse. When available/prompted, barcode scan the IV pump 100% of the time. All IV pump settings shall be verified by staff or instructor prior to administration of any parenteral medications.

5. Students shall always utilize their instructor or preceptor first if any medications are to be administered.

6. Students shall verify all medications requiring calculations with the instructor and/ or assigned staff nurse prior to administration.

7. Students shall verify all new orders for medications they are administering with the instructor and/or assigned nurse after the medication has been verified by a staff pharmacist Students shall verbalize and demonstrate a safe level of knowledge and skill in their medication administration including use, indications, dosage, side-effects and route.

8. Students will verbalize and demonstrate first-dose education to patients when administering new medications, including use, indications, dosage, side effects, and route. Students will document first-dose patient education in the electronic health record.
9. Blood products shall be hung only under the direct supervision of an RN or the instructor. Per policy, verification of blood needs to be performed by two licensed or certified trained employees. Continuous monitoring of patient within first 15 minutes of blood administration must be done by a nurse - students may be present.

10. Students shall not...
   - Administer research protocol medications;
   - Administer chemotherapy medications;
   - Administer drugs in an emergent situation;
   - Administer drugs without medication specific information readily available;
   - Set up or manipulate PCA/PCEA pumps;
   - Administer medications without utilizing Epic barcode scanning
   - Verify medications requiring double RN verification

DOCUMENTATION
1. All student documentation in the medical record needs to be reviewed and cosigned by the instructor or preceptor. This will be noted as an Epic Smart Phrase (.cosign) as well as cosigned within the flowsheets via the cosign report.

2. Instructors or preceptor shall review student documentation during or after each clinical session for accuracy, appropriateness and completeness.

3. The staff RN will perform their own charting for their patient(s) for that shift and/or validate the students’ shift summary.

4. Students shall document assessments on the appropriate flowsheets as part of a complete assessment. (i.e. neuro, pain, wound)

5. Admission assessments shall be completed only under the direct supervision of the assigned staff nurse or the instructor.

SAFE PATIENT CARE
1. Students shall perform only the assigned duties noted on the student assignment sheet. Additional opportunities for student learning are to be determined by the instructor in collaboration with the assigned RN.

2. The assigned RN is responsible and accountable for the patient. Therefore, clear communication between the assigned RN and the student must occur to ensure safe patient care. A verbal report will be given by the RN to the student prior to giving care to the patient.

3. Verbal report shall be given to the RN responsible for the patient by the student at the end of the students’ clinical shift or if the student leaves the unit for any time period.

4. Students will only perform invasive procedures under direct supervision of their instructor or assigned nurse, following hospital policy/procedure.

5. The student will not perform any Point of Care testing at Froedtert Menomonee Falls Hospital or at Froedtert West Bend Hospital.
<table>
<thead>
<tr>
<th>Date:</th>
<th>School:</th>
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Froedtert Menomonee Falls Hospital Instructor/Student Parking Roster

Instructor Name: ___________________________ Instructor Phone Number: ___________

Clinical Unit: ___________________________ Unit Phone Extension: _______

Semester Start Date: ___________ through ___________

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<thead>
<tr>
<th>Student Name (Please Print)</th>
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<td>Instructor</td>
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Return completed form to Kevin Sodemann, CMH Grounds Manager (kevin.sodemann@froedtert.com)
Undergraduate Preceptorship Expectations

On behalf of the faculty and students of the nursing program, we thank you for agreeing to be a preceptor for one of our students. We truly appreciate the gift of your knowledge and skill you graciously pass on to our future professionals. Your participation enables our students learning opportunities that may not otherwise be possible.

Our hope is that the information we supply you with will assist you in providing an enriching learning experience for the student. Please do not hesitate to contact us if you have questions, concerns, or suggestions. We welcome your feedback about the preceptorship and we look forward to a rewarding experience for all.

Faculty Expectations:
- Supervising faculty will establish initial contact with the leader/educator of the unit and/or identified preceptor designated by the clinical facility at least 2 weeks prior to the clinical start date.
- The Preceptor Information Packet will be given to the preceptor prior to the first day of clinical (will include specific learning objectives for the clinical course).
- Supervising faculty will make a minimum of 2 onsite visits per semester to monitor student progress.
- In addition to the onsite visits, the supervising faculty will monitor student progress every 2 weeks by contacting preceptor via telephone, e-mail or other means determined by faculty and preceptor at initial contact.
- Supervising faculty will be available by telephone to the preceptor during the student's scheduled clinical hours. If the supervising faculty is not available (vacation/illness/etc.), leave alternate contact information with the preceptor.
- Supervising faculty is responsible for the evaluation/grading of student performance.

Preceptor Expectations:
- The preceptor is responsible for reviewing the contents of the Preceptor Information Packet and addressing any questions to the supervising faculty.
- Complete and return Preceptor Information Form.
- Complete facility department orientation with student on first day of clinical. Return completed department orientation checklist to facility designee as applicable.
- Preceptor is accountable to respond to faculty communications (return emails, phone calls, etc.)
- The preceptor will notify the supervising faculty and facility unit leader/educator as soon as possible regarding any concerns with the student's clinical performance.
- Verify documentation of clinical hours completed by student. Please Note: The student is required to fulfill the required number of clinical hours (see below), please notify faculty of vacations, schedule changes, low census, etc. that could affect the hours completed.
- Provide feedback on student performance (not responsible for grading).

Student Expectations:
- Prior to first day of clinical: complete facility online orientation and required documentation.
- On first day of clinical: complete facility department orientation with preceptor.
- The student must fulfill the required number of clinical hours in the facility. These hours are to be completed in a timeframe arranged by the student, preceptor and supervising faculty.
- Student is responsible for contacting the leader/educator and/or preceptor to establish schedule of clinical hours at least one week prior to clinical start.
- Please Note: students are expected to work the schedule and location of the preceptor (24/7). For unscheduled preceptor absence, notify faculty of arrangements made (ex. scheduled extra day, arranged alternate preceptor, etc.).
- For unscheduled student absence, notify the unit and supervising faculty at least two hours prior to the start of the shift.
- Provide personal learning experience objectives and discuss which skills/experience to accomplish during the preceptored clinical experience.
- Documentation of the clinical hours is the responsibility of the student.
- The student will conduct himself/herself as a healthcare professional according to the policies of both their program and the clinical facility.

3/2013; Updated 11/2019
Lexicomp resource for Medication Teaching

1. Click on the link from the MAR

2. The link will take you to the Lexicomp page of that drug. Click on “Education with HCAHPS”

3. Discuss specific use of drug and side effects with patients as it relates to treatment

4. You can also print a medication specific patient education sheet
HIPAA Compliant Medication Label Disposal

• Remove Protected Health Information before disposing – cannot be disposed of in regular trash
• All inpatient pharmacies at Froedtert Health use labels that peel off

• Used medication goes in the regular trash
• Label goes in the bin labeled “Disposal of Protected Health Information”
Froedtert Hospital Policies and Procedures

It is the responsibility of both students and instructors to familiarize themselves and abide by all the written policies, procedures, standards and practices. Please take some time to review the following. They are located on the Medworxx system. You can access the system through the Intranet page (Scout) under the “policy & procedure” tab in the blue banner. It is expected that the Clinical Instructor will address these polices/procedures with their students.

**Communication Among Caregivers**
- Abbreviations Unacceptable (CPM.0096)
- Admission (C01.001)
- Discharging a Patient (C01.028) Ethics
- Consultation (CPM.0026) Orders
- Patient Care (CPM.0172)
- Patient Assessment & Nursing Process Documentation (C01.011) Patient Rights & Responsibilities (FH-COM.067)
- Patient Valuables and Belongings (CPM.0012)
- Plan for Providing Nursing Care (A01.0042)
- Procedure Arrival and Recovery (PAR) Standards of Care (D81.107) Skin and Wound Assessment and Management (C01.119)
- Supervision & Cosignature Requirements for Nonphysician Students, Interns & Externs (FH-HIM.017)

**Medication Administration**
- Adverse Drug Event Reporting and Investigation (CPM.0081)
- Anticoagulation Therapy (CPM.0142)
- As Needed PRN & Range Medication Orders (CPM.0035)
- Drug Distribution - Automated Dispensing Cabinets (CPM.0293)
- High Alert Medications (CPM.0019)
- Look Alike Sound Alike Drugs (CPM.0103)
- Medication Management, Administration, and Documentation (C01.069)

**Infection Control**
- Contamination of Personal Clothing & Uniforms (CPM.0247ic)
- Isolation Initiation and Discontinuation (CPM.0250ic)
- Personal Protective Equipment (SPA.0009)
- Standard Precautions (CPM.0235)

**Important Additional Policies & Procedures**
- Alarms, Clinical (CPM.0031)
- Blood and Blood Product Administration Process (CPM.0061)
- Caregiver Misconduct (FH-HR.040)
- Cellular Phones and Other Transmitting Devices (SP3.001)
- Central Venous Access Device Insertion, & DC of Tunneled & Non Tunneled Devices (CPM.0002ic) Disposal of Protected Health Information (PHI) & Other Confidential Information (FH-COM.030) Drug Diversion Reporting, Investigation, and External Notification (FH-COM.038)
- Electronic Access (FH-IT.030)
- Email & Internet Usage (FH-IT.025) Emergency Evacuation Plan (EMPA.0004) IV Medication Administration (C01.063)
- Naso/Oral Gastric Tube: Insertion, Removal and Care of (C01.049) Pain Management (CPM.0067)
- Peripheral IV Insertion/Maintenance/Capping/Discontinuation (C01.129)
- Preceptor Policy (CPA.0105)
- Provision of Language Services (CPM.0038)
- Safety Event Reporting & Investigation (CPA.0008)
- Vital Signs (CPM.0185)
It is the responsibility of both students and instructors to familiarize themselves and abide by all the written policies, procedures, standards and practices. Please take some time to review the following. They are located on the Medworxx system. Access the system through the Intranet page (Scout) under the “policy & procedure” tab in the blue banner. It is expected that the Clinical Instructor will address these policies/procedures with their students.

Communication among caregivers
80100-111 Hand-Off Communication/Transfer of Patients between Caregivers-SBAR
FH-ADM.068 Provision of Language Services

Medication Administration
65000-121 Comfort and Pain Management Policy
0000-005 Medication Management
0000-004 Medications, Administration
65000-052 Intravascular Therapy
0000-000 Medications, Documentations of
FH-COM.038 Drug Diversion Reporting, Investigation and External Notification
75000-001 Adverse Drug Reaction Reporting
0000-018 As Needed (PRN) & Range Medication Orders
80100-017 Orders - Patient Care
0000-017 High Alert Medications
0000-002 Medications, Monitoring
0000-011 Medications - Storage, Handling, and Security of

Infection Control
65010-009 Hand Hygiene
65010-001 Standard and Isolation Precautions
65000-051 Urinary Catheters Infection Control Guidelines
65010-010 C. Difficile: Identification and Control
83210-000 Initiation and Discontinuation of Isolation (CMH)

Patient Safety Risks
65000-000 Continuous Observation
65000-043 Fall Prevention and Management Program
65000-033 Restraints, Non-violent/ non-threatening
65000-008 Restraints, Violent/ Self-Destructive (CMH)
80100-072 Patient Identification for Patient Safety
60090-002 Patient Rights - Mental Health Center (if applicable)
65000-054 Administration of Blood and Blood Products
65000-031 TeleObservation – CMH

Important Additional Policies & Procedure to Review
FH-COM.067 Patient Rights and Responsible
65000-015 Code Status, DNR
80100-006 Confidential Event Report Policy
65000-063 Inpatients Receiving Hemodialysis
65000-105 Nursing Students in Clinical Settings at CMH
FH-HR. 040 Caregiver Misconduct
80100-005 Smoke and Tobacco Free Campus (CMH)
82100-008 Phone Usage (Personal)
80100-018 Ethics Consultation
FH-IT.025 Email and Internet Usage Policy
80510-026 Professional Code of Conduct

HIPAA
82300-031 Protected Health Information Security and Safeguarding of
FH-COM.062 Confidentiality Policy
FCH-HR.004 Public Display with Social Media
FH.COM.030 Disposal of Protected Health Information
82300-010 Student Access to Protected Health Information
Froedtert West Bend Hospital Policies and Procedures

It is the responsibility of both students and instructors to familiarize themselves and abide by all the written policies, procedures, standards and practices. Please take some time to review the following. They are located on the Medworxx system. You can access the system through the Intranet page (Scout) under the “policy & procedure” tab in the blue banner. It is expected that the Clinical Instructor will address these polices/procedures with their students.

**Medication**
SJH.CLN.134 Medication – Administration
SJH.CLN.084 Comfort and Pain Management
FH-COM.038 Drug Diversion Reporting, Investigation and External Notification
SJN.CLN.063 Medication Orders
SJN.CLN.128 Orders - Patient Care
SJH.CLN.122 Medication Anticoagulant Therapy
SJH.CLN.066 Medication Storage & Security
SJH.CLN.072 Medication High Alert

**Infection Control**
SJH.IC.060 Clostridium difficile: Identification and Control
SJH.IC.002 Initiation and Discontinuation of Isolation
SJH.IC.061 Standard and Isolation Precautions
SJH.CLN.200 Nursing Unit Food Storage - SJH

**Patient Safety**
SJH.CLN.101 Rapid Response Team
SJH.CLN.146 Restraints, Non-Violent/Non-Threatening (Medical)
SJH.CLN.147 Restraints: Violent/Self-Destructive Restraint
SJH.IC.012 Bloodborne Pathogen Exposure Control Plan
SJH.CLN.052 Continuous Observation
SJH.ADM.063 Patient Identification for Patient Safety
SJH.SAF.SEC016 Patient Belongings, Valuables, Contraband and Weapons
SJH.CLN.206 TeleObservation - SJH
SJH.OT.008 SJH Insulin Pump
FH-COM.038 Drug Diversion Reporting, Investigation and External Notification

**Important Policies**
SJH.CLN.037 Code Status/ DNR
FH-ADM.068 Provision of Language Services
FH-COM.067 Patient Rights and Responsibly
FH-HR. 040 Caregiver Misconduct
FH.COM.030 Disposal of Protected Health Information
SJH.CLN.173 Dress Code - Nursing Division

**HIPAA**
FH-COM.062 Confidentiality Policy
FCH-HR.004 Public Display with Social Media
FH.COM.030 Disposal of Protected Health Information