Handbook for Students and Instructors

Froedtert Health includes Froedtert Hospital, Froedtert Menomonee Falls Hospital (Community Memorial Hospital), Froedtert West Bend Hospital (St. Joseph Hospital), and the Community Physician Clinics
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 utilize resources wisely and look for ways to reduce cost.
- I continuously learn so I’m able to improve the quality of my work.
- I am sincere, respectful and non-judgmental with others including during times of stress and conflict.
- I arrive at my workstation on time, prepared to provide excellent service.
- I am engaged and attentive during meetings and educational sessions.

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 all safety and staff health guidelines according to policies.
- I proactively work to maintain a clean and quiet environment.
- I actively involve patients to assure a safe experience.
- I pick up debris in public areas.

Teamwork

- I collaborate with others to meet or exceed customer expectations in a timely manner.
- I help new team members to feel welcomed and supported.
- I am flexible in meeting work demands and willingly assist team members.
- I view challenges as opportunities for improvement and foster the spirit of teaching and learning from each other.

Communication

- I use AIDET (Acknowledge, Introduce, Duration, Explanation, Thank) 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 patients and customers 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 (this includes organizational, departmental, personal and patient information).
- I validate patient identifiers before disseminating confidential information to prevent it from being handed out, mailed, faxed or e-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, nor seek or access information about them.
- I will safeguard confidential information, not leave it in plain sight or unsecure (e.g., computer screens, census reports, employee information).
- I knock and announce myself before entering a room.
- I close curtains and doors to protect patient privacy.
- I take preventive measures to limit others from overhearing private conversations.

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: age, lifestyle, beliefs, language, financial status, education, race, communication style, etc.
- I practice the Platinum Rule (treat others the way they want to be treated) to ensure expectations are met or exceeded.
- 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, to assure accurate and complete communication.
- I refuse to engage in, and will “call out” behavior such as gossip, talking behind someone’s back or bullying.
- I do not use language or terms that are hurtful, disrespectful or discriminatory to others.
- I will not make assumptions and judgments about people based upon their appearance.

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.
- I keep my voice mail message greeting current and always include:
  - my name, organization and department
  - how caller can have immediate needs met
- I provide the correct number before transferring 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 leave meetings and educational sessions to answer urgent pages and phone calls.
**Clinical Example: Taking Your AIDET to the Next level**

<table>
<thead>
<tr>
<th><strong>A</strong></th>
<th><strong>Acknowledge</strong></th>
<th>Eye contact, smile, and acknowledge everyone in the room (patient and families).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I</strong></td>
<td><strong>Introduce</strong></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><strong>D</strong></td>
<td><strong>Duration</strong></td>
<td>“This procedure will take about 10 minutes to perform and then about an hour for the results...”</td>
</tr>
<tr>
<td><strong>E</strong></td>
<td><strong>Explain</strong></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><strong>T</strong></td>
<td><strong>Thank You</strong></td>
<td>“Thank you for choosing us...Thank you for waiting...Thank you for coming in today...What other questions do you have?”</td>
</tr>
</tbody>
</table>

**Key Actions:**

AIDET is not a script. It is a communication tool to use in every interaction with all customers. Not just patients. Non-order specific. AIDET can be used in any order, as long as all five steps are used every time.

Use patient whiteboard when introducing yourself and managing other members of the team.

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.”

Sit down whenever possible as this increases the perception of time for patient and family.

**Key Words that Work:**

For your safety, I'm washing my hands.
I have time to answer your questions.
I want to be sure I explain everything.
For your comfort, I have ordered...
I want to keep you informed...
For your privacy (close curtain).
I want to make sure we are thorough.
Nurses will take exceptional care of you.
We round to keep you safe.
Let me review the side effects with you.
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.
Froedtert Health Compliance Contact Information

Corporate Compliance Department
Main Number
414-805-2895
Anonymous Compliance Hotline Phone
414-259-0220
Compliance Hotline E-mail Address
comphotl@froedtert.com

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: comphotl@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.

Harassment Free Workplace Policy

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.

Conflict of Interest for Froedtert Health Employees (excluding Employed Providers) Policy

Conflict of Interest for Providers Policy

Conflict of Interest and Excess Benefit Transactions Policy

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.

Free Services or Supplies for Patients Policy

Gifts/Business Courtesies to and from External Organizations/Individuals

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.

Gifts/Business Courtesies to and from External Organizations/Individuals Policy

Gifts/Nonmonetary Compensation to Physicians and Medical Staff Incidental Benefits Policy

Billing 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 Froedtert 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. Froedtert Health Affiliate (FH Affiliate) - For purposes of this policy, Froedtert Health Affiliate refers to: Froedtert Memorial Lutheran Hospital, Inc.; Community Memorial Hospital of Menomonee Falls, Inc.; St. Joseph’s Community
Hospital of West Bend, Inc.; Froedtert & The Medical College of Wisconsin Community Physicians, Inc.; West Bend Surgery Center, LLC; Froedtert Surgery Center, LLC; Waukesha Surgery Center, LLC; Drexel Town Square Surgery Center, LLC; Menomonee Falls Surgery Center, LLC; Inception Health, LLC; and Exceedent, LLC. Any other entity that becomes controlled by FH after adoption of this policy also may be considered a FH Affiliate.

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.

Policy

A. All Workforce Members have a legal and ethical responsibility to protect and secure the privacy and confidentiality of information regarding our patients, staff and business activities.

B. A Workforce Member may be granted access to Confidential Information as necessary to fulfill the requirements of his/her defined role and responsibility.

C. A Workforce Member who has access to, or comes into contact with any Confidential Information is only authorized to acquire, access, use, disclose, remove, copy, alter, or destroy information within the scope of our policies and only for the sole purpose of carrying out his/her approved and legitimate job duties and never for personal reasons, curiosity, malicious use, unethical motivation or for any other unapproved purpose.

D. Workforce Members are prohibited from accessing, reviewing, using, copying, printing, disclosing or removing his/her own PHI. The approved methods for obtaining access to one’s PHI is to contact the health provider directly, request copies of the medical information from the Health Information Management Department, or by accessing information through the MyChart portal. It should be noted that appointment information, provider schedules and billing information is considered PHI.

E. Workforce Members are prohibited from accessing, reviewing, using, copying, printing, disclosing or removing the PHI of any family members, friends, co-workers, neighbors, patients in the media, VIPs, or any other individual for any personal reason or other non-legitimate job duty related purposes. It should be noted that appointment information, provider schedules and billing information is considered PHI.

F. Workforce Members do not have any individual rights to or ownership of any information accessed or created by the workforce member during his/her employment or relationship with FH.

G. FH employees are provided proper training and education regarding the confidentiality rules, regulations and expected behaviors and are required to complete all mandatory education within the specified timeframe. A Confidentiality Agreement must be signed by each FH employee upon hire and as required throughout his/her employment. Signed Agreements for employees are retained in the Human Resources Department.

H. A Confidentiality Agreement must be signed by each FH volunteer, student, temporary worker, medical staff member, resident and others when obtaining an identification badge from FH Affiliate Security Department. Signed agreements will be forwarded to the FH Compliance Department.

I. Department leaders are required to validate that a signed Business Associate Agreement is in place when applicable and prior to any access, use or disclosure of PHI and in accordance with the HIPAA Business Associate Agreements Policy FH-SC.035. Additionally, department leaders may decide to request certain contractors or other on site vendors
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
patient rooms.
7. 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 infarction 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.
Technology Compliance

PROTECT/SECURE PATIENT INFORMATION

Patients expect and deserve their information to be kept private and secure. There is no good excuse for preventable errors, so we all need to do our part in mitigating this risk. For example:

**SECURE WORKSTATIONS!**

- Log out or secure your workstation every time you walk away from it, even if it’s only for a few minutes.
- If you see a workstation that is logged in and it is left unattended, log out or secure the workstation.
- If you can figure out who is logged into the workstation, report that individual to his/her supervisor or the Compliance Department.
- If you are a leader, you should monitor your area to assure workstations are secure.
- Staff and Leaders will be held accountable for non-compliance with this rule.

**USERNAME/PASSWORD**

- Never share your computer login credentials (username/password) with anyone, ever!
- Use strong passwords (use letters, numbers and characters).
- Do not let anyone use your computer if you are logged in.
- Do not write your password on a piece of paper and leave it in public areas.
- If your credentials are compromised, call the IT Service Desk Immediately!
- You are responsible for all activities under your username/password.

**PHYSICALLY SECURING CONFIDENTIAL INFORMATION**

- **IF** you are authorized to remove patient information or other business information from the facility, YOU are responsible for keeping it secure.
- Never leave any patient or business information in plain view. (Example: front seat of car, sitting on table at Starbucks, etc.)
- If any patient information is lost, stolen or compromised in any way, immediately report the incident to Compliance.

**SECURE EMAILING**

The privacy and security of a patient’s protected health information (PHI) is everyone’s responsibility. It requires each workforce member to ensure we are taking the appropriate steps to ensure the privacy and security of our information. Not only is it the law but it is the right thing to do.

- Students are expected to use their FH/MCW email address when electronically transmitting PHI and/or confidential business information.
- Students are not to email PHI and/or confidential business information to their or another student’s school email address.
Please understand the risk involved—Once our PHI and/or confidential business information is sent off of our secure network, it is no longer guaranteed to be safeguarded appropriately. We can no longer protect the information from hackers, viruses, malware, phishing, etc. and ensure it is disposed of properly which could cause detrimental effects to our patients, ourselves, and our organization.

**CYBERSECURITY**

Cybersecurity is a popular topic in healthcare today. A cybersecurity breach has devastating effects such as a damaged reputation, vandalism, substantial fines, theft, lost revenue, damaged intellectual property, etc. with little to no opportunity for mitigation.

There are many methods of a cybersecurity attack to be aware of in your day-to-day work. Common examples include:

1. *Phishing*: Email messages, websites, and phone calls which are designed to steal money or personal information. It attempts to convince you to install malicious software or provide information under false pretenses. Always delete suspicious messages, do not click on any unfamiliar links, do not provide your username/password to anyone, or respond to requests from suspicious emails or phone calls.

2. *Cybersquatting*: Fraudulent websites where you might be tricked into entering personal information. For example instead of going to www.microsoft.com, cybercriminals might create a webpage with the address of www.microsoft.com. Always validate your web address at all times.

Our IT Department has safeguards in place to properly protect the privacy and security of our information and systems. Don’t forget that you must always be vigilant to follow all policies and immediately contact IT Help Desk if you experience any suspicious activity.

**CONSEQUENCES FOR NON-COMPLIANCE**

When staff members do not follow our policies, it poses a risk to the patient… the organization… and YOU!

Here are some consequences to be aware of:

- When patient information is breached, we lose their trust, confidence and loyalty. They may decide to obtain their health services somewhere else.

- It can impact the health, mental, or emotional well being of the patient whose information was breached.

- Staff will be held accountable through employment corrective action.

- It could lead to legal action which may affect you personally.

**CELL PHONE USAGE**

- Cell phone use of any kind is prohibited during clinical rotation except during breaks while away from patient care areas (ie. break rooms or cafeteria)

Please do your part… Protect and Secure Patient Information ALWAYS!

*If you have questions or need assistance, please call the Compliance Department at 414-805-2895, call the confidential compliance hotline at 414-259-0220, or Email: comphotl@froedterthealth.org*
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.

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.

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.

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’s 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 social 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 FH Participation:

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

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 Froedtert Health.

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 \( \frac{3}{4} \) 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 tank tops, sweatshirts, sheer tops, or tops that show bare midriffs.
   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 appearance 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.
How to Report a Quality or Safety Concern

If staff members have quality of care or safety concerns, you are expected to report your concerns.

There are a variety of ways to report a concern:
1) To a department manager or director
2) Complete an online event report
3) Call the Froedtert Health Anonymous Confidential Complaint Hotline at (414) 259-0220.

All staff are permitted to report concerns about the safety or quality of care directly to The Joint Commission Complaint Hotline at 1-800-994-6610 or the Wisconsin Department of Health Services, Division of Quality Assurance at 1-800-642-6552.

No disciplinary or punitive action will be pursued for reporting quality of care or safety concerns.

How to Report a Quality or Safety Concern
Key Concepts of Dignity & Respect: the 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.

- The Business Case for Diversity focuses on patient satisfaction as the key to business growth. The diversity of our patients is increasing every day. To achieve high patient satisfaction, we must be able to anticipate and exceed the expectations of all of our patients. Diversity and inclusion programs help to prepare our staff to meet the diverse needs of our patients.

- We currently are not tapping into the potential market in the communities we serve. We have opportunity to expand our reach if we improve our cultural competence.

- Diversity and Inclusion Department focuses on:
  - Understanding the needs of our diverse communities
  - Recruit and retain staff who reflect our communities
  - Ensure Dignity and respect are hardwired in all staff
  - Providing services to meet the needs of diverse patients

- What is Cultural Competence?
  - Cultural competence refers to the appropriate ways that we respect and interact with others who are different than ourselves. Cultural competence has the capacity to enhance patient centeredness, improve quality for all patients and improve coworker relations.

- Your Role
  - Respect everyone and demonstrate this through actions and words.
  - Be aware of how your actions might offend others.
  - Be honest and open, and don’t rely on first perceptions.
  - Demonstrate appreciation for coworkers through recognition.
  - Foster a spirit of cooperation between you and your teammates.
  - Develop friendships with people who are different from you.
  - Get involved in your local community through volunteering.
  - Changing old habits and ways of thinking takes time…apologize if you have been unfair. Forgive if you have been offended!
Froedtert uses The We Connect Model™ to explore our own dimensions of diversity.

What
Diversity is the "What"
Our unique voices, based on differences in experience, talents, perspectives and points of view.

How
Making Connections are the "How"
Understand similarities in order to help us initiate and maintain relationships.

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.

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?
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.

<table>
<thead>
<tr>
<th>Identify patients correctly</th>
<th>NPSG.01.01.01</th>
<th>Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<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>
<tr>
<td>Improve staff communication</td>
<td>NPSG.02.03.01</td>
<td>Get important test results to the right staff person on time.</td>
</tr>
<tr>
<td>Use medicines safely</td>
<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></td>
<td>NPSG.03.05.01</td>
<td>Take extra care with patients who take medicines to thin their blood.</td>
</tr>
<tr>
<td></td>
<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>
<tr>
<td>Use alarms safely</td>
<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>
<tr>
<td>Prevent infection</td>
<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></td>
<td>NPSG.07.03.01</td>
<td>Use proven guidelines to prevent infections that are difficult to treat.</td>
</tr>
<tr>
<td></td>
<td>NPSG.07.04.01</td>
<td>Use proven guidelines to prevent infection of the blood from central lines.</td>
</tr>
<tr>
<td></td>
<td>NPSG.07.05.01</td>
<td>Use proven guidelines to prevent infection after surgery.</td>
</tr>
<tr>
<td></td>
<td>NPSG.07.06.01</td>
<td>Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.</td>
</tr>
<tr>
<td>Identify patient safety risks</td>
<td>NPSG.15.01.01</td>
<td>Find out which patients are at risk for suicide.</td>
</tr>
<tr>
<td>Prevent mistakes in surgery</td>
<td>UP.01.01.01</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></td>
<td>UP.01.02.01</td>
<td>Mark the correct place on the patient’s body where the surgery is to be done.</td>
</tr>
<tr>
<td></td>
<td>UP.01.03.01</td>
<td>Pause before the surgery to make sure that a mistake is not being made.</td>
</tr>
</tbody>
</table>
Parking Information for Froedtert Hospital Students

In our efforts to support the high school/college/university students in their clinical experiences here at Froedtert Hospital, we continue to work on parking concerns. Parking for students is dependent on availability and may change at any time.

Unfortunately at this time the parking for students is full and the options for student parking are the following (this includes parking for clinical, prep, and computer training):

- Street parking (student is responsible for following posted parking restrictions).
- Park & Ride (located at Watertown Plank Road & Swan Boulevard) Milwaukee County bus 31 runs from this location directly to Froedtert Hospital. Check Milwaukee County Transit site (https://www.ridemcts.com/routes-schedules) for routes/times and other bus options.
- Carpooling
- Students who are Froedtert Hospital staff members may park in assigned parking area.
  - According to the parking office, any student parking in an unauthorized parking space is subject to citations/fees.
  - Security staff is available at shift changes after dark. Escorts to and from your car are available by calling the Security Office at 414-805-7070.

**Instructors:** parking 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. The Parking Office is open Monday through Friday from 7:30am to 4:30pm.
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.
Accessing Computer Policies 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.

Narrow policy search by department or unit.

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”.

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

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.

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.

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

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.

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

(414) 805-2101
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 Care Plan Note.

- Select the Notes Activity

- Click on the tab Care Plan Notes

3. Click on New Note

4. The note type will default to Care Plan Note. The student is required to add a cosigner. The cosigner 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 care plan notes tab as well as the All notes tab.
☐ 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>05/24/2014 2:31 PM</td>
<td>06/24/2014 2:33 PM</td>
</tr>
<tr>
<td>Dent, Stuart</td>
<td></td>
<td></td>
<td>Attested</td>
<td>banana,</td>
<td>Progress Nk</td>
<td>06/24/2014 1:25 PM</td>
<td>06/24/2014 1:24 Al</td>
</tr>
<tr>
<td>banana, sidne</td>
<td>Registered</td>
<td></td>
<td>Addendum</td>
<td></td>
<td>Progress Nk</td>
<td>05/24/2014 1:00 PM</td>
<td>06/24/2014 5:40 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
Nursing Student and Instructor Information
Nursing Professional Practice Model and Care Delivery System  Froedtert Hospital
Nursing Professional Practice Model of Relationship-Based Care

The Nursing Professional Practice Model of Relationship-Based Care focuses on the care of patients and their families/significant others. The model has been adapted from Relationship-Based Care: A Model for Translating Practice (Kipnis, 2004).

The following elements contribute to the Nursing Professional Practice Model: Transformational Leadership, Shared Governance, Professional Development, Relationship-Based Care Delivery, Nursing Research & Evidence-Based Practice, and Interdisciplinary Collaboration. These elements serve as the foundation of our caring approach to patient-centered care and, as such, are depicted in the model as surrounding the patient and family.

Key drivers influencing our practice include: the Nursing Mission, Vision, and Philosophy; the Froedtert Hospital Mission, Vision, and Values; and the organization's Strategic Priorities.

**Nursing Mission**
- To Care and Comfort
- To Advocate
- To Educate
- To Collaborate & Innovate

**Nursing Vision**
Froedtert nurses will be nationally recognized for excellence in professional nursing practice.

**Nursing Philosophy**
Nurses at Froedtert Hospital support professional nursing practice which emphasizes:

- Relationship-based care that is individualized, compassionate, and culturally appropriate, in which nurses advocate for care that is delivered with the highest respect, dignity, and care.
- Courageous, agile, and responsive leadership that facilitates successful navigation of change due to internal and external factors.
- Interprofessional collaboration for optimal patient outcomes, including empowering patients and families as active participants in their care.
- The delivery of high quality patient care and making a difference in the lives of patients through the utilization of evidence-based practice, participation in nursing research, and commitment to ongoing quality improvement.
- Education of our patients, the community, our co-workers, and future healthcare professionals.
- A shared governance structure that supports autonomous, participatory decision-making.
- An environment that nurtures and supports innovation, clinical expertise, and ongoing professional development, enhancing the recruitment and retention of outstanding nursing staff who exemplify nursing excellence.

**Froedtert Hospital’s Mission**
Froedtert & the Medical College of Wisconsin advance the health of the communities we serve through exceptional care enhanced by innovation and discovery and teach the next generation of health care professionals.

**Froedtert Hospital’s Values:**
- Partnership: Partnering with patients, families, and other organizations, including 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.

**Transformational Leadership**
Transformational leaders include the CNO, directors, managers, staff nurses, and other healthcare providers in formal and informal leadership roles, taking leadership as needed and using these roles to fulfill the missions and move toward meeting the visions of both nursing and the hospital.

**Shared Governance**
Our shared governance structure supports autonomous, participatory decision-making.

Coordinating Council: provides a framework to the division councils and ensures an overall coordination, oversight, and prioritization of activities related to the empirical outcomes that are influenced and impacted by nursing practice.

Development Council: accountable for functions related to nursing education, patient education, professional development and enrichment, and recruitment and retention.

Professional Practice Council: accountable for ensuring that practice is evidence-based and there is a consistent standard of practice across all departments (includes policies/procedures, etc.).

Quality & Safety Council: accountable to assure high quality nursing care and excellent patient outcomes by monitoring, improving, and evaluating nurse-sensitive indicators.

Research Council: accountable to promote and facilitate nursing research activities among the nursing staff.

Ambulatory Council: accountable for functions related to professional practice, quality and safety, and development, in ambulatory settings.

Nursing Management Council: accountable for ensuring professional nursing practice is appropriately integrated and aligned across all environments of care at Froedtert Hospital. The Council is also accountable for ensuring the effectiveness of structures/processes that are part of the Nursing Professional Practice Model at Froedtert Hospital.

**Professional Development**
- Performance appraisal process includes self-assessment, peer review, and goal setting.
- Nursing Professional Development Pathway promotes, recognizes, and rewards professional development of clinical RNs.
- Certification is encouraged; on-site certification review courses offered.
- Educational support for formal education, continuing education, and competency including tuition reimbursement.
- Continuing education - internal offerings and external conferences.
- Education to obtain, maintain, and validate competency.
- Preceptor Program utilizes Benner’s Theory of Novice to Expert.

**Care Delivery System**
Nurses at Froedtert Hospital provide high quality patient-centered care using a Relationship-Based Care Delivery System:
- Nurse makes decisions within the scope of their practice and coordinate patient care.
- Primarily RN staff with the authority to delegate to PCAs, PCTs, MAs, Srg Techs, and other unlicensed caregivers.
- Patient assignments are determined collaboratively, based on patient needs and RN experience.
- Nurses communicate and collaborate with patients, families, and the interprofessional team, and each other to achieve optimal nurse-sensitive patient outcomes.
- Use interdisciplinary care plans/plans of care (eg. discuss the plan of care in inpatient Care Coordination Rounds).

**Nursing Research and Evidence-Based Practice**
- Doctorally-prepared nurse researchers and nursing research consultants support, coach, mentor, educate, and guide Froedtert nurses in research and evidence-based practice activities.
- Nurse membership and participation on Institutional Review Board.
- Nursing Research Council promotes and facilitates nursing research activities and research education.
- Evidence-Based Practice Committee promotes and facilitates evidence-based practice (EBP) and EBP education.
- Utilize the Iowa Model of Evidence-Based Practice to Promote Quality Care (Tiller, 1998) and the Knowledge to Action Framework (Straus, Tetroe, & Graham, 2009).
- Evidence-based policies and procedures.
- Access to The Medical College of Wisconsin library resources via internet and campus facilities.
- Journal Club.

**Strategic Priorities**
- Three Million Lives - Population Health - Financial Strength - Workplace of Choice - Patient Centered Care and Clinical Effectiveness.
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 Student/Instructor information on website

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 nursingstudents@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 nursingstudents@froedtert.com.
• 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 online modules (Waste Management, Compliance, Ethics & Code of Business Conduct, IT Security, Safety Awareness, Student Handbooks, & Privacy Expectations)
• Meet with System Education Coordinator
• 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)

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 the online modules (see above) and any other mandatory education based on the hospital’s strategic priorities.
• Glucometer - (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):
  o For specific information on computer classes and online modules see the Computer Training Information found on the website: Nursing Undergraduate Website
  o Updates/changes are communicated via email
• Inservices - instructors/students are invited to all unless otherwise indicated on the flyer.
New & Ongoing Clinical Nursing Instructor Orientation

New Nursing Instructor Orientation

New instructor orientation consists of: classroom orientation, Student RN Epic Computer Class (including online learning modules), and at least 8 hours of clinical orientation on the unit (on the shift the instructor will have students). Orientation must be completed prior to start of clinical.

Classroom Orientation

- **Complete Online Modules:** prior to attending new instructor orientation:
  - Modules you will be assigned via the Froedtert Learning Center: Learning Center
    - Kangaroo Tube Feeding Pump
    - Alaris Pump Module - Online (Froedtert Only)
    - Zoll R Series PLUS Defibrillator Module - Online
    - *Waste Management
    - *Compliance, Ethics & Code of Business Conduct
    - *Information Technology Security
    - *Safety Awareness (appropriate sections to be completed for each clinical area)
    - Student/Instructor Handbook
    - *Privacy Expectations
  - **RN Student Epic Online Training** - Must complete all online modules prior to attending RN Student Epic Class.

*Exceptions:* Froedtert Health staff members

- Attend classroom orientation (includes meeting with System Education Coordinator, equipment checkoff, and obtaining an ID badge) prior to starting clinicals.

Computer Training

- Instructors are required to attend 2 hour RN Student Epic Computer Class (includes review of student documentation and cosignature requirements). Online computer modules must be completed prior to class (see above).
- For specific information on the classes see the Computer Training Information found on the website: Nursing Undergraduate Website.

Clinical Orientation

At least 8 hours on the unit (on the shift the instructor will have students) with a preceptor taking patients.

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 online modules (Waste Management, Compliance, Ethics & Code of Business Conduct, IT Security, Safety Awareness, Student Handbook, & Privacy Expectations)
• Meet with System Education Coordinator
• 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)

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 the online modules (see above) and any other mandatory education based on the hospital’s strategic priorities.
• Glucometer - (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):
  o For specific information on computer classes and online modules see the Computer Training Information found on the website: Nursing Undergraduate Website
  o Updates/changes are communicated via email
• Inservices - instructors/students are invited to all unless otherwise indicated on the flyer.

7/19
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:**
- The 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).
- The 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.
- The 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.
- The 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.
- 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 an unscheduled preceptor absence, notify the faculty of arrangements made (ex. scheduled an extra day, arranged alternate preceptor, etc.).
- For an 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 you would like to accomplish.
- Documentation of the clinical hours is the responsibility of the student.
- Provide feedback about your experience with the agency (See agency website for details)
- The student will conduct himself/herself as a healthcare professional according to the policies of both their College of Nursing and the clinical facility.
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 five rights of medication administration:
   a. Right Patient
   b. Right Route
   c. Right Dose
   d. Right Time
   e. Right Medication

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. 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. 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 employees. Continuous monitoring of patient within first 15 minutes of blood administration must be done by a nurse—students may be present.

9. 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).

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. A 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 the 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.
Nursing Clinical Groups Nursing Instructor Practice Standards

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 5 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”.

# Unit Orientation for Clinical Nursing Instructors

<table>
<thead>
<tr>
<th>Content/Objective Instructor will be able to:</th>
<th>Unit Designee Initials</th>
<th>Clinical Instructor Initials</th>
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<tbody>
<tr>
<td>1. Verbalizes available unit leadership resources.</td>
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<td>2. Demonstrates how to perform bed and other equipment</td>
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<td>3. Acclimate to unit</td>
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<tr>
<td>• Instructor keys/phone/pager</td>
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<td>• Staff assignments</td>
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<td>• Posting student assignments</td>
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<td>• Unit tour</td>
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<td>• Call lights</td>
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<tr>
<td>4. Identify unit routine</td>
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<td>• Caregiver hand-off (ex. Bedside Shift Report, SBAR, etc)</td>
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<td>• Vital sign frequency</td>
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<td>• Assessment</td>
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<td>• Documentation</td>
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<tr>
<td>• Implementing and following physician orders (vital sign frequency, etc)</td>
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<td>• Unit supplies/products</td>
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<td>5. Verbalize application of telemetry patches and monitoring of telemetry patients.</td>
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<td>• Discuss telemetry room functions and location</td>
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<td>• Communicate with the telemetry room technician</td>
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<td>6. Notify appropriate individuals with student and staff concerns</td>
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<tr>
<td>• Unit Manager/Educator/PDC</td>
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<td>• School of Nursing Liaison</td>
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<td>7. Explain the patient safety bracelets and charms</td>
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<td>• Meaning of colored charms</td>
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<td>• Blood band, if applicable</td>
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Clinical Instructor Signature___________________________________________

School ___________________________________________________________________

Unit Designee Signature___________________________________________________

Date _____________________________________________________________________

When form completed send to School of Nursing Liaison in Organizational Learning
# Student Assignment Sheet

<table>
<thead>
<tr>
<th>Date:</th>
<th>School:</th>
<th>Instructor:</th>
<th>Phone: (after clinical hours)</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 _________________________

<table>
<thead>
<tr>
<th>Student Name (Please Print)</th>
<th>License Plate Number</th>
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<tbody>
<tr>
<td>Instructor</td>
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<tr>
<td>Students</td>
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Return completed form to Kevin Sodemann, CMH Grounds Manager (kevin.sodemann@froedtert.com)
Froedtert Hospital Policies and Procedures
for Nursing Instructors and Students

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)
- Documentation of Nursing Care (C01.020)
- Ethics Consultation (CPM.0026)
- Orders Patient Care (CPM.0172)
- Organizational Structure of Patient Care Services (A01.001)
- 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 (CPM.0126)

**Medication Administration**
- Adverse Drug Event Reporting and Investigation (CPM.0081)
- Anticoagulation Therapy (CPM.0142)
- As Needed PRN & Range Medication Orders (CPM.0035)
- High Alert Medications (CPM.0019)
- Medication Management, Administration, and Documentation (C01.069)
- Med Select Cabinet (Automated Dispensing System) (C01.260)

**Infection Control**
- Contamination of Personal Clothing & Uniforms (ICM.001.03ic)
- Isolation (C01.067)
- Isolation Initiation and Discontinuation (C01.067)
- Standard and Isolation Precautions (C01.0235)

**Important Additional Policies & Procedures**
- Alarms, Critical (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 (CVAD) Insertion, Maintenance, & DC Tunneled & Non Tunneled Devices (CPM.0002ic)
- Confidentiality (FH-COM.062)
- Disposal of Protected Health Information (FH-COM.030)
- Drug Diversion Reporting, Investigation, and External Notification (FH-COM.038)
- Electronic Access (FH-IT.030)
- Emergency Evacuation Plan (SP2.004)
- Event Reporting & Investigation (CPA.0008)
Internet & Email Usage (FH-IT.025)
IV Medication Administration (C01.063)
Naso/Oral Gastric Tube: Insertion, Removal and Care of (C01.049)
Nursing Standards of Patient Care, Treatment & Services (A01.031)
Pain Management (CPM.0067)
Preceptor Policy (CPA.0105)
Provision of Language Services (CPM.0038)
Public Display with Social Media (FCH-HR.004)
Vital Signs (C01.101)
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**
- 80100-111 Hand-Off Communication/Transfer of Patients between Caregivers-SBAR
- FH-ADM.068 Provision of Language Services

**Medications Administration**
- 65000-121 Comfort and Pain Management Policy
- 0000-005 Medication Management
- 00000-004 Medications, Administration
- 65000-052 Intravascular Therapy
- 00000-000 Medications, Documentations of
- FH-COM.038 Drug Diversion Reporting, Investigation and External Notification
- 75000-001 Adverse Drug Reaction Reporting
- 00000-018 As Needed (PRN) & Range Medication Orders
- 80100-017 Orders - Patient Care
- 00000-017 High Alert Medications
- 00000-002 Medications, Monitoring of
- 00000-011 Medications - Storage, Handling, and Security of

**Infections 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
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 Exposture 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
Lexicomp resource for medication teaching related to HCAHPS

1. Click on the link from the MAR

   ![Lexicomp Resource Image]

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

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

   ![Medication Patient Education with HCAHPS Considerations]

3. You can also print a medication specific patient education sheet

   ![Medication Patient Education Sheet Image]
HIPAA Compliant Medication Label Disposal

- Health Insurance Portability and Accountability Act
- Protected health information (PHI)
  - electronic medical records
  - paper records
  - medication labels
- PHI cannot be disposed of in regular trash unless it is de-identified.
- All inpatient pharmacies at Froedtert Health are now using labels that will peel off instead of rip.
- The used medication, goes in the regular trash and the label goes in the bin labeled “Disposal of Protected Health Information”.