Handbook for Students and Instructors
Performance Excellence
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 and teaches the next generation of health care professionals.

**Our Vision Statement:**
Froedtert & the Medical College of Wisconsin will be the region’s premier health system by demonstrating superior value through an academic-community partnership and aligning health care delivery across the region.

**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 Froedert 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 am 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 work station 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 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 access to 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” behaviors 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.
Communication with Patients: AIDET

AIDET* is a framework for staff to communicate with patients and their families as well as with each other. This framework can be used as we communicate with other staff and colleagues, especially when we are providing an internal service.

**AIDET**

**A**=Acknowledge- Acknowledge patient by name. Make eye contact, smile, and acknowledge everyone in the room (patient & families).

**I**=Introduce- Introduce yourself, your skill set, your professional certification, and experience. Managing up reduces patient anxiety.

**D**=Duration- Give an accurate time expectation for tests, physician arrival, and identify/communicate next steps. When this is not possible, give a time in which you will update patient on progress.

**E**=Explain- Explain step by step what will happen, answer questions, and leave a way to contact you, such as nurse call button or phone number. Use language a patient can understand. No abbreviations.

**T**=Thank You- Thank the patient. You may thank them for choosing your hospital, and for the communication and cooperation. Thank the family for assistance and being there to support the patient.

*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 excellent care of you.
We round every hour to keep you safe.
Let me review the side effects with you.

**Clinical Example: Taking Your AIDET to the Next level**

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

**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 manage up other members of the team. AIDET is extremely important to use on the phone when you can’t see visuals or 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.
Corporate Compliance
Good Compliance Sense
Makes Good Business Sense

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

As an organization, we are committed to honest and ethical behavior and to conduct our business with integrity. 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 this 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.

To help you with the legal and ethical questions you may encounter in your daily work, we have prepared the Froedtert Health Code of Business Conduct. 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, I am 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 me in this effort.

Sincerely,

Cathy Jacobson
President and CEO, Froedtert Health
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, co-workers, 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 FH-COM.032

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 FH-HR.028

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 FH-HR.092
New Employee Orientation Policy CP4.0007

Reporting Compliance Concerns

I will immediately report any activities or conduct that I believe violates 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 non-compliance 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 FH-COM.025

Froedtert 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 non-compliance 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 Policy FH-COM.025

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 FH-COM.062 (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 CPM.0150 (FMLH), 80100-121 (CMH), SJH.ADM.019 (SJH)
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 encourages and supports open and honest reporting when events or any unsafe condition or practice is 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.

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

Physician Relationships

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

Conflicts of Interest

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

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

Giving Free Supplies, Equipment or Services

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

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

Gifts/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 by the Compliance Department.

Gifts/Business Courtesies to and from External Organizations/Individuals Policy FH-COM.022
Gifts/Nonmonetary Compensation to Physicians and Medical Staff Incidental Benefits Policy FH-COM.080
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 payors 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. Hospital and Professional Billing Compliance Policies FH-COM.035 and FH-HIM.007

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 FH-HR.001

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.
Purpose:

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 Fashing 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
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. 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.

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

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

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

J. Sanctions for Breach of Confidentiality
1. Any Workforce Member who fails to comply with the confidentiality rules, policies and/or laws is subject to corrective action up to and including immediate termination of employment or business relationship.
2. Other actions such as remediation education, root cause analysis or other activities may be assigned to the leader and/or Workforce Member, depending upon the incident and severity of the violation.
3. Depending on the violations, reporting to applicable state
licensing boards, law enforcement, affected parties and/or other external agencies may apply.

4. Upon completion of an investigation, a severity level is assigned to the incident based on the facts, circumstances, risk and severity of the incident. The following are common examples of privacy violations and what severity level they may fall into, depending upon the circumstances involved.

a. Level 1 Severity: Generally involve lower risk infractions that are typically accidental or careless acts that result in non-compliance or breach of confidentiality. This may include patterns of failure to validate information, such as patient identifiers prior to distributing, mailing, faxing or handing out patient information or other confidential information. Any of these examples may escalate to a higher level severity infraction depending upon the particular facts and circumstances involved.

(i) Patterns of accidental or careless actions, disregard of policy and procedures or overall poor performance by a workforce member will result in corrective action. Root cause analysis and re-education may be required.

b. Level 2 Severity: Moderate risk or severity of infractions which are prohibited acts, where despite training, an individual does not follow policies. Typically these incidents are not accidental in nature and may be viewed as a more egregious action that results in non-compliance or breach of confidentiality. This may include actions such as accessing patient information beyond the scope of defined job role; but not deemed as curiosity or for personal reasons, accessing provider schedules, removing PHI or other confidential information from the facility for legitimate purpose but it is subsequently lost or stolen, disclosing patient information or location when the patient has opted out of the patient directory, computer username/password violations. Any of these examples may escalate to a Level 3 Severity, depending upon the particular facts and circumstances involved.

(i) FH will hold staff member accountable by following the Corrective Action Policy, which may include corrective action or termination of employment or business relationship. Root cause analysis and re-education may be required.

c. Level 3 Severity: Higher risk or severity infraction which involve willful intent, unethical actions, reckless and/or irresponsible acts or complete disregard of the rules. This may include actions such as the use, access or disclosure of patient or confidential information without a legitimate business purpose/job duty. Some examples include: snooping in records, reviewing records for personal reasons, curiosity, inappropriately disclosing confidential information to others that do not require the information, gossiping about patients or others, unethical acts
or malicious actions such as identity theft, fraud, personal gain, custody battles, defamation of character, and estranged relationships
(i) FH has no tolerance for these actions or behaviors and will take immediate corrective action, including the termination of employment or business relationship. Root cause analysis and re-education may be required.

5. Breaches of confidentiality that constitute violations of HIPAA are subject to civil and criminal penalties. The tiered civil money penalties range between $100 and $50,000 per violation, and potentially may be in excess of $1,500,000 for identical violations in a calendar year, determined based on the nature and extent of the violation, the nature and extent of the harm resulting from the violation, and the history of prior non-compliance and the level of culpability.

Related Policies:
- Compliance Reporting, Hotline and Non-Retaliation
- Corrective Action
- Disposal of Protected Health Information (PHI) and Other Confidential Information
- E-mail and Internet Usage Policy
- Faxing of Protected Health Information (PHI)
- HIPAA Business Associate Agreements
- HIPAA Privacy Definitions
- Information Integrity
- Notification of Breach of Protected Health Information

Issuing Authority: FH Corporate Policy Committee
Distribution: Froedtert Health
Reference Type:
Additional Attachments: Confidentiality Agreement.docx
Content Details URL: http://fhpolicy.s1.fchhome.com/d.aspx?d=74ZD4a6098f8
Constant Content File URL: http://fhpolicy.s1.fchhome.com/d.aspx?c=74Z04a76Ec3b
Expiry Date: 5/23/2068 12:00:00 AM
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*
Public Display With Social Media

Policy Number

FH-HR.004

Purpose

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

Definitions

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

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

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

Policy

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

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

Procedure

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

b) Whenever staff comment about Froedtert Health in social media, they should disclose their connection to the system and their role. Where staff’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.
How to Report a Quality or Safety Concern

If staff members have any quality of care or safety concerns about the Froedtert organization, you are encouraged to report your concern directly to the Manager or Director of the department, or complete an incident (event) report on-line. Froedtert Hospital also provides an Anonymous Confidential Compliance Hotline at 414-259-0220. If not satisfied, you are encouraged to contact the Joint Commission Complaint Hotline at 1-800-994-6610.

No disciplinary or punitive action will be pursued for quality concerns reported. All information is kept confidential.

Sentinel Event Alerts
A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase 'or the risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called 'sentinel' because they signal the need for immediate investigation and
Patient Information
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 that 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.

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.

REATIONAL:
How we interact and relate:
- Personal Identity
- Personal Behavior
- Habits
- Generation
- Partner

COGNITIVE:
How we think and process information:
- Thinking
- Learning
- Intuition
- Logical
- Communication
- EQ

PHYSICAL:
Who we are and what others think we are:
- Age
- Gender
- Gender Identity
- Race
- Physical Abilities
- Sexual Orientation
- Mental Abilities
- Appearance

OCCUPATIONAL:
How we work and what we do:
- Occupation
- Work Experience
- Department/Division
- Industry
- Role/Function
- Success
- Affiliation
- Median Level

SOCIETAL:
How we defined and relate to society:
- Ethnicity
- Political
- Social
- Language
- Origin
- Education
- Geographical
- Social Class

VALUES:
What we believe and hold:
- Integrity
- Practices
- Communication
- Affiliation
- Culture

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?
Age Specific Patient Resources

INFANT

- Best way to care for an infant is to observe physical indicators (crying, sucking, sleeping, etc.)
- Provide age appropriate toys
- SIDS (Sudden Infant Death Syndrome) is a concern
- Stranger anxiety begins at 6-8 months of age
- Overstimulation leads to stress
- Signs of stress = turning away, closing eyes, increased motor activity

TODDLER

- Alleviate their stress through play
- Explain procedures to a toddler in short, concrete terms
- Greatest fear of a toddler is separation from parents
- Toddlers respond to visual cues rather than verbal. Demonstrate with pictures, puppets, dolls etc.

PRESCHOOL

- Encourage the use of comfort objects.
- Explanations should be short and simple – be honest
- Alleviate their anxiety by performing procedures on their dolls/stuffed animals
- Magical thinkers
- Fear separation, mutilation, the dark and pain (see pain as punishment)

SCHOOL AGE

- Use thorough and complete explanations
- Discuss misconceptions and correct them
- Use correct medical terms
- Allow them to assist you
- Symptoms of stress = anxiety, regression, withdrawal

ADOLESCENTS

- Encourage questions
- Developing their identity
- Respect their privacy
- Fears include loss of control, not being accepted by peers and separation from peer groups
- Protect them from embarrassment
**EARLY ADULT (18-29 yrs)**

- Establishing their own values, experiment with different lifestyles
- Common causes of death include traumatic accidents, MVCs, suicides and homicides
- Screen for HTN, STDs and cholesterol
- Life stressors can lead to anxiety, depression and substance abuse

**YOUNG ADULT (29-44 yrs)**

- Hospitalization has major impact on work and family
- Stress is major cause of illness and death
- Educate on healthy body weight and benefits of exercise

**MIDDLE ADULT (44-65 yrs)**

- Want to maintain and prolong the period of maximum energy and optimal mental and social activity.
- Need annual physical
- Visual changes along with decreased senses, balance and coordination
- Two major causes of death are heart attacks and strokes

**GERIATRIC**

- Loss of fat layers/decrease in skin turgor
- Small frequent meals
- Provide safe environment
- May need additional time for decision making, verbal expression and movement.
The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

### Identify patients correctly

| NPSG.01.01.01 | 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. |
| NPSG.01.03.01 | Make sure that the correct patient gets the correct blood when they get a blood transfusion. |

### Improve staff communication

| NPSG.02.03.01 | Get important test results to the right staff person on time. |

### Use medicines safely

| NPSG.03.04.01 | 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. |
| NPSG.03.05.01 | Take extra care with patients who take medicines to thin their blood. |
| NPSG.03.06.01 | 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. |

### Use alarms safely

| NPSG.06.01.01 | Make improvements to ensure that alarms on medical equipment are heard and responded to on time. |

### Prevent infection

| NPSG.07.01.01 | 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. |
| NPSG.07.03.01 | Use proven guidelines to prevent infections that are difficult to treat. |
| NPSG.07.04.01 | Use proven guidelines to prevent infection of the blood from central lines. |
| NPSG.07.05.01 | Use proven guidelines to prevent infection after surgery. |
| NPSG.07.06.01 | Use proven guidelines to prevent infections of the urinary tract that are caused by catheters. |

### Identify patient safety risks

| NPSG.15.01.01 | Find out which patients are at risk for suicide. |

### Prevent mistakes in surgery

| UP.01.01.01 | Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body. |
| UP.01.02.01 | Mark the correct place on the patient’s body where the surgery is to be done. |
| UP.01.03.01 | Pause before the surgery to make sure that a mistake is not being made. |
Instructor EPIC Information
Cosigning Notes in EPIC

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

☐ Students document notes related to the patient’s care plan progress in a 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 co-signer can be the nursing instructor or the nurse caring for the patient. Decide who this is in collaboration with the instructor.

   The student writes a note based on direction from nursing instructor. Student signs the note.

5. Once the student signs their note it will appear in the 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**.

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
Parking Information
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.
Community Memorial Parking

We offer free and convenient parking for faculty and students. We ask that you park in lot “J” if you are at CMH 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 CMH campus. CMH 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.

St. Joe’s West Bend Parking

Students and Instructors may park in the back of the front parking lot and enter through the main entrance of the building.