Instructions for Student Paperwork & Documentation

Directions:
1. Review Student Experience Policy & Procedure
2. Review Orientation Material

Print and sign the following documents:
1. Print and sign the Orientation Checklist *
2. Print and complete the Post Test*
3. Print and complete Student Profile *
4. Print and sign the Acceptable Use Agreement Form*
5. Print and sign the Confidentiality/Nondisclosure Form*
6. Print and sign the Student Clinical Inquiry Projects Form*

*These forms must be completed and submitted to the Student Program Coordinator as soon as possible.

All students must wear their St. Patrick Hospital student badge at all times when in the Hospital.

Student Program Coordinator Contact Information:
Kerry Schultz
Student Program Coordinator
Phone: (406) 327-5928
Fax: (406) 329-5688
Email: carolyn.schultz@providence.org

Office Hours: Monday-Thursday, 8:00am-3:30pm
Purpose/Policy Statement

This policy outlines the roles and responsibilities of faculty, students, educational institutions, and Providence St. Patrick Hospital staff for contracts, clinical responsibilities and policy and procedure adherence related to the student experience to ensure the outcomes of success.

Areas of Responsibility

The Learning Center: Is responsible for the administration of all affiliation agreements between Providence St. Patrick Hospital and participating educational institutions. The affiliation agreements outline and include but are not limited to malpractice insurance, background checks, immunizations, and worker compensation.
**Faculty and students:** Adhere to all hospital policies and procedures. Orientation for faculty and students includes but is not limited to:

- Mission
- Integrity/Compliance/Privacy and Security
- Unlawful Workplace Harassment
- Cultural Diversity
- Safety
- Disaster Plan
- Incident Reporting
- Infection Control
- Standard Precautions
- Environment of Care

**Educational Institutions:**

**Pre-Placement Checks:**
School will ensure that the student has completed a criminal background check pursuant to applicable “Child and Adult Abuse Laws.” School agrees to provide Hospital with a copy of the criminal background check results if requested. School acknowledges that placement of each student at Hospital is contingent upon provision of completing a criminal background check within 90 days of beginning the initial clinical rotation of the academic year. Students not meeting the adjudication guidelines for Providence Health and Services will not be eligible to participate in clinical rotations at Providence St. Patrick Hospital.

School shall perform an excluded provider search on the Office of Inspector General List of Excluded Individuals/Entities ([https://oig.hhs.gov/exclusions/](https://oig.hhs.gov/exclusions/)) and the System for Award Management (SAM) [www.sam.gov](http://www.sam.gov) for any students providing treatment, care or services at Hospital. Evidence that each student is not on the above mentioned excluded provider list is a condition precedent to clinical education program placement.

**Immunizations:**
Students must provide school(s) with the following documentation and schools will maintain verification/documentation of the following:

- **Measles (Rubeola), Mumps and Rubella.** One of the following is required:
  - Proof of two (2) MMR vaccinations
  - Proof of immunity to Measles, Mumps, Rubella through a blood test

- **Tuberculosis (TB) screening requirements:**
  - Record of a negative TB skin test 30 days prior to starting clinicals. Students will not be required to do another TB test unless they miss a semester and then return to the Hospital. If the test is positive, the student must complete a symptom questionnaire and submit a chest x-ray with medical provider documentation
OR
- One (1) Quantiferon Gold blood test with negative result

- Students attending the same program for consecutive years will be required to complete a TB Questionnaire provided by Providence St. Patrick Hospital each academic year.

▪ **Varicella (Chicken Pox) requirements.** One of the following is required
  - Proof of two (2) Varicella vaccinations
  - Proof of immunity to Varicella through a blood test
  - Attestation of Varicella disease

▪ **Tdap requirement:**
  - Proof of one (1) Tdap vaccination after age ten

▪ **Flu Vaccination Requirement**
  - Proof of current, annual influenza vaccination

▪ **Hepatitis B.** One of the following should be performed:
  - Documentation of three (3) Hepatitis B vaccinations and blood tests with “Reactive” results. Students who are in the process of receiving this vaccinations are allowed to begin their rotation
  - Blood test with “Reactive” results

**Nursing Students:**
Student nurses may perform independently tasks at the practice level of non-licensed assistive personnel. Faculty and/or licensed hospital staff supervise all other duties/procedures. Students are responsible for documenting their individual assessments, interventions and patient response to care. Faculty and staff review all student documentation.

**All Other Students:**
All other students in the areas of (but not limited to): respiratory therapy, pharmacy, surgery, social work, dietary, physical therapy, occupational therapy, speech therapy, medical laboratory, radiology, or other units/departments may perform independently tasks at the practice level of non-licensed assistive personnel. Faculty and/or licensed hospital staff supervise all other duties/procedures. Students are responsible for documenting their individual assessments, interventions and patient response to care. Faculty and staff review all student documentation.

**Medical & PA Students: Scope of service includes the following:**
Medical, Nurse Practitioner and Physician Assistant student may:

- Access medical records
- Visit a patient and write progress notes (co-signed by physician)
- Complete insurance forms
- Transcribe physician’s verbal orders in chart
- Assist with treatments and procedures (approved by physician)

Procedure Details:

A signed Clinical Affiliation Agreement with Providence St. Patrick Hospital must be in place and all requirements outlined in the agreement must be met prior to the student beginning clinical rotations at Providence St. Patrick Hospital.

To be eligible to participate in a clinical rotation at Providence St. Patrick Hospital, students must review, complete, and return the following documents to the Learning Center:

- Student Profile
- Orientation Post Quiz
- Confidentiality and Nondisclosure
- Signed Acceptable Use Agreement (if applicable)
- The Learning Center will issue a badge which must be worn at all time while student is in the Hospital

Schools will complete and return the following documents to the Learning Center:

- School/Hospital Document Verification Checklist

Providence St. Patrick Hospital staff retains the responsibility for the care of the patient(s) assigned; including monitoring the patient’s condition and performing those aspects of care in which the student is not qualified. Hospital staff documents each shift that the care provided by the student was observed and delivered in a manner in accordance with the accepted standards of Providence St. Patrick Hospital. Disagreements about student assessments or documentation are communicated to the instructor and/or student and specific information assessed or interpreted by Providence St. Patrick Hospital licensed staff.

Detailed Policy Statement

Applicability

This policy applies to all departments and units that host students.

Definitions
Cognizant Office(s)/Getting Help

Carol Bensen, MSN, RN, CNO 406-329-5636, carol.bensen@providence.org

Kerry Schultz, 406-327-5928, carolyn.schultz@providence.org

Policy Authority

Nursing and Patient Care Officer
On November 3, 1856 Mother Joseph and four Sisters of Providence left Montreal, arriving in Fort Vancouver, Washington Territory on December 8, 1856. Their mandate and desire was to care for the poor, the sick, and to educate children. The Panama Canal did not exist so they traveled by mule through the marsh and jungles across Central America before getting back on a ship. They were met with heavy seas and terrible motion sickness at the mouth of the Columbia River. Upon arriving in Fort Vancouver, their accommodations were very sparse and they shared a small room together in the Bishop’s house.

Despite primitive conditions and hardships, the nuns persevered, feeding the poor, caring for the sick and orphaned, teaching, and gardening. To finance new buildings and their work, Mother Joseph and some of the sisters launched what they called "begging tours." In 1858, they opened St. Joseph's hospital, the first in the Northwest – one tiny room with four beds, benches, and tables carved by Mother Joseph.

In 1863, Father DeSmet, S.J. visited Mother Joseph in Ft. Vancouver, pleading for the Sisters to open a school for Indian girls at his mission at St. Ignatius. Mother Joseph requested approval and support from Montreal and it was granted. In 1864, another group of nuns left Montreal to join Mother Joseph for training then traveled to the newly designated Montana Territory.

For more than forty years, Mother Joseph designed and supervised in the construction of hospitals, schools and other buildings across the northwest. Clad in habit, with hammer and saw in hand, she personally supervised the construction, reportedly ripping out faulty workmanship and redoing it herself.

It was under Mother Joseph’s leadership, that Providence became the second corporation in the territory of Washington in 1859. Mother Joseph is honored in Statuary Hall in DC as one of our honored pioneers. She is the only person kneeling, this posture represents the fact that, according to the artist, to accomplish so many great works she had to be a woman of great faith and prayer.

**Caring for Montana Since 1864**

In 1864, four young Catholic nuns began a long journey that not only took them from Montreal to the Pacific Coast... but also forever changed health care in the northwestern United States. Those nuns – all younger than 30 – traveled by boat to Panama, crossed by land to the Pacific Ocean and then continued by boat to Fort Vancouver on the Columbia River. There, they boarded a steamer and traveled upriver to Walla Walla. Then they rode on horseback 500 miles along the newly completed Mullan Road – first across the treeless Columbia Plateau and then through the dense forests of Coeur d'Alene country, where they crossed Coeur d'Alene Lake on a flatboat.

The final leg of their journey had the young nuns crossing the Bitterroot Mountains at what is now Lookout Pass and descending to the Clark Fork River. They arrived at the St. Ignatius Mission south of Flathead Lake just before winter set in, in October 1864, and became the first Sisters to reach the new Montana Territory.
Pioneering Firsts in Montana Health Care and Education

The Sisters knew little about their destination. But, their mission was clear: to serve the community’s unmet needs, particularly among the poor. The “Lady Black Robes” as they were known, founded first a school for Native American children and cared for those affected by warring and illness. To support their humanitarian work, the Sisters organized “begging tours” to the scattered mining camps and communities of Oregon, Idaho and Montana.

Through years of begging tours they raised enough to expand their original mission at St. Ignatius to include Sacred Heart Academy and St. Patrick Hospital – both in Missoula. In April of 1873, Mother Caron, Superior General of the Sisters of Providence, along with Sister Mary Edward and Sister Mary Victor, traveled to Missoula to start both a hospital and a school with $500 raised from the begging tours.

Growing to Meet the Needs of Missoula, Montana

The new hospital in Missoula had humble beginnings: a small, simple frame building. But, it offered professional health care and the warm concern of the Catholic nuns who ran it. In the following years, the original building underwent additions and remodels. In 1889, a new three-story hospital increased patient capacity from 40 to 90.

By 1923, however, more hospital space was needed to serve Missoula’s fast-growing community. The Sisters’ earlier “begging tours” technique wouldn’t work to raise the needed $45,000. Thankfully, pledges and donations made up the sum, and the five-story, 100-foot by 40-foot annex was built. St. Patrick Hospital was now a 150-bed facility.

Ushering in Modern Health Care

In 1906, St. Patrick Hospital founded a school of nursing, which combined the teaching and health care ministries. By 1946, the school of nursing had a dedicated building and flourished. Nursing training shifted to universities in the 1970s. The St. Patrick School of Nursing closed in 1978 after training and graduating more than 1200 nurses.

The Sisters of Providence faced a great challenge. In order to move forward, they needed more space and increased funding. The facility they planned would cost $500,000 – a far cry from the initial $500 to establish the hospital in 1873. The new facility, the Broadway Building, opened March 17, 1952, to considerable public fanfare and praise. The following years were marked by expanded, specialized services as St. Patrick added sophisticated technology and a reputation as a leading regional cardiac and cancer center.

By 1980, shortage of space and the constant development of modern technology again required a building expansion. Efforts to raise $37.4 million for a 285,000 square-foot facility began. This facility, constructed in 1984, remains the hospital’s main headquarters today.

Expanding into the Mission Valley
In 1990, Saint Joseph Hospital in Polson, Montana, was in a dire financial state. The Sisters of Providence assumed responsibility for the hospital on March 1, 1990. This allowed Saint Joseph Hospital to continue providing valuable health care to the community. The Sisters of Providence understood the importance of the hospital to the wellbeing of the community. The Saint Joseph Hospital Board of Directors, faced with an old building needing extensive upgrades to meet standards and maintain its operating license, reviewed options and concluded new construction was the solution.

Modernizing Care for Healthy Communities

The sponsors recognized the citizens needed health care to keep pace with changing lifestyles and technology. Physicians and patients needed modern diagnostic imaging equipment, outpatient surgery, physical therapy, cardiovascular rehabilitation, home health services and wellness programs. The resulting vision was one where the hospital and doctors worked together to provide primary health care services in a state-of-the-art facility, designed to meet the needs of the growing, diverse and aging community.

The plan included replacing the 60-year-old building with a new structure featuring a modern imaging suite, a new emergency room, a new surgical suite, patient rooms, medical office space and administrative offices. The cost of the project was estimated at $10 million.

Community contributions, combined with donations from foundations, raised $1.6 million. The balance of the funding came by way of a Providence Bond Issue. The old building was razed and a new one rose in its place. The new building, Providence St. Joseph Medical Center, takes full advantage of beautiful views of Flathead Lake. It’s filled with natural light, which combined with the care, competence and training of our staff, make it a special healing place.

Creating Healthier Communities, Together

Our Providence system includes employed caregivers serving in a diverse range of ministries from birth to end of life, including acute care, physician clinics, long-term and assisted living, palliative and hospice care, home health, supportive housing and education.

For many years, Providence Health & Services has partnered with other Mission-driven health care organizations to provide quality health care across the northwest. These partnerships include Swedish in 2012, Kadlec in 2014, Institute for Systems Biology in 2016 and most notably with St. Joseph Health in 2016 to become Providence St Joseph Health.

The partnership with St Joseph Health has created an extensive high-quality healthcare network reaching communities large and small across Alaska, Washington, Oregon, California, Montana, New Mexico & Texas with more than 52 hospitals, 829 clinics and 106K caregivers plus a high school, nursing schools and a University.

Locally, Providence St. Patrick Hospital continues to be a leader in the health care industry winning awards such as Truven’s Top 50 Heart Hospital and Top 100 Hospital, ANCC’s Magnet Recognition for nursing excellence, Women’s Choice Award, Mountain-Pacific Quality Health Award, Practice Greenhealth’s Emerald Award.
Thank you for sharing your gifts and talents at Providence St. Patrick Hospital. Each of us, by the work we do every day, contributes to our healing ministry in support of our Mission. It is important for us to remind ourselves of the awesome privilege and the responsibility we each have as members of the Providence St. Patrick Hospital family to carry out our Mission of revealing God’s love for all through our compassionate service.

The Mission, Values, Vision and Promise of Providence St Joseph Health and St. Patrick Hospital are:

**Our Mission**

As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

**Our Values**

- Compassion
- Dignity
- Justice
- Excellence
- Integrity

**Our Vision**

Health for a Better World.

**Our Promise**

“Know me, care for me, ease my way.”
For Providence and our affiliates, becoming a high reliability organization (HRO) means achieving and sustaining a high performing organization with an internally driven safety focus. We are shaping, through the behavior of every person, a culture of reliability that will enable us to predictably achieve – every time, every place – safe, high quality outcomes.

Caregiver education

On our journey to become a highly reliable organization; every one of us will take an active role in keeping our patients and co-workers safe, treating everyone with respect, and getting the best outcomes for patients, for Providence and affiliates, and the communities we serve in support of our mission.

HRO includes the tones, behaviors, and tools that should be used in how we act with each other and with our patients and families to create a high reliability organization.
Doing the Right Thing Right
Our Code of Conduct

Culture of Diversity and Respect
We adhere to all laws and regulations and are committed to a workplace culture where all individuals are treated with respect and dignity, regardless of protected characteristics, as defined by local, state, or federal law, including but not limited to race, color, religious creed (including religious dress and grooming practices), national origin (including certain language use restrictions), ancestry, disability (mental and physical including HIV and AIDS), medical condition (including cancer and genetic characteristics), genetic information, marital status, age, sex (which includes pregnancy, childbirth, breastfeeding and related medical conditions), gender, gender identity, gender expression, sexual orientation, and military and veteran status.

Quality of Care and Patient Safety
We commit to provide the best, compassionate care and service every time and strive to meet and exceed national standards for quality and patient safety.

Stewardship of Resources
We commit to effective stewardship of resources in support of patient care and organizational goals and only use resources for legitimate business purposes.

Conflicts of Interest (COI) Commitment
We will avoid actual or perceived COI and agree to disclose any outside interests or activities, contracts, and relationships that may be in conflict to the organization. We maintain impartial relationships with vendors, research sponsors, and contracts by not requesting or accepting gifts, cash, or cash equivalents.

Ethical and Legal Standards
We conduct ourselves in a professional and ethical manner in support of justice and will perform our job duties in accordance with all federal, state, and local laws.

Safeguarding Patient Information and Protecting Privacy and Confidentiality
We take every precaution to safeguard patient information, and we will treat protected health information (PHI) of all with special care and follow all federal, state, and local laws.

Ethical Conduct of Research
We follow the highest ethical standards and comply with all laws, regulations, guidelines, and ethical directives (where applicable) that govern human, animal, and basic applied science research.

Licensure and Certification
We require all health care and education professionals to follow all federal, state, and local laws applicable to licensing, credentialing, and certification requirements. Individuals on the excluded provider list cannot work for our organization.

Compliance with Applicable Federal and State Laws and Regulations, and Policies
We ensure excellence by requiring all parties that work for or on behalf of an employer within our family of organizations learn and follow all laws, regulations, and policies.

Fair Business Practices
We conduct ourselves ethically, honestly, and with integrity at all times.

Reporting Violations and Protection from Retaliation
We will use the appropriate method to report any violation or suspected violations of our code(s), fraud, waste, or abuse as required. Retaliation or harassment will not be tolerated.

Our mission, vision, values, and promise provide guidance and inspiration as we deliver quality care, make sound, ethical choices, and meet our organizational goals. As workforce members, we are accountable for the integrity of our decisions and actions on the job. The Code of Conduct provides a foundation of expectations for us as we do our work each day.

Ways to report a concern
- Discuss the matter or concern with your immediate supervisor
- Discuss the matter or concern with your department leader
- Discuss with your HR Partner, HR Service Center, or send report via HR Portal
- Contact your local or regional compliance or privacy representative
- Call the 24/7 Integrity Hotline at 888-294-8455 or use Integrity Online, our Web-based reporting option.
- For Caregivers in India:
  - From an outside line, dial the direct access number: 000-117
  - At the English prompt dial 888-294-8455

You may report concerns anonymously
Cultural Diversity

All human beings have more in common than they have differences. That is no more apparent than when a person is being treated in a medical setting. Health care is more than treatment of diseases or bodies. It is also the care of an individual who comes to us with a social, cultural, family, and religious history. Cultural skill entails the ability to collect relevant data regarding the patient’s presenting problem, as well as accurately perform a culturally-based assessment in a sensitive manner.

Cultural competence and the understanding of diversity in the workplace are based on several core beliefs:

- Each patient is a unique person
- Individuals are complex
- Cultivating compassion requires that we understand situations from the others’ point of view and engage in self-reflection regarding how our actions are affecting the other person
- We can appreciate the similarities as well as the differences among people and acknowledge strengths and weaknesses of each individual

The goals of developing cultural competence and an understanding of diversity in the workplace are to:

- Improve the quality and efficacy of medical care for all patients
- Reduce health inequity, reduce disparity
- Better communication between patient and caregiver regarding medical history and symptoms, resulting in more accurate diagnosis and better care
- Increase respect and trust between patient and caregiver, increasing the likelihood of compliance with recommended treatment

Providence St. Patrick Hospital ensures cultural diversity by doing the following:

- Examining our stereotypes, biases and assumptions
- Creating new ways of thinking
- Avoiding the pitfalls of non-verbal communication
- Following the patient’s lead
- Asking questions
- Interacting with the patient’s family
- Using a medical interpreter

See policy 2898221 Interpretive Services for more information.
# 2020 Hospital National Patient Safety Goals

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

<table>
<thead>
<tr>
<th>Identify patients correctly</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>NPSG.01.01.01</td>
<td></td>
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<tr>
<td>NPSG.01.03.01</td>
<td>Make sure that the correct patient gets the correct blood when they get a blood transfusion.</td>
</tr>
<tr>
<td>Improve staff communication</td>
<td>Get important test results to the right staff person on time.</td>
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<tr>
<td>NPSG.02.03.01</td>
<td></td>
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<tr>
<td>Use medicines safely</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>
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<tr>
<td>NPSG.03.04.01</td>
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<tr>
<td>NPSG.03.05.01</td>
<td>Take extra care with patients who take medicines to thin their blood.</td>
</tr>
<tr>
<td>NPSG.03.06.01</td>
<td>Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.</td>
</tr>
<tr>
<td>Use alarms safely</td>
<td>Make improvements to ensure that alarms on medical equipment are heard and responded to on time.</td>
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<tr>
<td>NPSG.06.01.01</td>
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<tr>
<td>Prevent infection</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>
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<tr>
<td>NPSG.07.01.01</td>
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<tr>
<td>NPSG.07.03.01</td>
<td>Use proven guidelines to prevent infections that are difficult to treat.</td>
</tr>
<tr>
<td>NPSG.07.04.01</td>
<td>Use proven guidelines to prevent infection of the blood from central lines.</td>
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<tr>
<td>NPSG.07.05.01</td>
<td>Use proven guidelines to prevent infection after surgery.</td>
</tr>
<tr>
<td>NPSG.07.06.01</td>
<td>Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.</td>
</tr>
<tr>
<td>Identify patient safety risks</td>
<td>Reduce the risk for suicide.</td>
</tr>
<tr>
<td>NPSG.15.01.01</td>
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<tr>
<td>Prevent mistakes in surgery</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>
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<tr>
<td>UP.01.01.01</td>
<td></td>
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<tr>
<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>UP.01.03.01</td>
<td>Pause before the surgery to make sure that a mistake is not being made.</td>
</tr>
</tbody>
</table>

The Joint Commission Accreditation Hospital

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.
Environment of Care

The Safety Management Department provides a safe and secure environment for the patients, visitors, caregivers, students and volunteers who visit or work on the Providence St. Patrick Hospital Campus. The Department is comprised of Safety/Security Officers and Safety Dispatchers working 24/7 at the main campus and the Providence Center.

All Providence campuses are Tobacco Free and posted weapons free.

What you need to know about Environment of Care and Safety Management:
- Learn and follow job/task specific safety procedures as specified in your areas of responsibility.
- Wear ID badge, above the waist, at all times when on duty or representing the Hospital. Protect this badge, report if it is lost and return it to the Coordinator when terminating your volunteer or student time at the Hospital.
- Report incidents, accidents and unsafe conditions when they occur:
  - All patient, visitor, volunteer and student injuries are recorded in Datix the Hospital on-line incident reporting tool. To enter an event (injury or accident), go to the St. Patrick Hospital Intranet. Click on the Datix link under Safety Corner on the right side of the screen.
  - All caregiver injuries are recorded in the Employee Incident Report, (EIR), the Hospital caregiver on-line incident reporting tool. To enter an event (injury or accident), go to the St. Patrick Hospital Intranet. Click on the Employee Incident Report (EIR) link under Safety Corner on the right side of the screen.
- Know your role in the event of an incident or emergency.
- Utilize personal protective clothing, supplies and equipment as appropriate for job or task.
- The Environment of Care (EOC) Board in your area contains specific information for you to use during an emergency or disaster.
  - Familiarize yourself with the location of the EOC Board and its contents
  - Know your role and your area’s role in event of disaster.
- Report medical equipment failures when they occur by:
  - Placing the piece of equipment in the soiled utility room
  - Affix an out of service tag to the cord plug of the equipment in a manner that will prevent operation
  - File a work order request to the BioMedical Engineering Department located on the intranet under work-order request.
  - Utility failures need to be reported to the Facilities Engineering Department.

Contact Security: Non-emergency: Out of house: 329-2620 In-house: 7-2620
Emergency: 329-5330 In-house: 7-5330

RACE:
Rescue anyone in immediate danger
Alarm: sound the alarm
Confine the fire by closing all doors and windows
Extinguish the fire with a fire extinguisher
Montana Service Area Critical Event Notification

In the PSJH Montana Service Area we began using plain language overhead announcements to notify people of critical events in August of 2019. This allows us to clearly communicate with caregivers, patients and visitors and potentially give instructions. This is considered best practice by TJC, the Emergency Nurses Association, The American College of Surgeons, FEMA and others.

There are three types of notifications:

Medical Alerts:

- [Medical Alert] + [Type of Event] + [Location]
- Adult, Pediatric and Infant CPR
- Example: “Medical Alert, CPR Team, Room 444”

Security Alerts:

- [Security Alert] + [Type of Event] + [Location] + [Instructions if needed]
- Combative Person, Person with a weapon, Active shooter, Infant Abduction, Missing person, Bomb threat
- Example: “Security Alert, Active shooter in the cafeteria, Run, Lock, Fight!”

Facility Alerts:

- [Facility Alert] + [Type of Event] + [Location] + [Instructions if needed]
- Fire/Fire Alarm, Hazardous Materials Spill
- Example: “Facility Alert, Hazardous Materials Spill at the loading dock, please avoid the area until cleared.”
Hand Hygiene

Hand hygiene is the single most effective method for prevention of infection, for both you and our patients. Providence St. Patrick Hospital abides by the Centers for Disease Control (CDC) and Prevention Guidelines, for more information go to: http://www.cdc.gov/

What you need to know to protect yourself and patients:

1. Use soap and water (not alcohol based hand rub) when hands are:
   a. visibly dirty or contaminated with blood or other body fluids
   b. after using the restroom
   c. before and after eating
   d. after contact with patient with diarrhea, Clostridium difficile or other spore forming organism (antimicrobial soap preferred).

2. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands. Alcohol based hand rub is the preferred method but soap and water is acceptable. Using alcohol-based hand rub immediately following hand washing may increase dermatitis.

3. The expectation is the volunteer/student/caregiver will perform hand hygiene upon entry and exit of the patient's room. If you apply an alcohol hand-rub as you leave one patient and are still rubbing your hands together as you arrive at the next patient then there is no need to repeat hand hygiene.

4. Perform hand hygiene after contact with a patient's intact skin.

5. Wear gloves when using disinfecting wipes to clean equipment or surfaces.

6. Perform hand hygiene after removing gloves. Hands can be contaminated during the removal of gloves and there is always the potential for unseen breaks in the glove.

How to Perform Hand Hygiene

Hand washing with soap:

1. Wet hands under running water. Apply soap and rub hands together vigorously using rotary motion and friction for at least 15 seconds, covering all surfaces of the hands and fingers, including under fingernails.

2. Rinse hands under running water and dry thoroughly with a disposable towel.

3. Dry hands. Use towel to turn off faucet. (Do not turn off faucet first and then use the same towel to dry your clean hands).

Alcohol-based hand-rub:

1. Apply product to palm of one hand and rub hands together, using enough product to cover all surfaces of hands and fingers, until dry.
Standard Precautions: Bloodborne Pathogens
and Other Potentially Infectious Materials

Organisms that cause disease can be carried in a person's blood and other body fluids. Healthcare workers are routinely exposed to the blood and fluids of their patients and therefore are at risk for contracting disease.

What you need to know about Bloodborne Pathogens:
- Important bloodborne pathogens in the healthcare setting are HIV, HBV and HCV
  - Human immunodeficiency virus (HIV – attacks the immune system)
  - Hepatitis B virus (HBV – can cause long term liver damage)
  - Hepatitis C virus (HCV – can cause long term liver damage)

- These pathogens are most commonly spread by sexual contact, sharing drug needles and/or mother to child transmission.

- Blood is not the only avenue for exposure - all body fluids, secretions or excretions are included - these are called other potentially infectious materials (OPIM)

- In the healthcare setting, caregivers can be exposed to bloodborne pathogens through sharps injury, mucous membrane contact, or non-intact skin contact.

How do I protect myself from exposure?
- Use **Standard Precautions**!
- One exception is sweat. Standard Precautions do not apply to sweat

How do we prevent exposure or cross contamination?
- **Standard Precautions are the most basic infection prevention practices that apply to all patient care**, regardless of infection status of the patient, in any setting where health care is delivered.
- They are intended to prevent transmission of infectious diseases from one person to another. Standard precautions are:
  - Proper hand hygiene
  - Personal protective equipment (PPE)
    - Gloves, masks, face shields, lab coats, shoe covers, etc.
  - Environmental cleaning/disinfection
  - Respiratory hygiene/cough etiquette (cover your cough)
- Sharps safety
- Safe injection practices
- Sterile instruments and devices

What if I am exposed?
- **Wash** the exposed area immediately with soap and water
- **Identify** the source of the exposure
- **Notify** your supervisor, clinical instructor or volunteer manager

After an exposure the Hospital offers free medical evaluation and follow-up.

**Are there other ways infections can be spread?**
Infections can also be shared in 3 additional ways: **Airborne, Contact and Droplet.**

St. Patrick’s works diligently to protect everyone by **posting precaution signs outside patient rooms** if there is a concern. **In each case you must STOP and report to the Nurses’ Station before entering the room.**

### Airborne Precautions
**Bright pink signs**
- Used for patients infected with an illness known or suspected to be spread through the air.
- Examples: measles, chickenpox, shingles, tuberculosis, smallpox

### Droplet Precautions
**Bright orange signs**
- Used for patients infected with an illness known or suspected to be transmitted by droplets, usually through coughing, sneezing, or certain procedures.
- Examples: Influenza, RSV, Respiratory Syncytial Virus, Bacterial Meningitis, Pertussis

### Contact Precautions
**Bright green signs**
- Used for patients infected with an illness known or suspected to be transmitted by direct patient contact or contact with items in the patient’s room.
- Examples: C Diff, Clostridium Difficile, MRSA, Methicillin-Resistant Staph Aureus
What can you expect when we transition to Plain Language Alerts?

<table>
<thead>
<tr>
<th>What you used to hear...</th>
<th>What you will hear moving forward...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Blue</td>
<td>Medical Alert, CPR Team</td>
</tr>
<tr>
<td>Code Red</td>
<td>Facility Alert, Fire Alarm</td>
</tr>
<tr>
<td>Code Brown</td>
<td>Facility Alert, Mass Casualty</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Facility Alert, Hazardous Materials Spill</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>Security Alert, Bomb Threat</td>
</tr>
<tr>
<td>Code Amber</td>
<td>Security Alert, Infant Abduction</td>
</tr>
<tr>
<td>Code Gray</td>
<td>Security Alert, Combative Person</td>
</tr>
<tr>
<td>Code Silver</td>
<td>Security Alert, Person with a Weapon</td>
</tr>
<tr>
<td>Code Silver Active Shooter</td>
<td>Security Alert, Active Shooter, RUN, LOCK, FIGHT!</td>
</tr>
</tbody>
</table>

Why are we changing our practice?

This change is being made to improve safety for caregivers, patients, and visitors. Plain language is considered a best practice nationally and is supported by The Institute of Medicine, U.S. Department of Homeland Security, The Joint Commission, F.E.M.A., The Emergency Nurse’s Association, CMS, and over 25 state hospital associations.

Data indicates that patients and visitors prefer to quickly understand event notifications as they are occurring. We are ethically obligated to communicate potential risks to all occupants on our health care campuses and locations.

Using plain language simplifies communication for clinicians, staff, patients and visitors—informing when to act or respond appropriately and quickly depending on the non-urgent or urgent need. Example: CPR Team response.

When will this change take place?

Effective September 4, 2019 for all of the Montana Service Area (SPH and all PMG clinics). St. Joseph Medical Center in Polson which will be making the change at a later date.

What has been done to prepare for the change?

Over the last 6 months, the Emergency Management Team has developed training and practice sessions for dispatchers, an eLearning module for all caregivers, written notifications for non-employees and has planned for replacing nurse call system wall buttons. The Team will continue their efforts to ensure that this transition is successful and creates a safer environment for everyone.

How can I find out more about Plain Language as a Best Practice?

Please contact the St. Patrick Hospital Emergency Manager:

RJ Nelsen, MPA, BSN, RN, CCRN at robert.nelsen@providence.org or (406) 327-1780
Workplace Violence Prevention

What is workplace violence?

Violence or the threat of violence against workers. It can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults and homicide, one of the leading causes of job-related deaths.

Why Are Hospitals Vulnerable?

<table>
<thead>
<tr>
<th>Soft Targets:</th>
<th>Emotional Triggers:</th>
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</thead>
<tbody>
<tr>
<td>Open access 24/7/365</td>
<td>Family “reunions”</td>
</tr>
<tr>
<td>Very few have metal detectors or do searches</td>
<td>End-of-life concerns</td>
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<tr>
<td>Un-armed Security Officers at many hospitals</td>
<td>Long ER waits</td>
</tr>
<tr>
<td>Staff coming and going at all hours (domestic</td>
<td>Loss of parental custody</td>
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<tr>
<td>incidents)</td>
<td>Domestic and gang violence</td>
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<tr>
<td>Forensic patients</td>
<td>Psychiatric patients</td>
</tr>
<tr>
<td>Law Enforcement dumping grounds</td>
<td>New diagnoses/bad news</td>
</tr>
<tr>
<td></td>
<td>Confusing surroundings</td>
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</tbody>
</table>

How do we minimize risk?

- New construction or physical changes
- Alarms, panic buttons, cell phones, video surveillance
- Metal detectors, curved mirrors
- Locked personal belongings
- Safe rooms
- Furniture arrangement
- Crime Prevention Through Environmental Design-CPTED
- **Liaison with police, prosecutors & federal agencies**
- **REPORT ALL INCIDENTS OF VIOLENCE – we have a no tolerance policy!!**

What security measures might you encounter around the hospital?

- Staff controlled access – “buzzing” in to access departments such as Emergency, Family Maternity Center and others
- Badge controlled access – badge contains a chip that can only open doors that you have clearance to enter such as Cath Lab, Radiology
- There are mirrors, cameras, bullet proof glass and other security methods throughout the hospital.
- Posted Tobacco free and weapons free campus.

What do I do if there is an armed intruder?

This applies to any situation you may be in grocery store, movie theater, etc.
COPING WITH AN ACTIVE SHOOTER SITUATION

- Be aware of your environment and any possible dangers
- Take note of the two nearest exits in any facility you visit
- If you are in an office, stay there and secure the door
- Attempt to take the active shooter down as a last resort

Contact your building management or human resources department for more information and training on active shooter response in your workplace.

CALL 911 WHEN IT IS SAFE TO DO SO

HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

1. Run
   - Have an escape route and plan in mind
   - Leave your belongings behind
   - Keep your hands visible

2. Hide
   - Hide in an area out of the shooter’s view
   - Block entry to your hiding place and lock the doors
   - Silence your cell phone and/or pager

3. Fight
   - As a last resort and only when your life is in imminent danger
   - Attempt to incapacitate the shooter
   - Act with physical aggression and throw items at the active shooter

CALL 911 WHEN IT IS SAFE TO DO SO

HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES

- Remain calm and follow instructions
- Put down any items in your hands (i.e., bags, jackets)
- Raise hands and spread fingers
- Keep hands visible at all times
- Avoid quick movements toward officers such as holding on to them for safety
- Avoid pointing, screaming or yelling
- Do not stop to ask officers for help or direction when evacuating

INFORMATION

YOU SHOULD PROVIDE TO LAW ENFORCEMENT OR 911 OPERATOR

- Location of the active shooter
- Number of shooters
- Physical description of shooters
- Number and type of weapons held by shooters
- Number of potential victims at the location

PROFILE OF AN ACTIVE SHOOTER

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.

CHARACTERISTICS OF AN ACTIVE SHOOTER SITUATION

- Victims are selected at random
- The event is unpredictable and evolves quickly
- Law enforcement is usually required to end an active shooter situation
Hazcom Training

To protect your health and safety OSHA changed and updated their hazardous labeling system. All caregivers, students and volunteers need to be educated about these changes and how hazardous materials are marked.

There are 5 Elements you need to understand:

1 - Signal Words:
- **Danger** = Highest Hazard Chemicals
- **Warning** = Lower (Medium) Hazard Chemicals
- **No Signal Word** = Low Hazard Chemicals

2 – Hazard Classification:
Manufacturers are now required to classify their products according to the “intrinsic hazards of the ingredients that make up that product."
- Flammable Liquids
- Corrosive to Metals
- Explosive, etc.

3 – Pictograms:
A graphic (pictorial) representation of the hazard

4 – Hazard Statements:
Standardized, assigned phrases that describe the hazard:
- “Extremely Flammable Aerosol and Vapor”
- “Toxic and Corrosive Liquids”

5 – Precautionary Statements:
Additional information that provides measures to be taken to minimize or prevent adverse effects of the hazard. There are 4 types of Precautionary Statements:
- Prevention
- Storage
- Disposal
- Response to exposure or spillage of a Hazardous Material.
Labels:

OSHA has updated the requirements for labeling of hazardous chemicals under its Hazard Communication Standard (HCS).

As of June 1, 2015, all labels are required to have:
- Pictograms
- A Signal Word
- Hazard & Precautionary Statements
- Product Identifier
- Supplier Identification.

A sample label, identifying the required label elements, is shown on the right.

Safety Data Sheets (SDS)

- As of June 1, 2015, chemical manufacturers, distributors, or importers are required to provide Safety Data Sheets (SDS) to communicate the hazards of hazardous chemical products.
- No longer known as MSDS (material safety data sheets).
- Sixteen standardized sections in uniform format with specific information required in each section.
- Rather than simplified, most SDS will be longer and more technical in nature.
Orientation Packet Checklist

□ Packet Materials:

READ & INITIAL:

____ Student Experience Policy
____ Orientation Material: (which includes)
   ____ Introduction – Providence: Answering the Call to Care, 1856
   ____ Our Mission
   ____ HRO – Caring Reliably
   ____ Doing the Right Thing Right – Providence Code of Conduct
   ____ Cultural Diversity
   ____ Joint Commission/National Patient Safety Goals
   ____ Hand Hygiene
   ____ Standard Precautions: Blood borne Pathogens & Other Potentially Infectious Materials
   ____ Environment of Care
   ____ Plain Language - Overhead Announcement
   ____ Workplace Violence Prevention
   ____ Hazcom Training

Print and complete the following documents and turn into the student Coordinator as soon as possible:

□ Signed Orientation Checklist
□ Completed Orientation Post-test
□ Complete Student Profile
□ Signed Acceptable Use Agreement
□ Signed Confidentiality & Non-Disclosure Statement
□ Completed Clinical Inquiry Projects Forms

I have read the Student Experience Policy and Orientation Material and understand the information provided. I agree to adhere to the conditions of the Confidentiality/Non-disclosure Statement and the Acceptable Use Agreement. By signing, I am verifying that the information on file with the School is accurate and current. I also understand that I, as the student, am responsible for keeping these records current.

Name: (Please Print)
Orientation Post-Test

1. If I have a concern about a potential violation of the Integrity & Compliance Program, a Providence policy or standard, or a law or regulation, I should:
   □ Do nothing
   □ Tell a coworker
   □ Pretend I didn’t see anything
   □ Call the Integrity Line, (888) 294-8455 or report it to a manager or instructor

2. As a Providence caregiver, I have a responsibility to follow:
   □ The Integrity & Compliance Program
   □ Laws and regulations
   □ Providence policies and standards
   □ All of the above

3. The Providence Integrity and Compliance Program applies to:
   □ Only key leaders
   □ Only hospital employees
   □ Only System Office employees
   □ All Providence caregivers, volunteers and students

4. Any form of retaliation against individuals making harassment complaints, witnesses or other persons involved a harassment investigation is prohibited
   □ True
   □ False

5. Downloading of software that is not Providence business related is prohibited. This includes?
   □ Games
   □ Movies
   □ Executable files
   □ All of the above

6. Only those services that are medically necessary and are supported by valid orders will be submitted for payment to Medicare, Medicaid and other payers?
   □ True
   □ False
7. Providence’s ________________ protects me if I raise concerns about potential wrongdoing in good faith.
   - EMTLA (Emergency Medical Treatment and Active Labor Act)
   - Non-Retaliation Policy
   - Mission and Core Values
   - Conflict of Interest Policy

8. What is the purpose of the National Patient Safety Goals?
   - Improve patient safety
   - Provide guidance on how to solve problems
   - Provide a framework for healthcare safety
   - All of the above

9. Cultural competence and understanding diversity in the workplace is based on?
   - Each patient is a unique person
   - Individuals are complex
   - We celebrate the similarities as well as the differences among people
   - All of the above

10. The MOST effective products to use when hands are visibly dirty are?
    - Soap and water
    - Iodine compounds
    - Alcohol-based rubs
    - Ammonium compounds

11. Cross-contamination happens when?
    - A patient has a drug-resistant infection
    - A patient’s skin is free of bacterial colonization
    - A healthcare worker transfers bacteria from one patient to another
    - A healthcare worker decontaminates his or her hands between patient contacts

12. Which of the following best describes a safeguard against exposure to bloodborne pathogens in the healthcare setting:
    - Use Droplet Precautions in the care of all patients
    - Use Standard Precautions in the care of all patients
    - Use Droplet Precautions only in the care of patients known or suspected to have a bloodborne disease
    - Use Standard Precautions only in the care of patients known or suspected to have a bloodborne disease
13. Bloodborne diseases are most commonly spread through mother-to-child transmissions, unprotected sex and:
   - Sharing drug needles
   - Contaminated water supplies
   - Eating food prepared by an infected individual
   - Blood splashes or sprays in the healthcare setting

14. Which of the following describes proper use of PPE (Personal Protective Equipment) to safeguard against exposure to bloodborne pathogens:
   - Wear gloves when drawing blood
   - Avoid using a mask during invasive procedures
   - If a surgical mask is worn during invasive procedures, additional eye protection is not necessary
   - If hands are washed immediately after drawing blood, it is not necessary to wear gloves to draw the blood

15. Which of the following is an important bloodborne pathogen:
   - Hantavirus
   - Enterococcus bacterium
   - Human immunodeficiency virus (HIV)
   - Haemophilus influenza bacterium

16. The Environment of Care Board located in your area is a great source of information regarding what to do in an emergency of any kind.
   - True
   - False

17. While in the Hospital, volunteers and students are required to wear their badges above the waist at all times.
   - True
   - False

18. An incident report is filed in Datix for all patient, student or visitor incidents, accidents or unsafe conditions.
   - True
   - False

19. Utility failures should be reported to the Facilities Engineering Department
   - True
   - False
20. Beginning on August 14, 2019 “plain language” overhead page “facility alert, fire alarm at the Broadway Building Level 1, Grounds and Grains” indicates a possible fire.
   □ True
   □ False

21. Beginning on August 14, 2019 the “plain language” overhead page in the event of a missing or lost child you would hear the overhead page “Security Alert, missing child, female, age 4, brown hair, red pants.”
   □ True
   □ False

22. Beginning on August 14, 2019 there will be 3 types of overhead notifications, Medical, Security and Facility Alerts.
   □ True
   □ False

23. Providence St. Patrick Hospital has a no tolerance policy towards Workplace Violence:
   □ True
   □ False

24. What are the 5 new elements introduced by the New HazCom Standard?
   □ Signal Words
   □ Hazard Classification
   □ Pictograms
   □ Hazard Statements
   □ Precautionary Statements
   □ All of the above
Student Profile

Please print clearly:

All students participating in a clinical experience will work within their scope of practice as defined by the State of Montana and/or Providence St. Patrick Hospital.

<table>
<thead>
<tr>
<th>Personal Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________________________________________</td>
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<tr>
<td>First</td>
</tr>
<tr>
<td>Address: ___________________________</td>
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<tr>
<td>Phone Number: ___________________________</td>
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<tr>
<td>Social Security Number: ___________________________</td>
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<table>
<thead>
<tr>
<th>School Information:</th>
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<tbody>
<tr>
<td>School Name: ___________________________</td>
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<tr>
<td>Program: ____________________________________________________</td>
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<tr>
<td>Instructor(s) Name/Contact Information: ____________________________________________________</td>
</tr>
<tr>
<td>Start date of clinical experience: __________</td>
</tr>
<tr>
<td>Unit/Department Providing Clinical Experience: ___________________________</td>
</tr>
</tbody>
</table>

Signatures:

I understand the Clinical Experience requirements. I understand that I will work within my scope of practice and will not vary from it.

Signature: ___________________________ | Date: ___________________________ |

Signature - Student Program Coordinator: ___________________________ | Date: ___________________________ |

Contact Information:

Student Program Coordinator
Phone: 406-327-5928
Email: Carolyn.schultz@providence.org
Confidentiality and Nondisclosure Statement

Name: ___________________________  Position: ___________________________

□ Caregiver (employee)  □ Contractor  □ Intern
□ Student  □ Temporary  □ Physician/Resident

I understand that in my involvement with Providence Health & Services and its affiliated organizations (collectively referred to as “Providence”), I will have access to information not generally available or known to the public. I understand that such information is confidential information that belongs to Providence. Confidential data/information includes but is not limited to patient, customer, member, provider, group, physician, student, resident, financial, and proprietary information, whether oral or recorded in any form or medium. Confidential data/information also includes caregiver information that a caregiver does not wish to share. However, nothing in this policy restricts a caregiver’s or, if applicable, other individual’s, right to disclose wages, hours, and working conditions in accordance with Federal and State Laws. I understand that information developed by me, alone or with others, may also be considered confidential information belonging to Providence in accordance with Providence policies and procedures.

I will hold confidential, data/information I see or hear in strict confidence and will not disclose or use it except as authorized by Providence, for Providence’s benefit.

I will only access confidential data/information that I need to do my job and will only provide such data or information to those who need it.

I understand that unless it is a part of my job function, I cannot remove any confidential data/information from Providence without authorization from my supervisor and that I must return any such confidential data/information at the end of my employment, engagement or relationship with Providence. I understand that confidential data/information must be stored securely at all times as defined in Providence policy.

I understand it is my responsibility to become familiar with and abide by applicable laws, regulations, and Providence policies and protocols regarding the confidentiality and security of confidential data/information.

I understand that email is not a secure, confidential method of communication. I will never send Providence confidential data/confidential information to a personal email account or store it on my personally owned computer or mobile device. And when sending messages that include confidential data/confidential patient information to a non-providence.org email address as part of my job functions, I must type “provsecure” in the subject line to encrypt the contents of the email. I understand that texting and other messaging are not secure methods to transmit
confidential data/information and agree not to use these types of communication methods to transmit such information.

I understand that Providence electronic communication technologies (Internet and email) are intended for job-related activities: however, limited personal use is permitted. Personal use is determined as incidental and occasional use of electronic communications technologies for personal activities that should normally be conducted during personal time, such as break periods, or before and after scheduled working hours, and is not in conflict with business requirements of the department. Internet usage is monitored and audited on a regular basis by Providence management. Providence management also reserves the right to monitor email and telephone usage.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while employed by Providence, or my right to use information that becomes generally known to the public through no fault of my own.

I understand that if I breach the terms of this Confidentiality and Nondisclosure Statement, Providence may institute disciplinary action up to and including termination of my employment, engagement or relationship with Providence.

Signature: ___________________________________________ Date: ______________________

Note: The signature field above requires a handwritten signature. After the form is populated, please print and sign manually as needed. The use of electronic signatures is currently under review by Information Security and may replace manual signatures in the near future.
Data Access Acceptable Use Agreement
for Non-Providence Workforce Members (Attachment A)

Providence Health & Services ("Providence") requires that everyone granted access to our information systems will protect our patients’ information in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules and other applicable state and federal laws.

I acknowledge that (please initial):

_____ Providence is granting me access to systems and information owned or operated by Providence or one of its subsidiaries, and I will have access to confidential information not generally available or known to the public, including protected health information (PHI).

_____ Providence will issue me a unique user ID and password. I agree that I am not permitted to share this user ID or password with anyone. I will never share my password or leave it written down for others to find, nor will I utilize user ID and password auto save functionality on any computer or mobile device.

_____ I agree to immediately notify Providence by calling the Breach Reporting Hotline 866-406-1290, if I have a reason to believe that any other person may know my user password.

_____ I understand my computer account and password will be considered my computer signature, and I will protect it accordingly. I will keep PHI out of sight and secure it when not in use to prevent unauthorized access.

_____ Federal and state laws protect Providence information to which I will have access, and I will abide by those laws. I understand what qualifies as PHI and that I am required to comply with the HIPAA Privacy and Security Rules.

_____ I agree that I will not access Providence information for which I have no legitimate need. I will not access my own records or records of my family members. I will only access minimum necessary information for which I have a legitimate reason. I understand all activity is tracked based on my user ID.

_____ I agree that I will hold Providence information in strict confidence and will not disclose or use it except (1) as authorized by Providence; (2) as permitted under written agreement between Providence and the Organization named below or myself; (3) consistent with the reasons for my access; (4) solely for the benefit of Providence, its patients, its members, or its other customers; or (5) as required by applicable law.

_____ If I am a member of a Providence medical staff, I understand I may be given access to certain tools as an important part of the delivery of medical services to Providence patients and I will use the tools to benefit Providence patients while engaged in activities that benefit Providence or its patients. I understand that the continuing medical education (CME) I may redeem from these tools is provided to me as a medical staff incidental benefit. I indemnify Providence for any liability if this benefit is not compliant with applicable law.

This document is classified Providence Internal Use. All rights reserved. Version Sept, 2014 Page 1 of 4
Data Access Acceptable Use Agreement
for Non-Providence Workforce Members (Attachment A)

____ I understand that e-mail is not a secure, confidential method of communication. I will not include confidential patient information in e-mail communications, unless using an approved secure email method.

____ I understand that should I need to use Providence network, email, or telephone, it is a privilege that may be revoked if I misuse these services. I also understand that these services may be monitored and audited by Providence.

____ I understand that should I need to work with Providence data outside of the systems to which I am granted access, I will use secure methods to dispose of files or documents containing PHI or other confidential information.

____ I understand that if I breach the terms of this agreement, applicable Providence privacy and/or security policies, or applicable law (including without limitation the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH), Providence may terminate my access, and Providence will be entitled to all remedies it may have under written agreement or under applicable laws, as well as to seek and obtain injunctive and other equitable relief, or contact law enforcement.

____ I will report all suspected privacy and security incidents immediately, but no more than 5 days from the date of discovery, to Providence’s toll free Breach Reporting Hotline number at 866-406-1290.

I acknowledge that I have read and understand the Providence Non-Employee Acceptable Use Agreement.

Signature: ________________________________ Date: ___/___/____
Printed Name: __________________________ Position____________________________
Organization’s Name: __________________________ Work Location: ___________________
Data Access Acceptable Use Agreement
for Non-Providence Workforce Members (Attachment A)

Each individual who will access Providence systems must completely fill in the fields before requesting access. Please print clearly when answering the questions below.

<table>
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<th>Organization:</th>
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<tr>
<th>Job Title &amp; Credentials:</th>
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What information do you need to be able to view to perform your job duties:

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<th>Employer’s street address:</th>
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<th>Employer’s City:</th>
<th>State:</th>
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<tr>
<td>Providence computer network in the past?</td>
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<tr>
<td>Yes / No If YES, what was your login ID?</td>
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</tbody>
</table>

| Swedish computer network in the past? |
| Yes / No If YES, what was your login ID? |
| ________________________________ |

| Has your last name changed since you last had access? |
| Yes / No If YES, what was your previous name? |
| ________________________________ |

Manager’s Name

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# Data Access Acceptable Use Agreement

*for* Non-Providence Workforce Members (Attachment A)

<table>
<thead>
<tr>
<th>Manager’s Contact Info:</th>
<th>Phone Number:</th>
<th>Email address:</th>
</tr>
</thead>
</table>

PLEASE FAX THIS FORM TO YOUR PROVIDENCE LIAISON
Student Clinical Inquiry Projects

Date:

Student Name:

Email address:

Signature (electronic OK):

Name of University:

Discipline (nursing, community health, etc.):

Will you be conducting a study or project while you are a student at a Providence facility, such as Research, Evidence-Based Practice, or Quality Improvement (as an employee or a non-employee?)

_____ NO (You do not need to fill out this Student Clinical Inquiry Form. However, if at any time in your education, you will conduct a study, you will need to complete the form before proceeding with the study)

_____ YES
You will be required to complete the following Student Clinical Inquiry Form before beginning your study. Contact the chairs of the Nursing Research & EBP Council:
Elizabeth.schenk@providence.org
Nicole.marks@providence.org
A. About the Study

Project Title:

BRIEF DESCRIPTION OF PROJECT:
Include how the project will benefit the hospital or institution and who the project findings will be shared with at the conclusion of the project.

PURPOSE:
Research: Is the activity intended to generate new knowledge, generalizable to other settings, through a research study?
☐ Yes (Contact IRB for further guidance) ☐ No

Evidence-Based Practice Project: Is the activity intended to translate existing, well-supported evidence into practice in a setting that is not currently using that practice (EBP)?
☐ Yes ☐ No (Contact IRB for further guidance)

Quality Improvement: Is the activity intended to improve the process/delivery of care while decreasing inefficiencies within a specific health care setting (QI/PI)?
☐ Yes ☐ No (Contact IRB for further guidance)

If this is an EBP or QI project, provide support that the focus of the project is to implement existing knowledge in clinical practice and not generate new knowledge.

RISK:
Is the risk to patients/participants no greater than what is involved in the care they are already receiving OR can participating in the activity be considered acceptable or ordinarily expected when practice changes are implemented within a health care environment?
☐ Yes ☐ No

DATA COLLECTION PLAN:
Provide a concise description of how data will be collected. Must include how patient data will be identified, who is involved with data collection, and what data will be obtained. Describe where this information is found and how it will be extracted.

DISSEMINATION PLAN:
We are pleased you are conducting a study or project at St. Patrick Hospital. We want to take the opportunity for you to share your findings. Briefly describe your plan for sharing findings at the hospital and/or beyond.

(Application must be accompanied by protocol or project summary.)
B. Human Subjects Protection

I. STUDIES INVOLVING PATIENTS

Does this study contact, involve, collect data from any patients, including health information in the medical record?  □ Yes (If Yes, please answer the following questions)  □ No

PROTECTED HEALTH INFORMATION (PHI):
Will PHI be collected for this project (see list of PHI attached)?
□ Yes  □ No

LIST ALL DATA POINTS (INCLUDING PHI) THAT WILL BE EXTRACTED FROM A PATIENT’S MEDICAL RECORD:
Please note: ALL PHI MUST remain within Providence Health Care and cannot be taken off-site. Identified data cannot be stored on personal computers, emailed, or stored on thumb drives. Failure to adequately protect Providence patient data is considered non-compliance with the HIPAA law and Providence policy, which may result in corrective action including but not limited to termination of this project and/or assignment to a Providence facility/clinic. Any data collected must be de-identified (i.e., not contain ANY of the attached 18 identifiers, see below). If you have questions please contact the IRB office (Institutional.Review.Board@providence.org).

DISCUSS HOW THE PATIENT’S PRIVACY WILL BE PROTECTED:
Identify where data will be stored; how data will be de-identified; how/when data will be destroyed; and who will have access to the information.

II. STUDIES INVOLVING NON-PATIENT HUMANS

Does this study contact, involve, collect data from any other humans, including family members, staff, the public, or other?  □ Yes (If Yes, please answer the following questions)  □ No

PERSONAL INFORMATION:
Will DEMOGRAPHIC DATA OR PARTICIPANT DESCRIPTORS be collected for this project?
□ Yes  □ No

LIST ALL DATA POINTS (INCLUDING PHI) THAT WILL BE COLLECTED

DISCUSS HOW THE PARTICIPANT’S PRIVACY WILL BE PROTECTED:
Identify where data will be stored; how data will be de-identified; how/when data will be destroyed; and who will have access to the information.
C. Required Signatures

Student Advisor/Faculty:

Contact Information:

Signature:

Providence Sponsor/Champion:

Contact Information:

Signature:

If the student is an employee, Providence Manager:

Contact Information:

Signature:
MISCELLANEOUS INFORMATION

**DO:**
1. Obtain appropriate permissions to conduct project at Providence facilities.
2. Identify Providence sponsor.
3. Align your project in a way that will provide benefit to the hospital(s) in which the project is being conducted.
4. Allow time for IRB review prior to starting project.
5. Conduct project as submitted to IRB. Contact IRB if revisions are required.
6. Obtain only the data outlined in the summary provided to the IRB.
7. Follow all Providence policies.
8. Follow HIPAA law.
9. Be prepared to present your project/research finding to appropriate St. Patrick Hospital personnel.

**Don't:**
1. Make any changes to project without consulting the IRB.
2. Put ANY PHI on personal computers, e-mail or store on thumb-drive.
3. Remove any PHI from Providence campus.
4. Start your project until a determination has been made by the IRB and you have received Administrative Approval from St. Patrick Hospital.

**PHI Includes:**
1. Names;
2. All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Phone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social Security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the data)