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
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.

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<td>Carol Bensen, MSN, RN, CNO and Kerry Schultz, Student Program Coordinator</td>
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<td>Approval Authority:</td>
<td>Carol Bensen, MSN, RN, CNO</td>
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<td>Approved by:</td>
<td>Joyce Dombrouski, MHA, RN, CENP, CPH, COO on &lt;Approval Date&gt;</td>
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**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/) and the System for Award Management (SAM) 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 abd Rubella requirement. 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. One of the following is required:
  - 2 step skin test within the last 12 months
  - One (1) Quantiferon Gold blood test with negative result
  - If previously positive to any TB test, the student must complete a symptom questionnaire and have a chest x-ray read by a radiologist with a normal result.
• 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.

View the following video and answer the question(s) in the packet:

Doing the Right Thing Right
Providence Code of Conduct
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**PROVIDENCE REPORTING OPTIONS:**
1. Contact your immediate supervisor
2. Contact your department manager
3. Contact your regional compliance and privacy representative or manager.
4. Call the 24/7 Integrity Hotline at (888) 294-8455.
MESSAGE FROM ROD HOCHMAN, MD
Providence St. Joseph Health
President & CEO

Dear Colleague,

As caregivers/employees of our communities, the people we serve place an enormous amount of trust in us. Our Code of Conduct is an important part of how we serve, and it represents our values in action.

The Sisters of Providence set our ministry on a clear path from its earliest days as they served everyone in the community, especially the poor and vulnerable, with grace, compassion and integrity. With this legacy, Providence Health & Services has thrived because of the continued commitment of the people of Providence to do the right thing.

Maintaining the integrity of the heritage and tradition of our ministry is the responsibility of each person of Providence, and that’s the purpose of our Compliance Program. It ensures we are following the ethical commitments, laws, rules and regulations that govern our business conduct, and it helps to discourage, prevent and identify violations.

Our Code of Conduct explains the expectations we have of our caregivers/employees and the critical importance of being honest and just in all our interactions with our patients, members, colleagues, payers and vendors. It also details how to report a violation or concern about potential illegal or inappropriate actions.

Please review this Code of Conduct thoroughly and discuss any questions you may have about these standards with your supervisor. Every person of Providence is expected to take an active part in maintaining the integrity and compliance of our ministry. Thank you for your participation and your commitment.

Rod Hochman, MD
President & CEO
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.

VISION
Health for a Better World.

PROMISE
“Know me, care for me, ease my way.”

VALUES
Compassion
*Jesus taught and healed with compassion for all.* -Matthew 4:24
We reach out to those in need and offer comfort as Jesus did. We nurture the spiritual, emotional and physical well-being of one another and those we serve. Through our healing presence, we accompany those who suffer.

Dignity
*All people have been created in the image of God.* -Genesis 1:27
We value, encourage and celebrate the gifts in one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.

Justice
*Act with justice, love with kindness and walk humbly with your God.* -Micah 6:8
We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.

Excellence
*Whatever you do, work at it with all your heart.* -Colossians 3:23
We set the highest standards for ourselves and our ministries. Through transformation and innovation, we strive to improve the health and quality of life in our communities. We commit to compassionate, safe and reliable practices for the care of all.

Integrity
*Let us love not merely with words or speech but with actions in truth.* -1 John 3:18
We hold ourselves accountable to do the right things for the right reasons. We speak the truth with courage and respect. We pursue authenticity with humility and simplicity.

PROVIDENCE REPORTING OPTIONS:
1. Contact your immediate supervisor
2. department manager
3. regional compliance and privacy representative or manager.
4. Call the 24/7 Integrity Hotline at (888) 294-8455.
WHY WE HAVE A CODE OF CONDUCT

At Providence, we are committed to “doing the right thing right” and conducting ourselves with the utmost integrity. The success of Providence and the continuing heritage of the Sisters depend on us building honest and trusting relationships with our fellow caregivers/employees, plan members, business partners, regulators and the communities we serve. To achieve our Mission, we commit to conducting all business activities in an honest, fair and ethical manner.

In today’s operating environment, the rules that govern business practices are more demanding than ever before, and require us to keep integrity at the core of all we do in advancing our Mission. It requires a commitment from each of us to conduct our business honestly and ethically, regardless of the situation.

The Mission and our values provide guidance and inspiration as we make sound, ethical choices to deliver quality care and services while meeting our organizational goals. The Providence commitment to integrity is a vital part of who we are as Catholic health care and education ministries.

The Providence Code of Conduct provides us with a set of standards that guides our decision-making and our commitment to “doing the right thing right.” This means conducting our business within appropriate ethical, legal and regulatory standards, and complying with Providence’s policies and standards.

In addition to the Code of Conduct, there are system, regional, ministry, service line and institution policies, procedures and standards that may apply to your work. Copies of these can be obtained through your supervisor, manager or the Providence intranet. This Code of Conduct and certain compliance policies are also available on the Providence public internet site.

Health care practitioners who are granted privileges at Providence ministries are governed by medical staff bylaws and must follow them. These bylaws provide a process for resolving ethical and compliance matters related to the practice of medicine at Providence. Educators and staff within Providence education ministries must follow specific policies applicable to those ministries.

HOW SHOULD I USE THE CODE OF CONDUCT?

The Providence Code of Conduct asks you to reflect on our Mission and values as you apply ethical and legal standards to your work. Our Code of Conduct helps you answer these questions:

- Are my actions and decisions consistent with Providence’s Mission?
- Am I supporting the spirit, as well as the letter, of laws, regulations, policies or standards?
- Can I explain my actions or decisions without embarrassment to family, friends, co-workers, students or patients?
- Does my behavior support/foster patient care, a healing environment, health education and/or those in need?
- Who should I contact if I believe a violation has occurred?
- What do I do if retaliation occurs when I raise a concern?
- Who can help me if I still have questions?
- How do I contact my compliance and privacy representative?

For contact information, see For More Information on the back cover.
INTEGRITY AND COMPLIANCE
We communicate openly and we act with integrity.

PROVIDENCE REPORTING OPTIONS:
1. Contact your immediate supervisor
2. Department manager
3. Regional compliance and privacy representative or manager.
4. Call the 24/7 Integrity Hotline at (888) 294-8455.
Our Commitment

Providence is committed to acting with integrity in all we do. We require compliance with laws and regulations, this Code of Conduct and Providence policies and standards. Our Compliance Program applies to caregivers/employees; members of our system, community ministry and foundation boards; volunteers; trainees; independent contractors; and others under the direct control of Providence. Where Providence has a majority or controlling ownership interest in an entity, Providence expects that entity to have a compliance program and set of standards substantially similar to those established in this Code of Conduct.

The audit and compliance committee of the System Board provides oversight and direction for the Compliance Program. For questions contact Providence St. Joseph Health chief compliance officer.

Compliance offices across Providence and Providence St. Joseph Health are responsible for the day-to-day direction and implementation of the Compliance Program. This includes developing resources (policies, procedures, education programs and communication tools) and providing support (managing the Providence Integrity Hotline and other reporting mechanisms, conducting program assessments and providing advice) to ministry compliance representatives and others.

Providence human resources staff members are also highly knowledgeable about many of the employment and workplace compliance-risk areas described in this Code of Conduct. You are encouraged to report any concerns about your work situation to human resources. Providence integrity and compliance professionals work closely with human resources to investigate and resolve matters relating to employment and workplace situations.

Reporting a Concern

Providence expects that integrity, compliance or legal concerns will be reported promptly. Each Providence workforce member has a responsibility to report any activity that appears to violate laws, rules, regulations, standards, federal health care conditions of participation or this Code of Conduct.

If you have a concern that you believe poses a serious or immediate compliance risk that can significantly affect licensure, reimbursement, accreditation or may lead to a major legal claim, report these concerns either directly to the Providence St. Joseph Health system compliance office or to your regional compliance office. Numbers are listed on the back cover. Safety of our patients and caregivers/employees is of paramount importance to Providence and any safety concerns you have should be reported using your ministry’s local procedures or any of the following four options.

Other integrity, compliance and legal concerns are reported using any of these options:

1. Discuss the matter or concern with your immediate supervisor.
2. Discuss the matter or concern with the department manager.
3. Contact your local or regional compliance or privacy representative or manager.
4. Call the 24/7 Providence Integrity Hotline at 888-294-8455 or use Integrity Online, our Web-based reporting option. You may report concerns anonymously.

If you have tried any of the options without success or you feel uncomfortable contacting these people, call the Providence Integrity Hotline or use Integrity Online.

The Providence Integrity Hotline and Integrity Online are answered by a third-party company, which sends all reports to a Providence compliance office for investigation. Reporters receive a tracking number to enable them to retrieve information about the status of their report.

If you report a concern anonymously, it is important to clearly describe the situation, provide a ministry location and give enough detail so that your concern can be properly investigated and resolved. We may not be able to investigate your concern if you do not provide us with enough factual information.
Confidentiality of Reports

We make every attempt to protect the confidentiality of information provided in connection with a reported concern, to the extent allowed by law, unless maintaining confidentiality could create a significant health or safety risk, or could significantly impair Providence’s ability to conduct a complete investigation.

Retaliation Will Not Be Tolerated

Providence prohibits any retaliation action directed against a Providence workforce member for reporting a concern in good faith, or assisting in the investigation of a concern. A manager, supervisor, caregiver/employee or other workforce member who engages in retaliation or harassment – directed at a person who raises a concern, is believed to have raised a concern or assists in an investigation – is subject to disciplinary action in accordance with Providence policy.

If you believe that retaliation or harassment is occurring, report it to human resources, your local or regional compliance representative, or to the Providence Integrity Hotline at 888-294-8455.

Corrective Action

Where an internal investigation substantiates a reported violation, Providence will initiate corrective action, including, as appropriate, refunding overpayments, notifying the appropriate government agencies, taking disciplinary action and/or implementing other corrective actions to prevent a similar violation from occurring in the future.

Caregiver/Employee Responsibilities

- Follow the Providence Code of Conduct.
- Perform your job duties in accordance with all federal and state laws or regulations that apply.
- Participate in Compliance Program training and job-specific compliance education or departmental training as necessary for your job duties.
- Report all concerns or alleged violations promptly.
- Keep information obtained at Providence confidential.
- Whenever you are in doubt about something, ask questions.

Leadership Responsibilities

- Support the Providence commitment by upholding our Mission, vision and values.
- Model ethical behavior and foster a culture of transparency by listening and being receptive to workforce members’ and others’ concerns about integrity and compliance-related matters.
- Ensure that written compliance policies and procedures specific to your department are developed and followed.
- Provide caregivers/employees with initial and continuing compliance education and document that education.
- Monitor and ensure compliance with the Code of Conduct, Providence policies and standards, and federal and state laws and regulations.
- Take appropriate corrective or disciplinary action to resolve matters when necessary.
- Prevent retaliation against any caregiver/employee who reports, supplies information about or assists in an investigation into an integrity or compliance concern.
PATIENT STANDARDS
We nurture the spiritual, physical and emotional well-being of one another and those we serve.

For contact information, see For More Information on the back cover.
Quality of Care and Patient Safety

At Providence, we define quality as the degree to which health services increase the likelihood of desired outcomes and are consistent with professional knowledge. We believe all health care should be:

• Safe, as to avoid injuries to patients from the care that is intended to help them
• Timely, to reduce waits and potentially harmful delays for those who receive care
• Effective, in that we match care to science to provide appropriate care
• Efficient, by avoiding waste in order to maximize value
• Equitable, to ensure care does not vary in quality, regardless of patient characteristics
• Patient-and family-centered, to honor the individual and respect choice

We are committed to providing the best care and service at every patient encounter. Quality and safety plans are established throughout the Providence ministry. These plans are centered on meeting or exceeding national standards for quality care and patient safety, which is essential to providing the best care every time.

Community Benefit

We provide services and programs for those who are poor and vulnerable and experience difficulty in accessing health care through a wide variety of community benefit programs. Community benefit includes charity care, the unpaid costs of government-sponsored health care programs, community health services, health professional education, subsidized health services and research.

Disruptive Behaviors

Our value of compassion leads us to nurture the spiritual, physical, and emotional well-being of those we serve. We apply this value to our work with each other and to the care and service we provide to those we serve.

In keeping with this value, workforce members, medical staff members and allied health professionals are expected to treat others with respect and courtesy, and to conduct themselves in a professional manner. Expected behaviors that contribute to a positive patient care and work environment include:

• Promoting a professional and healing environment in which all patients, families and coworkers are treated with dignity and respect.
• Avoiding behavior that is disruptive to maintaining a safe, healing and educational environment.
• Responding to requests for information in a timely and supportive manner whether related to clinical care delivery, collegial and professional interactions, or to patients and families;
• Caregivers are encouraged to handle conflicts and disagreements through appropriate channels (for example, bringing concerns to your immediate supervisor, manager or Human Resources may facilitate early resolution and may help improve the workplace for all);
• Offering constructive feedback to improve patient care and operations; and
• Practicing in a manner consistent with medical staff bylaws and regulations.

Disruptive behavior is a style of interaction between workforce members, physicians, patients, family members, or others that interferes with patient care. Examples of disruptive behaviors may include, but are not limited to:

• Threatening or abusive comments;
• Profanity or similarly offensive language;
• Demeaning behavior such as name-calling;
• Criticizing other caregivers/employees in front of patients or other staff;
• Racial or ethnic jokes or comments;

PROVIDENCE REPORTING OPTIONS:
1 Contact your immediate supervisor 2 department manager 3 regional compliance and privacy representative or manager.
4 Call the 24/7 Integrity Hotline at (888) 294-8455.
• Inappropriate physical contact, sexual or otherwise;
• Sexual comments or innuendo;
• Refusal to cooperate with other workforce or medical staff members; and
• Refusal to abide by organizational policies, rules and regulations or medical staff bylaws or to perform patient care responsibilities.

Emergency Medical Treatment and Labor Act (EMTALA)
Providence complies with the Emergency Medical Treatment and Labor Act (EMTALA). We screen and provide stabilizing treatment to everyone who comes to a Providence hospital requesting examination or treatment for an emergency condition. We do not delay medical screening exams or stabilizing care in order to request patient financial information. We transfer emergency patients only when they request a transfer or when we lack the capability or the capacity to provide appropriate treatment, and only after administering the appropriate stabilizing care.

Patient and Resident Rights
We inform our patients and residents of their rights. We expect the people of Providence to uphold and respect these rights.

Each Providence patient or resident is provided with a written statement of their rights and a notice of privacy practices. These statements include the rights of a patient or resident to make decisions regarding their medical care, the right to refuse or accept treatment, the nature of the facility’s Catholic sponsorship, the right to informed decision-making and a patient’s or resident’s rights related to his or her health information maintained by Providence ministries.

Patient and Member Information and Privacy
Providence treats the protected health information (PHI) of patients and members with special care. There are numerous federal and state laws that protect the privacy and security of a patient’s information, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH).

We collect PHI to provide quality care and service and will protect access to this information whether it is contained in a computer system, medical record or other documents. Consistent with HIPAA and applicable state laws, we do not access, use, disclose or discuss patient-specific information with others unless it is necessary to serve the patient or complete our job duties, is required by law or the patient/authorized representative has authorized the release. If you use or disclose PHI inappropriately, you may be subject to Providence’s corrective actions policy. You may also face potential fines from the government and/or jail time.

Questions to ask to ensure you are protecting patient privacy
• Do I have a need to know this information as part of my job?
• Can I get my job done without reviewing all of the patient’s information?
• Do I understand the policies and procedures that apply to this information?
• Do I avoid sharing this information in public, including other public venues such as social networking sites?
• Do I protect this information from being viewed or seen by others?
• Have I properly disposed of the patient’s information?
• And finally, if I am unsure about accessing information, do I get guidance from my manager, facility or region’s privacy officer, or regional information security officer?
Providence workforce members will not access, use or disclose PHI in a manner that violates the privacy rights of our patients. Under our privacy policies and procedures, no one has a right to access PHI other than the minimum information necessary to perform his or her job.

Report suspected theft, loss or inappropriate uses or disclosures of PHI promptly to your direct supervisor and local or regional privacy office, the Providence St. Joseph Health privacy office or the Providence Integrity Hotline at 888-294-8455.

Consult our Providence St. Joseph Health, region and facility privacy and security policies and procedures for further information on how to safeguard confidential information and PHI. You may also contact your local or regional compliance and privacy representative, the regional information security office or the Providence St. Joseph Health privacy office with questions.

**Best Practices for Safeguarding Patient Information**

- Do not leave patient information visible on computer screens. Lock your screen or log off your workstation when away.
- Do not leave charts or other confidential information open and visible on desks or counters.
- Shred printed documents containing patient data when you are done with them or place in designated secure shred bins.
- Use the minimum necessary information for payment and operations purposes.
- Avoid patient-related discussions in public areas and on social networking sites.
- Avoid informal or casual discussions of patient situations that are not directly related to care.
- Do not leave voice or phone messages containing sensitive information.
- Avoid inadvertent disclosures by taking special care in situations that are not private.
- Follow secure email and fax policies for transmitting PHI and only send to those with a need to know.
- Double-check fax numbers to ensure a fax is directed to the correct recipient. If a fax is sent in error, immediately contact the recipient and request destruction or return of the fax.
- Do not take patient data off-site, except as necessary and in accordance with Providence and department policies.
- Never leave patient data, whether stored on an electronic device or on paper unattended. It must always be in the possession of a Providence caregiver/employee or agent, or in a secure location.

**PROVIDENCE REPORTING OPTIONS:**

1. Contact your immediate supervisor
2. Department manager
3. Regional compliance and privacy representative or manager
4. Call the 24/7 Integrity Hotline at (888) 294-8455.
LEGAL AND REGULATORY COMPLIANCE
We set the highest standards for ourselves and for our ministry.

For contact information, see More Information on the back cover.
Licensure, Certification and Excluded Individuals

Providence verifies the qualifications of health care professionals who treat our patients and educators who serve our students. Providence requires health care and education professionals to follow all applicable licensing, credentialing and certification requirements.

Federal and state laws prohibit Providence from employing or contracting with organizations or any individual who has been excluded from participation in government programs. We regularly review published information to check for excluded organizations and individuals. While individuals are excluded, they cannot be a Providence caregiver/employee, provider, volunteer or vendor.

Providence will not bill for services ordered, rendered or supervised by an organization or individual that is excluded, suspended, debarred or ineligible to participate in a federal health program, or has been convicted of a criminal offense relating to the provision of health care items or services and has not been reinstated in a federal health care program.

Workforce members are required to notify human resources, the facility’s regional compliance manager or Providence St. Joseph Health Compliance office if they receive notice that they will be or have been excluded from participation in any federal or state program.

Fraud, Waste and Abuse and False Claims

The services provided by Providence are governed by a variety of federal and state laws and regulations. These laws and regulations cover subjects such as false claims, illegal patient referrals, providing medically unnecessary services, violations of Medicare’s Conditions of Participation and submitting inaccurate cost reports. Providence is committed to full compliance with these laws and regulations.

Providence expects that those who create and file claims for payment to Medicare, Medicaid and other payers will file claims that are accurate, complete and represent the services actually provided. Billing for clinical trials will follow clinical trial billing protocols and will be submitted in accordance with federal requirements.

The following principles guide our compliance:

- Charges will be submitted only for services or supplies that are provided to the patient/resident and are accurately and completely documented in the medical record or other supporting documentation.
- Charges will accurately represent the level of service provided to the patient/resident.
- Only those services that are medically necessary and are supported by valid orders will be submitted for payment to Medicare, Medicaid and other payers.
- Under no circumstances will charges or codes be purposely selected to improperly increase the level of payment received.
- Overpayments will be reported and refunded as required by law.
- Cost reports will be accurate and filed in a timely manner.

Providence monitors billing, coding and cost reporting to detect errors and inaccuracies. If you have concerns about coding and billing, report your concern to your manager and your local or regional compliance office or to the Providence Integrity Hotline.

Referrals

Federal and state Anti-Kickback Statute and the federal Stark Law apply to relationships between hospitals and physicians. We structure our relationships with physicians to ensure compliance with these laws, with our policies and procedures and with any operational guidance that has been issued.
Key Principles

We do not pay for referrals. We accept patient referrals and admissions solely on the patient’s medical needs and our ability to render the needed services. We do not pay or offer to compensate in any fashion anyone for the referral of patients. For example, we would not offer discounted rent or free office space to a physician.

We do not accept payments for referrals we make. No person acting on behalf of Providence may solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. When we make patient referrals to another health care provider, we do so based on the best interest of the patient and we do not take into account the volume or the value of referrals that the provider has made or may make to Providence.

If you have questions about a physician relationship, contact the Department of Legal Affairs directly or your local or regional compliance office.

Research and Clinical Trials

Providence physicians and professional staff follow the highest ethical standards and comply with all laws, regulations, guidelines and ethical directives that govern human, animal, basic science and applied science research. We participate with other organizations responsible for protecting human subjects, investigators, sponsors and research participants. Providence ministries maintain and communicate accurate information regarding research projects, and submit true, accurate and complete costs related to research grants. We actively promote excellence in all aspects of research.

We do not engage in research misconduct, which includes activities such as falsifying results, failing to deal appropriately with investigator or institutional conflicts of interest, and proceeding without Institutional Review Board (IRB) approval or failing to follow the approved IRB protocols. Our first priority is to fully inform and protect those patients who are enrolled as human subjects and to respect their rights during research, investigation and clinical trials.

Providence promotes research consistent with its values of providing services with concern for the responsible stewardship of resources. Such research must also be consistent with Catholic moral principles.

Gifts and Entertainment

Accepting gifts and offers of entertainment creates a risk that our judgment and decisions can be influenced. In some cases, acceptance of gifts and entertainment may be considered a violation of federal and/or state laws.

Providence's reputation is based on its commitment to integrity in the delivery of quality patient care and other services. For this reason, Providence caregivers/employees are expected to keep relationships with patients and their family members, students and their families, vendors, non-employed physicians and their offices and other third parties impartial, and avoid accepting gifts or other items of value including:

- Meals
- Tickets to events
- Special favors or loans
- Discounts or free services
- Tips and gratuities
- Paid travel for spouses

Cash or cash equivalents, such as gift certificates or gift cards, may only be accepted when given to you by Providence or a fellow caregiver/employee. Gift certificates and gift cards are taxable income regardless of their cash value when paid for by Providence. You may never accept cash or cash equivalents from anyone outside of Providence for activities related to your work at Providence. You may direct anyone offering a gift to a Providence foundation.

Any gift, regardless of value, may not be accepted if the gift is given to you in an attempt to influence your behavior or decision-making.
You may accept an occasional gift of nominal value* from a vendor, such as consumable gifts, if shared among caregivers/employees within your department or unit. Common examples might include a fruit basket or box of chocolates.

Gifts accepted from a vendor with a value over $50 must be documented and/or disclosed in your Conflicts of Interest statement. If you are not required to file an annual statement or the gift is a perishable or consumable gift shared with others, the individual receiving the gift must document and maintain the information for a period of two (2) years from the date of receipt. For specific details on gifts and entertainment and documentation requirements, please reference PROV-ICP-718.

Infrequent meals of modest value may be accepted by individual Providence workforce members in connection with education or business presentations or discussions. Generally, offers of entertainment should not be accepted. On the rare occasion where entertainment is offered in conjunction with business discussions, both parties must be present and the offer should be infrequent, of modest value and in a setting conducive to discussing business – such as a business dinner in a restaurant and not a sporting event.

Acceptance of invitations made by vendors, suppliers, consultants or other business partners to Providence caregivers/employees for attendance at a Providence foundation sponsored charity event exclusive to Providence St. Joseph Health and our family of organizations are considered acceptable as long as it is understood that it will not influence purchasing decisions and all funds raised benefit Providence St. Joseph Health, Providence or one of our family of organizations. At these events workforce members are encouraged to make a donation to the charity event equal to the value of the ticket, although doing so is not required. If you accept such an invitation you must complete a Providence St. Joseph Health Conflicts of Interest statement or add the invitation to your existing statement.

Questions to ask before accepting a gift from a non-Providence entity

- Is this a personal gift?
- Is this a cash gift? A gift card? A gift certificate?
- Would I feel uncomfortable disclosing acceptance of this gift to other Providence caregivers/employees? Patients? Friends or family members?
- Is this gift being offered to me because my job at Providence might influence a decision in favor of the donor?

If you answered “yes” to any of the above questions, the gift likely does not meet Providence’s ethical standards, our Code of Conduct or legal requirements and should not be accepted. Providence ministries or service lines may have more restrictive gift standards. Caregivers/employees will follow the more restrictive standard. Contact your local or regional compliance representative for questions on gifts.

*Generally, nominal value means the item or service has little or no real value to anyone.

Conflicts of Interest

Conflicts of interest occur when personal interests or activities influence or appear to influence our actions and decisions. They also occur when you allow another activity or financial interest to influence your decisions made on behalf of Providence and its patients, members, students, residents, and customers.

As Providence workforce members, we must avoid activities and relationships that may impair our independent judgment and unbiased decision-making. We do not use our positions for personal gain or advantage, or to assist others, including family members, in profiting in any way at the expense of Providence.

Conflicts of interest may arise from many sources including, but not limited to, financial interests of yourself or a family member; service, employment or consulting arrangements with a Providence competitor; the receipt of gifts from vendors or others with whom we do business; or use of Providence resources to benefit an outside interest or your own personal interests.
Our Conflicts of Interest policies provide additional guidance to directors, officers, senior managers, researchers and other key caregivers/employees. These individuals are required to complete and submit a conflict of interest disclosure form annually. Other workforce members are required to disclose — to their immediate supervisors, to their regional compliance manager or Providence St. Joseph Health System compliance office — any real or potential conflicts of interest prior to making any decision or taking any action that is or may be affected by the conflict. The interest must also be disclosed in writing by submitting a conflicts of interest form.

Potential conflicts of interest are reviewed and acted on as required. Contact your regional compliance office or Providence St. Joseph Health compliance office if you have a question about a conflict of interest.

**Lobbying and Political Activities**

As a tax-exempt organization, Providence follows current legal and regulatory requirements for all lobbying and political activities and all federal lobbying activities must be coordinated through the Department of Government and Public Affairs. Providence will not participate or intervene in any political campaign for or against a candidate for public office. Providence caregivers/employees may not engage in political activities on company time, but may do so on their own time. Likewise, they may not use Providence’s email system to support political activities. Caregivers/employees with questions about lobbying or political activities are advised to contact the Department of Legal Affairs.

**Note:** Providence caregivers/employees may support candidates or campaigns as private individuals on their own time, using their own money and resources.

**Antitrust**

Antitrust laws preserve and protect competition in goods and services. Antitrust violations are serious and may result in criminal charges, substantial fines and imprisonment. Providence will not engage in conduct that is illegal under antitrust laws. Examples of conduct prohibited by the laws include (1) agreements to fix prices, bid rigging, collusion (including price sharing) with competitors; (2) boycotts, certain exclusive dealing and price discrimination agreements; and (3) unfair trade practices including bribery, misappropriation of trade secrets, deception, intimidation and similar unfair practices.

Antitrust is a complex area. If you have any questions or concerns about whether a practice may raise antitrust concerns, contact the Department of Legal Affairs.

**Contact by Government Investigators**

Providence is committed to responding appropriately to, and not interfering with, any lawful government inquiry, audit or investigation. If you are contacted by a government investigator with a request for information, please follow these steps:

1. If contacted in person, ask the investigator(s) for identification and note the name, title and office location. If contacted by telephone, ask for and note the name, title, office location and a return phone number for the caller.
2. Contact your supervisor and your region’s compliance office or the Department of Legal Affairs as soon as possible.
   - You are not required to follow this procedure before participating in a government investigation concerning the terms and conditions of your employment consistent with state and federal laws.

A government investigator may ask you to participate in an interview. You are free to do so, but are under no obligation to do so. If you do grant an interview to a government investigator, you should be aware that anything you say can be used against you in a criminal prosecution or in a civil enforcement proceeding. This is true regardless of whether the officer gives you any Miranda warnings. You may also request that legal counsel be present before you talk with any investigator.

If the investigating officer asks you to participate in an interview, and you would like to do so but would like legal counsel to be present at the interview, we will make counsel available for that purpose – free of charge to you. Contact the Department of Legal Affairs.
WORKPLACE ENVIRONMENT STANDARDS

We strive to care wisely for our people, our resources and our earth.

PROVIDENCE REPORTING OPTIONS:

1. Contact your immediate supervisor
2. Department manager
3. Regional compliance and privacy representative or manager.
4. Call the 24/7 Integrity Hotline at (888) 294-8455.
Protecting Caregiver/Employee Information

During the hiring process, Providence collects personal information about caregivers/employees. To protect our caregiver/employees’ personal information and right to privacy, Providence will:

- Take measures to safeguard personal information
- Protect the confidentiality of personal information when dealing with third parties
- Restrict access to such information to the caregiver/employee and those with a legitimate business or legal need

Discrimination, Harassment and Workplace Violence

Providence is committed to maintaining a workplace free of discrimination, harassment, violence, bullying and other abusive conduct.

Harassment includes unsolicited remarks, gestures or physical contact, displays or circulation of written materials or pictures derogatory to any protected group (i.e., based on gender, race, ethnicity, religion, sexual orientation, disability, etc.). This list is not all-inclusive.

Bullying is the process of intimidating or mistreating somebody weaker or in a more vulnerable situation.

No form of harassment or workplace violence will be tolerated. Any such conduct is prohibited and will result in disciplinary action, up to and including dismissal.

Our caregivers/employees should promptly report any incident of discrimination, harassment, workplace violence, bullying or other abusive conduct to his or her supervisor, human resources, local or regional compliance office or to the Providence Integrity Hotline.

Health and Safety

Providence ministries comply with government regulations. Our policies and practices also promote the protection of workplace health and safety. We share a responsibility in understanding how these policies and practices apply to our job responsibilities and we seek advice when we have a question or concern.

We have an obligation to report any serious workplace injury or any situation presenting a danger of injury, so timely corrective action may be taken to resolve the issue. Caregivers/employees should report injuries according to local facility policies.

Stewardship of Providence Resources

Providence is committed to effective stewardship of its resources in support of its patient care and other organizational goals. Our assets should only be used for legitimate business purposes. Incidental and minor personal use of computers is permitted provided such use is not for personal financial benefit or gain, and does not interfere with your job or the ability of others to do their jobs. If you have a question about use of Providence resources, contact your supervisor for guidance.
BUSINESS AND FINANCIAL INFORMATION

We strive to transform conditions for a better tomorrow while serving the needs of today.

PROVIDENCE REPORTING OPTIONS:
1. Contact your immediate supervisor
2. Department manager
3. Regional compliance and privacy representative or manager.
4. Call the 24/7 Integrity Hotline at (888) 294-8455.
Security, Confidential Information and Electronic Media Use

In addition to safeguarding a patient’s protected health information, Providence caregivers/employees have a responsibility to protect all confidential information. Confidential information includes sensitive internal documents, records or data that could damage Providence if that information were lost or made public. Examples of confidential information include protected health information, social security numbers, foundation data and information subject to federal and state notification laws.

This information is so valuable that loss of this kind of data could harm our patients and our ability to do business. Data losses also have a negative effect on Providence’s reputation in the community.

Any confidential information removed from a work location increases our risk. Unless it is part of your job, confidential information should never be removed from a Providence entity without prior authorization from your manager. If you are authorized to remove such information, you are responsible for following the appropriate security procedures required by Providence. Confidential information may never be copied onto a personal or non-Providence computer. If you use a mobile computing device, such as a personal data assistant (PDA) or smartphone, contact your Information Services group for security instructions.

Caregivers/employees agree to follow Providence’s Acceptable Use of Information & Information Systems policy and other security policies and standards. Users of Providence email have no right or expectation of privacy. Providence reserves the right to monitor and access any Providence information system or account. If you have a security-related concern, talk with your manager.

Nothing in this Code of Conduct is intended to restrict caregivers/employees from discussion, transmission or disclosure of wages, hours and working conditions in accordance with applicable federal and state laws.

Security Best Practices

- Keep your computer and voice mail passwords private and secure. Change your password if you feel it has been compromised.
- Lock your PC when unattended using Ctrl-Alt-Delete | Enter or other key combinations that will lock your PC.
- Install a privacy guard or use automatic timeout to prevent others from seeing your computer screen.
- Caregivers/employees should never download confidential information onto a home or non-Providence PC, PDA or cell phone.
- Store shared portable devices and electronic media in a secure location and use a sign-in/sign-out procedure.
- Maintain physical control of laptops and other devices at all times when outside of a secure facility—a locked location within Providence facilities and your locked residence are considered secure facilities.
- Shut down your laptop so that encryption can protect confidential data if your laptop is lost or stolen.
- Use secure email when sending confidential information to an external email address.
- Beware of phishing attempts and review emails before responding or clicking on links. If you believe it is phishing delete it.

Providence caregivers/employees and other workforce members must report all known or suspected security incidents within 48 hours of occurrence. Report any incidents to your supervisor and the Enterprise Technology Operations Center at 866-406-1290 or to the Providence Integrity Hotline at 888-294-8455.

For More Information on the back cover.
Social Media Use

Providence recognizes that many of our workforce members use social media in their personal lives. Some examples of social media include Facebook, LinkedIn, YouTube, Twitter, instant messaging and internal and external blogs.

Our organization has implemented an Electronic Social Media policy to clarify how Providence will use social media, establish guidelines for the official use of electronic social networking and to clarify the personal responsibilities and legal implications of workforce members’ personal use of social media while at work or while posting information about Providence.

Our policies (e.g., harassment and discrimination policies, privacy and confidentiality policies) are applicable when using any form of social media, whether internally or externally.

As a workforce member, you cannot share patient confidential, or proprietary information, photographs or videos about Providence on personal sites. This restriction does not apply to pictures or videos of Providence’s name, logo or premises taken while engaged in concerted activities.

Records Accuracy and Retention

We prepare and maintain accurate and complete documents and records. We do this to comply with regulatory and legal requirements, and to support our business practices and actions. Records include, for example, financial records, claims made for payment, patient records, caregiver/employee time sheets, student records and expense-related forms and other types of records, whether in paper or electronic formats.

We do not alter or falsify records, and do not destroy records to deny governmental authorities information that may be relevant to a government investigation.

We comply with Providence St. Joseph Health’s Record Retention policy to support the appropriate retention, protection, maintenance and disposition of all records, regardless of their format or media.

If you have questions about records retention, contact Providence St. Joseph Health compliance office or the Department of Legal Affairs.

PROVIDENCE REPORTING OPTIONS:

1. Contact your immediate supervisor
2. Department manager
3. Regional compliance and privacy representative or manager.
4. Call the 24/7 Integrity Hotline at (888) 294-8455.
GLOSSARY OF TERMS

caregiver: We refer to all Providence employees as caregivers.

compliance: Acting in accordance with accepted standards and policies, including laws, rules and regulations.

confidentiality: A set of rules or a promise that limits access or places restrictions on certain types of information. Example: medical information about a patient or financial information about a doctor or hospital.

conflicts of interest: A situation in which someone in a position of trust has competing professional or personal interests. Such competing interests can make it difficult to fulfill his or her duties impartially. Even if there is no evidence of improper actions, a conflict of interest can create an appearance of impropriety that can undermine confidence in the ability of that person to act properly in his/her position. Example: a purchasing department caregiver/employee ordering supplies from his brother’s business.

ethical behavior: Doing what is right; acting on the basis of Providence’s Mission, vision and values such as acting with integrity and setting the highest standards for ourselves and for our ministry.

false claim: An inaccurate claim submitted for payment to an insurance payer such as Medicare, Medicaid or a third party. Example: person or organization who knowingly makes a false record or files a false claim with the government for payment. “Knowingly” means the person or organization knows the record or claim is false, seeks payment while ignoring whether the record or claims is false or seeks payment recklessly without caring whether the record or claim is false. False claims violations may result in health care providers being excluded from participation in federally and state-funded health care programs, such as Medicare and Medicaid.

fraud and abuse: Fraud is distinguished from abuse in that, in the case of fraudulent acts, there is clear evidence that the acts were committed knowingly, willfully, and intentionally or with reckless disregard. Examples: charging for three X-rays when you know only one X-ray was performed or falsifying records. Abuse is engaging in a practice or activity that is not part of generally accepted, sound industry standards that may result in unnecessary costs or the receipt of an improper payment.

integrity: Honesty in words and actions.

Medicaid: State-governed health care insurance generally provided to those who meet low-income guidelines. This is called “Medi-Cal” in California and the Oregon Health Plan (OHP) in Oregon.

Medicare: Federally funded and governed health care insurance provided to people age 65 or older and to younger persons who meet disability guidelines.

retaliation: Any action that negatively impacts a workforce member because they raised a concern or assisted in the investigation of a concern.

referral: For this Code of Conduct, the act of sending a patient to a doctor, hospital or other health care provider or requesting health care services on behalf of the patient.

regulations: Rules enacted by a government agency that must be followed by those businesses providing the services covered by the rules.

standards and policies: Requirements for expected behaviors or actions by Providence workforce members.

system compliance: A department within Risk and Integrity Services responsible for establishing and monitoring the effectiveness of Providence’s Compliance Program.

workforce members: Are caregivers/employees; members of our system, community and foundation boards; volunteers; trainees; independent contractors; and others under the direct control of Providence.
FOR MORE INFORMATION
INTEGRITY HOTLINE: 888-294-8455 (toll free)

RISK AND INTEGRITY SERVICES SYSTEM COMPLIANCE AND PRIVACY OFFICE: 425-525-3022

DEPARTMENT OF LEGAL AFFAIRS: 425-525-3935

TECHNOLOGY OPERATIONS CENTER: 866-406-1290
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.
The Joint Commission

The Joint Commission (TJC) accredits and certifies health care organizations and programs in the United States. This achievement is recognized as a symbol of quality that reflects an organization's commitment to providing safe and effective care of the highest quality and value. To earn and maintain the Gold Seal of Approval™, an organization must undergo an on-site survey at least every three years. Each year TJC releases updated National Patient Safety Goals, a framework for health care safety:

### 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>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>NPSG.01.03.01 Make sure that the correct patient gets the correct blood when they get a blood transfusion.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Use medicines safely</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prevent infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>NPSG.07.03.01 Use proven guidelines to prevent infections that are difficult to treat.</td>
</tr>
<tr>
<td>NPSG.07.04.01 Use proven guidelines to prevent infection of the blood from central lines.</td>
</tr>
<tr>
<td>NPSG.07.05.01 Use proven guidelines to prevent infection after surgery.</td>
</tr>
<tr>
<td>NPSG.07.06.01 Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identify patient safety risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.15.01.01 Reduce the risk for suicide.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevent mistakes in surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>UP.01.02.01 Mark the correct place on the patient's body where the surgery is to be done.</td>
</tr>
<tr>
<td>UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made.</td>
</tr>
</tbody>
</table>

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.
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 20 Safety/Security Officers and 10 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.
- Understand how the acronym for responding to a fire 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
- 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  **Emergency:** 329-5330

In-house: 7-2620  In-house: 7-5330
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, small pox

### 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><strong>Code Blue</strong></td>
<td>Medical Alert, CPR Team</td>
</tr>
<tr>
<td><strong>Code Red</strong></td>
<td>Facility Alert, Fire Alarm</td>
</tr>
<tr>
<td><strong>Code Brown</strong></td>
<td>Facility Alert, Mass Casualty</td>
</tr>
<tr>
<td><strong>Code Orange</strong></td>
<td>Facility Alert, Hazardous Materials Spill</td>
</tr>
<tr>
<td><strong>Code Yellow</strong></td>
<td>Security Alert, Bomb Threat</td>
</tr>
<tr>
<td><strong>Code Amber</strong></td>
<td>Security Alert, Infant Abduction</td>
</tr>
<tr>
<td><strong>Code Gray</strong></td>
<td>Security Alert, Combative Person</td>
</tr>
<tr>
<td><strong>Code Silver</strong></td>
<td>Security Alert, Person with a Weapon</td>
</tr>
<tr>
<td><strong>Code Silver Active Shooter</strong></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>
</tr>
</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>
</tr>
<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 incidents)</td>
<td>Loss of parental custody</td>
</tr>
<tr>
<td>Forensic patients</td>
<td>Domestic and gang violence</td>
</tr>
<tr>
<td>Law Enforcement dumping grounds</td>
<td>Psychiatric patients</td>
</tr>
<tr>
<td></td>
<td>New diagnoses/bad news</td>
</tr>
<tr>
<td></td>
<td>Confusing surroundings</td>
</tr>
</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.

Please view the following video here:  https://bit.ly/2GqhGSr
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.
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 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
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.

**Personal Information:**

<table>
<thead>
<tr>
<th>Name: ________________________</th>
<th>First</th>
<th>Middle Initial</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ______________________</td>
<td>City:</td>
<td>______________</td>
<td>State:</td>
</tr>
<tr>
<td>Phone Number: __________________</td>
<td>Email Address:</td>
<td>__________________</td>
<td></td>
</tr>
<tr>
<td>Social Security Number: _______</td>
<td>Birthdate: __________________</td>
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<td></td>
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</tbody>
</table>

**School Information:**

<table>
<thead>
<tr>
<th>School Name: __________________</th>
<th>Phone Number: __________________</th>
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</thead>
<tbody>
<tr>
<td>Program: ________________________</td>
<td></td>
</tr>
</tbody>
</table>

Instructor(s) Name/Contact Information: __________________________

Start date of clinical experience: ____________ End date of clinical experience: ____________

Unit/Department Providing Clinical Experience: __________________________

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.
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.
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: ___________________________
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)