St. Francis Medical Center
*our mission is life*

# New Hire Orientation Handbook 2014

St. Francis Medical Center
our mission is life

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# I. Management Welcome

ST. FRANCIS
MEDICAL CENTER
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# A MESSAGE FROM MANAGEMENT COUNCIL

Dear Associate:

We wish to welcome you to the St. Francis Medical Center family and reinforce that we, as members of the Management Council, are here to support you in your personal and professional growth as well as your contribution toward the Mission of the Daughters of Charity.

We are hopeful that this Orientation program will assist you in your transition to the Medical Center. Specifically, it is designed to provide you with essential reference materials that relate to the Mission, Goals, Administrative Policies and various other areas in order for you to begin your role confidently at the Medical Center.

Our Mission, which is such an integral part of how we do business, is deep rooted within the Medical Center. We practice daily our Core Values of Respect, Compassionate Service, Simplicity, Advocacy for the Poor and Inventiveness To Infinity. These values have guided us for over 50 years of service to our community as demonstrated by our behavior and professional manner.

Sincerely,

Gerald T. Kozai
President/C.E.O.

# Welcome to St. Francis Medical Center

and to the

**Daughters of Charity Health System**

# SFMC Organizational Chart

St. Francis Medical Center
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# Board of Directors

Robert Issai
**DCHS President/ CEO**

Sr. Joyce Weller, DC
**Board Chair**

Charles Druten
**Board Vice Chair**

Victor Caballero
**Board Treasurer**

Sr. Francis Sullivan, DC
**Board Member**

Sr. Mary Joseph Suter, DC
**Board Member**

Sr. Jo-Anne Laviolette, DC
**Board Member**

Sr. Marion Bill, DC
**Board Member**

Sr. Patricia Miguel, DC
**Board Member**

Louis Rubino, PhD
**Chair, Quality and Patient Safety Committee**

Harding Young, MD
**Board Member**

Samuel Ynzunza
**Board Member**

Andy Moosa, MD
**Board Member**

# Gerald T. Kozai, Pharm D.

## *President/Chief Executive Officer*

**Mary E 'Dub' Drees**
Vice President Of Development/
SFMC Foundation CEO

**Michael Stephen, MD**
*Chief of Staff*

**Sr. Alicia Martin, DC**
*Sr. Vice President*
*Mission Services*

**Judi Binderman, M.D.**
*Vice President/CMIO*
*Executive Administration*

**Laura Kato**
*Vice President Human*
*Resources*

**Kurt Weinmeister**
*Executive Vice President/*
*Chief Operating Officer*

**Mary Lynne Knighten**
*Vice President*
*Patient Care Services/*
*Chief Nursing Officer*

# Saint Francis Medical Center

# St. Francis Medical Center
## Organizational Chart

Chief Responsibility Officer
Laura Kato

Sr. Joyce Weller, DC
Board of Directors
Chair

Internal Audit
Dwayne Johnson
CHAN

Medical Staff
Michael Stephen, MD
Chief of Staff

Gerald T. Kozai
President/CEO

SFMC Foundation
Board of Trustees
George Colman
Chair

Advocacy
Strategic Planning

Medical Staff Services/CME
**Quality Management/Patient Safety/Infection Prevention
Licensing/Accreditation
Managed Care/Provider Relations
Ambulatory Clinics*
Industrial Clinic*
Wound Care Clinic*
Welcome Baby

Kurt Weinmeister
EVP, COO

Mary Lynne Knighten
VP Patient Care Services/Chief Nursing Officer

Diana Bruno
Product Line Leader
Family Life Center*
Labor & Delivery
Antepartum
NICU
Women's Health
Pediatrics
NICU RT

Kimberly Washington York, Sr. Director
Inpatient Wound Care
Medical Surgical
Nursing Admin

Clinical Excellence
Critical Care Services
Emergency Dept. & Disaster Management
Perioperative Services
Stroke
Trauma Services
Children's Counseling Center
Behavioral Health Education
Palliative Care
Patient Experience & Care Delivery
SNF

Risk Management**
Engineering/Biomed

Jerry Boden, Sr. Director
Laboratory/Pathology
Blood Bank
Pharmacy
Cardio/Neuro*/Respiratory/Pulmonary
Adult/Interventional Services*
Rehab Services/EOC
Telecommunications/Information Centers

Nalib Elsouki, Sr. Director
Imaging Services
Therapeutic Radiology*
Environmental Services/Transport
Nutritional Services

Nancy Wilson
Interim CFO

Sr. Director, Finance
Finance
Health Info. Services/Clinical Documentation Improvement
Patient Financial Svcs.
Revenue Cycle.

Admitting.
Case Mgmt/Soc. Svcs
Decision Support
Govt. Reimbursement
HBRC
Materials Mgmt./Central Supply
Property/Lease Mgmt.

Sr. Alicia Martin, DC
SVP
Mission Services

Casa Esperanza
Community Benefit
Footprints
Spiritual Health
Care Services/Ethics

Judi Binderman, MD
CMIO

Clinical Informatics/ARCIS
Quality Management/Patient Safety**
IT (Contract)

Laura Kato
VP
Human Resources Services & Outreach

Human Resources
Organizational Development
Workers Comp**/Employee Health*
Volunteers/Wellness
Community Outreach*
Public Safety/Security

Dub Drees
VP Development
Foundation CEO

Donor Relations
Gift Shop
Grant Opportunities
Fundraising
Communications/Media/Public Relations
Marketing

*All Nursing care reports to Mary Lynne Knighten
**Matrix Reporting

Gerald T. Kozai, Pharm.D., President/CEO
Updated: May 15, 2014

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# II. Mission & Core Values

**St. Vincent de Paul**
b. April 24, 1581 d. September 27, 1660

**St. Louise de Marillac**
b. August 12, 1591 d. March 15, 1660

**St. Elizabeth Ann Seton**
b. August 28, 1774 d. January 4, 1821

St. Francis
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# *Our Mission*

In the spirit of our founders, St. Vincent de Paul, St. Louise de Marillac, and St. Elizabeth Ann Seton, the Daughters of Charity Health System is committed to serving the sick and the poor. With Jesus Christ as our model, we advance and strengthen the healing mission of the Catholic Church by providing comprehensive, excellent health care that is compassionate and attentive to the whole person: body, mind and spirit. We promote healthy families, responsible stewardship of the environment, and a just society through value-based relationships and community-based collaboration.

# *Vincentian Values*

The Charity of Christ urges us to:

**RESPECT**
Recognizing our own value and the value of others.

**COMPASSIONATE SERVICE**
Providing excellent care with gentleness and kindness.

**SIMPLICITY**
Acting with integrity, clarity and honesty.

**ADVOCACY FOR THE POOR**
Supporting those who lack resources for a healthy life and full human development.

**INVENTIVENESS TO INFINITY**
Being continuously resourceful and creative.

Member of Daughters of Charity Health System

# Mission & History of SFMC

# Mission and Values

- St. Francis Medical Center—a great place to work
- The Daughters of Charity Health System
- The Daughters of Charity & their Founders
- Daughters of Charity in California—past and present
- Catholic Identity in our hospitals
- Mission and Vincentian Values

# St. Francis Medical Center —a great place to work

- Compassionate care for body/mind/spirit—

  You are part of this.
- Non-profit; try to serve all who come to us.
- Beautiful environment; most private rooms;

# St. Francis Medical Center —a great place to work

- **Center of Excellence**

**--One of the busiest private emergency rooms in LA County**

# St. Francis Medical Center --a great place to work

- **Center of Excellence**

**--High volume OB (Maternity) department with 29-bed NICU**

# St. Francis Medical Center --a great place to work

- **Center of Excellence**

**Chaplain Services**

# St. Francis Medical Center —a great place to work

- Leader in Continuing Education in partnership with Career College; courses and career paths to explore
- New Clinical programs: Gestational Diabetes, Center for Cardiac and Vascular Medicine; Women's Imaging Center
- Competitive compensation package

Member of Daughters of Charity Health System

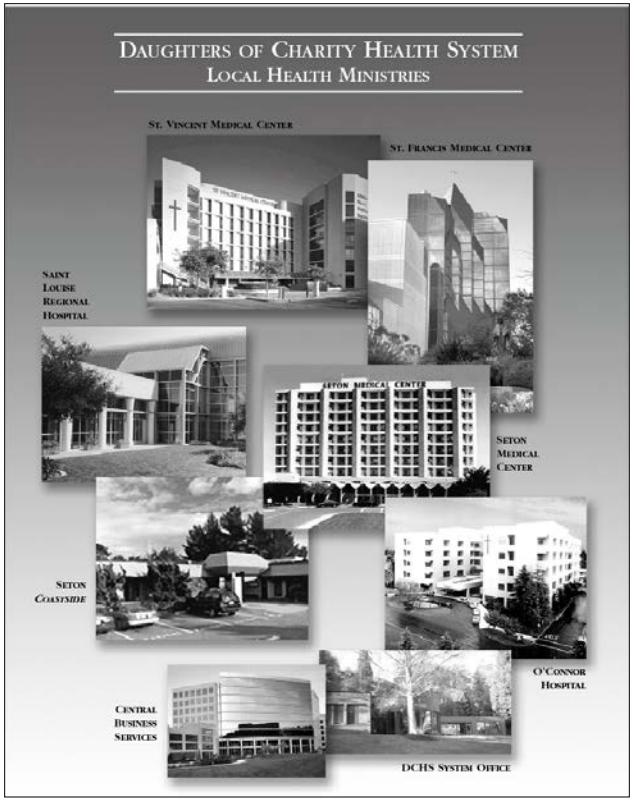
- Created on January 1, 2002
- 6 locations in California
- Locally-focused to serve community needs

# Daughters of Charity Hospitals

**St. Vincent Medical Center Los Angeles**

**St. Louise Regional Hospital Gilroy**

**Seton Medical Center Coastside Moss Beach**




**Central Business Services Redwood city DCHS System Office Los Altos Hills**

**St. Francis Medical Center Lynwood**

**Seton Medical Center Daly City**

**O'Connor Hospital San Jose**

# Who are the Daughters of Charity?

- A group of Catholic women who give ourselves to God to live together in community so that we can serve Christ in the sick and poor
- Served sick and poor for almost 400 years
- About 19,000 sisters in 93 countries

# Who are the founders of the Daughters of Charity?

**In France**

**St. Louise de Marillac**

**St. Vincent de Paul**

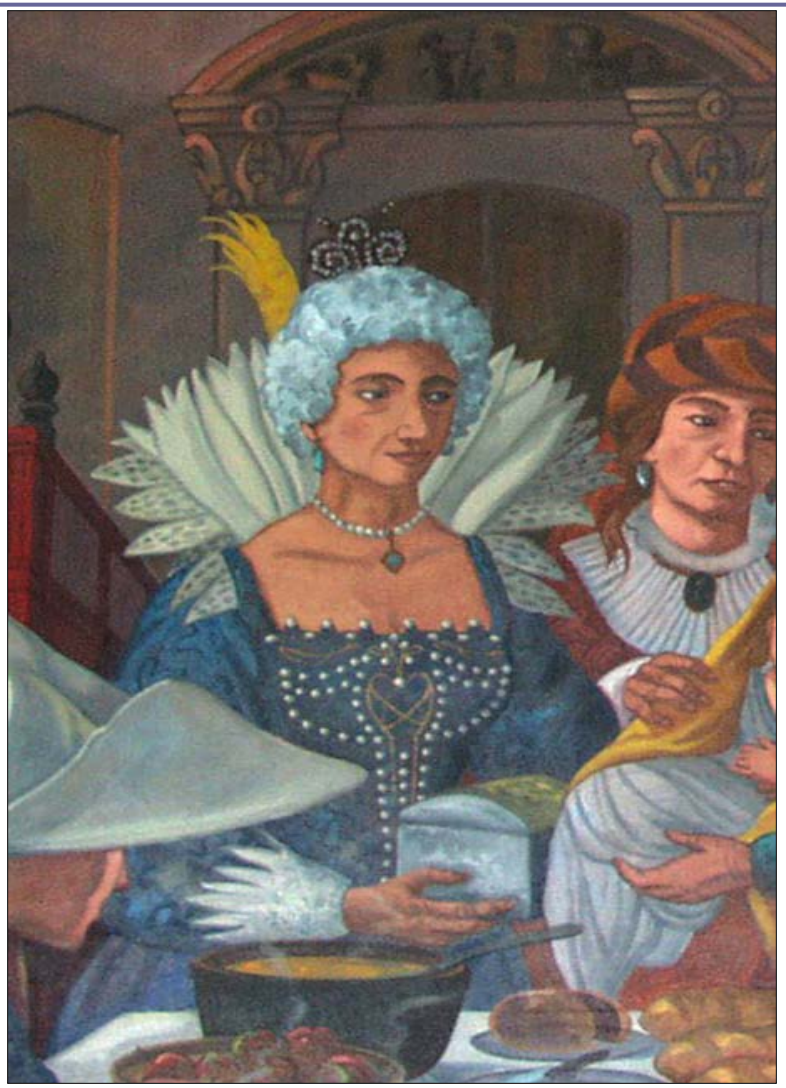
**In America**

**St. Elizabeth Ann Seton**

# St. Vincent De Paul 1581-1660

- St. Vincent was a French Catholic priest who was deeply touched by the sufferings of the poor.
- He was the son of a farmer.
- He organized charity in country parishes. (Story—One Sunday morning)

# St. Vincent de Paul



- **While St. Vincent was the chaplain for a rich lady, he saw how the rich were treated when they were sick.**
- **In Paris he saw the desperate situation of the sick in the city hospital.**
- **St. Vincent wanted to give to  the poor the same kind of care the rich could pay for.**

# St. Vincent de Paul

- He organized the rich to help the poor.  They were generous but they had many obligations.
- St. Vincent de Paul needed help.
- Volunteers were not enough for the great needs of the sick and poor.

# St. Louise de Marillac (1591-1660)

- St. Louise de Marillac was a widow at an early age, very spiritual person, a leader.
- At first she visited the parish groups St. Vincent organized.
- Soon St. Vincent saw a use for her spiritual and practical talents in preparing women to serve the sick and the poor.

# St. Louise de Marillac

- **St. Louise invited women into her home who wanted to give their lives to God to serve the poor.**
- **She taught them to find Christ in the poor and to serve with gentleness and kindness.**

# St. Louise and the first Daughters of Charity

- **She trained them professionally as teachers, nurses, and social workers .**
- **Sisters wore white headdress as protection from the sun.**

- **Soon the Daughters of Charity were offered a contract to manage the city hospital in Angers and later in many other places.**

# How did the Daughters of Charity come to the United States?
# St. Elizabeth Ann Seton 1774-1821

- **Elizabeth Ann Seton was born in New York and grew up in a rich family.**
- **Even as a child she was a very spiritual person.**
- **Later she was a widow with five children.**
- **She started a Catholic school for girls in Maryland.**

# St. Elizabeth Ann Seton

- **With four other women, she founded the Sisters of Charity to help those in need.**
- **They lived according to the rule of St. Vincent de Paul.**
- **They taught school, cared for orphans, and served the sick and the poor.**

# Nursing the Sick during Epidemics

- **In the United States and in Canada the Sisters cared for the sick during epidemics.**
- **Soon they established hospitals in St. Louis and in many other cities.**

# Who are the founders of the Daughters of Charity?

**In France**

**St. Louise de Marillac**

**St. Vincent de Paul**

**In America**

**St. Elizabeth Ann Seton**

# How did the Daughters of Charity come to California?

- **1848-49**
- **Thousands came looking for gold.  A few got rich.**
- **It was a time of epidemics—cholera, typhoid, small pox.**
- **Many children were orphaned.**
- **Caring people, religious people were concerned.**

# How did the Daughters of Charity come to California?

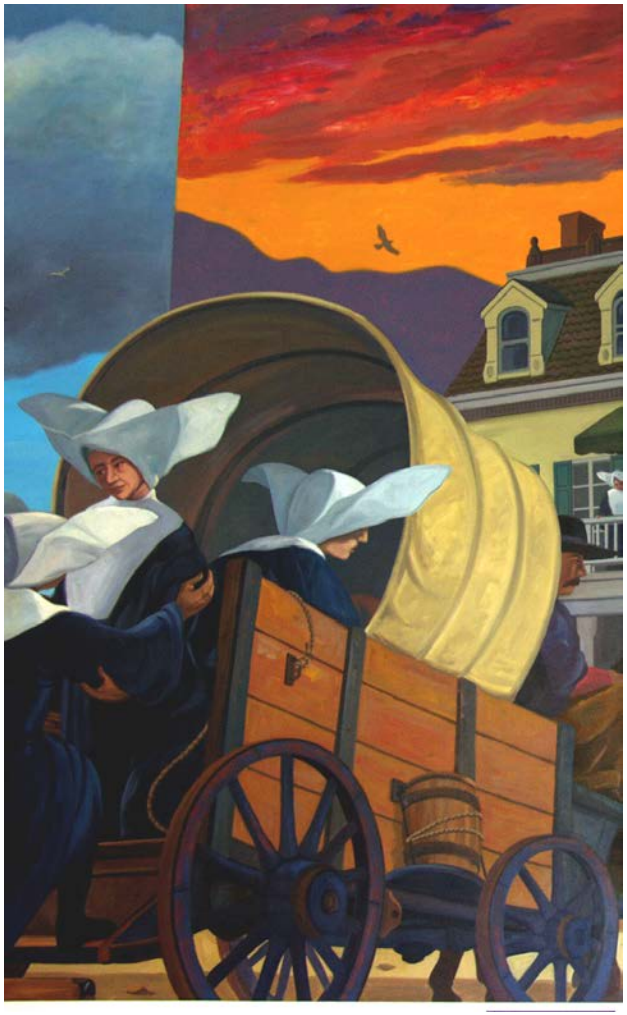
- **The Catholic bishop in San Francisco asked the Daughters of Charity to come from Maryland.**
- **Seven Daughters of Charity generously began their seven-week voyage. Two Sisters died in Panama.**

# How did the Daughters of Charity come to California?

- **Although Los Angeles was a much smaller city at that time, the Catholic bishop in Los Angeles also was concerned about the many orphans who needed care.**
- **He also asked for Daughters of Charity from Maryland who arrived in 1856.**

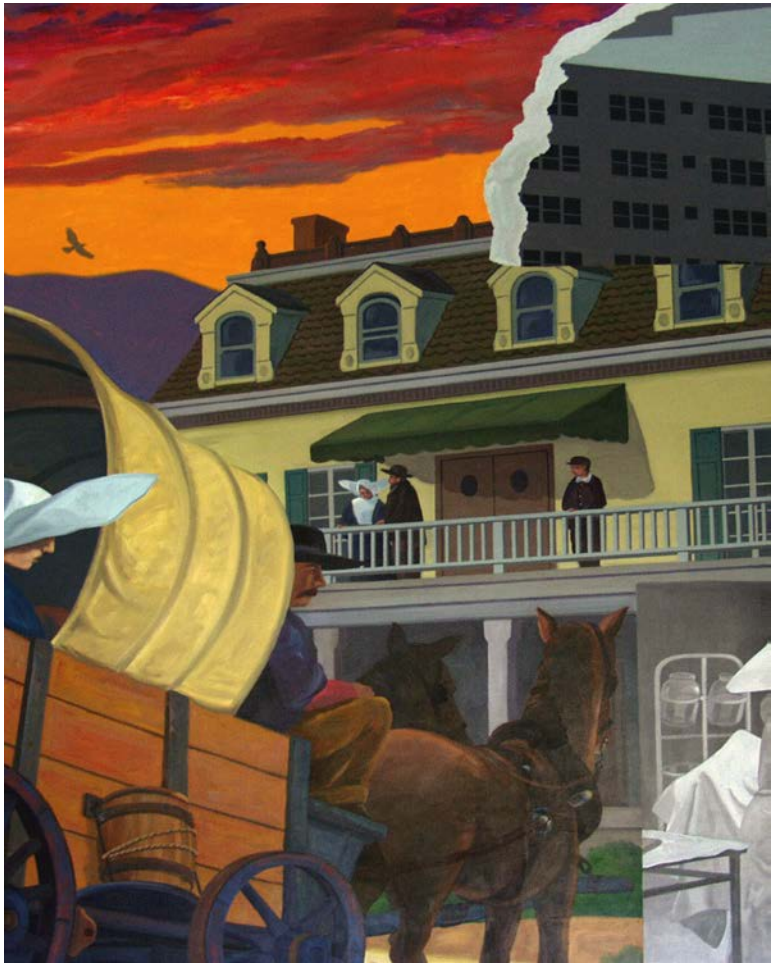
“The Arrival” by Jean Appleton, an oil painting depicting the Daughters of Charity landing in San Pedro, California

# How did the Daughters of Charity come to California?



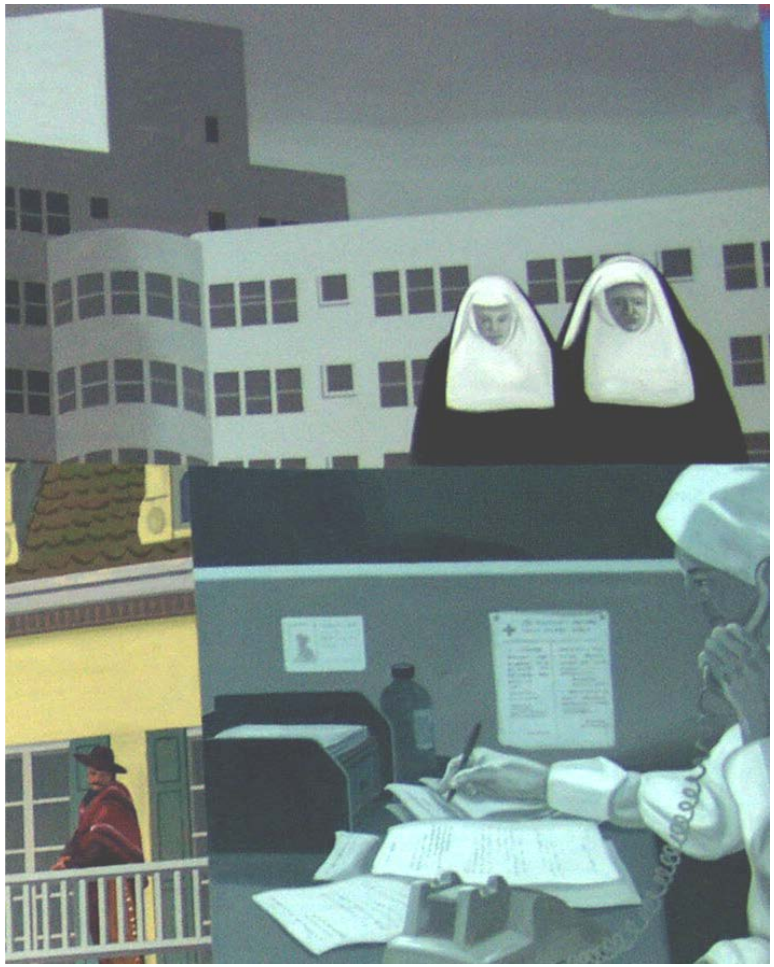
- **The six Daughters of Charity had a ten hour ride to their new home near present-day Olvera Street.**
- **As soon as they had a building, they began to care for orphans and the sick.**

# How did the Daughters of Charity come to California?



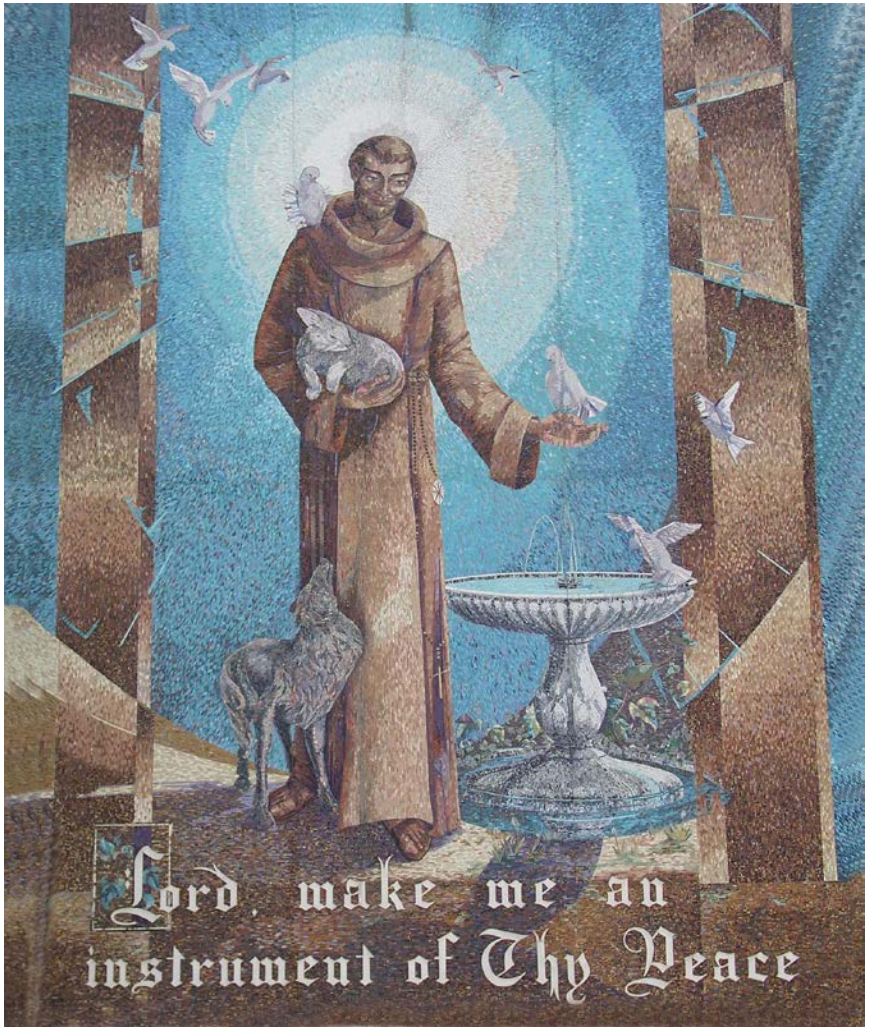
- **They accepted a contract from the county to care for the sick poor.**
- **During many epidemics, they cared for those sick with small pox.**
- **In 1869 the Sisters opened St. Vincent Hospital, the first hospital in southern California.**

# How did the Daughters of Charity come to Lynwood?



- **After World War II the whole south central area of Los Angeles developed.**
- **When the people wanted a hospital, the Franciscan Sisters responded and opened St. Francis Medical Center in 1945.**

# How did the Daughters of Charity come to Lynwood?




- **They established a School of Nursing and served this community with much love and skill for 36 years.**
- **In 1981 they asked the Daughters of Charity to assume sponsorship of St. Francis Medical Center.**

# Who are the Daughters of Charity today?

**The motto of the Daughters of Charity is taken from the Bible: "The Charity of Jesus Christ urges us." This picture shows the seal of the Daughters of Charity as it appears on the flag outside the tower entrance here at St. Francis Medical Center.**

# Teaching

- **Mother of Sorrows School, Los Angeles**
- **Our Lady of the Miraculous Medal School, Montebello**
- **Our Lady of Talpa School, Los Angeles**
- **St. Vincent School, Los Angeles**

# Social Services

- **Maryvale, Rosemead (Residential Program for girls)**
- **Meals on Wheels, Los Angeles**
- **St. Vincent's, Santa Barbara (Transitional housing for women with children and a Day Care Center)**

# Catholic Identity

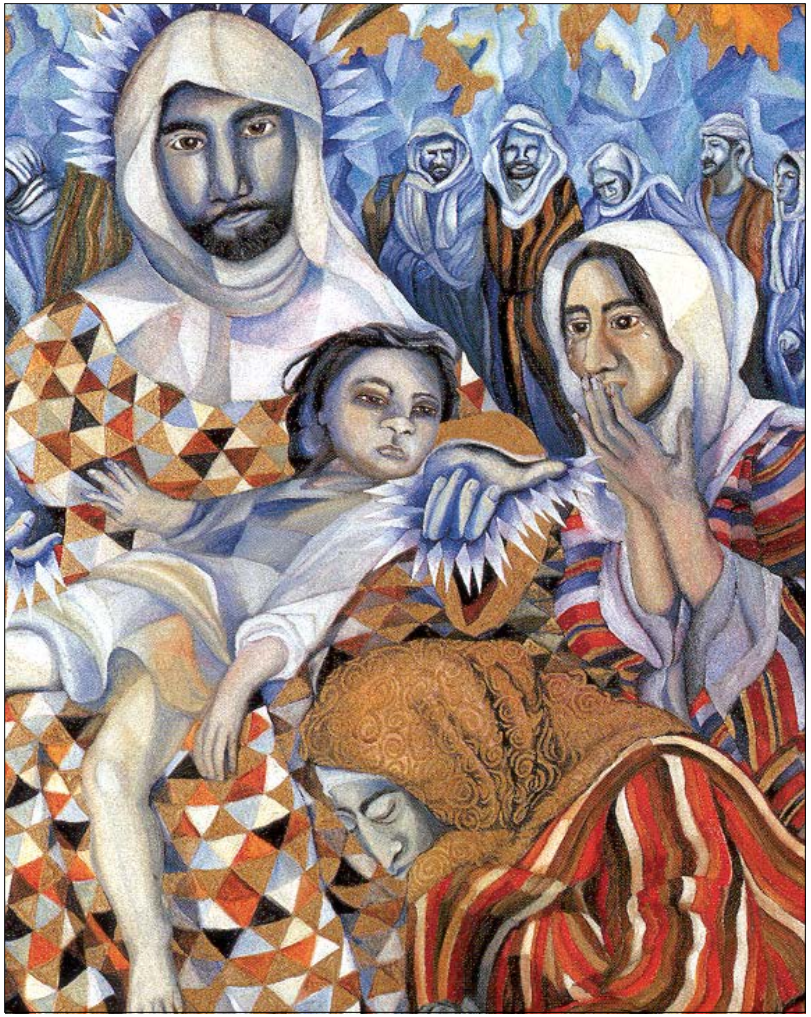
- **St. Francis Medical Center is a Catholic hospital.**
- **Jesus is our model for excellent, compassionate healthcare that serves the patient body, mind and spirit.**
- **Through our service of the sick we continue Jesus' loving, caring response to those in need.**

Rice Gramm

## In the Bible we read about the love of Jesus for those who were sick.

- Jesus cleansed a man with leprosy (Mt 8:1-4)
- He gave sight to two people who were blind
- (Mt 20:29-34)
- He enabled one who was mute to speak
- (Lk 11:14)
- He cured a woman who was hemorrhaging
- (Mt 9:20-22)
- He brought a young girl back to life (Mt 9:18)

# Catholic Identity



**The followers of Jesus continue his mission in the world. Health ministry is an essential part of his mission and of the work of the Church.**

# Catholic Identity
## (Church)

**We are a Catholic hospital.**

**We serve patients of all faiths. Our chaplains help patients find hope and meaning even in difficult situations.**

**We follow the <u>Ethical and Religious Directives for Catholic Heath Care Facilities</u> which tell us that life is sacred from conception to natural death.**

# Our Mission is Life.

- **Outreach into community**
  - **St. Francis Career College**
  - **Five community-based clinics**
  - **Health Benefits Resource Center**
  - **Children's Counseling Center**

# St. Francis Medical Center Vision Statement

St. Francis Medical Center will become the leading healthcare provider in Southeastern Los Angeles providing compassionate and spiritually-centered healthcare and community services to bring renewed hope and well being to all that turn to us.

# Mission Statement

In the spirit of our founders, St. Vincent de Paul, St. Louise de Marillac, and St. Elizabeth Ann Seton,

the Daughters of Charity Health System is committed to serving the sick and poor. With Jesus Christ as our model, we advance and strengthen the healing mission of the Catholic Church by providing comprehensive, excellent healthcare that is compassionate and attentive to the whole person: body, mind and spirit. We promote healthy families, responsible stewardship of the environment, and a just society through value-based relationships and community-based collaboration.

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# Vincentian Values

The Charity of Christ urges us to:

## Respect

**Recognizing our own value and the value of others.**

# Vincentian Values

## Compassionate Service

**Providing excellent care**
**with gentleness and kindness**

# Vincentian Values

## Simplicity

**Acting with integrity, clarity and honesty**

# Vincentian Values

## Advocacy for the Poor

**Supporting those who lack resources**
**for a healthy life and full human development**

# Vincentian Values

## Inventiveness to Infinity

**Being continuously resourceful and creative**

# Vincentian Values

**The charity of Christ urges us to:**

- **Respect**
  - Recognizing our own value and the value to others.
- **Compassionate Service**
  - Providing excellent care with kindness and gentleness.
- **Simplicity**
  - Acting with integrity, clarity, and honesty.
- **Advocacy for the Poor**
  - Supporting those who lack resources for a healthy life and full human development.
- **Inventiveness to Infinity**
  - Being continuously resourceful and creative

St. Francis
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# III. Payroll

# Payroll

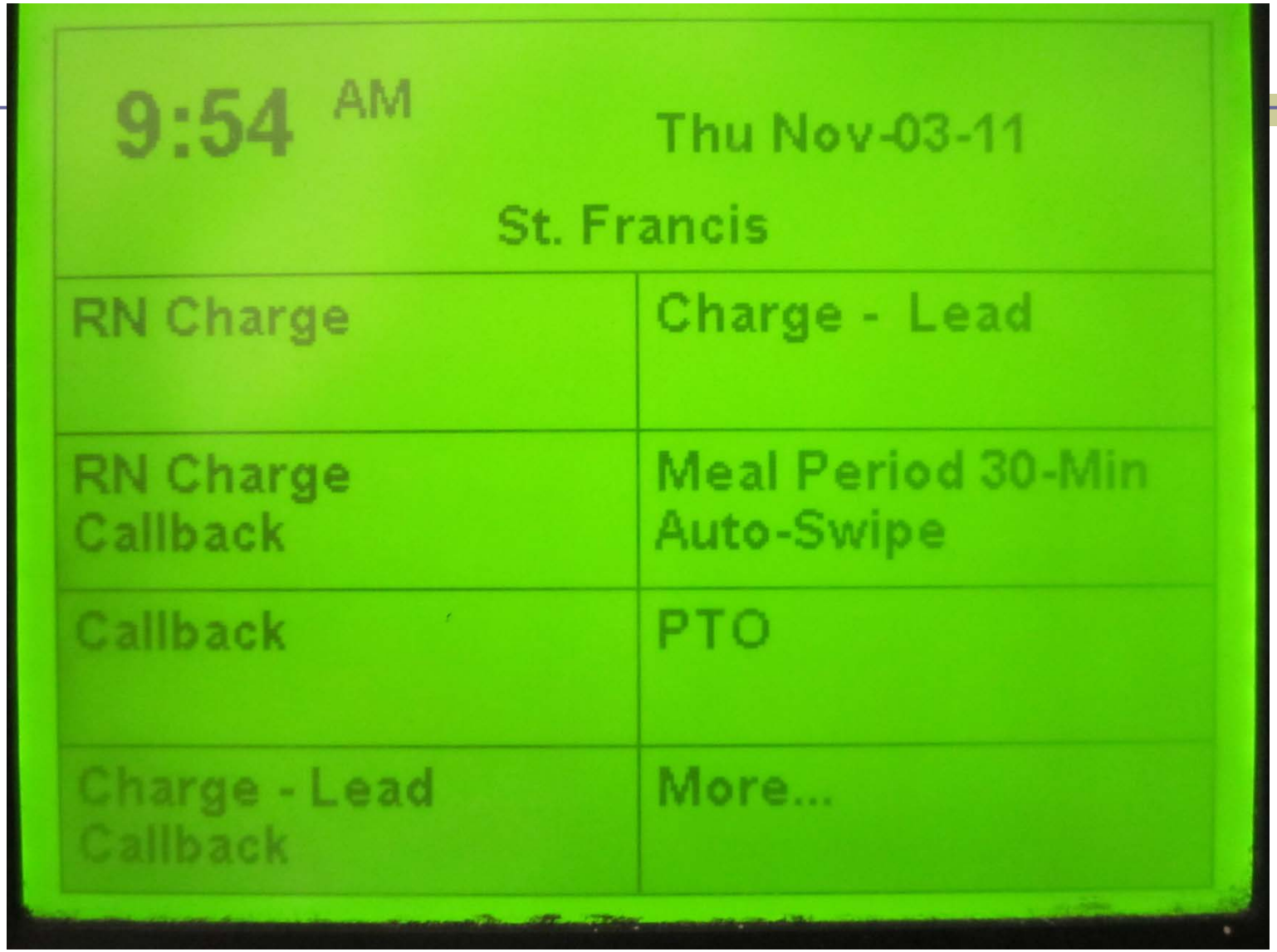
# Payroll Forms

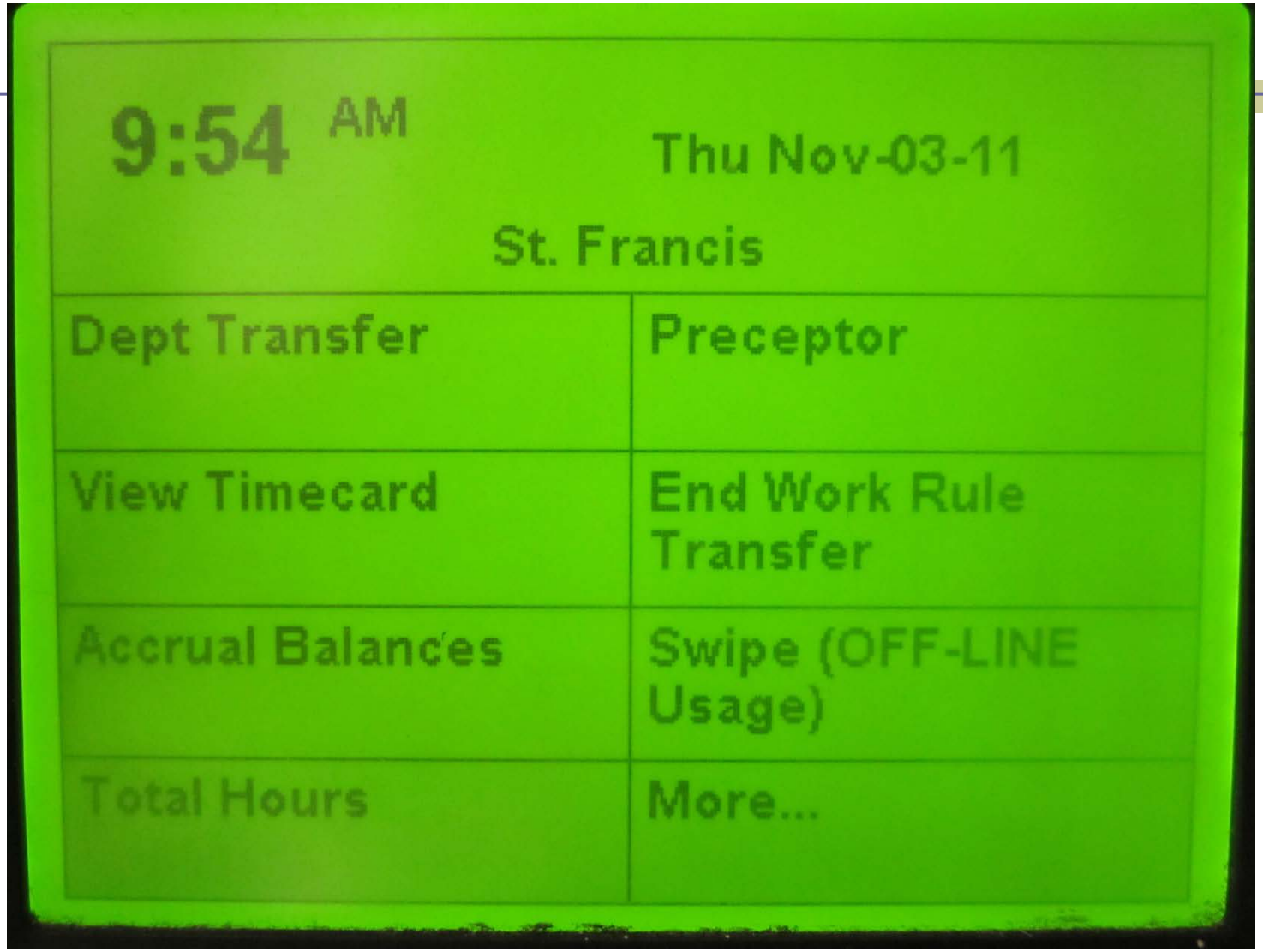
- Direct Deposit
- Partial Direct Deposit
- Payroll Deduction for All Saint’s Café, Cafeteria and Gift Shop
- Allied Health Credit Union
    - Applications and Instructions

# Kronos Timekeeping

- Swiping In and Out
  - Hourly – Must swipe a minimum of 3 times a day
  - Exempt – Must swipe once a day
- Location of Timeclocks
  - Dept. supervisor will orient you to our system
- Time & Attendance Correction Notice

# KRONOS Time Clock


9:54 AM
Thu Nov-03-11
St. Francis
RN Charge
Charge - Lead
RN Charge Callback
Meal Period 30-Min Auto-Swipe
Callback
PTO
Charge - Lead Callback
More...


9:54 AM
Thu Nov-03-11
St. Francis
Dept Transfer
Preceptor
View Timecard
End Work Rule Transfer
Accrual Balances
Swipe (OFF-LINE Usage)
Total Hours
More...

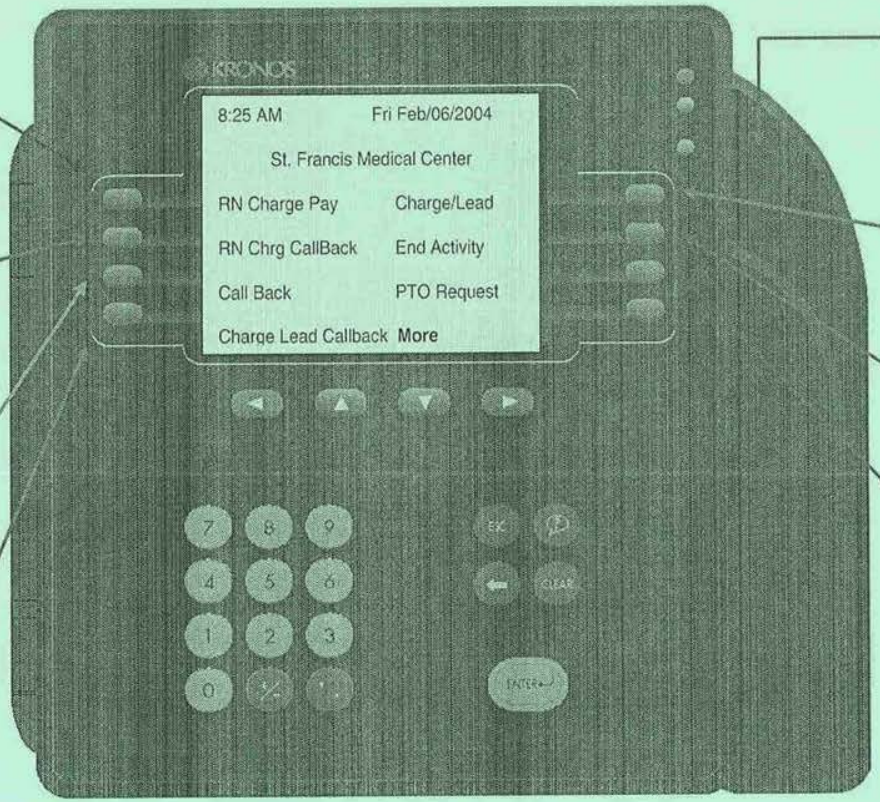
# Kronos Timekeeper – Terminal Instruction Sheet

**RN Charge Nurse:**
- Press RN Charge Pay Soft Key
- Swipe Your Badge

**RN Charge Call Back:**
- Press RN Call Back Lead Soft Key
- Swipe Your Badge

**Call Back:**
- Press Call Back Soft Key
- Swipe Your Badge

**Charge Lead Call Back:**
- Press Call Back Charge Soft Key
- Swipe Your Badge




**Swiping In/Out:**
- Swipe your badge
- The display will show "Accepted Punch", your name, and Date/Time.

**Charge and Lead Pay:**
- Press Charge/Lead Soft Key
- Swipe Your Badge

**End Activity:**
- Press End Activity Soft Key
- Swipe Your Badge

**PTO Request:**
- Press PTO Soft Key
- Enter "Day" and Press "Enter"
- Enter "Hours" and Press "Enter"
- Swipe Your Badge

¼ Hour = 00:15
½ Hour = 00:30
¾ Hour = 00:45
1 Hour = 01:00

NOTE:
At any point in time, you can press the "ESC" escape key to go back to the original display or cancel out of your current view. Use of "More" Soft Key displays additional functions.

# Kronos Timekeeper – Terminal Instruction Sheet

## Department Transfer:

- Press the Dept Transfer Soft Key.
- Enter the department you are transferring to
- Press ENTER Key
- Swipe Your Badge
- Screen should show "Accepted" along with details.

## Review Punches:

- Press the appropriate **Soft Key**
- Swipe your badge
- The Display Area will show "Your Name", and the punches that occurred within the last 72 hours.
- The blue arrow keys will allow you to scroll through your punches.

## Accrual Balances:

- Press the appropriate **Soft Key**
- Swipe your badge.
- The Display Area will show "Your Name", and list the totals for each Accrual Balance.
- The blue arrow keys will allow you to scroll through your balances.

## Total Hours:

- Press the appropriate **Soft Key**
- Swipe your badge.
- The Display Area will show "Your Name", and "Total Hours Worked" within the "**current pay period**".

## Swiping In/Out:

- Swipe your badge
- The display will show "Accepted Punch", your name, and

**Associates must swipe their St. Francis ID badge at the beginning and end of every shift, in and out for lunch, and/or transfer.**

- Swiping In and Out
  - Insert badge into the reader (bar code facing away and to the left)
  - Slide badge downward in one smooth motion
- Did my clock-in work?

| YES | NO |
|---|---|
| Green Light | Yellow Light |
| Single Beep | Multiple Beeps |
| See your name | See error message |

**If your swipe was unsuccessful, wait one minute and swipe again**

NOTE:
At any point in time, you can press the "ESC" escape key to go back to the original display or cancel out of your current view. Use of "More" Soft Key displays additional functions.

# It’s Payday!

- Associates are paid biweekly (every other Thursday)
- Checks are distributed within your department
- Review each paystub for accuracy and bring any errors to management’s attention
- Direct Deposit Advantages

# How to Access Online Pay Statements & W-2's

Access your online information by entering this URL from any PC with internet connection:

http://www.atsprintfreedom.com

Once the "Print Freedom" site is open:

1. Enter your Access ID, User Name and Password:
    a. Access ID: **SFMC**
    b. User Name: **Your Associate Number**
    **c.** Password: **Last 4 digits of your social security number**
2. The system will now ask you to change your password
3. Click on the "Accept Consent" button at the bottom of the screen
4. Select "Update My Email" to add or change your email address
5. Select *MyPayStub* for viewing up to 1 year worth of pay statements

Once you have completed the login and consent process, please "bookmark" or "add the URL to your favorites."

# ST. FRANCIS

# 2014 PAYROLL SCHEDULE

| ACCT MO. | ACCT PP# | Cal PP# | PP BEGIN | PP END | PPE HYF | PAY DATES | # MO | HOLIDAYS |
|---|---|---|---|---|---|---|---|---|
| 7 | 14 | 1 | 12/22/13 | 01/04/14 | 41642 | 01/09/14 | 1 | CHRISTMAS DAY 12/25<br>NEW YEARS DAY 1/1 |
| 7 | 15 | 2 | 01/05/14 | 01/18/14 | 41656 | 01/23/14 | 2 | |
| 8 | 16 | 3 | 01/19/14 | 02/01/14 | 41670 | 02/06/14 | 1 | MARTING LUTHER KING 1/20 |
| 8 | 17 | 4 | 02/02/14 | 02/15/14 | 41684 | 02/20/14 | 2 | |
| 9 | 18 | 5 | 02/16/14 | 03/01/14 | 41698 | 03/06/14 | 1 | PRESIDENTS' DAY 2/17 |
| 9 | 19 | 6 | 03/02/14 | 03/15/14 | 41712 | 03/20/14 | 2 | |
| 9 | 20 | 7 | 03/16/14 | 03/29/14 | 41726 | 04/03/14 | 1 | END Q1 |
| 10 | 21 | 8 | 03/30/14 | 04/12/14 | 41740 | 04/17/14 | 2 | |
| 10 | 22 | 9 | 04/13/14 | 04/26/14 | 41754 | 05/01/14 | 1 | |
| 11 | 23 | 10 | 04/27/14 | 05/10/14 | 41768 | 05/15/14 | 2 | |
| 11 | 24 | 11 | 05/11/14 | 05/24/14 | 41782 | 05/29/14 | 3 | |
| 12 | 25 | 12 | 05/25/14 | 06/07/14 | 41796 | 06/12/14 | 1 | MEMORIAL DAY 5/26 |
| 12 | 26 | 13 | 06/08/14 | 06/21/14 | 41810 | 06/26/14 | 2 | END Q2 |
| 1 | 1 | 14 | 06/22/14 | 07/05/14 | 41824 | 07/10/14 | 1 | INDEPENDENCE DAY 7/4 |
| 1 | 2 | 15 | 07/06/14 | 07/19/14 | 41838 | 07/24/14 | 2 | |
| 2 | 3 | 16 | 07/20/14 | 08/02/14 | 41852 | 08/07/14 | 1 | |
| 2 | 4 | 17 | 08/03/14 | 08/16/14 | 41866 | 08/21/14 | 2 | |
| 2 | 5 | 18 | 08/17/14 | 08/30/14 | 41880 | 09/04/14 | 1 | |
| 3 | 6 | 19 | 08/31/14 | 09/13/14 | 41894 | 09/18/14 | 2 | LABOR DAY 9/1 |
| 3 | 7 | 20 | 09/14/14 | 09/27/14 | 41908 | 10/02/14 | 1 | END Q3 |
| 4 | 8 | 21 | 09/28/14 | 10/11/14 | 41922 | 10/16/14 | 2 | |
| 4 | 9 | 22 | 10/12/14 | 10/25/14 | 41936 | 10/30/14 | 3 | |
| 5 | 10 | 23 | 10/26/14 | 11/08/14 | 41950 | 11/13/14 | 1 | |
| 5 | 11 | 24 | 11/09/14 | 11/22/14 | 41964 | 11/27/14 | 2 | |
| 6 | 12 | 25 | 11/23/14 | 12/06/14 | 41978 | 12/11/14 | 1 | THANKSGIVING 11/27 |
| 6 | 13 | 26 | 12/07/14 | 12/20/14 | 41992 | 12/25/14 | 2 | END Q4 |

St. Francis
Medical Center
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# IV. Human Resources

St. Francis Medical Center
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3630 East Imperial Highway
Lynwood, CA 90262

# Human Resources Team

| | | |
|---|---|---|
| Vice President, Human Resources | Laura Kato | x8454 |
| Director, Human Resources | Vicki Del Castillo | x8457 |
| Manager, Human Resources | Cindy Schmall | x8453 |
| Senior HR Generalist | Maria Burtcher-Avila | x8458 |
| Senior HR Generalist | Carlos Meza | x8455 |
| HRIS Coordinator | Denise Spagnola | x8456 |
| KRONOS Administrator | Luz Silva | x8419 |

**Recruitment Services**

| | | |
|---|---|---|
| DCHS Recruiter | Leah Garcia | x8464 |
| DCHS Recruiter | Annah KAram | x8418 |

We are here to assist you!
310-900-8452

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Lynwood, CA 90262

# Human Resources
# Policy and Procedures

**A**

- # 902: Associate Addresses and Telephone/Beeper Numbers
- # 941: Attendance and Tardiness

**C**

- # 956: Code of Conduct
- # 942: Confidentiality of Patient Information
- # 947: Conflict/Complaint Resolution (Grievance Procedures )
  (Registered Nurses – See UNAC Bargaining Agreement)
  (Service & Maint. & Technical Associates – See SEIU Bargaining Agreement)

**D**

- # 943: Disciplinary Procedures
  (Registered Nurses – See UNAC Bargaining Agreement)
  (Service & Maint. & Technical Associates – See SEIU Agreement)
- # 944: Dress Code

**E**

- #1005: Electronic Signature in the Medical Record
- # 945: Examination of Personnel File

**F**

- # 715.5: False Claims Law
- # 716.5: Fraud Detection & Prevention

**G**

- # 946: Gifts and Gratuities

**L**

- # 917: License Verification

**M**

- # 948: Meal and Rest Periods

**O**

- # 949: Off-Duty Conduct and Conflicts of Interest

**P**

- # 951: Performance Evaluations/Job Descriptions

## S

- # 15.2: Social Media Policy
- # 924: Solicitation Policy
- # 925: Substance Abuse Policy

## T

- # 952: Transfers and/or Promotions
- # 990: Tuition Reimbursement

## U

- # 953: Unlawful Harassment
- # 997: Use of Personal Electronic Devices in the Workplace

## Z

- # 954: Zero Tolerance Policy for Workplace Violence

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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – GENERAL EMPLOYMENT**

**SECTION 900**
**POLICY # 902**



| TITLE: ASSOCIATE ADDRESSES AND TELEPHONE/BEEPER NUMBERS | | |
|---|---|---|
| **Date Effective:** JULY 30, 2002 | **Date Revised:** October 1, 2008 | **Revision # 3** |
| **Originating Signature:** LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | **Approving Signature:** GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 St. Francis requires that associates furnish the medical center with current mailing addresses and telephone/beeper numbers, so that associates may be contacted when necessary.

## SECTION 2. POLICY

2.1 Associates are required to maintain a current telephone/beeper number and home address. Associates are responsible for advising their supervisor, the Human Resource Services Department and others as appropriate of any phone/beeper number or address changes.

2.2 Terminating associates will provide the Human Resource Services Department with a forwarding address, as necessary, in order to mail the Associate's Withholding Allowance Certificate, Form W-2.

Approved:
Patients Rights &
Ethics Team
QA/I-CIB
MEC
BOD 07/14/09
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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – EMPLOYEE RELATIONS**

**SECTION 900**
**POLICY # 941**



| TITLE: ATTENDANCE/TARDINESS | | |
|---|---|---|
| Date Effective: 5/88 | Date Revised: October 1, 2008 | Revision # 5 |
| Originating Signature: LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | Originating Signature: GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 To establish acceptable standards of attendance and punctuality for all associates working within the Medical Center. To encourage associates to pre-schedule absences in order to maintain efficient operations and minimize disruptions within each department.

## SECTION 2. POLICY

2.1 All associates are expected to adhere to the standards for attendance and tardiness.

2.1.1 **DEFINITIONS:**

2.1.1.1 **Occurrence**: Any unscheduled absence from work for a single or consecutive shift(s) and/or any number of work shifts missed for the same reason within any five (5) day period when scheduled to work.

2.1.1.2 **Pattern**: Any period of time in the prior twelve (12) consecutive months that the associate has an unscheduled absence and/or tardy including but not limited to the following:

- 2.1.1.2.1 Holidays when scheduled for work
- 2.1.1.2.2 Weekend shifts (Friday/Saturday; Saturday/Sunday)
- 2.1.1.2.3 Adjacent to a scheduled holiday and/or vacation
- 2.1.1.2.4 Scheduled Monday following the weekend, holiday and/or vacation
- 2.1.1.2.5 Scheduled Friday prior to the weekend, holiday and/or vacation
- 2.1.1.2.6 Scheduled on call
- 2.1.1.2.7 When the request for PTO is denied
- 2.1.1.2.8 Day after payday
- 2.1.1.2.9 Non-completion of or late start on full work-shift

2.1.1.3 **12 Consecutive Months**: A continuous period of twelve (12) months.

2.1.1.4 **Tardiness:** Anytime an associate arrives late at his/her workstation and is not ready to work at the beginning of the assigned shift.

2.1.1.5 **Exceptions:** The following unscheduled or scheduled absences are not subject to attendance standards:

2.1.1.5.1 Approved time off for vacation, holiday, bereavement leave, jury duty, leave of absence, family leave, or other statutory leave.
2.1.1.5.2 Reported industrial illness/injury or;
2.1.1.5.3 Hospital convenience.

2.2 Each Department Manager/Supervisor is responsible for keeping accurate and complete attendance records on all associates and being fair, timely and consistent in taking corrective or disciplinary action.

2.2.1 Management may require proof of need for absences not approved in advance.

2.3 The basic performance expectation guidelines for unscheduled absenteeism for twelve (12) consecutive months are as follows:

2.3.1 Exemplary.....Zero (0) occurrences

2.3.2 Exceeds Standards.....One to Two (1-2) occurrences

2.3.3 Meets Standards.....Three (3) occurrences (initial counseling should start)

2.3.4 Does not Meet Standards.....Four (4) or more occurrences (formal disciplinary process underway)

2.4 TARDINESS – Associates who have four (4) or more occurrences of tardiness in any consecutive twelve (12) calendar month period, or whose tardiness causes disruption to normal department operations, will be counseled on tardiness. Repeated tardiness may lead to disciplinary action up to and including termination.

2.5 NO CALL/NO SHOW – Failure to report to work as scheduled without appropriate and timely notification being provided to the immediate supervisor or designee. Absences of two (2) or more consecutive calendar workdays constitute job abandonment and voluntary resignation as of the first day of the unreported absence.

Approved:
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| TITLE: Code of Conduct | | |
|---|---|---|
| Date Effective: 3/1/09 | Date Revised: N/A | Revision: NEW |
| Originating Signature: LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | Originating Signature: GERLADT. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 As part of the Daughters of Charity Health System, we strive to provide a workplace that fosters respectful and constructive relationships in accordance with our Mission and Values. To achieve this, it is the policy of St. Francis Medical Center to create an environment that is free from intimidating and disruptive behaviors that could undermine our culture of patient safety. Such conduct has the purpose or effect of unreasonably interfering with an associate's work performance, or creating an intimidating, hostile, or offensive work environment that can jeopardize quality and safe patient care.

1.2 Intimidating and disruptive behaviors by associates, volunteers, independent contractors, vendors or medical staff is strictly prohibited.

1.3 Intimidating or disruptive behaviors can result in:

- 1.3.1 Medical Errors
- 1.3.2 Poor Patient Satisfaction
- 1.3.3 Preventable Adverse Outcomes
- 1.3.4 Increases to the Cost of Care
- 1.3.5 Poor Associate Satisfaction
- 1.3.6 Increased Associate Turnover
- 1.3.7 Poor communication between patient care teams

## SECTION 2. APPLICABILITY AND SCOPE

2.1 This policy applies to all Medical Center associates, volunteers, independent contractors, vendors, medical staff and others who may provide care, treatment and/or service on behalf of the organization.

2.2 Violations of this policy will result in disciplinary action up to and including immediate termination.

## SECTION 3. POLICY

3.1 Any individual who provides care, treatment, or service on behalf of the Medical Center will conduct themselves in accordance with the acceptable behaviors as defined in this policy. Furthermore, SFMC has adopted a zero tolerance policy towards the display of disruptive and inappropriate behavior.

3.2 Associates and volunteers shall be informed of this code of conduct as part of their initial orientation into the organization. Contract staff and students shall be informed by their agency/school respectively on behalf of the Medical Center. Members of the medical staff shall be informed of this code of conduct as part of their initial appointment process. Individuals already providing care, treatment or service at the time this policy takes effect shall also be informed.

3.3 Intimidating or disruptive behaviors can be described as behaviors by individuals or groups that can be characterized as aggressive, bullying and/or unreasonable which creates a negative work environment. These types of behaviors can be overt or subtle. Examples of intimidation or disruptive behaviors may also include physical abuse, humiliation, belligerence, social ostracism, gossiping, rumor spreading, failure to return calls or pages, reluctance or refusal to answer questions or provide assistance, condescending language, tone of voice and impatience with questions.

## SECTION 4. PROCEDURE

4.1 Associates who believe they are being, or have been, subjected to disruptive behaviors by anyone, whether a superior, coworker, client, or vendor, or who are witnesses to disruptive behaviors should immediately report the facts of the incident or incidents to their immediate supervisor or any management personnel with whom they feel comfortable reporting their concerns. Management personnel who have information reported to them should immediately report disruptive behaviors to the Vice President, Human Resource Services or designee, providing detail and the potential adverse impact on care.

4.2 Upon receipt of a complaint regarding disruptive behavior, supervisors will immediately, thoroughly, objectively and confidentially investigate. The investigation will include interviews of the individuals believed to have information regarding the alleged disruptive behaviors. If a determination is made that disruptive behaviors has occurred, management will contact Human Resource Services to ensure that appropriate preventative, corrective, and disciplinary action is taken.

4.3 In complaints of disruptive behaviors involving a member of the Medical Staff, the Chief Quality Officer will report directly to the Chief of Staff and a full investigation will be conducted in accordance with the Medical Staff Bylaws.

4.4 It is the obligation and expectation that all associates will cooperate fully in the investigation process. In addition, disciplinary action will be taken against any staff member(s) who attempt to discourage or prevent any disruptive behaviors victim from using the medical center's complaint procedure to report this type of conduct.

4.5 Staff members who report incidents of disruptive behaviors will be informed by their supervisor of the expected follow up. No staff member will be retaliated against for making a complaint or bringing inappropriate conduct to the attention of management, for preventing unlawful practices, or for participating in an investigation, proceeding, or hearing conducted by any State or Federal agency.

4.6 Persons who have made complaints of disruptive behaviors or who have participated in the investigation should immediately report to the Vice President of Human Resource Services and/or their Department manager if the disruptive behaviors resume or if they believe that they have been retaliated against.

## Section 5. Definitions

5.1 Acceptable Behavior is defined as behavior which enables others to perform their duties and responsibilities effectively, promotes the orderly conduct of the organization, and results in respectful and constructive communication. Examples of acceptable behavior include, but are not necessarily limited to:

- 5.1.1 Respectful communication in a calm and professional manner
- 5.1.2 Addressing disagreements professionally and factually without animus or personal attacks
- 5.1.3 Timely and appropriate response to requests and concerns
- 5.1.4 Communication and personal interaction in a manner that is respectful of an individual's culture and beliefs

5.2 Disruptive or Inappropriate Behavior is defined as behavior which interferes with others' ability to perform their duties and responsibilities effectively, undermines a person's confidence in an individual healthcare worker or the medical center, and/or interferes with the orderly conduct of the organization. Examples of disruptive behavior include, but are not necessarily limited to:

- 5.2.1 Use of profanity and vulgar expressions or gestures
- 5.2.2 Disrespectful language that impugns an individual's race, creed, color, national origin, religious, or political beliefs

5.2.3 Intimidating behaviors such as slamming or throwing objects, verbal abuse (yelling, shouting, etc.), physical aggressiveness, and sexual harassment
5.2.4 Lack of timely and appropriate response to requests and concerns
5.2.5 Retaliation against anyone who has reported or assisted in investigating allegations of disruptive or inappropriate behavior
5.2.6 Criticism of an individual in front of patients or other healthcare professionals

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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – EMPLOYEE RELATIONS**

**SECTION 900**
**POLICY # 942**



| TITLE: CONFIDENTIALITY OF PATIENT INFORMATION | | |
|---|---|---|
| Date Effective: 12/93 | Date Revised: 11/2010 | Revision # 6 |
| Originating Signature: LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | Approving Signature: GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 To maintain confidentiality of patient information and records including, but not limited to, billings, County records, patient records, in accordance with all applicable Federal , State and local laws, ordinances, regulations and directives related to confidentiality.

## SECTION 2. POLICY

2.1 It is the policy of St. Francis Medical Center to assure the confidentiality of patient information. It is the obligation and responsibility of all associates to limit their conversations and discussions of patient information.

2.2 Patient information may only be discussed in appropriate areas, such as in patient care areas, in closed committee meetings and in support of patient care.

2.3 Unauthorized release of confidential patient information, records or breach of the Medical Center's policy on confidentiality of patient information will result in disciplinary action up to and including termination.

## SECTION 3. RESPONSIBILITY

3.1 Each Department Manager will review the need for confidentiality of patient information with each associate. The review will include the categories of patient information to which the associate may have access, and those people (such as physicians) who should have access to patient information. The review will also include a discussion of the areas where patient information can be discussed and procedures to be observed when providing or discussing patient information.

**TITLE:**
**CONFIDENTIALITY OF PATIENT INFORMATION**

3.2 It is the responsibility of all Medical Center associates to assure that patient information remains confidential. This applies to all associates who are employed in both direct and indirect patient care areas.

| | |
|---|---|
| CRC | 11/4/10 |
| Finance/Audit | 11/5/10 |
| Board | 11/9/10 |

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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – EMPLOYEE RELATIONS**

**SECTION 900**
**POLICY # 947**



| TITLE: CONFLICT/COMPLAINT RESOLUTION | | |
|---|---|---|
| Date Effective: 7/83 | Date Revised: October 1, 2008 | Revision # 9 |
| Originating Signature: LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | Approving Signature: GERALDO NOLAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 The Conflict/Complaint Resolution procedure is a formal channel of communication to be utilized in resolving problems associated with wages, benefits, working conditions, or disciplinary action or any other matter affecting the associate.

## SECTION 2. POLICY

2.1 The immediate supervisor shall be considered at all times the first step of resolving any dispute or conflict. Any associate complaint should first be discussed informally between the associate and the immediate supervisor. If the associate maintains a complaint after this informal meeting, a formal complaint utilizing the established Complaint Resolution form (CRF) may be initiated by the associate.

2.2 A complaint may be filed regarding wages, benefits, working conditions or any disciplinary action with the exception of involuntary terminations, which are final. All involuntary terminations must, however, be reviewed and authorized by the respective divisional Vice President and the President/CEO.

2.3 Associates shall submit their complaint using the established CRF.

2.4 There shall be no retaliation against any associate for using this procedure.

## SECTION 3. RESPONSIBILITY

3.1 Management is responsible for advising associates that there is an open channel through which problems, suggestions, questions, or grievances can be presented.
It is further the responsibility of each supervisor to assure associates that they will not receive any means of retaliation for presenting ideas, problems, recommendations or grievances to management.

3.2 Associates are responsible for instituting the formal grievance procedure, when informal discussions fail to bring about a satisfactory resolution.

3.3 In some instances Human Resource Services may provide assistance to associates in completing the Conflict Resolution form.

## SECTION 4. PROCEDURE

4.1 The associate must first discuss the problem with the immediate supervisor within seven (7) calendar days after it arises. The supervisor must respond in writing to the associate's grievance within seven (7) calendar days, and send copies of all documents to Human Resource Services.

4.2 If the associate is not satisfied with the supervisor's reply, he/she must deliver the grievance to the Department head within seven (7) days of receipt of the supervisor's reply. The Department Head must give the associate a written reply within seven days after the written complaint has been submitted at this level (or as soon thereafter as practicable if the Department Head is absent from the medical center).

4.3 If the associate is not satisfied with the Department Head's reply he/she must deliver the grievance to his/her Division Vice President within seven days after receipt of the Department Head's reply. The Division Vice President will conduct appropriate investigation, review and/or meetings, and will issue a decision in writing within fourteen (14) days of receipt of the grievance.

4.4 If the associate wishes further review, he/she may submit the grievance within seven days after receipt of the Division Vice President's decision, to the President/CEO or his designee. The President/CEO (or designated representative) shall review the matter and issue a final determination within twenty-one days of receipt of the grievance.

4.5 At any point in the grievance procedure, the associate may discuss the matter with a representative of Human Resource Services.

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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – EMPLOYEE RELATIONS**

**SECTION 900**
**POLICY # 943**



| TITLE: DISCIPLINARY PROCEDURES | | |
|---|---|---|
| **Date Effective: 7/83** | **Date Revised: October 1, 2008** | **Revision # 15** |
| **Originating Signature:** LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | **Approving Signature:** GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 To reinforce behavioral change required for satisfactory work performance and to insure associate knowledge of job related duties and expectations.

## SECTION 2. POLICY

2.1 To provide guidelines for the handling of associate disciplinary problems. This policy serves as a management guideline and does not supercede SFMC at will status or create contractual rights.

## SECTION 3. APPLICABILITY & SCOPE

3.1 Managers and supervisors are responsible for disciplinary functions. They must, therefore, take such action as deemed appropriate to correct work performance or behaviors that prove problematic or disruptive to the work environment.

3.2 These guidelines apply to all associates. Specific steps to be used for associates covered under a collective bargaining unit should be referenced in the current union contract.

## SECTION 4. PROCEDURES

4.1 Disciplinary action should be uniformly administered in accord with the degree of seriousness of the problem and is within the sole discretion of SFMC. The following constitute examples of disciplinary measures, which may be taken in individual cases as circumstances so dictate.

4.1.1 Verbal warning.

4.1.2 Written warning.

4.1.3 Final written warning.

4.1.4 Suspension.

4.1.5 Disciplinary probation period.

4.1.6 Discharge.

4.2 All warnings should be specific; the nature of the infraction and events must be related to the associate. Names of witnesses, patients or associates, should be retained in anecdotal notes, not on the warning form. Movements through these levels of discipline may or may not be related to the same type of offense. Management reserves the right to implement various levels of discipline in conjunction with one another. Multiple infractions of differing medical center/department policies may also constitute grounds for discharge. The immediate supervisor must maintain written records on verbal warnings and counseling. Copies of warnings (see Exhibit 1) shall be given to the associate and Human Resource Services.

4.3 The discipline will be implemented at appropriate level given the severity of the infraction. There are certain violations of Policy or Practices that are so detrimental to the welfare of patients, other associates, or the Medical Center that immediate discharge without notice is mandatory. In such instances, the associate may be discharged immediately or will be advised of his/her immediate suspension pending investigation. Immediate action will be taken to process the discharge when concurrence is obtained from the Department Manager, Vice President, Human Resources and the President/CEO. In the event that they are not available they shall be immediately notified by telephone and the associate may be advised to leave the grounds to initiate the investigation and will be placed on investigatory suspension. The associate will then be contacted as soon as practical.

4.4 It is impossible to identify every type of possible misconduct, infraction or performance deficiency.

4.5 The following are some examples of actions which constitute cause for immediate discharge:

4.5.1 Conduct endangering life, safety or the health of others.

4.5.2 Deliberate damage to patient, associate, visitor, contractor or Medical Center materials and property.

4.5.3 Conduct unbecoming an associate of the Medical Center contrary to Standards of Behavior, i.e., discourteous treatment of a patient, sexual harassment, usage of profanity, etc.

4.5.4 Falsifying, altering, removing, destroying or the unauthorized disclosure of confidential records or information pertaining to a patient, associate, vendor, contractor or the Medical Center.

4.5.5 Falsifying personal or Medical Center records, including but not limited to employment application, physical examination questionnaire and time cards.

4.5.6 Unauthorized possession or removal of Medical Center, associate, or patient property.

4.5.7 Violation of pre-drug and alcohol policy.

4.5.8 Possession of any firearms or weapons including but not limited to (pistol, revolver, rifle, shotgun, ammunition, explosive, incendiary, knife, etc.) on Medical Center property, including all SFMC parking areas.

4.5.9 Conviction of a criminal offense performed on Medical Center property or otherwise related to employment at St. Francis Medical Center.

4.5.10 Willful negligence or repeated violation of Medical Center policies and procedures.

4.5.11 Willful disregard of the Medical Center's welfare; interference with operations or relationships with patients or associates.

4.5.12 Unauthorized disposition of Medical Center assets, equipment and/or monies in violation of Corporate or Medical Center policies and procedures.

4.5.13 Insubordinate, uncooperative, dishonest or otherwise disrespectful behavior.

4.5.14 Validated sleeping at work which could potentially jeopardize patient care or translate to a dereliction of duties.

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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – EMPLOYEE RELATIONS**

**SECTION 900**
**POLICY # 944**



| TITLE: **DRESS CODE** | | |
|---|---|---|
| **Date Effective: 5/88** | **Date Revised: October 1, 2008** | **Revision # 6** |
| **Originating Signature:** LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | **Approving Signature:** GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 In the interest of presenting a professional image to patients, clients, and visitors, it is the policy of St. Francis Medical Center that all individuals observe good habits of dress, grooming and personal hygiene in an appropriate manner according to the nature of the duties performed and the specific requirements of the assigned department.

## SECTION 2. POLICY

2.1 This policy applies to all associates, students, interns, residents and volunteers affiliated with SFMC. Every individual is responsible for his/her own dress and grooming in accordance with this policy. It is the responsibility of managers/supervisors to determine the appropriateness of dress and grooming of individuals within their areas of authority, to communicate with and counsel them regarding acceptable dress and grooming, and to initiate corrective action as required.

2.2 SFMC issued identification badges must be appropriately worn above the waist with picture facing forward at all times while on duty. Badges must not be altered.

2.3 Dress code standards shall be explained to associates as part of the department specific orientation process and shall be uniformly applied.

2.4 Associates must utilize reasonable judgment in determining their dress and appearance, within the defined guidelines, and consult the department manager/supervisor if unsure of what constitutes proper attire.

2.5 All associates must dress for work and groom themselves in a manner that is appropriate and safe for the work they are to perform. In all cases, clothing must be clean, neatly maintained and in good repair. Personal grooming must be neat, of moderate style and within the standards generally observed in the business and

healthcare community. Extremes in grooming, dress, hairstyles, hair color and fashion are to be avoided.

2.6 Associates must dress and groom in a professional and conservative manner that is consistent with current business styles. For associates, clothes that are tailored for modesty and proper fit are worn at all times and must include appropriate hosiery, modest undergarments, and well maintained shoes and accessories. Hair styles, cosmetics and jewelry must be conservative and neat in appearance. Generally, male associates wear ties and female associates wear non-revealing necklines. Outerwear that is tight and extremely form fitting or very loose and flowing are not worn. Sandals, thongs, sport shoes and similar casual footwear as well as casual or very formal outerwear are not worn by office associates during normal business hours. No denim wear or spandex will be considered acceptable. Excessively long facial hair on males (not to exceed 2 inches) is prohibited unless religiously or culturally necessary.

2.7 Accessories, scents and jewelry are to be appropriate for the work assignment and should pose no potential safety issues. Jewelry associated with body piercing of the eyebrows, lips, tongue, cheeks or nose, or any jewelry which also may pose a potential safety issue, are not acceptable. From time to time, St. Francis Medical Center may issue buttons or pins that support medical center programs, denote education certification or other accomplishments, which also may be worn. Visible body tattoos must be conservative and pose no potential customer relations issues.

2.8 All associates must clean, maintain and repair their personal clothing which they wear to work, such that their dress and grooming is in accordance with this policy. SFMC is not responsible for the cleaning, repair or replacement of personal clothing that is soiled or damaged during the performance of an associate/employee's normal duties. Clothing styles and tailoring standards must give consideration to the nature of the job safety requirements and avoidance of undue exposure. All associates in the healthcare setting are required to enforce personal hygiene. Nails must be clean and trimmed, and not excessively long. Excessively long nails are considered to be in excess of ½" from the tip of the finger. Fingernails are not to exceed ¼" for use in patient care areas to be in compliance with Infection Control standards.

2.9 Safety equipment such as goggles, gloves, back belts, hard toe shoes, hard hats, or hearing protection must be worn at appropriate times as directed by SFMC associate's manager/supervisor and applicable laws.

2.10 Each department manager sets standards for uniforms, if applicable, subject to Management approval and consistent with the type of work performed. Associates of such departments must wear the prescribed uniform. Patient Care Staff should refer to Policy #202 of the patient care policies and procedures.

2.11 Clinical, dietary and other specialized departments must conform to additional Government/Health Department regulations as applicable.

2.12 No artificial nails are allowed for direct patient care providers.

2.13 Associates will be asked to sign for any SFMC owned and issued uniforms and will be responsible for returning those uniforms to SFMC upon separation, prior to receipt of their final paycheck.

2.14 Associates who fail to return SFMC issued uniforms may have the value of the uniforms deducted from their final paycheck.

2.15 Associates who are inappropriately dressed will be sent home and directed to return to work in proper attire, and are not compensated for the time away from work.

2.1.6 SFMC is committed to compliance with all JCAHO, federal and state regulations.

Approved:
Patients Rights &
Ethics Team
QA/I-CIB
MEC
BOD 07/14/09
Mgmt. Council

St. Francis Medical Center
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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – EMPLOYEE RELATIONS**

**SECTION 900**
**POLICY # 997**



| | | |
|---|---|---|
| **TITLE:** **USE OF PERSONAL ELECTRONIC DEVICES IN THE WORKPLACE** | | |
| **Date Effective: 3/09** | **Date Revised May 1, 2009** | **Revision # NEW** |
| **Originating Signature:** LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | **Originating Signature:** GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 The use of personal electronic devices and other electronic devices has expanded rapidly in the workplace. SFMC does not wish to unreasonably constrain the use of these devices; however, it has a broader responsibility to: (1) ensure that they are used in an appropriate manner; (2) ensure the integrity of proprietary information; (3) preserve the privacy of associates and patients (4) ensure that unauthorized surveillance does not breach the reasonable expectation of privacy in the workplace.

It is the policy of SFMC to provide a safe and quality healthcare environment for our patient and visitors to receive services in. As a result, SFMC will support this objective through regulating the use of personal electronic devices including MP3, IPODS, etc.,on hospital premises.

## SECTION 2. POLICY

2.1 Personal Electronic Devices – Associates are required to exercise discretion and restrict the use of personal electronic devices while on duty, or in the workplace. Use of mobile communication devices including texting can interfere with the delivery of safe patient care or services. **As a result, these devices are prohibited from active use during work time.** For safety purposes, use of mobile communication devices while driving on hospital business should be done in compliance with state law requiring the use of hands-free equipment. The use of personal headsets and wireless head set technology while on duty, or in the workplace is considered a safety hazard and is prohibited.

Personal Electronic Devices are not to be carried by an associate while on duty, and must be stored with the associate's other personal belongings. Any exceptions to this practice must be approved in writing by the department Director and Human Resources

2.2 Recording Devices – Recording devices and camera-equipped devices (including mobile communication devices) and their uses are restricted in accordance with state and federal regulatory guidelines concerning unauthorized surveillance. Associates shall not use the picture-taking functionality of mobile communication devices in the workplace. Unauthorized use of cameras, including designated patient care areas, restrooms, or locker room areas is not allowed and may be cause for immediate termination.

2.3 Taping Conversations – Taping conversations is prohibited. Covert/secret taping of any conversation or meeting occurring at the workplace or, conversations or meetings offsite that deal with workplace matters of official concern are prohibited. Examples of such meetings are promotion interviews, EEO meetings with a counselor or investigator, meetings between a supervisor and a subordinate, etc.

Employees are also prohibited from arranging for others, including non-associates, to do any recording of conversations, phone calls or other work activities.

2.4 In compliance with the privacy regulations contained in the Health Insurance Portability & Accountability Act (HIPAA), visual and recording devices shall not be used in patient care areas.

## SECTION 3. APPLICABILITY

3.1 This policy applies to all associates, volunteers, interns and students of SFMC.

3.2 Failure to do so will result in the associate being subject to disciplinary action up to and including termination.

| Board | 07/14/09 |
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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – EMPLOYEE RELATIONS**

**SECTION 900**
**POLICY # 945**



| TITLE: EXAMINATION OF PERSONNEL FILE | | |
|---|---|---|
| Date Effective: 2/78 | Date Revised: October 1, 2008 | Revision # 9 |
| Originating Signature: LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | Approving Signature: GERALD F. KOZAL, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 To ensure confidence in the employment relationship and protect individual rights, St. Francis Medical Center provides associates and supervisors the opportunity to review personnel files.

## SECTION 2. POLICY

2.1 Associate records are maintained in locked files in the Human Resource Services Department. Copies of associate records kept by managers should also be kept in locked files.

2.2 Associates may review their personnel file during regular Human Resource Service hours. The associate must request to review the file in advance.

2.2.1 Associates must remain within Human Resource Service's Office at all times and in the presence of a representative of the department while reviewing their files.

2.2.2 An associate may not remove any material from the personnel file. Should the associate disagree with any information he/she has the right to include a written statement to that effect.

2.3 Supervisors may review only those personnel files of associates under their direction or associates that have applied for transfer into their departments.

TITLE:
EXAMINATION OF PERSONNEL FILE

## SECTION 3. APPLICABILITY & SCOPE

3.1 Associates should submit data pertinent to their employment, education, acquired skills and talents.

3.2 Human Resource Services is responsible for maintaining personnel files consistent with state legislation.

3.3 A supervisor may review the associate's personnel file within the Human Resource Service's office. Authorization to remove the file from the Human Resource Service's office must be obtained, in writing, from the Vice President, Human Resources.

## SECTION 4. PROCEDURE

4.1 The associate must request to review the file in advance. The associate request will usually be accommodated within one week of the request. Associate can request file review by completing Associate Request for Review of Personnel File form.

4.2 Copies of information contained in the personnel file will be provided upon completion of a request form.

Approved:
Patients Rights &
Ethics Team
QA/I-CIB
MEC
BOD 07/14/09
Mgmt. Council

| TITLE: False Claims Laws | | |
|---|---|---|
| Date Effective: 3/1/07 | Date Revised: N/A | Revision: (NEW) |
| Originating Signature: Marsha Chan, Pharm.D., Vice President, Quality Management & Professional Services, Corporate Responsibility Officer | Approving Signature: Gerald T. Kozai, Pharm.D., President/CEO | |
| Reference/Key Words: False Claims Act, False Claims Laws | | |

## SECTION 1. PURPOSE

1.1 To provide information regarding the False Claims Laws.

## SECTION 2. POLICY

2.1 This policy, in written or electronic form, will be available to officers and associates of St. Francis Medical Center and contractors or agents that, on behalf of a St. Francis Medical Center, provide or authorize Medicaid items or services, perform billing or coding functions, or are involved in monitoring health care provided by that St. Francis Medical Center.

## SECTION 3. APPLICABILITY & SCOPE

3.1 This policy applies to all associates, contractors, agents and officers of St. Francis Medical Center.

## SECTION 4. INFORMATION ON FALSE CLAIMS LAWS

The federal False Claims Act, the federal Program Fraud Civil Remedies Act, and certain California laws were enacted to prevent, penalize, and recover losses from individuals and organizations that commit, or attempt to commit, fraud against the government. These federal and state statutes can subject individuals and organizations to significant fines and penalties if they commit fraud against either the federal or state government. The federal False Claims Act, the Program Fraud Civil Remedies Act, and the California False Claims Act prohibit the making of false claims or statements in connection with the submission of a claim for payment to the federal or state government. Under these statutes, false claims may include knowingly submitting false or fraudulent claims to the government for payment or making or using a false record or statement in connection with the submission of such

claims. Examples of false claims include billing for services with knowledge that such services are not medically necessary or performed; billing twice or multiple times for the same items or services; falsifying internal records that are used to support claims; failing to report known overpayments and credit balances to a government payor; and upcoding claims in order to obtain reimbursement in excess of the proper amount due.

In addition to willful and intentional acts of fraud, individuals and organizations can be penalized for submitting or causing the submission of claims in deliberate ignorance or reckless disregard for the truth. Civil actions under these statutes must be brought within six years of a violation, or, if brought by the government, within three years of the date when material facts are known (or should have been known) to the government, but not more than ten years after the date the violation occurred. Civil penalties range from $5,500 to $11,000 per claim. Violators may also be assessed up to three times the amount of damages caused to the government. If found in violation, Medicare and Medicaid providers are subject to exclusion from both of these programs.

Local Health Ministries rely on associates, agents and contractors to assist it in its commitment to accurate billing by encouraging them to report any potential improprieties to a supervisor or to the Compliance Officer without fear of retaliation. Under the federal False Claims Act, any person, including: an associate, agent, or a contractor, may, under certain circumstances, notify the government if he or she believes the organization is not responding appropriately to reports of potential violations. Such person must have direct and independent knowledge of the false claims activity and voluntarily provide this information to the government. The federal False Claims Act permits persons with actual knowledge of the submission of false claims or statements to file a lawsuit in a federal district court on behalf of the U.S. government and, in some circumstances, to receive an award of 15-30% of the monies recovered for the government in addition to attorneys' fees and costs. This award, however, may be reduced or barred if a court finds that the notifying person planned or initiated the violation or if the matter disclosed is already the subject of a federal investigation or if the health care provider has previously disclosed the problem to a federal agency. Persons who bring frivolous claims can be held liable for the defendant's attorneys' fees and costs. Both the federal False Claims Act and the organization's own internal policies prohibit DCHS or any of its Local Health Ministries from taking any adverse action or discriminating when any person who in good faith notifies the federal government of potential violations.

Like the federal False Claims Act, the federal Program Fraud Civil Remedies Act imposes penalties on persons who deliberately submit false statements or claims and on persons who act in deliberate ignorance or reckless disregard of the truth or falsity of a claim. The Program Fraud Civil Remedies Act reaches the submission of false claims, false documentation supporting those claims, or material omissions that make a claim or statement inaccurate and which the claimant had a duty to disclose. Violators of the Program Fraud Civil Remedies Act are subject to civil monetary penalties of up to $5,000 per false claim or statement and up to twice the amount of such claim in lieu of damages.

Several California statutes impose civil and criminal penalties for false claims and statements. California has enacted a state False Claims Act. Like the federal False Claims Act, it is an important law in state efforts to fight fraud and abuse. The California False Claims Act prohibits, among other things, the: (i) knowing submission to the state or any political subdivision of the state of a false claim for payment; (ii) knowing use or creation of a false record to get a false claim paid by the state or any political subdivision; (iii) defrauding the state or any political subdivision by getting a false claim paid by the state; (iv) knowing delivery of less property or money than the amount for which the recipient obtains a receipt; and (v) knowing use of a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the state or to any political subdivision. In addition to willful and intentional acts of fraud, individuals and organizations can be penalized for acting with deliberate ignorance or reckless disregard for the truth or falsity of the information.

Violations of the California False Claims Act subject a person or entity to civil penalties of up to $10,000 for each false claim in addition to the costs of a civil action brought to recover damages. A court may assess not less than two times and not more than three times the amount of damages.

The California False Claims Act, like the federal False Claims Act, permits any person, under certain circumstances, to bring a civil action if he or she believes the organization is not responding appropriately to reports of potential violations. In some circumstances, such person can share in 15 -33% of any monies recovered in addition to attorneys' fees. Both the California False Claims Act and the organization's own internal policies prohibit taking action adverse to or discriminating against such person. Under the California False Claims Act, an employer who violates the Act must reinstate the employee, pay the employee twice the amount of owed back pay with interest, compensate the employee for any special damage sustained and may, in some circumstances, be subject to punitive damages.

In addition to the California False Claims Act, the state attorney general's office uses other state laws to penalize fraudulent acts against the government. The Welfare and Institutions Code makes it a criminal violation, from misdemeanor to felony, including jail time and monetary penalties, for persons to receive health care services they were not eligible to receive by making false declarations, presenting a claim with the intent to defraud, or receiving kickbacks or bribes in exchange for making referrals involving government programs, beneficiaries, or services.

The California Penal Code makes it a criminal violation, from misdemeanor to felony, including jail time and monetary penalties, to prepare anything in writing with the intent to present or support a false claim, knowingly make or present a false claim for a health care benefit, or submitting a claim for a benefit that was never received by the person claiming it.

The Business and Professions Code carries civil penalties for any unlawful, unfair or fraudulent business acts or practices, of up to $2,500 per violation. The Government Code

also carries civil penalties for knowingly presenting or causing to be presented a false claim to the state for money, property or services. Civil penalties go up to $10,000 for each false claim and penalties of up to three times damages may be imposed.

*For more information regarding organizational efforts to detect and prevent fraud, please contact the Corporate Responsibility Officer.*

## SECTION. 5 REFERNCES

5.1 Daughters of Charity Health System (DCHS) Corporate Responsibility Policies and Procedures

DCHS Intranet: http://dchsnet:81/lah/shared_drive/Policies%20%20Procedures/Forms/AllItems.aspx

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| CRC | 2/21/07 |
| Finance & Audit | (3/9/07) |
| BOD | (3/13/07) |

| TITLE: FRAUD DETECTION AND PREVENTION | | |
|---|---|---|
| Date Effective: 3/1/07 | Date Revised: 2/09 | Revision: 1 |
| Originating Signature: Marsha Chan, Pharm.D., FACHE, Chief Quality Officer & Corporate Responsibility Officer | Approving Signature: Gerald T. Kozai, Pharm.D., President/CEO | |
| Reference/Key Words: Corporate Responsibility, Fraud and Abuse, Fraud Detection and Prevention | | |

## SECTION 1. PURPOSE

1.1 To establish guidelines that address identification of and response to fraud, abuse, or potential fraud, potential abuse.

1.2 To raise awareness and encourage accountability.

## SECTION 2. POLICY

2,1 This policy is available to all associates of St. Francis Medical Center (SFMC) and contractors or agents that, on behalf of a SFMC provide or authorize Medicaid items or services, perform billing or coding functions, or are involved in monitoring health care provided by SFMC.

2.2 Associates who are found to have committed, or attempted to commit, fraud will be subject to disciplinary action, which may include termination.

2.3 Vendors, contractors, or agents of SFMC who are found to have committed, or attempted to commit, fraud will have contracts or agreements terminated.

2.4 SFMC shall cooperate with, and refer cases to law enforcement and regulatory agencies, as appropriate.

## SECTION 3. APPLICABILITY & SCOPE

3.1 This policy applies to all associates, volunteers, physicians, contractors and agents of SFMC.

## SECTION 4. PROCEDURE

### 4.1 Information on Corporate Responsibility and Fraud Detection and Prevention

SFMC is committed to complying with all federal and state laws and regulations and ensuring that billing to the Medicare program, California Medical Assistance Program (Medi-Cal), and other health care programs conforms to all legal and regulatory requirements. As described more fully below, SFMC has implemented a Corporate Responsibility Program, which sets forth our commitment to ethics and compliance.

### 4.2 Implementation of Corporate Responsibility Program and Standards of Conduct

The Corporate Responsibility Program includes Standards of Conduct. The Standards of Conduct provide ethical guidance in the work place and are provided to associates upon hire. The Standards of Conduct require compliance with the law, accurate and honest reporting of work, and disclosures of conflicts of interests. The Corporate Responsibility Program follows the California Department of Public Health and the Office of Inspector General's compliance program guidance. The program is overseen by the Corporate Responsibility Officer (CRO), The CRO provides reports to the Board of Directors, routinely and otherwise as needed, regarding the Corporate Responsibility Program. Program effectiveness is reviewed on an ongoing basis by the Board, leadership, and the CRO.

*For more information, please reference the policy "Corporate Responsibility and Standards of Conduct" on the DCHS intranet site under System Office, Policies and Procedures, for Corporate Responsibility.*

### 4.3 Associate, Vendor, and Physician Screening

The government maintains lists of individuals and entities that are excluded from government health care programs because they committed fraud, waste, or abuse with government funds. Associates, physicians, contractor, and vendors are screened prior to starting, and annually, against these government lists to confirm that individuals / entities it works with are not on the list. Should SFMC find individuals / entities on this list, an investigation is initiated and appropriate action is taken, which may include terminating employment or the relationship.

*For more information, please reference the policy "Exclusion from Participation in Federal Health Care Programs" on the DCHS intranet site under System Office, Policies and Procedures, for Corporate Responsibility.*

### 4.4 Requiring Conflict of Interest Disclosures

Conflicts of interest have the potential to compromise individual professional judgment due to personal or financial interests outside of work. The organization requires disclosures of

conflicts of interest annually and as they arise, in accordance with policy. When conflicts of interest are identified, appropriate action is taken to protect the organization and those it serves.

*For more information, please reference the policy "Conflict of Interest Definitions, Disclosure, Resolutions and Reporting" on the DCHS intranet site under System Office, Policies and Procedures, for Corporate Responsibility.*

### 4.5 Submission of Accurate Bills / Claims

Individuals in Patient Financial Services are oriented to the protocols for compliant billing upon hire and are required to complete a minimum of two (2) hours of specialized compliance training annually. Billing systems have an automated edits system to help detect errors such as services that can't be billed or invalid codes. The various process points that result in compliant billing, such as medical necessity and accurate documentation, are examined through risk assessments and monitoring. Audits are also performed both internally and through external firms to examine billing and coding practices. Risk assessments, monitoring, and auditing are done system wide and by SFMC When over-payments are identified, determinations as to repayment and/or disclosure are made and action is taken to return funds to the government, as appropriate.

*For more information, please reference the policies "Program Billing for Services Provided" on the DCHS intranet site under System Office, Policies and Procedures for Corporate Responsibility and "Corporate Auditing" on the DCHS intranet site under System Office, Policies and Procedures for Auditing.*

### 4.6 Training and Education

Associates receive an orientation in compliance upon hire. This training includes a compliance overview, a description of the Corporate Responsibility program, the Standards of Conduct, and the Values Line. Compliance training is also required annually. Specialized compliance training is provided in high risk areas, as well as areas that are identified during risk assessments, monitoring, and auditing.

*For more information, please reference the policy "Education and Training" on the DCHS intranet site under System Office, Policies and Procedures, for Corporate Responsibility.*

### 4.7 Providing Information about Fraud and False Claims Laws

The federal False Claims Act, the federal Program Fraud Civil Remedies Act, the California False Claims Act, and certain other California statutes prohibit knowingly submitting false claims or statements to the government for payment. Although they differ in specific detail, these laws define false claims as: knowingly submitting false or fraudulent claims for payments to the government, making a false record or statement in connection with a claim submitted for payment to the government, or using a false record

or statement in connection with a claim submitted for payment to the government. Violations can subject the organization to significant fines and penalties.

The organization provides detailed information about the federal False Claims Act, the federal Program Fraud Civil Remedies Act, and California's civil and criminal laws pertaining to false claims and statements.

*For more information, please reference the policy "Information on False Claims Laws" found on the intranet site.*

## 4.8 Investigating and Responding to Reported Concerns

SFMC investigates suspected non-compliance to determine if there has been a violation. A policy outlining guidelines for conducting internal investigations has been developed. When misconduct is found, appropriate measures are taken, which can include disciplinary action, and/or disclosing the violation to appropriate government authorities, and/or legal action. Organizational policy states associates are legally obligated to tell the truth when speaking to government authorities.

SFMC has responsibility to (as needed):

- Notify legal counsel.
- Conduct an investigation as directed by legal counsel.
- Refer cases to law enforcement or regulatory agency (ies) as directed by legal counsel.

*For more information, please reference the policies "Investigating, Correcting, and Reporting of Compliance Issues", "Guidelines for Internal Investigations", "Associate Response to a Government Investigation", and "Voluntary Self Disclosure" found on the DCHS intranet site under System Office, Policies and Procedures, for Corporate Responsibility.*

## 4.9 Reporting Compliance and Ethics Concerns

Associates are responsible to report their compliance and ethics concerns through their choice of venues, including but not limited to, their immediate supervisor, the Corporate Responsibility Officer, the on-line incident reporting system and the Values Line. The organization implemented the Values Line to provide an anonymous reporting option 24/7 through a toll free number, 1-800-371-2176. Reports are taken by an outside vendor for protection of identity. All concerns are evaluated for appropriate investigation and action.

The Values Line is promoted on posters throughout the facilities. Associates are reminded about the Values Line in annual compliance training. Brochures (in Spanish and English) and wallet cards promoting the Values Line are distributed to associates.

*For more information, please reference the policy "Response Procedure for Global Compliance Services Reporting" on the DCHS intranet site under System Office, Policies and Procedures, for Corporate Responsibility.*

## SECTION 5. DEFINITIONS

**5.1 Suspected fraudulent and/or criminal acts include such things as:**

5.1.1 Any dishonest or fraudulent act.
5.1.2 Forgery or alteration of policy related items, such as loans, surrenders, assignments, changes in beneficiary, etc.
5.1.3 Forgery or alteration of checks, drafts, promissory notes and securities.
5.1.4 Any misappropriation of funds, securities, supplies or any other asset.
5.1.5 Any irregularity in the handling or reporting of money transactions.
5.1.6 Disappearance of SFMC property such as furniture, fixtures, devices, computers (hardware and software), equipment.
5.1.7 Any disappearance of SFMC documents.
5.1.8 Any similar or related irregularity.

## SECTION. 6 REFERNCES

Daughters of Charity Health System (DCHS) Corporate Responsibility Policies and Procedures

DCHS Intranet: http://dchsnet:81/lah/shared_drive/Policies%20%20Procedures/Forms/AllItems.aspx

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| CRC | 2/2/09 |
| Finance & Audit | 2/6/09 |
| BOD | 2/10/09 |

St. Francis Medical Center
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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – EMPLOYEE RELATIONS**

**SECTION 900**
**POLICY # 946**



| TITLE: GIFTS AND GRATUITIES | | |
|---|---|---|
| Date Effective: September, 1983 | Date Revised: May 1, 2009 | Revision # 7 |
| Originating Signature: LAURA S. KATO, VICE PRESIDENT/HUMAN RESOURCE SERVICES | Approving Signature: GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 St. Francis Medical Center's compensation package is considered payment in full for services rendered and no additional cost or commitment should be incurred by patients. The Medical Center's wish to protect both the associates and the patient from potential charges of conflict of interest.

## SECTION 2. POLICY

2.1 It is the policy of St. Francis Medical Center that associates not accept gifts or gratuities from patients or their families, physicians or vendors. This does not include the acceptance of items of nominal value (typically not to exceed $25.00) that are clearly tokens of thanks and are not related to any particular transaction or activity of the Medical Center.

With certain exceptions any cash, check, gift certificate or tangible personal property awarded to an associate for meritorious performance, productivity, or other reasons connected with their employment are considered taxable compensation. This would include an award to "Associate of the Month" and awards to boost associate morale. Below are guidelines regarding exceptions to this rule.

2.2.1 Length of Service and Retirement Awards
The following length of service and retirement award guidelines have been developed according to the Internal Revenue Services (IRS) regulations. Awards which adhere to the following parameters and are given to eligible associates are not subject to taxes:

2.2.1.1. Timing - the length of service or retirement award may not be made within the employee's first five years of service or more frequently than every five years.

2.2.1.2. Dollar Limit – the value or cost of the award should not exceed $400.00. Also, it is recommended that the value or cost of the award be

commensurate with the number of years of service being recognized (e.g., the 15-year service award is greater than the 10-year service award). Length of service or retirement awards with a value or cost over $400.00 will be taxable to the extent the value or cost exceeds the dollar limit. If the associate chooses to retire the same year he or she becomes eligible for a length of service award, then the maximum value of cost of the award(s) should not exceed $400.00 for the award(s) to be nontaxable.

2.2.1.3. Form of the Award – Awards in the form of tangible personal property (such as briefcase, watch, pen) are not subject to tax reporting as income. According to IRS guidelines, awards in the form of gift certificates or cash are not tangible personal property and are therefore treated as additional wages and subject to taxation.

2.2.1.4. Meaningful Presentation – the award must be presented as part of a special event or celebration that marks the occasion, such as a department or LHM wide meeting, party of luncheon. To avoid tax liabilities to attendees, LHM's should ensure that special presentation events occur only on an occasional basis (such as annually) and that the costs of the events are reasonable.

2.2.1.5. Taxable Income – any award presented before five years of service or with a value over $400.00 should be reported to the LHM Controller and be subject to tax reporting as income.

2.2 Other Work-Related Achievement Gifts or Awards

2.21 Recognition may take the form of celebratory events such as a department-wide luncheon, dinner or party. Appropriate circumstances for such recognition include:

- To mark achievement of a major departmental goal
- To honor an associate in connection with a work-related associate recognition program
- To honor a retiree
- Costs for such events should be reasonable and treated consistent with St. Francis Medical Center's business expense reimbursement.

2.3.2 Recognition may be in the form of a gift, which may take the form of tickets to the theatre or a sporting event, or tangible personal property such as a watch, pen or briefcase. Appropriate circumstances for recognition by gifts include:

- To honor a long-service associate outside the LHM-wide recognition program
- To honor an employee departing the LHM or department
- To honor a retiree (other than the LHM-wide recognition program)

2.3.3 Gifts or awards received by associates that are not related to length of service are taxable and must be reported as additional earnings if their value exceeds the following thresholds:

- Gift certificates of any amount
- Gifts or awards of tangible personal property with a value greater than $100
- Gifts should be given on only an occasional basis (no more than once a year). Gifts given to associates on a regular basis do not qualify for nontaxable treatment and must be reported as taxable income.

2.3.4 *De minimis* fringe benefits gifts or awards to associates of a value so small that accounting for the gift or award (of either property or services) would be unreasonable. *De minimis* fringe benefits are not considered taxable and not included in associates' gross income. Examples include but are not limited to:

- Traditional holiday gifts with a small fair market value
- Coffee and donuts furnished to associates

2.4 Unallowable Gifts and Awards

- Gifts or awards of cash
- Holiday, birthday, shower, housewarming or other gift to honor an individual for personal reasons
- Lavish or extravagate expenses
- Expenses not substantiated with appropriate documentation

2.5 Tax considerations

Under IRS regulations, an award or gift will be considered taxable income to an associate if:

- The award/gift is presented to the same employee on a regular or routine basis
- The award/gift is cash
- The award/gift is a gift certificate
- The award/gift is not provided within an established recognition program

## SECTION 3. APPLICABILITY & SCOPE

3.1 Department leaders are responsible for informing all associates in their department of this policy and informing the area Vice President of any potential conflict of interest situations. Department leaders shall also inform associates of appropriate donation methods through the Foundation office.

3.2 Associates are responsible for reporting to their immediate supervisors any offer made to them of gifts or gratuities that they believe are intended to influence decision making related to business transactions.

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Patients Rights &
Ethics Team
QA/I-CIB
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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – GENERAL EMPLOYMENT**

**SECTION 900**
**POLICY # 917**



| TITLE: LICENSE VERIFICATION | | |
|---|---|---|
| Date Effective: December,1986 | Date Revised: October 1, 2008 | Revision # 8 |
| Originating Signature: LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | Approving Signature: GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 To ensure all associates working in a position that requires a license or professional certification are subject to appropriate verification processes ensuring valid licensure or credentialing.

## SECTION 2. POLICY

2.1 When current licensure, certification or registration are required to practice in the role you are classified in, associates are required to maintain current status of these credentials at all times. Failure to do so will result in the associate being subject to disciplinary action up to and including termination.

2.2 Evidence of licensure of Medical Staff will be the responsibility of the Medical Staff Department.

## SECTION 3. APPLICABILITY & SCOPE

3.1 Initiation of Employment: Candidates who have been offered employment at SFMC requiring licensure or certification, as mandated by law or by job description, will be required to produce evidence of appropriate licensure. A photocopy of the license/certification will be placed in the associate's Human Resource Services file. The photocopy will be marked "COPY". Additionally, all photocopies should be signed by the new hire to provide an original signature.

3.2 Human Resource Services will be required to conduct a primary source verification for confirming that licensure is valid and without restrictions. This verification must be done and documentation retrieved for inclusion in the Human Resources file.

**TITLE:**
**LICENSE VERIFICATION**

3.3 Human Resource Services will generate a list on the first business day of each month indicating licenses that will be due to expire by the end of the month. This report will be sent to Department Managers and Directors.

Additionally, a list will also be generated on the last week of the month indicating which licenses will lapse by the last day of the month and notification will be sent to the Department Director and area Vice President.

3.4 Human Resources will conduct a primary source verification for all licenses 30 days prior to expiration. Renewed licenses will have the primary source verification placed in their Human Resources file. Those licenses still reflecting a need for renewal will be forward to Department Managers and Directors.

3.5 The Human Resource Services Department will review upon receipt the Board of Registered Nurses quarterly report of license restrictions/suspensions to determine whether any of our associates may be affected. Appropriate review and action shall be taken if necessary.

3.6 A cancelled check or internet receipt from the licensing board and a phone call made by the supervisor confirming receipt of the fee will be accepted as proof of licensure for an extension of 15 days at which time a primary source verification must be conducted by Human Resource Services.

3.7 Failure of the associate to renew or present evidence of renewed license or credentialing will result in immediate suspension from licensed duties as administered through a disciplinary action. Failure to provide evidence of renewed licensure or credentialing by thirty days expiration will result in immediate termination.

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# ADMINISTRATIVE MANUAL



**Functional Section: HUMAN RESOURCES – EMPLOYEE RELATIONS**

| TITLE: MEAL AND REST PERIODS | | |
|---|---|---|
| Date Effective: 7/83 | Date Revised: 11/01/09 | Revision # 11 |
| Originating Signature: LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | Originating Signature: GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 Meal and rest periods are essential to maintaining a comfortably alert and productive staff. These periods are provided so associates may meet biological and psychological needs away from the work environment. The purpose of this policy is to provide the parameters of the rest period and meal break benefits for Associates. As used in the Policy, the term "Associate" refers to a non-exempt Associate, all of whom are paid on an hourly basis.

### DEFINITIONS:

**Rest Period:** A 15 minute period during which the Associate is relieved of all duties. Rest periods are counted as hours worked and are paid for.

**Meal Period:** A period of not less than 30 minutes during which the Associate is relieved of all duties, and during which the Associate normally eats a meal. Meal periods are not counted as hours worked and, accordingly, are not paid for.

**On-Duty Meal Period**: A meal period that takes place during working time when the nature of the Associate's work prevents the Associate from being relieved of all duty. On-duty meal periods are counted as hours worked and are paid for. As described below, on-duty meal periods can be used only in very limited circumstances.

### AFFECTED DEPARTMENT/SERVICES:

All Non-exempt Associates in all Departments.

**TITLE:**

**MEAL AND REST PERIODS**

## SECTION 2. POLICY

2.1 Rest Periods

2.1.1 For the convenience and well being of Associates, one 15 minute rest period (break) is authorized and permitted per each four hours worked, or major fraction thereof. A rest period need not be authorized for Associates whose total daily work time is less than 3½ hours.

2.1.2 For associates working 12-hour shifts, three rest periods will be authorized and permitted.

2.1.3 Rest periods must be counted as hours worked and, insofar as practicable, be in the middle of each four hour work period and taken on Medical Center grounds.

2.1.4 Rest periods are not to be accumulated, used to leave work early, or to extend the meal period unless permitted by an applicable collective bargaining agreement.

2.2 Meal Periods

2.2.1 An associate may not work a work period of more than five hours without a meal period of not less than 30 minutes, with the following three exceptions:

2.2.2 An associate may voluntarily agree in writing to waive the associate's right to a meal period when a work period of not more than six hours will complete the day's work. The associate will be required to complete the Six Hour Meal Period Waiver, which will be kept in the Associate's personnel file. The associate will be compensated for all working time.

2.2.3 An associate who works shifts in excess of eight total hours in a workday and is entitled to a second meal period may voluntarily waive their right to the second meal period.[1] The associate will be required to complete Second Meal Period Waiver Form, which will be kept in the associates personnel file. The associate shall be fully compensated for all working time.

2.2.4 If scheduled to work more than six hours, an associate may voluntarily agree to an on-duty meal period. The associate will be required to complete On-Duty Meal Period Agreement Form, which will be kept in the Associate's personnel file. An on-duty meal period (i.e., one in which the associate is not relieved of all duty) is permissible <u>only</u> when the nature of the work prevents the associate from being relieved of all duty.

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[1] These meal period waivers may only be obtained from Associates who provide direct patient care, work in a clinical or medical department, including pharmacists dispensing prescriptions in any practice setting, or associates working primarily or regularly as a member of a patient care delivery team. These waivers cannot be obtained from associates primarily engaged in providing meals, performing maintenance or cleaning services, doing business office or other clerical work, or performing a combination of these duties.

2.3 Time Keeping System

2.3.1 The medical center's timekeeping system requires associates to record their time at the beginning of the workday, the end of the workday, and at the beginning and end of each meal period. Associates will be provided an opportunity to choose between two options regarding meal period clocking. The associate will be given the opportunity each shift to select which option they want to use for that shift at the time the associate clocks out for their first meal. The choice of which option to use should be made voluntarily, and no action will be taken against an associate for selecting one option over the other.

2.3.2 Under the first option, associates need only record the beginning of their meal period and the time keeping system will automatically record a 30-minute meal period. This first option is based on the assumption that most meal periods are 30 to 35 minutes long. It also takes into account that an associate may forget to record the end of the meal period or does not want to take the time to record it. If an associate chooses the automatic clocking option, and the associate's actual meal period was less than 30 minutes or longer than 35 minutes, the associate should complete an associate Timekeeping Exemption Form at the end of the meal period, but this should be done by the of the pay period. Associates who discover inaccurate recordings after the end of the pay period can correct these recordings by contacting their supervisor. Supervisors will receive instruction on how to assist associates who need to change their time records.

2.3.3 Under the second option, the associate must record both the beginning and the end of their meal period.

## SECTION 3. RESPONSIBILITY

3.1 Associate Responsibility

3.1.1 Read, execute and return for filing the Meal and Rest Period Policy Acknowledgement Form.

3.1.2 Associates are responsible for taking their rest/meal periods as outlined in this policy.

3.1.3 If an associate believes they will not be able to take a required rest or meal period, it is the associate's responsibility to inform their supervisor in time for the supervisor to attempt to arrange for the rest/meal period. This notification should be given as far in advance of the rest/meal period as practicable.

3.1.4 If a meal period to which an associate is entitled was not timely provided/made available, the associate must promptly inform his or her supervisor and complete and

submit a Timekeeping Exception Form before the end of the pay period. Associates should also report if they were discouraged, dissuaded or prevented from taking a full, timely meal period. However, associates should not report instances in which a 30-minute meal was timely provided but the associate voluntarily decided to take a short meal, take it later, or not take a meal period at all.

3.1.5 Accurately record all work and meal periods. If the automatic clocking is not correct because the associate took a meal period of less than 30 minutes or more than 35 minutes, the associate should complete an associate timekeeping exception form at the end of the meal period, but this should be done by the end of the pay period. Associates who discover inaccurate recordings after the end of the pay period can correct these recordings by contacting their supervisor.

3.1.6 If a rest period to which an employee is entitled was not authorized or permitted, the associate must promptly inform his or her supervisor and complete and submit a timekeeping exception form before the end of the pay period.

3.2 Supervisor Responsibility

3.2.1 Supervisors have overall responsibility for compliance with this policy, including taking steps to make sure that meal periods are provided/made available, and rest periods authorized and permitted in accordance with this Policy. This will require that appropriate training be provided to non-exempt associates.

3.2.2 When notified that any associate may not be able to take their meal or rest period, the supervisor should attempt to take steps to allow the associate to take the meal/rest periods.

3.2.3 Where necessary, the supervisor may authorize associates to continue working through their meal or rest periods.

3.2.4 Make sure that all applicable forms have been executed and sent to Human Resources, and that all associate time records are accurate.

3.2.5 Monitor reports to make sure that the extra compensation provided for by this policy is justified by staffing, workload, and patient care considerations.

3.3 Medical Center Responsibility

3.3.1 Provide training for managers and supervisors regarding the appropriate implementation of this policy.

3.3.2 Ensure that the timekeeping system functions in a manner that allows for implementation of this policy, including the payment of the extra compensation payable in the event that full meal periods are not provided/made available, or rest periods are not authorized and permitted, in accordance with the applicable provisions of the Labor Code and the Wage Order.

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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – EMPLOYEE RELATIONS**

**SECTION 900**
**POLICY # 949**



| TITLE: OFF-DUTY CONDUCT AND CONFLICTS OF INTEREST | | |
|---|---|---|
| Date Effective: 5/88 | Date Revised: October 1, 2008 | Revision # 3 |
| Originating Signature: LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | Approving Signature: GERALD T. KOZAI PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 While St. Francis Medical Center does not seek to interfere with the off-duty and personal conduct of its associates, certain types of off-duty conduct may interfere with St. Francis Medical Center's legitimate business interests or good image in the community. Therefore, associates are expected to conduct their personal affairs in a manner which does not adversely affect St. Francis Medical Center's integrity, reputation or credibility. Illegal off-duty conduct on the part of an associate which adversely affects St. Francis Medical Center's legitimate business interests or the associate's ability to perform his or her job will not be tolerated.

## SECTION 2. POLICY

2.1 While employed by St. Francis Medical Center associates are expected to devote their energies to their jobs with St. Francis Medical Center. Certain types of outside employment are strictly prohibited:

2.1.1 Employment which conflicts with an associate's work schedule, duties and responsibilities.

2.1.2 Employment which creates a conflict of interest or directly or indirectly competes with the business or the interests of St. Francis Medical Center, or is incompatible with an associate's employment with St. Francis Medical Center.

2.1.3 Employment which impairs or has a detrimental effect on an associate's work performance with St. Francis Medical Center.

2.1.4 Employment which requires an employee to conduct work or related activities on Company property, during Company working hours or using Company facilities and/or equipment.

2.1.5 Ownership Interest, Investment Interest or Compensation arrangement by the associate or member of his/her immediate family, whether as a major stockholder (or other owner) or creditor, in any enterprise of which a substantial part of the business involves acting as a supplier to St. Francis Medical Center or in any such organization that is a competitor of St. Francis Medical Center.

2.1.6 For the purposes of this policy, self-employment is considered outside employment.

## SECTION 3. APPLICABILITY & SCOPE

3.1 Associates wishing to engage in outside employment which may conflict with this policy must submit a written request to the Vice President, Human Resources, explaining the details of the outside employment. If the Chief Corporate Responsibility Officer authorizes such outside employment, St. Francis Medical Center shall in no way assume any responsibility for such outside employment. Specifically, St. Francis Medical Center shall not provide workers compensation coverage or any other benefit for injuries occurring from or arising out of such outside employment. Authorization to engage in outside employment can be revoked at any time.

3.2 Management is responsible for ensuring that the intent of this policy is adhered to. This includes reporting to Senior Leadership, any knowledge management may have regarding the activities of associates that may require further inquiry.

3.3 Associates holding the position of Director level and/or above will be required to complete and sign a Conflicts of Interest Disclosure Statement and Confidentiality Agreement at time of hire and then on an annual basis.

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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – EMPLOYEE RELATIONS**

**SECTION 900**
**POLICY # 951**



| TITLE: PERFORMANCE EVALUATIONS/JOB DESCRIPTIONS | | |
|---|---|---|
| **Date Effective:** November, 1977 | **Date Revised:** October 1, 2008 | **Revision # 11** |
| **Originating Signature:** LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | **Originating Signature:** GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 St. Francis Medical Center recognizes the importance of evaluating the performance of all associates on a regular basis. This process ensures that work performance as it relates to fulfilling expectations and carrying out the mission is achieved. This tool will also be used to define salary, promotion, and employment decisions and will also provide for dialogue regarding mutual goals.

## SECTION 2. POLICY

2.1 Upon hire, all associates will receive a copy of his/her Performance Evaluation/Job Description which clearly defines job competencies and standards of performance.

2.2 Each month, Human Resource Services generates a report and distributes to Department leaders a listing of those performance evaluations that will come due within the next two months. Additionally, each month Human Resource Services generates a report and distributes to Department leaders a listing of those performance evaluations that are considered past due. This list is sent both to Department leaders and Vice Presidents.

2.3 Performance Evaluations are conducted no less than annually.

2.4 Associates who are, transferred/promoted are subject to new 90 day performance evaluations in their new role. Thereafter, they are subject to annual performance evaluation one year from the date of transfer/promotion. Where associates transfer laterally, there will be no change in performance appraisal date.

2.5 Interim evaluations, for the purpose of assessing associates' performance may be given at any time deemed appropriate by the supervisor.

2.6 All associates will be provided a copy of their completed, signed performance evaluation from the evaluator as part of the evaluation process.

## SECTION 3. APPLICABILITY & SCOPE

3.1 Leadership Preparation:

3.1.1 The Director/Manager will rate the associate's performance over the past year utilizing substantiated, documented data concerning performance and the associate's adherence to SFMC Standards of Behavior.

3.1.2 Authorizations for advanced performance review ratings and associated increases in pay should be obtained prior to administering the performance review to the associate.

3.1.3 Directors/Managers should review prior year goals/objectives to determine associate's accomplishments. This is of particular importance where there has been a change in direct supervisors from the prior year.

3.1.4 All disciplinary actions (except verbal/counselings) issued within the twelve (12) month review period should be referenced and the status of those disciplinary issues should be addressed within the performance review.

3.2 Conducting the Performance Review Session:

3.2.1 The performance review session should be conducted as a constructive and developmental dialogue, in which both parties have an opportunity to discuss performance over the past year. The use of substantiated, documented data is to be used for the performance review rating and discussion.

3.2.2 The associate should always have the opportunity to disagree, ask questions or refute any data and/or information. It is the responsibility of the Department manager to ensure that this occurs.

3.2.3 Where areas of opportunity for improvement have been identified, action plans should be developed and agreed upon by both parties.

3.2.4 Performance goals for the upcoming year should be identified and documented.

3.2.5 There should be a discussion of the associate's growth and professional development, in which the supervisor counsels the associate and plans support for the upcoming year.

3.2.6 The associate is to be provided an opportunity to review and respond to the performance review in writing. Should the associate refuse to sign the performance

evaluation, it should be documented by the evaluator in the section where the associate would normally sign.

## SECTION 4. PROCEDURE

4.1 Human Resource Services is responsible for the timely distribution of the performance evaluation notices to Department Leaders.

4.2 Directors/Managers/Evaluators:

4.2.1 Must perform Performance Evaluations on their associates in a timely manner. Performance reviews will be considered late if they are not submitted to Human Resources on the last day of the month following the month the Performance Evaluation is due.

4.2.2 Must obtain appropriate signatures and submit the complete performance evaluation forms to Human Resource Services for processing.

4.2.3 Are responsible for discussing the evaluation with the associate and provide them a copy of the written evaluation.

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**Operating Policy/Procedure #: 15.2** **SUBJECT: Social Media Policy**

**BOARD APPROVAL DATE: October 22, 2010**

**EFFECTIVE DATE: October 22, 2010**

**President and CEO**

**Reference to System Policy:**

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## POLICY

Social media are Internet-based tools for sharing information. The Daughters of Charity Health System (DCHS) and its Local Health Ministries (LHMs) recognize the value of on-line Social Media sites as vital resources to positively promote the organization's Mission and Values, operational goals, and marketing and recruitment activities, as well as a forum for exchange of information by its associates.

## PURPOSE

This policy was developed in order to provide guidance on the appropriate use of these tools and technologies. While DCHS recognizes Social Media as a powerful communication tool, the organization has ethical, business, legal and regulatory responsibilities to protect confidential and proprietary information of its patients, associates and business. Thus, this policy specifies acceptable and prohibited uses of Social Media tools.

## SCOPE

This policy applies to all DCHS system and LHM associates, volunteers, physicians, students, contractors, agents and representatives of DCHS, and Daughters of Charity.

### Social Media Administration

a. It will be the responsibility of the Marketing Communications Department for each LHM ("Social Media Administrator") to determine the strategy and acquire the necessary resources to properly establish a presence on any Social Media network.
b. The Marketing/Communications Department will have the authority to prohibit any effort that they deem unsatisfactory, or potentially unsuccessful or damaging to the public image of the LHM and DCHS.
c. It will be the responsibility of the PR or Marketing/Communications Department for each LHM to determine who will generate, review, and approve content to be posted to any

DCHS or LHM Social Media web site. Only authorized representatives ("Approved Users") can post DCHS or LHM information on a DCHS or LHM Social Media site.

d. DCHS or LHM associates or affiliates, who identify themselves as a DCHS or LHM associate must make clear that the opinions they are expressing on a non DCHS sponsored site are their own and not those of DCHS or their LHM. In those circumstances, you may want to include this disclaimer: "The views expressed on this [blog; website] are my own and do not reflect the views of my employer." Consider adding this language in an "About me" section of your blog or social media profile.

e. If you communicate in the public internet about DCHS or DCHS-related matters, disclose your connection with DCHS and your role at DCHS or our LHMs. Use good judgment and strive for accuracy in your communications; errors and omissions reflect poorly on DCHS, and may result in liability for you or DCHS.

## PROCEDURES

### Social Media Strategy

Users of DCHS e-mail, network, and official DCHS and/or LHM Social Media sites created by Approved Users are required to use them in a professional, productive and respectful manner**.** Users also are expected to protect information sent and received through these services in a manner consistent with the best interests of DCHS.

a. The Social Media Administrator will be responsible for creating the necessary accounts and using the official LHM contact information, as well as assuring that official DCHS or LHM affiliation is clearly stated on the public profile. The Social Media Administrator will also ensure that a proper publishing strategy is devised and adhered to, including high frequencies of content publishing.

b. "Business" releases should be kept to a minimum. The "social" aspect will come from fostering a relationship with the members of a Social Media Network based on the following messages:
   - DCHS and the LHM is a Catholic Organization
   - DCHS and the LHM is a Charitable Organization
   - DCHS and the LHM adhere to our Mission and Vincentian Values

### Social Media Networks

a. Unless amended, only the following Social Media Networks may be officially joined by an Approved User:
   - Twitter
   - Facebook
   - YouTube

### Protected Health Information (PHI)

a. The Social Media Administrator is not to post <u>any</u> Protected Health Information (PHI) on any Social Media Web site, and will be responsible for adhering to all regulations in addition to DCHS and LHM policies and procedures governing PHI.

b. The Social Media Administrator should also post a legal disclaimer on the LHM or DCHS account Social Media Web site advising social network members to also follow PHI best practices.

## Definitions

Workforce: Under HIPAA, the workforce is defined to include employees, medical staff members, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.

Approved Users are individuals who have been granted explicit authorization to access, modify, delete, and/or utilize information by the relevant Owner. DCHS supports access to Social Media by associates through the provision of Internet access. Internet access and use is a privilege and must be carried out in a manner that is consistent with job responsibilities and Human Resources policies addressing appropriate use of scheduled work time and resources.

Network: A group of many interlinked local area networks and leased lines in the wide area network typically under the management of the same LHM. The private communications network that is contained within a LHM is called an intranet. An intranet is used to share company information and computing resources among associates.

Social Media: Social Media are Internet-based communication vehicles for sharing information through a LHM's intranet and Internet systems. These Social Media sites include but are not limited to various blogs, discussion forums, networks, Wiki sites, podcasting and videocasting, as well as multi-media and news media sites or other user-generated content sites ("Social Media sites").

a. **Blog**: A Blog is a Web site maintained by an individual or LHM with regular entries of commentary, descriptions of events, or other materials such as graphics or video. Blogs may provide commentary or news on a particular subject; others function as more personal on-line diaries.
b. **Social Media Web Sites**: For the purposes of this policy Social Media is an on-line social structure composed of individuals or LHMs that are tied by one or more specific types of interdependency, such as values, visions, ideas, financial exchange, friendship, business operations, professional exchange, etc. Social Media sites operate on many levels, from families up to the level of nations, and play a critical role in determining the way information is exchanged, problems are solved, organizations are run, and the degree to which individuals succeed in achieving their goals. These sites include YouTube, Twitter, MySpace, Facebook, LinkedIn and Yelp.
c. **Wiki**: Technology that enables people to create, edit or link to Web content**.** Wikipedia, a free, user-written encyclopedia, is a well-known Wiki site.
d. **Podcast, Videocast:** A series of digital media files distributed over the Web.
e. **Discussion Forums:** Web sites that enable users to post questions, responses and comments. (For example, listserves, bulletin boards and chat rooms.)

## Managing Content

DCHS may establish and maintain an organizational presence on popular Social Media sites and through blogs. This presence will facilitate expanding communication opportunities for patients, associates, and other stakeholders in the communities served by our LHMs.

DCHS has established the Social Media Steering Committee at the System level to develop and manage the organization's Social Media strategy, as well as respond to issues and concerns related to the use of Social Media. This Committee will function under the oversight of the Vice President of Communications. Participants include representatives from Marketing, Human

Resources, Corporate Responsibility, Information Technology and Legal.

Use of external Web sites for work-related purposes (e.g. photo sharing through Flickr.com) must be first approved by the DCHS Vice President of Communications and/or an LHM Marketing/Communications department.

Some DCHS Associates may be interested in engaging in internet conversations for work-related purposes, or may be asked by supervisors or leadership to participate, in support of DCHS' mission and organizational objectives. Such engagement on behalf of DCHS, including establishment of official external sites representing DCHS and our LHMs must be approved and coordinated through system and/or LHM Marketing/Communications departments. The DCHS Communications team provides oversight and assistance to guide development of new social media platforms, sharing knowledge and instituting best practices for successful implementation.

**Graphic and Identity Standards**

All communications and marketing materials representing DCHS must carry the correct logo, names, and corporate identity. Therefore, any DCHS associate who wishes to create or distribute materials internally or externally on behalf of DCHS or their LHM must receive approval from the Public Relations or Marketing/Communications Department at their LHM.

**Social Media Uses**

1. We strongly discourage the use of specific patient identifiable health information on Social Media sites. We prohibit any party, other than the patient, to post identifiable information without obtaining written authorization. All uses and disclosures of patient identifying health information shall be carried out in a manner compliant with applicable patient privacy policies, regulations, and standards, including HIPAA. Prior to sharing patient identifying health information through DCHS Social Media, the individual responsible for the project involving the sharing of that information shall obtain a written authorization for the use and disclosure of the information from the patient/patient's legal representative. Patient comments, photographs and video can also be deemed PHI and must go through the process outlined above. We encourage the use of case studies that help educate the community and visitors to our sites, but references to specific individuals and any data that would be identifiable must be de-identified.
2. DCHS does not prohibit its associates' use of Social Media and blogs for personal and professional use, recognizing that associates have a strong voice in representing the organization, and certain rights under the First Amendment. All DCHS associates are expected to abide by the code of conduct to which they agreed to upon being hired, and this code of conduct applies to any Internet or Social Media activity.
3. Associates engaged in personal or professional Social Media and blog communications that reference LHM-related content shall do so in a manner consistent with the DCHS Mission and Values, enterprise administrative policies and procedures, and safeguards to ensure the privacy and security of patient health information, as well as proprietary business information. Associates shall not assert that they are authorized representatives of the organization, unless they have gone through the various steps outlined herein to obtain "Authorized User" status for any particular blog, and only where they have received specific permission to so represent. DCHS has developed FAQs for associates on communicating LHM-related content through Social Media and blogs (see Exhibit A).

4. Where their connection to DCHS is apparent, and where they have not received specific permission to speak on behalf of the organization, associates will make it clear that they are speaking for themselves and not on behalf of DCHS or its LHMs. In those circumstances, associates should include this disclaimer: "The views expressed on this [blog, Web site, etc.] are my own and do not reflect the views of my employer." Associates should also use a personal e-mail address when expressing personal views.
5. Prior to discussing work-related activities on Social Media and blogs, the individual should consider the following to determine whether such a post is professional, legally permissible, and appropriate:
    1. Does the discussion positively promote the individual's role as an associate within DCHS?
    2. Does the discussion reflect positively on individual's co-workers/colleagues? The individual's work unit? The organization?
    3. Does the discussion conflict with the DCHS Mission, culture, and/or Values?
    4. Does the discussion reveal confidential patient or proprietary business information?
    5. Does the discussion include any information that could directly (e.g., name, Social Security number, address, etc.) or indirectly (e.g., provider name, date of birth, diagnosis, images, etc.) identify a patient under the care of the individual/organization?

**Legal Liability and Risks**

When an individual posts information to a shared or public forum, he/she is legally responsible for his/her opinions and commentary. Therefore:

- Associates should respect copyright, fair use and disclosure laws.
- Each individual posts information at his/her own risk and should understand that outside parties can pursue legal action against others based on the content of a posting.
- Authors or posters may be held personally liable by third parties for any commentary determined to be dishonest, defamatory, obscene, proprietary, or libelous.

The Social Media Steering Committee shall serve as a resource for questions and concerns regarding the appropriate use of Social Media and blogs by associates.

**Prohibited Uses**

The inappropriate use of Social Media and blogs by associates that violates enterprise administrative policies and procedures, and/or compromises the privacy and security of confidential patient health or proprietary business information shall be subject to corrective action, up to and including termination. In addition, breach of confidential patient health information may also be subject to legal proceedings and/or criminal charges. Remember, disclosing confidential patient Protected Health Information (PHI) in an inappropriate manner is a federal offense. At no time shall associates utilizing personal or professional Social Media and Blogs to share confidential patient or proprietary business information.

The penalties include significant fines and/or arrest. LHM associates should <u>never</u> publicly make comments about the care of a specific patient, especially online. **Even acknowledging the care of a specific patient is an unacceptable disclosure of PHI.**

On LHM and/or DCHS sponsored sites, associates may not provide any content to a Social Media site that contains any material that may be construed as political lobbying, solicitations or seeking contributions for the support of any political cause or candidate, nor shall the associate use the Social Media site to link to any sites or political candidates or parties. On such sites, they must not use the Social Media site to discuss political campaigns or issues, or to take a position on any legislation or law.

**Other Fraudulent, Unprofessional and Unethical Uses on Equipment provided by DCHS or an LHM, or on a website supported by, or representing DCHS or an LHM:** Any misrepresentation/fraud to gain unauthorized access to a computing system or network.

- Unauthorized decrypting or attempted decrypting of any system or user passwords or any other user's encrypted files.
- Using another individual's e-mail account without the person's express permission or proxy.
- Any solicitations and commercial promotions, such as selling or promoting personal items for sale, that are not specifically approved by DCHS policy, administration or department management.
- Participating in non-DCHS-sponsored contests or games, or on-line gambling.
- Posting plagiarized material, or personal information about another person or company without their consent.

**Impairing the Network System**

- Attempting to discover network services or capturing network traffic to inspect, analyze or disclose, or scanning the network when not within one's job function.
- Engaging in any unauthorized action that damages or disrupts computing systems or networks.
- Knowingly infecting the system with a virus.
- Automatically forwarding e-mail to an external destination not approved by DCHS policy, administration or department management.
- Using the DCHS e-mail or network services for chain letters not approved by DCHS.
- Sending unsolicited mass e-mail messages, including "junk mail" or other advertising material from or over the DCHS network.

**Offensive or Discriminating Behavior**

If you are using Social Media (or any other medium) at work, or in a forum where your status as an associate of DCHS or an LHM is clear, in a manner that will harm the reputation of DCHS, then your value to the organization has diminished greatly, regardless of your job performance. This is not to say that everything you say in the public domain about your employer has to be flattering. But there is a significant difference between occasional constructive criticism and statements that are harmful to the organization's reputation. Don't:

- Post work-related information that may compromise DCHS's business practices or patient privacy and security.
- Engage in any form of harassment, including derogatory or inflammatory remarks about an individual's race, age, disability, relation, national origin, physical attributes, sexual preference, or health condition.
- Post communications or graphic materials (cartoons and other forms of art) that are demeaning, defaming, insulting or threatening.

- Access, display, store, communicate or distribute offensive, discriminatory, or pornographic material or any material that contributes to an intimidating or hostile work environment.

If there are questions about what is appropriate to post, contact the Public Relations or Marketing/Communications Department.

**Monitoring**

- Associates should have no expectations of privacy when using DCHS-owned, leased or rented computers, software, electronic mail, servers, telephones or related electronic equipment. DCHS reserves the right to access, filter, or remove any messages or posting that conflict with our Mission and Values or that violate our Social Media Policy.

THIS POLICY MAY BE UPDATED AT ANY TIME WITHOUT NOTICE, AND EACH TIME A USER ACCESSES A SOCIAL NETWORKING SITE, THE NEW POLICY WILL GOVERN USAGE, EFFECTIVE UPON POSTING.

By continuing to post any content after such new terms are posted, associates accept and agree to any and all such modifications to this Policy.

This policy is to be implemented by the DCHS CIO and LHM Presidents and CEOs. It will be reviewed annually for compliance and relevance by the DCHS CIO and DCHS Vice President of Communications.

**Exhibit A:** FAQs for DCHS Associates Communicating LHM-Related Content through Social Media and blogs.

**Distribution:** DCHS System Offices, Caritas Business Services and Local Health Ministries

**Values**: This Policy has been reviewed for support of the DCHS Vincentian Values.

**Key Words:** Facebook, Flickr, LinkedIn, MySpace, Social Media, Social Networking/Networks, Twitter, Yammer, YouTube, Yelp

**For More Information Contact:** DCHS VP of Communications; DCHS Chief Information Officer; DCHS Corporate Responsibility Officer; DCHS Director of Information Technology; DCHS VP of Human Resources

**Notice:**
This information is an accurate statement of published DCHS Health Care Policy as of the time of publication. Permission is granted to electronically copy and to print in hard copy for internal use only. No part of this information may be reproduced, modified, or redistributed in any form or by any means, for any purposes other than those noted above without permission of the Responsible System Leader. DCHS adopts the Policy and recommends that the user always check for the latest version on the DCHS intranet site before any subsequent use. DCHS may make changes to the Policy without notice and may deviate from the Policy as determined in its discretion.

## Implementation and Review of This Policy

This policy is to be implemented by:
**Vice President, Communications, LHM Marketing/Public Relations Departments**

This policy is to be reviewed **annually** for compliance and relevance by:
**Vice President of Corporate Communication**

## EXHIBIT A

## Frequently Asked Questions and Answers for DCHS Associates Communicating LHM-Related Content through Social Media

The health care industry, like many other industries, has embraced the use of Social Media. Social Media sites, including blogs, facilitate communication, education, collaboration with others, community relations and more. For many, the Internet is a tool to aid in daily business practices that improves work quality and job satisfaction. The Internet provides a wide array of resources, services, and interconnectivity to DCHS associates and physicians. However, there are also risks associated with inappropriate Internet access and use which must be addressed through appropriate safeguards, policies and practices, education and training, and appropriate corrective action when necessary. Monitoring appropriate use of the Internet is a joint responsibility of the organization's leadership, information technology (IT) support staff, and human resources and marketing communication leaders.

These FAQs provide guidance about how associates should be communicating on Social Media sites. Associates should refer to the DCHS Policy for more definitive instructions. You may also ask a member of your Marketing/Communications Department if you have any questions about what is appropriate to include in your personal blog or social networking profile. Remember that if you wouldn't want your manager or others at your LHM or DCHS to see your comments, it is unwise to post them to the Internet.

Q: Can I access my Social Media site for personal use while at work?
A: Unless you are authorized as a part of your job, it is not permissible to visit Social Media sites during your hours of employment.

Q: If I maintain a profile on Facebook and choose to list that I'm employed by a DCHS Local Health Ministry, am I responsible for what my friends post to my wall?
A: No, your Facebook profile is private and it is not our intent to regulate what your friends say on your wall.

Q: I am a "fan" of certain groups on Facebook and I follow their posts and events closely. If one of these organizations is a competing hospital or health system, am I allowed to post negative comments about them on its page?
A: You are free to personally speak or write anything that is truthful and non-confidential on your personal Social Media platforms. However, as an ethical matter, DCHS believes that posting negative information about any organization, even a competitor, is not appropriate. At the very least, an individual posting this information should make it clear that he or she is not speaking on behalf of or as a representative of, DCHS.

Q: If I post a negative comment about my employer or a fellow associate on a public blog, will I be reprimanded?
A: It is possible. As an associate, your views carry a powerful influence on public perception. Before you decide to post a negative comment, carefully evaluate the situation. If you would make this comment directly to your supervisor and his or her supervisor comfortably, then it may be suitable to post. Be sure to consider this before posting your comment. Also, remember that gossiping about your co-workers is not only inappropriate, it could reflect negatively on DCHS in general.

Q: If I engage in a dialogue about my employer and agree with other people who are posting

negative comments, will I get in trouble with my employer?
A: While DCHS supports its associates' First Amendment rights, you should remember that a large part of DCHS's business – and the livelihood of its associates – depends on our patients' confidence in the quality of care DCHS provides. As such, you should carefully consider whether your posts will have a negative effect on the reputation of DCHS, its affiliates, associates, patients or visitors. If your posts could negatively affect DCHS's reputation or brand, you should not identify your connection to DCHS. In addition, you should be mindful that if there are any legal actions pending against DCHS, or which may be initiated against DCHS, and your post is viewed by a plaintiff's attorney, you may be identified as a potential witness and be subpoenaed by that attorney to testify against DCHS in a court of law. You should consider this before posting anything about a situation where you were not an eyewitness, where you may not have been privy to all of the facts surrounding the circumstance, or where you would feel uncomfortable testifying in a court of law. If you have been approached by DCHS management regarding a pending law suit, you should be aware that the contents of that conversation are likely confidential and should not be shared publicly.

Q: I have a positive patient story that others could learn from. If I post a video interview of a patient without his or her express written consent, am I violating any laws?
A: Yes. It is a violation of federal and state law as well as a violation of DCHS privacy policy to post <u>any</u> patient information, including a video. Please contact your LHM Marketing/Communications Department to find out how to capture and share a patient story appropriately and legally.

Q: Is it appropriate to discuss my religion if I see people discussing the Mission-based focus of DCHS online?
A: You are free to personally speak or write anything that is truthful and non-confidential on your personal Social Media platforms. You should carefully consider the fact that anything you post could cause controversy or be misconstrued by your audience. You must also make it clear that you are not speaking on behalf of DCHS. In those circumstances, you may want to include this disclaimer: "The views expressed on this [blog; website] are my own and do not reflect the views of my employer." Consider adding this language in an "About me" section of your blog or social networking profile.

Q: Is it okay for me to say that I am a representative of DCHS?
A: No. Only if you are employed in the Human Resources, Public Relations or Marketing/Communications Departments, and are acting in an authorized capacity and an authorized forum as an employee of one of those departments. Otherwise, it is not appropriate to portray yourself as a designated representative of the organization.

Q: If I post details about my current employment status, and I'm at work complaining about not wanting to work, will I be reprimanded?
A: It is possible. Keep in mind that whatever you post on Social Media sites is very public. If you are posting during work hours for reasons unrelated to your job duties, and you are not on an authorized break, and/or you are using DCHS equipment, you may be violating other policies. Carefully consider posting anything that could be misinterpreted by your audience.

Q: If I follow someone on Twitter who expresses unpopular beliefs that are not aligned with those of DCHS, will I be terminated?
A: If you are simply following and not posting, you are free to pursue your interests.

Q: Are there ways I can keep my activities on my personal Social Media platform private from individuals I don't know or those whom I don't want to see what I am posting?
A: Many Social Media platforms offer various levels of privacy protections. If there are specific

individuals that you do not wish to grant access, do not confirm these individuals as a friend, follower, connection, fan or member. Confirming them would give them access to your profile and any posted information about you. However, do keep in mind that there has been controversy surrounding various Social Media platforms that have granted greater access for public view than the individual user understood. Each Social Media site has its own privacy policy. Review the policies on the sites where you post to ensure your privacy is protected.

Q: What activities can I engage in on my Social Media platform to support my hospital, facility, DCHS or health care in general?
A: We encourage you to share your enthusiasm about our Mission and our focus on compassionate care, and to speak about your areas of expertise. Your participation in discussions could reflect positively on DCHS. In fact, the best advertising is word of mouth – or word of keyboard. For example, a well-written Facebook post about a new service or the care we give our patients will have a greater effect than a paid TV commercial. A message from an individual carries more weight than a corporate message. Remember to communicate in a professional, legal manner. We encourage associates to share positive experiences, as well as to educate their communities about our services and Mission. However, unless you have asked the Legal Department, Human Resources or Marketing Department to review your post prior to posting it, please specifically indicate that you are expressing your own particular opinion, and that you are not speaking as a paid representative of DCHS.

Q: If I am contacted by the media as a result of my Social Media activities, how should I respond?
A: Please immediately contact your Public Relations or Marketing/Communications Department so that they can guide you on how to appropriately respond to media inquiries.

St. Francis Medical Center
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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – GENERAL EMPLOYMENT**

**SECTION 900**
**POLICY # 924**



| TITLE: SOLICITATION POLICY | | |
|---|---|---|
| **Date Effective: 2/1978** | **Date Revised: October 1, 2008** | **Revision # 9** |
| **Originating Signature:** LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | **Approving Signature:** GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 To regulate the solicitation of services or merchandise and distribution of literature, on Medical Center premises and its related properties, and to prevent disruption of Medical Center activities as they relate to patient care and inconvenience to patients and visitors.

## SECTION 2. POLICY

2.1 Staff members shall not distribute literature for any purpose in any work area. Work areas are defined as all areas of the Medical Center except the cafeteria, designated staff lounges, locker rooms, and parking lot.

2.2 Staff members shall not solicit for any purpose in any patient care area. Patient care areas include patient rooms, diagnostic and therapeutic areas, nursing stations, the corridors of patient treatment areas or patient rooms, and sitting rooms for patients and visitors.

2.3 Staff members shall not solicit for any purpose or distribute literature during their work time. For purposes of this policy, "work time" includes the working time of both the staff member doing the soliciting and the staff member being solicited. "Work time" does not include break or meal periods.

2.4 Persons not employed by the Medical Center may not solicit offer services or merchandise or distribute literature, on Medical Center property for any purpose at any time.

2.5 Staff members are permitted inside Medical Center buildings only during their assigned work hours unless they have authorization to be present at other times.

2.6 Staff members are not to solicit or distribute in such a manner as to impede access in and out of, or within, the Medical Center, or to otherwise interfere with Medical Center operations or patient care.

2.7 Distribution of literature on non-work time in non-work areas must not occur in such a manner as to litter the medical center grounds.

2.8 Posting of literature, on Medical Center property is permitted only with prior permission and only on approved bulletin boards.

## SECTION 3. APPLICABILITY & SCOPE

3.1 Department Managers are responsible for granting permission to post literature on approved department bulletin boards located within their respective department. All approved postings must contain the Department Manager's signature and final approved posting date on the reverse side of the posted materials.

3.2 Human Resource Services is responsible for granting of permission to post literature on approved bulletin boards which are not under the control or jurisdiction of a specific department. All approved materials must contain the "Approval for Posting" stamp of Human Resource Services along with the final approved posting date on the reverse side of the posted materials.

## SECTION 4. PROCEDURE

4.1 All staff members are to read and become familiar with the Medical Center's "Solicitation Policy" and provisions.

4.2 Management should be knowledgeable of the Medical Center's "Solicitation Policy" and enforce the policy when necessary.

4.3 Human Resource Services is responsible for interpreting the "Solicitation Policy" to staff members and members of management.

Approved:
Patients Rights &
Ethics Team
QA/I-CIB
MEC
BOD 07/14/09
Mgmt. Council

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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – GENERAL EMPLOYMENT**

**SECTION 900**
**POLICY # 925**



| TITLE: SUBSTANCE ABUSE POLICY | | |
|---|---|---|
| Date Effective: SFMC 12/93 | Date Revised: October 1, 2012 | Revision # 6 |
| Originating Signature: LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | Approving Signature: GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 St. Francis Medical Center is committed to maintaining a work environment that promotes the interests of associate safety, efficiency, health, and productivity. It also recognizes that associate involvement with drugs and alcohol can be extremely disruptive and harmful to associates, patients, and the public. It can adversely affect the quality of work and the performance of associates, pose serious safety and health risks to the user and others, and have a negative impact on work efficiency and productivity.

In keeping with the long-standing commitment to provide an environment that is free of drug and alcohol abuse, SFMC has formulated the following policy regarding substance abuse.

## SECTION 2. POLICY

2.1 This policy applies to all associates and contract service providers. All job applicants receiving offers of employment shall be required to submit to a post-offer drug-screening test as a condition of employment.

## SECTION 3. APPLICABILITY & SCOPE

3.1 "Alcohol" means any alcoholic beverage, including wine, beer, and all forms of distilled liquor.

3.2 "Drug" means any substance that has known mind or function-altering effects on a human, specifically including psychoactive substances and including, but not limited to, substances controlled, regulated or prohibited by state and federal law.

3.3 "Under the influence" means that the associate is affected by a drug or alcohol or the combination of a drug or drugs and alcohol in any detectable manner. The symptoms of

influence are not confined to those consistent with misbehavior, nor to obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance. A determination of influence can be established by a professional opinion, a scientifically valid test and, by a lay person's reasonable opinion based on reasonable suspicion of a violation of this policy. AN ASSOCIATE WILL BE PRESUMED TO BE UNDER THE INFLUENCE WHENEVER THE PRESENCE OF DRUGS OR ALCOHOL IN AMOUNTS EXCEEDING ESTABLISHED THRESHOLDS ARE DETECTED IN A SUBSTANCE ABUSE TEST ADMINISTRATED UNDER THE TERMS OF THIS POLICY.

## SECTION 4. PROCEDURE

4.1 SFMC prohibits the unlawful use, possession, transportation, transfer, manufacture, distribution, dispensation, or sale or purchase of drugs or paraphernalia while on duty or while on Medical Center property or while operating any vehicle or potentially dangerous equipment. SFMC also prohibits associates from reporting for work or working under the influence of any drug, alcohol or other substance that may in any way affect work performance, alertness, coordination or response, or the safety of the associate or others.

## SECTION 5. MEDICALLY AUTHORIZED DRUGS

5.1 The use of prescribed drugs, or possession incident to such use, is not prohibited by this policy if:

5.1.1 The drug has been legally obtained and is being properly used for the purpose for which it was prescribed; and

5.1.2 The use of the drug is not inconsistent with the safe and efficient performance of the associate's duties.

5.1.3 An associate who is using or intends to use a prescribed or over-the-counter drug (such as pain medication, anti-depressants or other drugs), who has been informed or has reason to believe that the use of any such drug may limit his/her ability to perform any job duties safely and/or efficiently, is required to advise the associate's supervisor, before reporting to work, that he/she is using a prescribed drug, and that the use of such drug may affect the associate's ability to perform his/her job duties safely and/or efficiently. Any supervisor so notified shall immediately consult with Human Resource Services/Employee Health in order to consider what accommodations, if any, can be made to facilitate employment without risk to the safety of the associate or other individuals or loss of efficiency. Every effort should be made to treat information concerning an associate's use of prescribed medications confidentially. Accordingly, only those persons who have a need or right to know should have access to such information.

## SECTION 6. FITNESS FOR DUTY EXAMINATION AND TESTING

6.1 SFMC may require that an associate submit to a physical examination and/or clinical testing designed to detect the presence of drugs and/or alcohol if there is a reasonable suspicion that the associate either possesses, controls or is under the influence of a drug and/or alcohol in violation of this policy, and/or has been involved in the use, transportation, transfer, sale, purchase, manufacture, possession, dispensation, and/or distribution of drugs in violation of this policy. Failure to cooperate in fitness for duty examinations and/or clinical testing when requested may result in disciplinary action, up to and including possible termination, for a first offense or any subsequent offense.

## SECTION 7. DRUG TEST PROCEDURE

7.1 Tests shall be accomplished through analysis or urine, blood, breathalyzer, hair sample, or other recognized testing technique, prior to the collection of the sample; the associate shall be notified that the Medical Center is requesting that the associate be tested for the presence of drugs and/or alcohol. The Medical Center will then obtain the sample to be identified and tested for the presence of drugs and/or alcohol.

If the test of the sample is positive for any drug (or metabolite[s]) or alcohol, the sample shall be tested a second time by another reliable method.

The Medical Center will notify the associate of the results of any test. In the case of a positive result, the Medical Center will provide the associate with an opportunity to explain the presence of the identified substance prior to taking any disciplinary action. Associates testing positive may also request a second confirmation test of the original sample, at their own expense.

## SECTION 8. REPORTING

8.1 Any associate who is convicted of criminal conduct related to drugs must notify the Vice President of Human Resource Services within five (5) days of any such conviction.

## SECTION 9. DISCIPLINARY ACTION

9.1 Associates who violate or who refuse to cooperate with any aspect of this policy will be subject to appropriate disciplinary action up to and including termination of employment. SFMC will discipline or terminate any associate who is convicted of an offense that involves the use, sale, purchase, transportation, transfer, manufacture, dispensation, distribution or possession of illegal drugs. Nothing in this policy shall be construed to conflict with the at-

will nature of the employment relationship between associates and the Medical Center.

## SECTION 10. EMPLOYEE ASSISTANCE

10.1 SFMC attempts to (intends to) maintain an Employee Assistant Program (EAP) which provides help to associates who suffer from alcoholism, drug abuse, and other personal or emotional problems. However, it is the responsibility of each associate to seek necessary assistance before alcohol or drug problems adversely affect performance or lead to disciplinary action. If a violation of this policy occurs, a subsequent attempt to seek and obtain assistance on a voluntary basis will not necessarily prevent or lessen disciplinary action and may, in fact, have no bearing on the determination of the appropriate disciplinary action. Eligible associates may request a leave of absence to participate/attend in a drug and/or alcohol rehabilitation program if they wish to do so. An associate's decision to seek assistance will not be used as a basis for disciplinary action and will not be used against the associate in any disciplinary proceeding. On the other hand, the mere fact that an associate has sought or intends to seek professional assistance will not be a defense to the imposition of disciplinary action where facts proving a violation of this policy, or other policy infractions or SFMC Policy/Procedures are obtained or the Medical Center determines that any associate's performance or conduct warrants disciplinary action. Accordingly, the purposes and practices of this policy and the EAP are not in conflict and are distinctly separate in their applications.

## SECTION 11. RESPONSIBILITY

11.1 Any supervisor who notes objective symptoms of substance abuse or behavioral changes in an associate should:

11.1.1 Immediately arrange for the presence of another supervisor, manager, or Human Resources designee to act as a witness and interview the associate in a private, secluded area.

11.1.2 Advise the associate that you suspect he/she is under the influence of drugs or alcohol. Advise the associate that the observed symptoms are grounds for discharge. Advise the associate of the specific symptoms. If the associate denies being under the influence and cannot offer a satisfactory explanation for the evidence of impairment, advise the associate that as an alternative to discipline or discharge based on observed symptoms, the associate will be given the opportunity to submit to a drug or alcohol test to prove his/her innocence. Advise the associate that the examination will be the Medical Center's cost. Document the interview. If an associate asks for a union representative or co-worker to be present, allow it.

11.1.3 Give the associate the form authorizing release of medical information to sign.

11.1.4 Advise the associate that they will be escorted to the Industrial Clinic/ER and that the testing and transportation if necessary will be at the Medical Center's expense.

11.1.5 For concerns that emerge after 5:00 p.m., the House Supervisor must be notified and should facilitate the situation. The House Supervisor will contact Human Resources Management immediately.

11.1.6 Advise the associate that he/she will not lose pay as a result of taking the examination.

11.1.7 Advise the associate that if he/she fails to cooperate fully with the testing, the Medical Center will have no choice but to conclude, based on the observed symptoms, that he/she is under the influence and is in violation of the Medical Center's substance abuse policy. If the associate nevertheless, refuses to take the test, given him/her an opportunity to present any reasons for such refusal. Do not attempt to use physical force or threats to coerce the testing. If the associate refuses to take the test or refuses to sign the authorization, discipline should be imposed on the basis of observed symptoms, whenever possible, rather than solely for refusal to take the test.

11.1.8 If the associate agrees to be tested, call the Industrial Clinic/ER, advise them that you are sending an associate for testing. Ask to have the results telephoned, with a written verification to follow to Human Resource Services.

11.1.9 Arrange for Escort and/or transportation, if necessary to the testing sight. After the test, the associate should either be transported home or arrangements for transportation by a friend or relative should be made. Associates with signs of impairment should not be allowed to drive.

11.1.10 Pending test results, associates are considered on investigatory suspension.

11.1.11 Associates who pass should be returned to work as soon as possible with no loss of pay. The fact that a drug test was requested should be kept confidential.

11.1.12 Associates who are not returned to work shall not be eligible for pay during the investigatory suspension period.

11.2 Human Resource Services

11.2.1 If an associate fails the test and the positive result is confirmed, associates will be advised by Human Resource Services of the test results and be allowed to explain (i.e., prescription drug, etc.) and provide proof regarding such explanation. The discipline administered should be appropriate to the circumstances. The associate should remain suspended pending review. All disciplinary measures relating to violations of the drug/alcohol policy must be reviewed and approved by the Vice President of Human Resource Services/designee before implementation. Discipline ranges from suspensions of varying lengths to discharge and may include notification to licensing board. Discipline can include mandatory participation in the Employee Assistance Program. All associates found to be impaired through observation or testing should be counseled regarding the Employee Assistance Program.

11.2.2 Written Report(s). In each and every case make a detailed written report of the date, time, and location of the occurrence, with a very specific description of all symptoms observed and description of all actions taken.

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|---|---|
| Mgmt. Council | 8/22/12 |
| Board | 9/11/12 |

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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – EMPLOYEE RELATIONS**

**SECTION 900**
**POLICY # 952**



| TITLE: **TRANSFERS AND/OR PROMOTIONS** | | |
|---|---|---|
| **Date Effective: 5/88** | **Date Revised: October 1, 2008** | **Revision # 5** |
| **Originating Signature:** LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | **Approving Signature:** GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 St. Francis Medical Center encourages the career advancement of all associates. To facilitate this advancement, a weekly posting of job openings is available in Human Resource Services and is posted on all specified bulletin boards located in the Medical Center for a one-week period. All associates are eligible for transfer if they have completed 180 calendar days of service, are performing satisfactorily in their present position, and meet the job requirements for the open position.

2.1 An associate should have worked a minimum of 180 calendar days on the job for which they were hired before a transfer can be considered. In certain situations it may benefit the Medical Center to transfer the associate before the 180 days expire, but written documentation for such a transfer must be submitted to the Vice President of Human Resource Services for approval. All associates requesting a transfer must be in good standing and may not be in any stage of discipline.

2.1.1 An associate transferring to another department must give their supervisor reasonable notice. The releasing and receiving department directors will determine a mutually acceptable transfer date. This period typically not less than two (2) weeks or more than (3).

2.1.2 Associates interested in transferring must meet the minimum requirements set for the new position. They must take and pass any pre-employment test normally given for the position.

2.1.3 Associates requesting a transfer, if qualified, will be invited to interview for the open position.

2.1.4 The same transfer request can not be used for multiple openings. A new request must be completed for each open position.

2.1.5 All associates applying for a transfer will be notified by Human Resource Services whether or not they received the position.

2.1.6 All requests for transfer will be copied and filed in the associate's Human Resource Services file.

2.1.7 For transfers involving a change in the associate's position refer to the Wage and Salary Administration.

2.1.8 Should a transfer, at no fault of the associate, to a new position result in a salary grade that is lower, the associate retains his/her previous rate of compensation provided. That rate shall not exceed the maximum salary of the new position. If the associate's salary exceeds the maximum rate of the new position the associate's salary will be set at the maximum rate of the new position.

## SECTION 3. ACCOUNTABILITY & SCOPE

3.1 Any associate requesting an inter-departmental or intra-departmental transfer and/or promotion must submit a Transfer Request Form to Human Resource Services when the position is posted.

3.1.1 The associate is encouraged to discuss the request to transfer with his or her current supervisor, as they will receive a copy of the Associate's Transfer Request from Human Resource Services.

3.1.2 The interviewing Department Head will receive a copy of the Transfer Request Form from Human Resource Services and will be held responsible to interview all internal candidates. The interviewer will have access to the candidate's personnel file in Human Resource Services to determine work experience, performance levels, education and salary.

3.1.3 All Department Managers, who are considering the receipt of an internal transfer candidate, are responsible for doing a reference on the viability of candidates by discussing performance with the current Department Manager prior to final determination.

Approved:
Patients Rights &
Ethics Team
QA/I-CIB
MEC
BOD 07/14/09
Mgmt. Council

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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – COMPENSATION & BENEFITS**

**SECTION 900**
**POLICY # 990**



| TITLE: TUITION REIMBURSEMENT | | |
|---|---|---|
| **Date Effective: 06/84** | **Date Revised: October 1, 2008** | **Revision # 8** |
| **Originating Signature:** LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | **Approving Signature:** GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE and APPLICABILITY

1.1 To promote the professional growth of St. Francis Medical Center associates in their efforts to advance by taking courses or working toward degrees, credentials or licenses which are directly job related.

1.2 This program applies to all benefit eligible associates not covered by a collective bargaining agreement.

## SECTION 2. POLICY

2.1 After six calendar months in a benefit eligible status, associates may be reimbursed the cost, in full or in part, of tuition and textbooks for approved job related courses of study which directly relate to their current positions or positions to which they may reasonably aspire. These courses shall be taken through accredited colleges, universities or correspondence schools.

2.1.1 Benefit eligibility must be maintained for the duration of the course.

2.1.2 Courses of study must be taken outside of the associate's regular working hours.

2.1.3 Reimbursement of approved courses is provided to the associate after evidence of receiving a grade of "C" or above is furnished or a certificate of successful completion.

2.2 Not more than $1,000.00 is reimbursed to non bargaining associates in any one calendar year, as determined by the actual payment of the reimbursement, for non-degree related expenses. Non-bargaining unit associates are eligible for up to an additional $1,500.00 per calendar year, for the purposes of degree related education.

2.3 Tuition reimbursement may be considered taxable earnings during the year it is paid.

2.4 Reimbursement for correspondence courses is granted only when the correspondence course is offered by a recognized accredited educational institution.

2.5 Reimbursement is not granted to cover the cost of registration fees, health fees, periodicals or equipment related to the course, or for transportation or parking.

2.6 Course must result in a grade of 'C' or better to obtain reimbursement. Where no letter grade is granted, a confirmation of "passing" is required.

## SECTION 3. PROCEDURE

3.1 Associates shall apply and receive written approval for tuition reimbursement **prior** to the start of the class.

3.2 Reimbursement (for non-bargaining unit positions) shall be requested on an application form provided by the Human Resource Services Department. The Tuition Reimbursement application is completed in full and accompanied by descriptive course material before it is considered for approval. Description must include itemized cost of course/seminar.

3.3 Upon completion of the course, the associate will submit the signed Tuition Reimbursement form along with receipts for tuition and/or books in the form of a cancelled check, internet receipt or original receipt, and a passing grade of "C" or better or a certificate of successful completion/attendance in order to receive reimbursement.

Approved:
Patients Rights &
Ethics Team
QA/I-CIB
MEC
BOD 07/14/09
Mgmt. Council

| TITLE: UNLAWFUL HARASSMENT | | |
|---|---|---|
| Date Effective: 04/98 | Date Revised: July 1, 2006 | Revision # 5 |
| Originating Signature: LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | Approving Signature: GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 It is the policy of St. Francis Medical Center to provide a work environment that is free of harassment and discrimination. Therefore, the medical center maintains a strict policy prohibiting all forms of harassment, including sexual harassment and harassment based on race, color, age, or any other characteristic protected by state or federal law. Harassment of or by associates, supervisors, coworkers, independent contractors, vendors or medical staff is strictly prohibited.

## SECTION 2. POLICY

2.1 This policy applies to all Medical Center agents and associates, including supervisory and non-supervisory personnel and independent contractors.

2.2 Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature.

Such conduct is unlawful when:

2.2.1 Submission to the conduct is made either explicitly or implicitly a term or condition of employment.
2.2.2 Submission to or rejection of such conduct is used as a basis for an employment decision affecting the staff member.
2.2.3 Such conduct has the purpose or effect of unreasonably interfering with an associate's work performance, or creating an intimidating, hostile, or offensive work environment.

2.3 Examples of sexual harassment include unwelcome sexual flirtations, advances, or propositions; offering employment benefits in exchange for sexual favors; subtle pressure or requests for sexual favors; making or threatening reprisals after a negative response to a sexual advance; unnecessary touching of an individual; visual conduct such as leering, making sexual gestures, displaying of sexually suggestive objects or pictures, cartoons or

posters; verbal conduct such as making or using derogatory comments, epithets, slurs and jokes; verbal abuse of a sexual nature such as graphic verbal commentaries about an individual's body, sexually degrading words to describe an individual, suggestive or obscene letters, notes, or invitations.

2.4 This policy applies to all harassment based on any protected category.

2.5 Violations of this policy will result in disciplinary action up to and including immediate termination.

## SECTION 3. APPLICABILITY & SCOPE

3.1 If a Manager/Supervisor becomes aware of any actual or potential harassment, the Manager/Supervisor must immediately contact the Vice President, Human Resource Services or designee to ensure that appropriate action is taken.

3.2 Staff members who believe they are being, or have been, subjected to harassment by anyone, whether a supervisor, co-associate, client, or vendor, or who are witnesses to unlawful harassment, should immediately report the facts of the incident or incidents to their immediate supervisor or to the Vice President, Human Resource Services or any management personnel they are comfortable reporting this to. Management personnel who have information reported to them should immediately report harassment complaints to the Vice President, Human Resource Services.

3.3 Staff members who report claims of harassment shall be informed by the Vice President, Human Resource Services of their right to complain and address the harassment; and the associate's own obligation to secure their rights.

## SECTION 4. PROCEDURE

4.1 The Human Resource Services department will immediately, thoroughly, objectively and confidentially investigate all complaints of harassment. The investigation will include interviews of the individuals believed to have information regarding the alleged harassment. If a determination is made that unlawful harassment occurred, the Vice President, Human Resource Services will ensure that appropriate preventative, corrective, and disciplinary action is taken. The results of the investigation will be communicated to the complaining staff member, to the alleged harasser and, if appropriate, to others directly concerned.

4.2 No staff member will be retaliated against for making a complaint or bringing inappropriate conduct to the attention of management, for preventing unlawful practices, or for participating in an investigation, proceeding, or hearing conducted by any State or Federal agency.

4.3 It is the obligation and expectation that all associates will cooperate fully in the investigation process. In addition, disciplinary action will be taken against any staff member(s) who attempt to discourage or prevent any harassment victim from using the medical center's complaint procedure to report harassing conduct.

4.4 In complaints of harassment involving a member of the Medical Staff, the Human Resource Services, Vice President will report directly to the President and a full investigation will be conducted in accordance with the Medical Staff Bylaws.

4.5 Persons who have made complaints of harassment or who have participated in the investigation should immediately report to the Vice President of Human Resource Services and/or their Department manager if the harassment resumes or if they believe that they have been retaliated against.

| Approved: | |
|---|---|
| Patients Rights & Ethics Team | |
| QA/I-CIB | |
| MEC | |
| BOD | 11/14/06 |
| Mgmt. Council | 11/13/06 |

St. Francis Medical Center
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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – EMPLOYEE RELATIONS**

**SECTION 900**
**POLICY # 954**



| TITLE: **ZERO TOLERANCE POLICY FOR WORKPLACE VIOLENCE** | | |
|---|---|---|
| **Date Effective: September, 2002** | **Date Revised: October 1, 2008** | **Revision # 3** |
| **Originating Signature:** LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | **Approving Signature:** GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 St. Francis Medical Center recognizes that violence in the workplace is a growing nationwide problem necessitating a firm, considered response by employers. The costs of workplace violence are great, both in human and financial terms. Therefore, St. Francis Medical Center has adopted this zero tolerance for workplace violence policy.

1.2 The safety and security of St. Francis Medical Center associates is of vital importance. Acts or threats of physical violence, including intimidation, harassment and/or coercion, which involve or affect St. Francis Medical Center or its associates or which occur on medical center property or during work hours will not be tolerated.

1.3 This prohibition against threats and acts of violence applies to all persons involved in the operation of St. Francis Medical Center, including, but not limited to, Medical Center personnel, contract and temporary workers and anyone else on St. Francis Medical Center property. Violations of this policy, by any individual on Medical Center property, by any individual acting as a representative of St. Francis Medical Center while off Medical Center property or by any individual acting off Medical Center property when his or her actions affect the business interests of St. Francis Medical Center, will lead to disciplinary and/or legal action as appropriate.

## SECTION 2. POLICY

2.1 Definitions

2.1.1. Workplace violence is any intentional conduct which is sufficiently severe, offensive or intimidating to cause an individual to reasonably fear for his or her personal safety or the safety of his or her family, friends and/or property such that employment conditions are altered or a hostile, abusive or intimidating work environment is created for one or more Medical Center [global] associates. Examples of workplace violence include, but are not limited to, the following:

2.1.1.1 Threats or acts of violence occurring on medical center premises, regardless of the relationship between St. Francis Medical Center and the parties involved in the incident.

2.1.1.2 Threats or acts of violence during work hours or occurring off medical center premises involving someone who is acting in the capacity of a representative of St. Francis Medical Center.

2.1.1.3 Threats or acts of violence occurring off medical center premises involving an associate of St. Francis Medical Center if the threats or acts affect the business interests of St. Francis Medical Center.

2.1.1.4 Threats or acts of violence occurring off medical center premises of which an associate of St. Francis Medical Center is a victim if St. Francis Medical Center determines that the incident may lead to an incident of violence on medical center premises.

2.1.1.5 Threats or acts resulting in the conviction of an associate or agent of St. Francis Medical Center, or of an individual performing services for St. Francis Medical Center on a contract or temporary basis, under any criminal code provision relating to violence or threats of violence which adversely affect the legitimate business interests of St. Francis Medical Center.

2.2 Specific examples of conduct, which may be considered threats or acts of violence under this policy include, but are not limited to the following:

2.2.1 Threatening or intimidating physical or aggressive contact directed toward another individual.

2.2.2. Threatening or intimidating an individual or his/her family, friends, associates or property with physical harm.

2.2.3 The intentional destruction or threat of destruction of St. Francis Medical Center or another's property.

2.2.4 Harassing or threatening phone calls, emails, text messages and voicemails.

2.2.5 Surveillance.

2.2.6 Stalking.

2.2.7 Veiled threats of physical harm or intimidation.

**TITLE:**
**ZERO TOLERANCE POLICY FOR WORKPLACE VIOLENCE**

2.3 Workplace violence does not refer to occasional comments of a socially acceptable nature. Such comments may include references to legitimate sporting activities, popular entertainment or current events. Rather, it refers to behavior that is personally offensive, threatening or intimidating.

## SECTION 3. APPLICABILITY & SCOPE

3.1 Enforcement

3.1.1 Any person who engages in a threat or violent action on medical center property may be removed from the premises as quickly as safety permits and may be required, at St. Francis Medical Center's discretion, to remain off the premises pending the outcome of an investigation into the incident.

3.1.2 When threats are made or acts of violence are committed by a medical center associate, a judgment will be made by St. Francis Medical Center as to what actions are appropriate, including possible medical evaluation and/or possible disciplinary action.

3.1.3. Once a threat has been substantiated, it is St. Francis Medical Center's policy to put the threat maker on notice that he/she will be held accountable for his/her actions and then follow through with the implementation of a decisive and appropriate response.

3.1.4 Under this medical center policy, decisions may be needed to prevent a threat from being carried out, a violent act from occurring or a life-threatening situation from developing. No existing St. Francis Medical Center policy or procedure should be interpreted in a manner that prevents the above from occurring.

3.2 Temporary and Permanent Restraining Orders. Any associate who applies for a temporary or permanent protective or restraining order which lists any St. Francis Medical Center location as a protected area must provide to the Human Resources Department a copy of the petition and declarations used to apply for the order. Any associate who obtains a temporary or permanent protective or restraining order which lists any St. Francis location as a protected area must provide to the Human Resources Department a copy of the order. Such information will be kept confidential to the extent possible without compromising the safety and security of St. Francis Medical Center and its associates.

3.3 St. Francis Medical Center will make the sole determination of whether, and to what extent, threats or acts of violence will be acted upon by St. Francis Medical Center. In making this determination St. Francis Medical Center may undertake a case-by-case analysis in order to ascertain whether there is a reasonable basis to believe that workplace violence has occurred. No provision of this policy shall alter the at-will nature of employment at St. Francis Medical Center.

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Patients Rights & Ethics Team
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Mgmt. Council

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# Human Resources
# Benefit Highlights

*Maria Burtcher-Avila*
*Senior HR Generalist*
*Telephone – (310) 900-8458*

## Benefits

- Medical / Dental / Vision
- Retirement / TSA
- Paid Time Off (PTO)
- Healthcare Spending Account
- Child Care Spending Account
- Life Insurance
- Accidental Death and Dismemberment
- Education Reimbursement
- Theme Park & Movie ticket discounts
- Long Term and Short Term Disability
- Long Term Care
- Employee Assistance Program

*If you have any questions, please do not hesitate to call the number listed above. Thank you!*

THE HARTFORD

How to File a Claim

# FILE A CLAIM WITH CONFIDENCE.

St. Francis Medical Center

**Your disability and leave management programs are managed by The Hartford, a leader in disability and leave services. They are user-friendly benefits that provide essential support services while you're away from your workplace.**

Policy Numbers
Medical Absence: 402105
Voluntary STD/LTD: 696996

The Hartford makes it easy to file a claim. Just follow these steps.

## STEP 1 Know when it's time to file a claim or, request a leave.

If you're absent from work, we can advise you on when to file your claim or, request a leave. If your absence is scheduled, such as an upcoming hospital stay, simply call us within 30 days of your last day at work. If unscheduled, please call us as soon as possible.

## STEP 2 Have this information ready.

- Name, address, policy number, and other key identification information.
- Name of your department and last day of active full-time work.
- Your manager's or HR Representative's name and phone number.
- The nature of your claim.
- Your treating physician's name, address, and phone and fax numbers.

## STEP 3 Make the call.

With your information handy, call The Hartford at 1-866-272-1229.
You'll be assisted by a caring professional who'll take your information, answer your questions and file your claim.

PLEASE CUT

**TO FILE A CLAIM OR, REQUEST A LEAVE, CALL THIS NUMBER:**

1-866-272-1229

THE HARTFORD

Medical Absence: 402105
Voluntary STD/LTD: 696996

If you're absent from work we can advise you on when to file a claim or, request a leave. If your absence is scheduled, such as an upcoming hospital stay, call within 30 days of your last day of work. If unscheduled, please call us as soon as possible.

Expertise without equal.
Benefits without burden.

THE HARTFORD

## Get supportive assistance.

Even after your claim has been filed, or you have requested a leave, we may be in touch to check your progress, answer questions or obtain additional information from you. Our goal is to offer a smooth and hassle free experience until you return to work. Feel free to also call us with anything that's on your mind. We're here to help.

## Relax and stay positive.

You have the assurance of our knowledge, expertise, and understanding of what you are going through. We're with you all the way, so you can receive the benefits you qualify for and get back to your life.

## Quick facts.

The Hartford's goal is to get you through your time away from work with dignity and assist you in any way we can. Keep the card below in a safe place for future use. We'll be there when you need us.

USA PARALYMPICS

**THE HARTFORD IS THE OFFICIAL DISABILIT INSURANCE SPONSOR OF U.S. PARALYMPICS.**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home office of both companies is Simsbury, CT.

Expertise without equal.
Benefits without burden.

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**WHEN YOU CALL THE HARTFORD WILL ASK YOU TO PROVIDE:**

- Name, address, policy number, and other key identification information.
- Name of your department and last day of active full-time work.
- Your manager's or HR representative's name and phone number.
- The nature of your claim or, reason for requesting a leave.
- Your treating physician's name, address, and phone and fax numbers.

PLEASE CUT

# Daughters of Charity Health System 2013-2014 Benefits Briefing

St. Francis Medical Center

Daughters of Charity Health System

BE WELL. WORK WELL. LIVE WELL.
BODY, MIND & SPIRIT

# Daughters of Charity Health System 2013 Benefits Briefing

St. Francis Medical Center

Daughters of Charity Health System

BE WELL. WORK WELL. LIVE WELL.
BODY, MIND & SPIRIT

# DCHS and You

Our ***Mission*** and ***Vincentian Values*** call on us to support healthy lives and full human development for our community and ourselves. Through DCHS's Benefits and Wellness program, we encourage wellness and health to improve the quality of life for you and your family, while helping lower healthcare costs. DCHS shares a portion of the costs with our associates to keep healthcare costs as reasonable as possible for today, and for the future.

# DCHS Benefits

- Your Flexible Benefits Program
  - A variety of benefit options
  - The opportunity to choose benefits that meet your needs

- Enroll by the date on your enrollment letter at ***https://www.myDCHSBenefits.com.***

# Your DCHS BENEFITS

- Medical
- Dental
- Vision
- Spending Accounts
- Employee Assistance Plan (EAP)
- Associate Life
- Dependent Life – Spouse/ Registered Domestic Partner
- Dependent Life – Child(ren)
- Accidental Death and Dismemberment
- Long Term Disability
- Voluntary Short Term Disability

# Who is Eligible?

- Associates regularly scheduled to work at least 40 hours per pay period (unless otherwise specified in your union contract), ***and***
- Not classified as a temporary, casual, supplemental, registry, Per Diem Associate or student.

# Your Eligible Dependents

- Legally married spouse or registered domestic partner.
  - Common law spouses are not legally married spouses.
- Unmarried children to 26th birthday
- Any child who is the beneficiary of a Qualified Medical Child Support Order (QMCSO).
- Mentally or physically disabled children who became disabled before age 19.

# When Coverage Begins

- First of the month following a 30-day waiting period (unless otherwise specified in your union contract).

# Your Wellness Assessment

- Blue Shield California (BSC) *confidential*, online Wellness Assessment is available to all associates who are enrolling in a DCHS medical plan
  - Complete Wellness Assessment once benefits are effective
- ***http://www.blueshieldca.com/hlr***

# The Wellness Credit*

***Applies to Non-Represented Associates only***

- For a limited time, once your benefits are effective, a wellness credit will be applied to your medical plan contribution.
- To continue receiving the wellness credit, complete the *confidential*, online Wellness Assessment within 30 days of the date your benefits become effective.

*Illustration* of Medical Plan Contributions –

per pay period, for a full-time associate with associate-only coverage

| Plan | Contribution w/o Wellness Assessment | Minus | Wellness Credit Value | Equals | Contribution with Wellness Credit |
|---|---|---|---|---|---|
| HMO | $36 | - | $27 | = | $9 |
| POS | $87 | - | $37 | = | $50 |

# Family Coverage Categories

- Associate Only
- Associate and Child(ren)
- Associate and Spouse/Registered Domestic Partner
- Associate, Spouse and Child(ren)

# Duplicate Coverage

- If you and a family member are both employed by DCHS, duplicate coverage of Associates and dependents under the Medical, Dental and/or Vision Plans is not permitted.
- Default: If you and/or your family member do not proactively elect the coverage(s) on the next slide, you will default to certain coverage and/or no coverage based on the birthday rule.

# Duplicate Coverage

- Examples of how to enroll:
  - If there are no children to enroll: each associate can enroll in 'Associate Only' coverage, **or**
  - If there are children to enroll: One Associate can enroll in 'Associate Only' coverage and the other can enroll in 'Associate and Child(ren)' coverage, **or**
  - One Associate can waive coverage and the other can enroll in associate + spouse and/or child(ren) coverage.

# Your Medical Options

- Health Maintenance Organization (HMO)
- Point of Service (POS)
- Waive Coverage
  - Full-Time Associates will receive $50 per pay period.
  - Part-Time Associates will receive $25 per pay period.

# Your Dental Options

- Delta Dental PPO 1500
- Delta Dental PPO 800
- CIGNA DHMO
- Waive Coverage
  - Full-Time Associates will receive $5.00 per pay period.
  - Part-Time Associates will receive $ 2.50 per pay period.

# Your Vision Options

- Vision Service Plan (VSP)
- Waive Coverage

# Your Associate Life Insurance Options

- Associate Life
  - $10,000
  - $50,000
  - 1, 2, 3, 4, or 5 times annual base pay
  - Buy up options
- You cannot waive life insurance.
- You will be subject to an imputed income tax for coverage over $50,000.

# Associate Life Insurance Options

- Evidence of Insurability (EOI) is required when:
  - Enrolling when first eligible for coverage greater than $500,000 and/or 3 times annual base pay.
  - Increasing coverage more than 1x pay
- The EOI form must be submitted directly to UNUM as listed on the form.
- Submit the EOI form by the deadline date listed on your Enrollment Letter. UNUM will approve or deny coverage after he deadline date listed.
- You can find the EOI form on ***https://www.myDCHSBenefits.com*** under Benefit Resources & Forms.

# Dependent Life - Spouse/ Registered Domestic Partner

- $5,000
- $10,000
- $25,000
- $50,000
- Waive Coverage

# Dependent Life - Spouse/ Registered Domestic Partner

- Pay for coverage with after-tax payroll deductions.
- Evidence of Insurability (EOI) required when:
  - *Initially* enrolling for coverage of $25,000 or $50,000
  - Enrolling *after* when first eligible <u>*or*</u> increasing coverage to $25,000 or $50,000
- Election *cannot* exceed 50% of Employee Life amount.

# Dependent Life – Child(ren)

- $2,000
- $5,000
- $10,000
- Waive Coverage

# Dependent Life – Child(ren)

- Unmarried children through age 18 are eligible (or up to age 24 if you provide at least 50% of the child's financial support).
- Pay for coverage with after-tax payroll deductions.
- Evidence of Insurability (EOI) *is not requi*red for *initial* enrollment.
- Evidence of Insurability (EOI) *is required* for *subsequent* enrollment to enroll child after initially eligible.
- Election cannot exceed 50% of Employee Life amount.

# Accidental Death and Dismemberment (AD&D)

- $10,000
- 1, 2, 3 or 4 times annual base pay
- Waive Coverage

# Long Term Disability (LTD) Benefits

- Elect to pay for LTD coverage on a pre-tax or post-tax basis (imputed income will be applied to post-tax option).
  - 40% of pay
  - 50% of pay
  - 60% of pay

*You cannot waive LTD.*

# LTD Benefits

- Begins after 180 continuous days of disability.
- Are reduced by other disability benefits you may qualify for, such as Social Security, Worker's Compensation and DCHS retirement plan benefits.
- Last until age 65 (longer if disability began after age 60).

# Voluntary Short Term Disability (STD) Benefits

- Begins after 14 consecutive days unable to work (with proof of disability from doctor)
- Stops when you return to work or after 180 days of continuous disability
- Illness or injury covered by Workers' Compensation, not covered by STD Plans.
- No Evidence of Insurability (EOI) is required for 2012.
- Contact Employee Security Plans with any questions at 1.800.373.3771.

# Spending Accounts

- Health Care Spending Account
- Dependent Daycare Spending Account

# How the Spending Accounts Work

- Participation in one or both accounts is voluntary.
- You set aside pre-tax dollars through payroll deductions.
- Your pre-tax dollars are deposited into one or both accounts.
- You reimburse yourself for qualified health care and dependent daycare expenses.
  - Reimbursement can be made by direct deposit to your checking or savings account.

# Keep in Mind…

- Each account is separate – no transfers between accounts.
- Expenses must be incurred from January 1, 2012 to March 15, 2013.
- Claims for reimbursement must be submitted to WageWorks by March 31, 2013.
- IRS says: "Use it or lose it."

# Health Care Spending Account

- Reimburse yourself for qualified health care expenses not covered by the Medical, Dental or Vision Plans, including:
  - Copayments and deductibles
  - Qualified expenses you pay that exceed plan limits
- List of qualified expenses available from WageWorks at (877) 924-3967 or *www.wageworks.com*

# Over-the-Counter Medications

- Remember, you can only be reimbursed for the cost of certain over-the-counter medications.

## Eligible

- Medicines or drugs, available without a prescription, for which you have obtained a prescription
- Insulin

## Not Eligible

- Antacids*
- Allergy Medications*
- Pain relievers*
- Cold medicines*
- Vitamins
- Dietary supplements

***Eligible if you have a prescription from your doctor.***

# Health Care Spending Account

- You Contribute:
  - Minimum: $100 per Plan Year
  - Maximum: $3,000 per Plan Year

# Dependent Daycare Spending Account

- Reimburse yourself for qualified dependent care expenses so you (and your spouse, if you are married) can work.
- Does ***not*** cover dependent medical expenses.
- Eligible dependents are:
  - Your child(ren) age 12 and under.
  - Dependents incapable of self-care who regularly spend at least eight hours per day in your home.

# Dependent Daycare Spending Account

- Qualified dependent care expenses.
  - Day care centers
  - Baby-sitters
  - Nursery school/preschool tuition
  - Day camp expenses
- Must provide Taxpayer I.D. or Social Security Number for day care provider.

# Dependent Daycare Spending Account

| If you are… | You may contribute up to… |
|---|---|
| A working single parent | $5,000 per year |
| Married and filing a *joint* tax return and…<br><br>• your spouse does not have a DCSA, or<br>• your spouse is a student or disabled | $5,000 per year<br><br>$3,000/year for one dependent, or<br>$5,000/year for two or more dependents |
| Married and filing *separate* tax returns and …<br><br>• your spouse earns less than $5,000/year | $2,500 per year<br><br>Your spouse's annual income |
| Married to another DCHS associate | $5,000 per year combined |

# How to Enroll

- Read your Enrollment Letter, Enrollment Guide, Web User Guide and Summary Plan Description.
- Review your benefit options and enroll online at ***https://www.myDCHSBenefits.com.***
- Complete any necessary forms and submit to your Human Resources by the deadline date on your Enrollment Letter.

# For Newly Added Dependents…

- Submit dependent eligibility documentation to your Human Resources by your enrollment end date or your newly added dependent(s) will be de-enrolled from benefits coverage.

# …Submit Documentation

- Copies of **any one of the following** are acceptable
  - Your most recently filed tax return showing the dependent as an IRS tax dependent
  - The dependent child's birth certificate or adoption certificate
  - Marriage license/certificate
  - Domestic Partner Registry Certificate from the California Secretary of State
  - Qualified Medical Child Support Order (QMCSO)
  - Legal guardianship document approved by or filed with the court

# Before You Login

- You will need your…
  - Social Security Number (SSN)
  - Birth date
  - ZIP code
- You will create a new password to gain access to ***https://www.myDCHSBenefits.com***.

Important: In order to add dependents to the DCHS Plans, you will need to enter their SSNs on the system when enrolling. If your dependents do not have valid SSNs, contact your Human Resources/Benefits Office for an affidavit to complete.

# Logging on for the First Time

- Select create or reset your password
- Create and verify a new, unique password
- Read and accept the online consent

# Step-by-Step Instructions

For more information on using the system, view or print the *Guide* to *myDCHSBenefits.com* found on the home page.

# With https://www.myDCHSBenefits.com You Get:

- Real-time calculations of your payroll deductions.
- A chance to try various combinations of benefit choices.
- A benefit summary you can print out instantly.
- The ability to review and change your selections as often as you like up until the deadline date on your Enrollment Letter.
- The opportunity to add and change your beneficiaries for Life/AD&D online at anytime.

# A Few Words about Security…

- ***https://www.myDCHSBenefits.com*** is a secure site.
- For your own security, don't share your password with anyone.
- You can change your password anytime.
- If you forget your password, select <u>create or reset your password</u> on the home page.

# Using https://www.myDCHSBenefits.com

- Use any computer with Internet access.
- Click "Save and Continue" on each screen to save your elections.
- Print out your Confirmation Statement for your records.
- Complete and return any required forms by the deadline date found on your Enrollment Letter.

# If You Don't Take Action

- You will *automatically* be enrolled in the Default Plan or the Rollover Plan.
- You may forfeit any remaining Benefits Cash Back.
- You cannot make changes until the next open enrollment (unless you have a qualified life event change – e.g. birth, adoption, marriage, divorce, etc.).

*You must enroll/re-enroll each calendar year to continue participating in the Spending Accounts.*

# After You Enroll

- Review your Confirmation Statement *carefully*.
- If you find any errors, correct them on ***https://www.myDCHSBenefits.com*** before midnight on your enrollment deadline.

# Daughters of Charity Health System

## In the spirit of Saving

DIVERSIFIED INVESTMENT ADVISORS

Daughters of Charity Health System

WELL.

# Diversified Makes It Work

- Exclusive focus on retirement plans for over 50 years
- Over $74 billion in retirement plan assets
- Experienced professionals average 10 years with Diversified, over 12 years in industry
- 10-year average client relationship
- Over 1,400,000 participants

# Clients Serviced by Diversified

FannieMae FOUNDATION

OLYMPIC MEDICAL CENTER

Exempla HEALTHCARE

PLAYBILL® Serving theatre since 1884

Park Nicollet

ST. JOSEPH HEALTH SYSTEM

Save the Children® USA

TRINITY HEALTH

totes

SONY

ASCENSION HEALTH

LEE MEMORIAL HEALTH SYSTEM

RACK ROOM SHOES The Big Brands! The Big Savings!

GUCCI

HELENA RUBINSTEIN FOUNDATION

ST MOBILE AEROSPACE ENGINEERING

MoMA Daughters of Charity Health System

Lenox Hill Hospital

BE WELL. WORK WELL. LIVE WELL.
BODY, MIND & SPIRIT

*Trademarks are the intellectual property of their respective owners.

# Current Retirement Benefits

Daughters of Charity Health System:

# Summary of Active St. Francis Medical Center Retirement Plans

1. DCHS TSA Plan (Diversified Investment Advisors)
2. DCHS Match Benefit (Diversified Investment Advisors)
3. DCHS Retirement Plan – Basic Pension Benefit (NYLIM)

# Vesting Schedules

## Pension Plan and Match Benefit Vesting Schedules

- A 5-year cliff AND graded vesting schedule will apply:

| Pension | | Match Benefit | |
|---|---|---|---|
| After 1 year | —› 0% | After 1 year | —› 20% |
| After 2 years | —› 0% | After 2 years | —› 40% |
| After 3 years | —› 0% | After 3 years | —› 60% |
| After 4 years | —› 0% | After 4 years | —› 80% |
| After 5+ years | —› 100% | After 5+ years | —› 100% |

# Your 2009

DIVERSIFIED INVESTMENT ADVISORS

www.divinvest.com
(800) 755-5801

The pie chart in the Investment Allocation of Your Account Balance section illustrates the allocation of your account among the available investment options, as of the last date of the statement period.

The Account Summary section provides an overview of activity in your account during the statement period.

"Vesting" indicates your ownership of your account.

This statement has been carefully prepared to ensure that it is accurate and up-to-date. Any discrepancy should be brought to Diversified's attention within 30 days. Any oral communications should be reconfirmed in writing.

## Daughters of Charity Health System

Daughters of Charity Health System

### Customer Service

"As previously communicated, many of the Diversified funds have been renamed as the Transamerica Partners funds, and the fund names have been simplified to be more reflective of their respective investment style. The Diversified name will not be changing, although we are proud to present our new logo on this statement. For more information, visit Diversified Direct Online at [www.divinvest.com]."

### Account Information

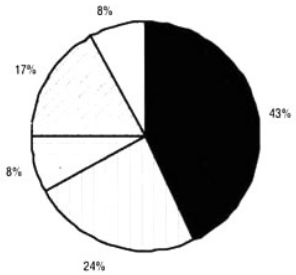
**Account Number**

TT069202 00001 TSA/403(b)
TT080286 00001 Match Benefit/401(a)

**Statement Period: April 1, 2008 to June 30, 2008**

Includes contributions received in this period for payroll dates March 22, 2008 through June 14, 2008.

### Investment Allocation of Your Account Balance




| | |
|---|---|
| **Bonds** | |
| Short Bonds/Stable/MMkt | 43% |
| **Total Bonds** | **43%** |
| **Stocks** | |
| Large-Cap Stocks | 24% |
| Small/Mid-Cap Stocks | 8% |
| International Stocks | 17% |
| **Total Stocks** | **49%** |
| **Multi-Asset/Other** | |
| Multi-Asset/Other | 8% |
| **Total Multi-Asset/Other** | **8%** |

### Account Summary

| | |
|---|---|
| **Opening Balance as of April 1, 2008** | **$20,625.73** |
| Money In | $3,305.92 |
| Money Out | $0.00 |
| Gain or Loss | -$283.67 |
| **Closing Balance as of June 30, 2008** | **$23,647.98** |
| Vested Balance | $23,647.98 |

### Your Personalized Rate of Return

Your rate of return for the period 01/01/2008 to 06/30/2008 was -3.60%, and for the period 07/01/2007 to 06/30/2008 was -2.89%. For the 50-year period 1958-2008, the historical average annual rate of return for an investment mix similar to yours was 7.65%.

Your personalized rate of return indicates the specific performance of your own investment strategy, reflecting the funds you have chosen and the allocation of your assets among these funds, as well as any activity in your account such as deposits, withdrawals and loans. Compare these results to the sample investment mixes described at the end of your statement to see if you should consider reevaluating your investment strategy.

Your allocation to the Multi-Asset/Other category may not be reflected in your personalized return. For more information, please visit us at www.divinvest.com.

### Messages

Associates with account balances remaining at AIG VALIC will receive a separate statement issued by AIG VALIC. Effective December 19, 2006, certain investment options in your plan may impose trading restrictions and/or redemption fees in order to prevent certain frequent trading activity. For more information about such policies, please contact Diversified.

# Ongoing Plan Features

- Immediately eligible to participate upon hire
- You may contribute 100% of your compensation to the Plan, up to the 2010 IRS annual limit of $16,500
- Catch-up Contributions — All Associates at least age 50 (or who will turn age 50 during the 2010 calendar year) are eligible to make an additional $5,500 contribution that is indexed for inflation
- If you have over 15 years of service with DCHS, you may be eligible to contribute an additional $3,000 to the Plan annually, up to a lifetime maximum of $15,000

# Investment Direction & Transfers

- You control how your contributions are invested among the Plan's investment options.
- You may change the investment allocation of your contributions at any time (once per business day)
- You may transfer existing balances among the Plan's investment options at any time
- Transactions are available on line or over toll free telephone.

# Investment Review

A disciplined process, a flexible offering

# Your TSA/403(b) and Match BenefitInvestment Options

| Short-Term Bonds |
|---|
| Transamerica Partners Instl Money Market[8] |
| TFLIC Guaranteed Pooled Fund[9] |
| |
| **Interm./Long-Term Bonds** |
| Federated Govt Instl [6,10] |
| PIMCO Total Return Fund Instl[6,7,11] |
| |
| **Aggressive Bonds** |
| Transamerica Partners Instl High Yield Bond[6,11] |
| |
| **Large-Cap Stocks** |
| Transamerica Partners Instl Value Fund [4,12] |
| Davis NY Venture A [13] |
| Neuberger Berman Social Resp Inv [4] |
| Transamerica Partners Instl Stock Index [4,5] |
| American Funds Growth Fund of America R4[4,7,11] |

| Small/Mid-Cap Stocks |
|---|
| Transamerica Partners Instl Mid-Cap Value[3,12] |
| Lazard Mid Cap Open [3] |
| First American Mid Cap Growth Opp[3,14] |
| Transamerica Partners Instl Small-Cap Value [3,12] |
| Target Small Cap Value [3,12] |
| Columbia Acorn Z [3,7] |
| |
| **International Stocks** |
| American Funds EuroPacific Growth Fund R4 [7] |
| Dodge & Cox International[7] |
| Oppenheimer Developing Markets A[7] |

| Passively Managed Index Funds |
|---|
| Transamerica Partners Stock Index [4,5] |
| Fidelity Spartan Extended Market Index[3,5] |
| Fidelity Spartan Total Market Index[4,5] |
| Vanguard Total Bond Market Index[4,5,6] |
| Vanguard Total International Stock Index[5,7] |
| |
| **Multi-Asset/Other Funds** |
| American Funds Income Fund of America R4[4,6,7,11] |
| Barclays Global Investors LifePath Retirement[2] |
| Barclays Global Investors LifePath 2010[2] |
| Barclays Global Investors LifePath 2020[2] |
| Barclays Global Investors LifePath 2030[2] |
| Barclays Global Investors LifePath 2040[2] |
| Barclays Global Investors LifePath 2050[2] |

**Schwab Personal Choice Retirement Account® (PCRA)**

*The Schwab Personal Choice Retirement Account® (PCRA) is not a fund but rather a participant self-directed brokerage account maintained at Charles Schwab & Co., Inc. Participants must individually apply for PCRA and are solely responsible for their fund selections made under the PCRA. Securities purchased through the PCRA are available through Charles Schwab & Co. Inc., Member SIPC.* An additional $50 annual fee will apply for the Match Benefit Account. A fee of $100 will apply if you use PCRA for both TSA/403(b) and New Match Benefit Account. *Charles Schwab & Co., Inc. is not affiliated with Diversified.*

Daughters of Charity Health System

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BODY, MIND & SPIRIT

**All registered funds are available by prospectus only. A prospectus may also be obtained by contacting Diversified Investment Advisors (Diversified) at 800-755-5801. The prospectus contains additional information about the fund, including the investment objectives, risks, charges and other expenses. Investors should consider all such information carefully before investing. Please read the prospectus carefully before making investment choices.**

# Where to go for assistance

For help in managing your retirement savings and investment strategy, contact your local Diversified On-Site Representative:

**Freddy Mauricio**
800-755-5803 x8120

St. Francis Extension
Ext. 8066

Or you can visit Diversified Direct℠ at **www.divinvest.com**

or

Call Diversified Direct℠ at **800 755-5801**

# Don’t Miss Out!!!

- In order to be eligible for the matching DCHS contribution, you must be participating in the TSA/403(b) Plan

- Enrolling is easy!  Ask your On-Site Representative for the DCHS E-Z Enroll Card and enroll today!

Enroll Now in the DCHS 403(b) Plan!

In the spirit of Saving

Dear New Associate,

Welcome to the Daughters of Charity Health System!

Starting a new job can be a busy time. Please take a few minutes to complete this card to begin your participation in the Daughters of Charity Health System 403(b) Plan (the Plan). You are immediately eligible to participate.

Please sign me up for the Daughters of Charity Health System 403(b) Plan today!

❑ I elect to defer _____% of my gross compensation (as defined by the Plan) into the Daughters of Charity Health System 403(b) Plan every pay period.

Or

❑ I elect to defer $ _____ of my gross compensation (as defined by the Plan) into the Daughters of Charity Health System 403(b) Plan every pay period.

I understand that my 403(b) contributions will start being deducted from my pay and contributed to the Plan in the next or following paycheck, after Diversified Investment Advisors (Diversifiad) receives this form. I will review my paycheck to confirm the deferral amount. I understand that my contributions will be automatically invested in the Plan's default fund (as described in my enrollment kit) until I choose to invest them in other funds available under the Plan. I also realize that after the first contribution is made, I can reallocate the investment of my future contributions via the phone (800-755-5801) or web (www.divinvest.com). I understand that additional information on all the investment fund options can be obtained via phone or web. For additional assistance, I can also contact my Diversified On-Site Representative or Human Resources. I acknowledge that I have received the Plan's Summary Plan Description.

Please print your full legal name and the last four digits of your Social Security Number.

_____ XXX-XX- _ _ _ _

Signature _____ Date _____

**Diversified Investment Advisors, the Plan's recordkeeper, will send a Welcome Kit to your address of record upon enrollment. Please allow two weeks for delivery.**

An investment in the Plan's default fund (as described in your enrollment kit) is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although the fund seeks to preserve the value of your investment, it is possible to lose money by investing in the fund.

**All registered funds are available by prospectus only. You will receive a prospectus for any registered fund in which you invest monies. A prospectus may also be obtained by contacting Diversified Investment Advisors at 800-755-5801. The prospectus contains additional information about the fund, including the investment objectives, risks, charges and other expenses. You should consider all such information carefully before investing. Please read the prospectus carefully before you make your investment choices.**

Daughters of Charity Health System

RK WELL. LIVE WELL.

BODY, MIND & SPIRIT

[1] The Guaranteed Pooled Fund is a pooled separate account offered through Transamerica Financial Life Insurance Company (TFLIC), 4 Manhattanville Road, Purchase, NY 10577, which provides the guarantee of principal and interest.

[2] An investment in the **Money Market Fund** is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although the Fund seeks to preserve the value of your investment, it is possible to lose money by investing in the fund.

[3] Bonds and bond funds are subject to interest rate risk, credit risk and inflation risk. Interest rate risk means that the value of bonds and bond funds generally falls when interest rates rise, causing an investor to lose money upon sale or redemption.

[4] Lower rated high yield corporate debt securities represent a much greater risk of default and tend to be more volatile than higher rated or investment grade bonds.

[5] Mutual funds will fluctuate in value and you can lose money.

[6] The securities of medium-sized companies, because of the issuers' lower market capitalization, may be more volatile than those of large companies.

[7] Growth stocks tend to be more volatile than stocks that have below market valuations.

[8] The securities of small-sized companies, because of the issuers' lower market capitalizations, may be more volatile than those of large or medium-sized companies.

[9] Foreign securities and markets pose different and possibly greater risks than those customarily associated with domestic securities, including currency fluctuations and political instability.

[10] The Barclays LifePath Retirement Portfolios target payments to begin in the year of your expected retirement (2010, 2020, etc.). The Barclays LifePath Retirement Portfolios invest in a combination of stock, bond and money market funds in proportions suggested by its own comprehensive investment strategy. Risk control and asset allocation models do not promise any level of performance or guarantee against loss of principal.

[11] The Schwab Personal Choice Retirement Account® (PCRA) is not a fund but rather a participant self-directed brokerage account maintained at Charles Schwab & Co., Inc. Participants must individually apply for PCRA and are solely responsible for their fund selections made under the PCRA. Commissions and transaction fees may apply to fund trades placed outside of Mutual Fund One Source or trades on other investment vehicles available through Schwab. Securities purchased through the PCRA are available through Charles Schwab & CO. Inc., Member SIPC. An annual fee of $50 will apply for the Schwab PCRA. Charles Schwab & Co., Inc. is not affiliated with Diversified.

***All registered investment funds are available by prospectus only. A prospectus may be obtained by contacting Diversified Investment Advisors (Diversified) at 800-755-5801. The prospectus contains additional information about the funds, including the investment objectives, risks, charges, and other expenses. You should consider all such information carefully before investing. Please read the prospectus carefully before you make your investment choices.***

**The Diversified Funds are offered by Diversified Investors Securities Corp. (DISC), 4 Manhattanville Road, Purchase, NY 10577. Any non-Diversified fund offered under a Plan is distributed by that particular fund's associated fund family and its affiliated broker-dealer or other broker-dealers with effective selling agreements, such as DISC. If Fixed, Guaranteed or Stable Fund is offered under the plan, such option is made available under a group annuity contract issued by Transamerica Financial Life Insurance Company (TFLIC), 4 Manhattanville Road, Purchase, NY 10577. TFLIC, DISC and Diversified are affiliated companies, but are not affiliated with Daughters of Charity Health System.**

PT-8428 (09/06)

St. Francis
Medical Center
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# V. Quality Management & Patient Safety

St. Francis
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**If you have a safety of quality of care concern, please discuss it with your immediate supervisor or other appropriate person. As an accredited organization, staff may report such concerns to Joint Commission of Accreditation of Healthcare Organizations. Concerns may be reported by email, fax, mail or telephone. No disciplinary action will be taken against an employee who makes a valid report.**

**Email: complaint@jointcommission.org**

**Fax: (630) 792-5636**

**Mail: Office of Quality Monitoring**
**The Joint Commission**
**One Renaissance Boulevard**
**Oakbrook Terrace, IL 60181**

**Telephone: (800) 994-6610**

# Quality Management & Patient Safety

# What is Quality?

- Robert Lloyd, the Institute for Healthcare Improvement (IHI), summed it up best when he said “Quality is not a program or a project; it isn’t the responsibility of one individual or even those assigned to the Quality Department.”

- The Quality Department acts as the following:
  - Coach, facilitator, and cheerleader
  - An instiller of  principles of quality, helping everyone in the organization – every associate, executive, caregiver, and consultant – feel driven to achieve excellence.

# What is Quality?

- Quality is a way of thinking about work, how you approach work every day for yourself personally and for those that you serve.
- Quality is not about the right turn of phrase or staff titles.
- Whether your job is directly related to providing care for patients or not –

**Quality is personal and it begins with YOU!**

# Why is Quality Important?

To ensure positive patient experiences and outcomes

↓

**Patient Satisfaction**

Doing the right things well prevents unnecessary work and rework

↓

**Associate Satisfaction**

# Reporting Agencies

- JCAHO
- DHS
- OSHA
- EMS
- Centers for Medicare & Medicaid Services (CMS)
  - AMI
  - CHF
  - Pneumonia
- Institute for Healthcare Improvement (IHI)- (5 million lives campaign) --
  - Rapid Response
  - VAP Bundle
  - Central Line Bundle

# What Is A PIOP ?

- Strategic Plan
- Mission
- Values
- Community needs assessment

What tool does the medical center use to improve our systems and processes?

# PDSA Rapid Cycle Improvement

**Step 1: Plan**

Plan the test or observation, including a plan for collecting data.

- State the objective Make predictions - what will happen and why.
- Develop a plan to test the change. (Who? What? When? Where? What data need to be collected?)

**Step 2: Do**

Try out the test on a small scale.

- Carry out the test.
- Document problems and unexpected observations.
- Begin analysis of the data.

**Step 3: Study**

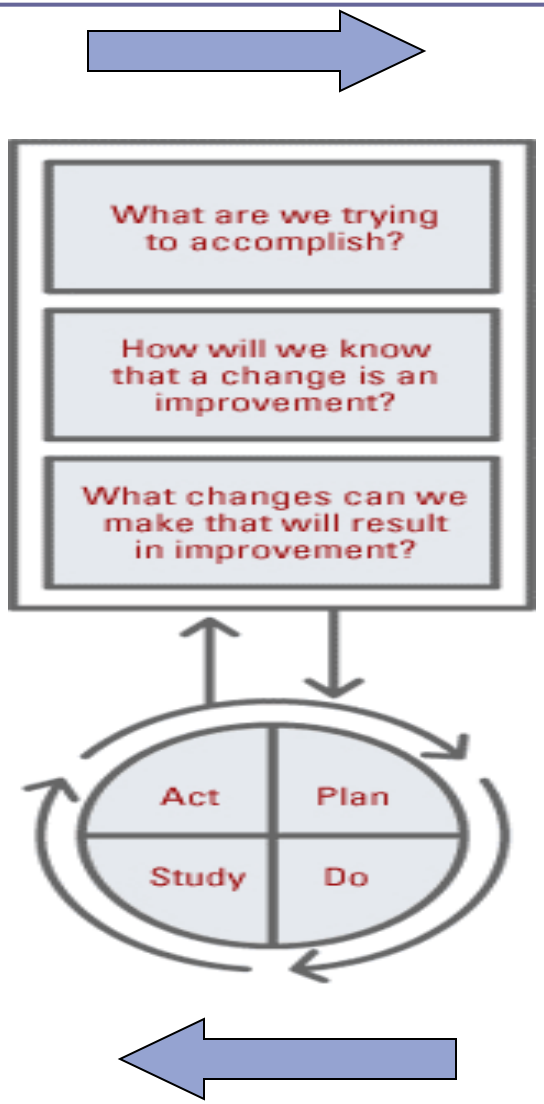
Set aside time to analyze the data and study the results.

- Complete the analysis of the data.
- Compare the data to your predictions.
- Summarize and reflect on what was learned.

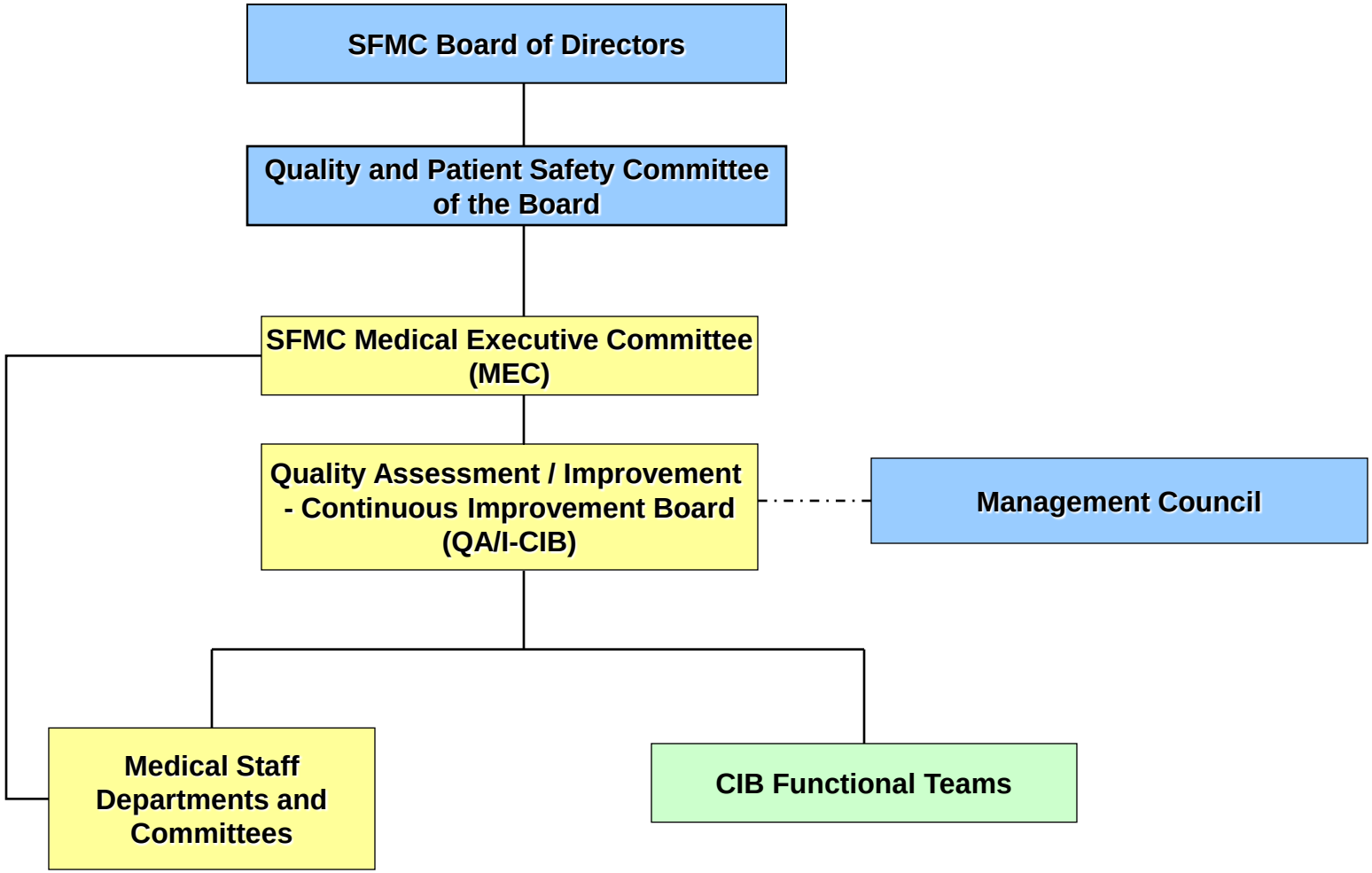
**Step 4: Act**

Refine the change, based on what was learned from the test.

- Determine what modifications should be made.
- Prepare a plan for the next test.



# SFMC Reporting Structure



# QUALITY

**Means nothing and can’t happen without…**

# QUALITY

# Reporting Concerns

If you have a safety or quality of care concern, please discuss it will your immediate supervisor or other appropriate person.

If your safety or quality concerns have not been addressed to your satisfaction, or if you prefer, contact the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

**Phone:**
**1-800-994-6610**

**E-Mail:**
**complaint@jcaho.org**

**Mail:**
**Office of Quality Monitoring**
**Joint Commission**
**One Renaissance Boulevard**
**Oakbrook Terrace, IL 60181**

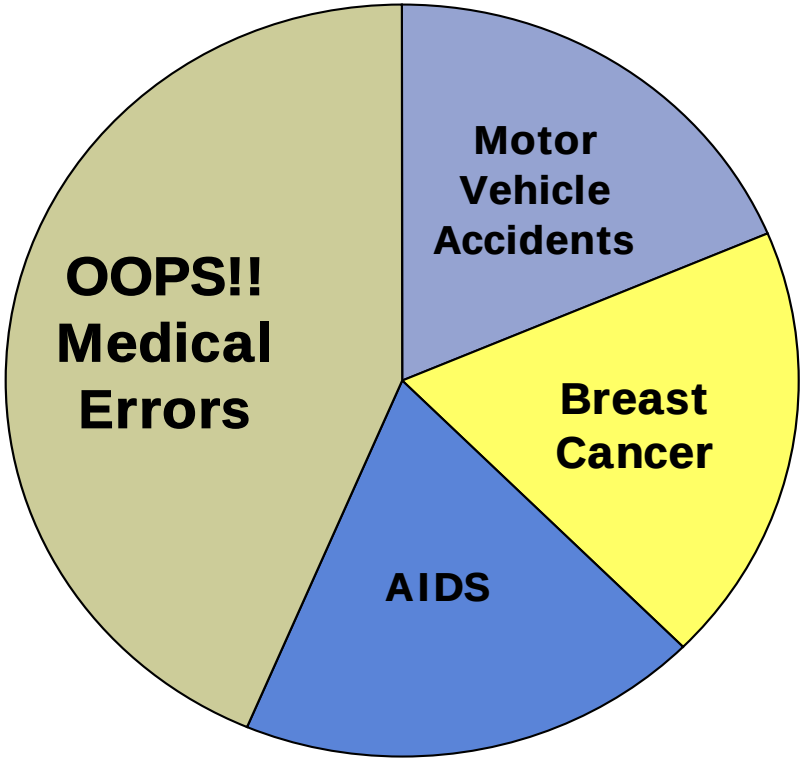
**Fax:**
**Office of Quality Monitoring**
**(630) 792-5636**

**Website:**
**http://www.jcaho.org**

No disciplinary or retaliatory action will be taken against an employee for having reported a safety or quality of care concerns.

# Patient Safety

# Major Cause of Death in the U.S.




Safe Environment = Less Medical Errors

# We Want To Keep Our Patients Safe

Safety is more
than just the
absence of errors.
Safety has
multiple
dimensions.

It is the freedom from accidental injury

# Dimensions of Safety

- Recognize that health care is complex and risky and that solutions are found in the broader systems context

- Implement processes that identify, evaluate and minimize hazards and are continuously improving

# The National Patient Safety Goals

- Improve the accuracy of patient information.
- Improve the effectiveness of communication.
- Improve the safety of using medication
- Reduce the risk of health care associated infections
- Accurately and completely reconcile medications across the continuum of care
- Reduce the risk of patient harm resulting from falls.
- Encourage the active involvement of patients and their families in the patient's own care as a patient safety strategy
- Identify safety risk inherent in our patient population

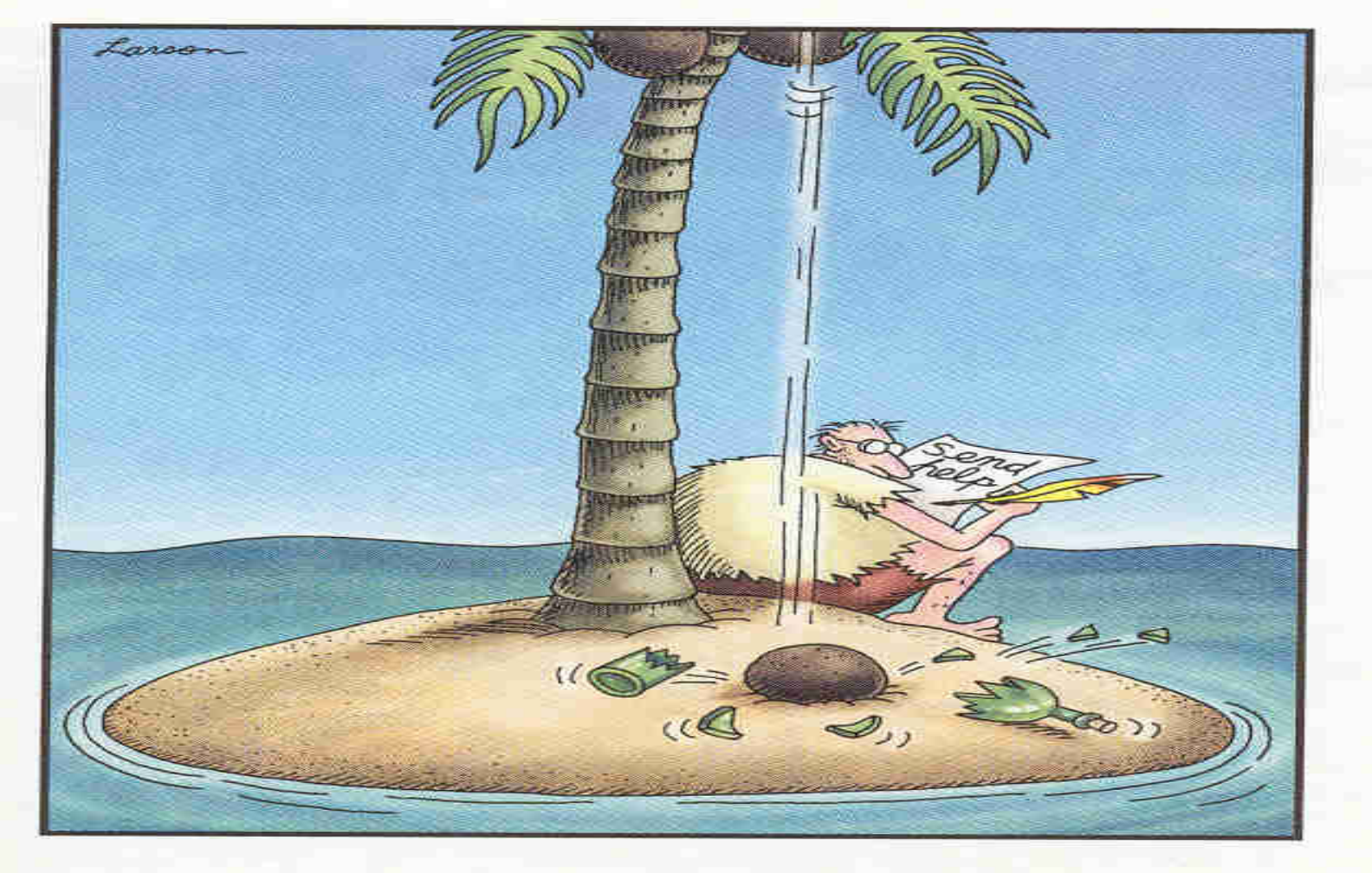
# Elements of the Patient Safety Program

- Establish and maintain a culture of safety *
- Support a strong internal non-punitive reporting mechanism
- Reduce risks that result in errors and patient injury (i.e., gap analysis and failure mode analysis)
- Facilitate the rapid redesign of unsafe care processes

# **Proactive** Risk Reduction Strategies

- Failure Mode Effects Analysis
- Gap Analysis
- Performance Improvement Teams

# Because We Know Murphy's Law If anything can go wrong, it will.



# What To Report

- AMA's
- Elopements
- Code Blues
- All Deaths
- Falls
- Transfusion Reactions / issues
- Accidents
- Documentation Issues
- Medication Errors
- Patient safety concerns
- Anything unusual pertaining to the patient's care
- Environmental concerns
- Behavioral issues: Staff / MD / Patient / Visitor
- Patient treatment concerns / delays

# The course of action depends on the type of event / concern

Sentinel Event - RCA

Process Problem - FOCUS-PDCA

Medical Staff - Peer Review

# Most of these events are familiar to you, but do you know

What constitutes a Sentinel Event?

An unexpected occurrence involving death or serious physical injury, or the risk thereof.

# Events Reviewable By JCAHO

- Suicide of any individual receiving care, treatment or services in a staffed round – the –clock setting or within 72 hours of discharge
- Unanticipated Death of a full term infant
- Abduction of any individual receiving care, treatment or services
- Infant abduction or discharge to the wrong family
- Rape
- Hemolytic transfusions reaction involving administration of blood or blood products having major groups disabilities
- Surgery on the wrong patient or wrong body part
- Unintended retention of a foreign object in a patient after surgery or other procedures
- Unanticipated death or major permanent loss of function not related to the natural course of the patient's illness or underlying condition
- Severe neonatal hyperbilirubenia (billirubin > 30 mg/dl)
- Prolonged fluoroscopy with cumulative dose > 1500 rads to a single field or any delivery of radiotherapy to the wrong region or > 25 % above the planned radiotherapy dose

# A Sentinel Event Occurred, What Now?

- Care for the patient
- Complete an incident report
- Make sure that all chart documentation is complete
- Contact Quality or Patient Safety Immediately
- Sequester the evidence that was involved with the event (equipment, pumps, medication syringes)
- Prepare your written account of the event

# What is the role of Quality and Patient Safety

Of the Medical Center

# We are the investigators

- Fact finding
- Determine any immediate action plans
- Interview staff / physicians
- Review medical record and write a summary of the event
- Request current policies pertaining to the event
- Review competencies of those involved. MD and staff

# Determination

The course of action depends on the type of Event:

Sentinel Event – RCA

- Must be completed with in 45 days

Near Miss -RCA

Medical Staff – Peer Review

Nursing – Peer Review

# Root Cause Analysis

**A Brainstorming Session**

- A group consisting of Medical Staff Members, Associates, Quality / Risk Management and Administration to try to understand what went wrong and why
- A Root Cause Analysis is not about blame, it’s about processes and systems

# Root Cause Analysis - How It Works

- Look at systems / processes, not individuals
- Look for the deeper cause
- Keep asking why the event occurred
- Review the findings
- Obtain staff input in designing a better process
- Review of current policies and procedures
- Research and review current Literature
- Develop short and long term solutions
- Monitor changes

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# VI. Christian Awareness Committee

St. Francis Medical Center
our mission is life

# St. Francis Medical Center Christian Awareness Committee

## Fact Sheet

The goal of the St. Francis Medical Center Christian Awareness Committee is to assist associates in building a Christian Community by promoting ongoing spiritual, inspirational, psycho-social and community activities that reinforce the Mission, Philosophy, and Core Values of St. Francis Medical Center and the Daughters of Charity. It is the policy of the Christian Awareness Committee to plan activities that promote the Philosophy of St. Francis Medical Center and the spiritual dimension of the associates.

It is the responsibility of the Christian Awareness Committee to:
Welcome new associates (General Orientation)
To encourage the practice of beginning all Medical Center meetings with a prayer
To sponsor a "Brown Bag Lunches" Food Drive for the poor to coincide with the "Feast of St. Vincent de Paul"
To sponsor the "World Day of the Sick" and the "National Day of Prayer" periodically
To sponsor a food drive for the needy families in the Lynwood area at Thanksgiving
To assist in other projects as needed throughout the year

All associates are eligible members of the Christian Awareness Committee. Existing members make recommendations to the committee Chairperson. With the approval of the Supervisor and the Administrator responsible for that department, the new member will be eligible for membership at the next membership opening.

If you would like more information on the Christian Awareness Committee you can contact Sr. Alicia Martin, DC, CAC Chairperson at (310) 900-7305.

St. Francis
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# VII. Infection Control

# Infection Prevention & You

Ron Jackson
*Infection Prevention Manager* x8582
Cindy Lam
*Infection Prevention Coordinator* x8556

# Infection Prevention Program

- To prevent or reduce the incidence of hospital acquired infections (HAI) for patients and employees by:
  - Staff education
  - Surveillance
  - Employee health programs
  - Establish hospital guidelines and practice policies

# Types of Infections/Pathogens

- Blood-borne
- Contact
  - Enhanced
- Droplet
- Airborne

# Hospital Precautions

- Standard Precautions
- Contact Precautions
  - Enhanced
- Droplet Precautions
- Airborne

# Standard Precautions

- Assume all blood/body fluid are infectious whether it is or not
- Hand-washing
- Personal Protective Equipment
- Laundry/Linen
- Medical Waste - sharps disposal
- Complies with OSHA Standard

# Exposure Control Plan: Blood-borne Pathogens

- A plan to prevent occupational exposure
- Required by OSHA- Blood-borne Pathogen Standard
- 1992-OSHA officially declares blood a hazard
- 1999-OSHA expands Standard to include
  - Engineered sharp protection required
  - Hepatitis C evaluation post exposure added
  - Injury log expanded
  - Exposure Control Plan expanded

# Blood-borne Pathogens

- Blood-borne pathogens are infectious and disease causing microorganisms found in the blood and transmitted through blood exposure

- Examples include:
  - HIV
  - Hepatitis B
  - Hepatitis C

# Transmission of Blood-borne Pathogens

- Percutaneous-needlestick, scalpel, etc.
- Permucosal-*infective body fluid splash to eye, nose, mouth
- Sexual contact
- Sharing needles-IVDU
- Infected mother to newborn

* Fluids in which blood-borne pathogens are found in high enough concentrations to cause infection

# Hepatitis B

- Virus that causes inflammation of liver
- Symptoms - Flu-like illness, fever, aches, loss of appetite, fatigue, nausea, vomiting, abdominal pain, jaundice. (Also sub-clinical.)
- Incubation - 6 weeks to 6 months
- HBV has been demonstrated to survive in dried blood at room temperature on environmental surfaces for at least 1 week

# Hepatitis B Vaccination Program

- First line of defense against hepatitis B
- Offered to all employees at no charge
- Strongly recommended to “at risk” employees
- 3 injections given over 6 months
- Safe and effective

# Hepatitis C

- Virus that attacks the Liver
- Symptoms - similar to Hepatitis B
- Incubation - 2 to 26 weeks
- Risk factors:
  - Persons with known exposures to HCV, such as
    - **health care workers after needle sticks involving HCV-positive blood**
    - recipients of blood or organs from a donor who tested HCV-positive
  - Persons with HIV infection
  - Current or former injection drug users, including those who injected only once many years ago

# Human Immunodeficiency Virus (HIV)

- Virus associated with AIDS
- Attacks and weakens the immune system
- Symptoms - fever, aches, fatigue, (flu-like symptoms) and swollen glands. Infected persons may not have symptoms (sub-clinical) but can still transmit.
- Incubation - 2 to 24 weeks

# Exposure Management and Reporting

<u>Employee:</u>

- Report all exposures immediately
- Needlestick - wash immediately and express blood from wound
- Splash - irrigates immediately with copious water
- Report to ER without delay

# Contact Pathogens Examples

- Multidrug Resistant Organisms (MDROs)
  - MRSA, VRE, ESBL,etc…
    - **Mode of transmission is generally <u>HANDS OF CAREGIVER</u>**
- *Clostridium difficile*
- Scabies and Lice
- Skin and Wound Infections

  Diphtheria (cutaneous), herpes simplex (neonate or mucocutaneous), Impetigo, Zostar (shingles) - disseminated or in immune deficient patient

# Contact Pathogens

- Transmitted by:

  Direct contact during patient care

  - hand-to-skin
  - skin-to-skin
- Indirect contact
  - with environmental surfaces
  - with patient care items likely to be contaminated with patient's infective or colonizing organism.

# Contact Precautions

*(Use in addition to Universal/Standard Precautions)*

- Private Room
- Wear gloves when entering room
- Wear gown when entering room
- dedicate the use of non-critical patient care equipment. Disinfect any equipment prior to leaving room.
- Limit patient transportation to essential purposes only.

# Enhanced Contact Precautions

- Designated for *Clostridium difficile* patients
  - Transmission: Fecal – oral
  - Spores are difficult to kill
- Same as contact precautions except:
  - **Washing hands with soap and water ONLY (no hand rub)**
    - Spores are not killed with hand sanitizer
  - Wipe equipment with bleach

# Hand Hygiene

- Single most effective way to prevent the transmission of disease is to

**WASH YOUR HANDS!**

- Use Soap and Water
- Use Alcohol Hand Gel if hands are not visibly soiled

# Handwashing
# How?

- Remove jewelry
- Wet hands with warm water
- Use soap
- Rub vigorously for 15 seconds.  Work up lather.
- Be sure to wash all surfaces, between fingers, under nails
- Dry thoroughly with paper towel
- Use paper towel to turn off faucet

# Handwashing
# When?

- Before and After all patient contact
- Before performing invasive procedure
- Before and after touching open skin lesions/wounds
- After situations during which contamination is likely
- After contact with contaminated surfaces
- Before donning gloves
- Following removal of gloves

# Respiratory Hygiene/Cough Etiquette

The following measures to contain respiratory secretions should be followed by all individuals with signs and symptoms of respiratory infection:

- 1. Cover the nose/mouth when coughing or sneezing.
- 2. Place a mask over the patient's nose and mouth and provide physical separation from patients in common waiting areas.
- 3. Use tissues to contain respiratory secretions, and dispose of them in the nearest waste receptacle after use.
- 4. Perform hand hygiene (alcohol-based foam or soap and water) after having contact with respiratory secretions and contaminated objects or materials.

(Reference 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings)

# National Patient Safety Goals Pertaining to Infection Prevention

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

# Droplet Pathogens

Transmitted by:

Large particle droplets of greater than 5 microns in size that are generated by patient during coughing, sneezing, talking, shouting, singing or performance of certain medical procedures likely to induce coughing/expectoration (sputum indication, suctioning of tracheal/endotraceal tubes, intubation, extubation or bronchoscopy)

# Droplet Pathogens Example

- Meningitis, Pneumonia with Nisseria Menigitidis, H. influenza
- Diphtheria (pharyngeal)
- Pertussis
- Serious viral Infections-Mumps, Influenza, Rubella

# Droplet Precautions

*(Use in addition to Universal/Standard Precautions)*

- Private room or cohort of patients with the same pathogen.
- Wear surgical mask when entering room.
- Limit transport to essential purpose only
- If transport necessary, place surgical mask on patient

# Aerosol Transmissible Diseases

- **Aerosol Transmissible Diseases (ATDs)**

(ATDs) are diseases like that are spread though the air when people cough, sneeze, laugh or sing..

# Aerosol Transmissible Diseases

**Some examples of ATDs are:**

- Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out
- Measles (rubeola)/Measles virus
- Novel or unknown pathogens
- Tuberculosis (TB)/Mycobacterium tuberculosis -- Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected
- Any other disease for which the CDC or CDPH recommends airborne infection isolation

# Aerosol Transmissible Diseases

**You can get an exposure if the patient has an ATD by performing these high-risk procedures:**

- Sputum induction
- Bronchoscopy
- Pentamedine & Riboviran administration
- Pulmonary function testing
- Autopsy procedures that may aerosolize pathogens
- Laboratory procedures that may aerosolize pathogens
- Operating room procedures that may aerosolize pathogens

# Aerosol Transmissible Diseases

- The employer shall provide a powered air purifying respirator (PAPR) with a High Efficiency Particulate Air (HEPA) filter(s) to employees who perform high hazard procedures on AirID (an aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the disease agent for which AII is recommended by the CDC or CDPH) cases or suspected cases, unless the employer determines that this use would interfere with the successful performance of the required task or tasks. This determination shall be documented in accordance with the ATD Plan and shall be reviewed by the employer and employees at least annually

# Aerosol Transmissible Diseases

**Respirator and a PAPR**

- N-95 Respirators are special face masks that filter out very small organisms like TB and chickenpox.

**You must be fit tested to wear N-95 Respirators.**

- PAPRs (Powered Air Purifying Respirators) are hoods that forces room air through an N-95 filter and then into the hood. PAPRs must be worn by people who cannot wear a N-95 Respirator because of facial hair or they cannot pass N-95 fit testing or performing high risk procedures.

**Fit testing is not required for PAPRs.**

# Aerosol Transmissible Diseases

*(Use in addition to Universal/Standard Precautions)*

- Private room
  - negative pressure
  - 12 ACH
  - Air exhausted to outside
- Door remained closed at all times (including anteroom)
- N95 Respiratory Mask (duckbill)
- Limit transport to essential purposes only
- If transport necessary, place surgical mask on patient.

# Persons at Risk for TB

- Persons with weakened immune systems
- Close contacts with infectious TB (household)
- Medically undeserved, low income population
- Residents of Long Term Care facilities
- Foreign born from high prevalence countries
- Homeless
- Healthcare workers

# TB Infection vs. Disease

- Infection:
  - TB bacterial present in the body but not causing illness
  - Is detected by PPD skin test
  - Not infectious
  - May develop active disease at a later time. Medications may be prescribed to prevent this from occurring.
- Disease:
  - Person ill with signs and symptoms
  - May be infectious
  - On multiple medications

# Signs & Symptoms of TB Disease

- Persistent cough (>2 weeks)
- Hemoptysis (bloody sputum)
- Unexplained weight loss
- Fever
- Night sweats
- Fatigue

# Treatment for TB

- Four Drugs
- Duration of RX depends on response to treatment (other conditions may prolong)
- Drug resistance can occur if regimen not followed adequately
- These strains are more difficult to treat

*Persons with TB infection (positive skin test) may also have to take medication to kill the bacteria.*

# Controlling TB in the Workplace

- Maintain a high index of suspicion and screen high risk patients, especially those that are coughing.
- Place all suspected (or confirmed) cases in isolation immediately.
- Wear N95 respiratory mask. Fit-Testing.
- Surgical mask on patient when transporting.
- Comply with hospital requirements for skin testing.

# Examples of Work Practice Controls

- Good hand-washing
- Careful and thoughtful performance of procedures involving blood/body fluid
- Prohibiting certain practices
- Cautions with handling specimens
- Safe transport of syringes containing blood/body fluid
- Decontamination or hazard communication (signage) of equipment requiring services or shipping
- Safe sharps handling and disposal, and maintenance of sharp containers

# Questions?

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# VIII. Safety Program

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Public Safety

Telephone – 310-900-8595 – Office
310-900-8593 - Dispatch

- Tower Security Control Room ext. 8593
- Code Line ext. 1111
- Patient Transportation Services ext. 4700
- ID Badge and Carpool Information ext. 8595

# Public Safety

Manuel Lozano/Oscar Bravo

*Director/Supervisor*

*Public Safety*

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# WORKPLACE SECURITY

## IT IS EVERYONE'S RESPONSIBILITY

# Security Management Plan

- Security Department is responsible for:
  - ID Card Access System
  - Security Cameras / Alarms
  - Visitor / Patient Control
  - Protection of SFMC Property
  - Safety & Security of Associates, Patients and Visitors

# California Health and Safety Code 1257.8

- Education is mandated by AB-508 since 1993
- In July 10,1995 became a mandate in the State of California
- GOAL: To provide staff education and training to decrease the numbers of violent incidents
- END RESULT:  A safer environment for our associates, patients and visitors

# Violence in the Workplace:

- In California, in response to the growing concern for the safety of health care workers, a law enacted in 1993 requires hospitals, emergency rooms, home health services, long-term care facilities including drug and alcohol treatment centers to increase security and worker safety. The law mandates staff training, the use of security officers and assessment of security procedures.

- This law also prompted CAL/OSHA to issue a model prevention program. The Federal OSHA program issued a similar set of guidelines for health care facilities in 1995.

# Who is required to have MAB

Management of Assaultive Behavior

- Emergency Department
- Behavioral Health Associates
- Public Safety Officers
- Social Services
- Psych Evaluation Team
- Transport
- Patient Advocacy
- Health Benefit Resource Center
- Labor & Delivery
- Admitting Department

**KNOW WHAT TO DO**

Stay Informed.
Stay Secure!

# St. Francis Medical Center

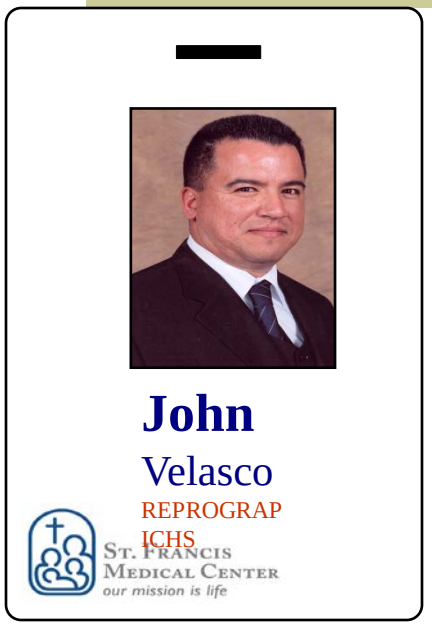
- One of the most important elements in prevention program is a "zero tolerance policy" for threats, harassment, intimidation and weapons possession. Such a policy will provide legal support for future terminations and help Associates understand the unacceptable behavior and its consequences.
- Policy # 954
- If the Associate has a restraining order against an individual, Public Safety Department needs to be notified and information will be kept confidential

# When & How to Call Security

- Security is available 24/7 at ext. 8593
- Escorts upon request
- Vehicle Battery Charge inside SFMC premises
- Patient / Visitor Control
- Access a door
- Report a crime or incident in SFMC premises
- If you need a new or replacement SFMC badge dial ext. 8595

# SFMC ID Badges

- Medical Staff
- Non-Associate
- Approved for Infant Transport
- Associates




Wear your badge above your waist
(associates, physicians and volunteers)

# EMERGENCY CODES REVIEW

## DIAL "1111"*

# EMERGENCY CODES

FEBRUARY 2014

Every Associate is responsible for ensuring the safety and security of the Medical Center.
For any emergency call the code line, extension **1111**.

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| Color or Code Name | Description |
|---|---|
| Code **RED** | FIRE |
| Code **BLUE** | ADULT MEDICAL EMERGENCY (8 years old or greater) |
| Code **WHITE** | PEDIATRIC MEDICAL EMERGENCY (0-8 years old) |
| **RAPID RESPONSE TEAM** | RAPID RESPONSE TEAM |
| Code **STEMI** | ACUTE MYOCARDIAL INFARCTION |
| Code **OB** | MATERNAL/FETAL EMERGENCY |
| Code **PINK** | INFANT ABDUCTION |
| Code **PURPLE** | CHILD ABDUCTION |
| Code **YELLOW** | BOMB THREAT |
| Code **ORANGE** | HAZARDOUS MATERIAL SPILL/RELEASE |
| Code **GREEN** | PATIENT ELOPEMENT |
| Code **GRAY** | COMBATIVE PERSON |
| Code **SILVER** | PERSON WITH A WEAPON AND/OR HOSTAGE SITUATION |
| Code **SEPSIS** | SEVERE SEPSIS PATIENT IDENTIFIED AND MULTI-DISCIPLINARY TEAM MOBILIZED TO INITIATE THE SEPSIS ORDER SET |
| Code STROKE | CODE STROKE/TIA (Transient Ischemic Attack) |
| Code **TRIAGE ALERT** | HIGH IMPACT EVENT HAS OCCURRED OR MAY OCCUR |
| Code **TRIAGE INTERNAL** | INTERNAL DISASTER |
| Code **TRIAGE EXTERNAL** | EXTERNAL DISASTER |
| Code **TRAUMA OB TIER I** or **II** | TRAUMA TEAM TO EMERGENCY ETA (Mins) |
| Code **TRAUMA TIER I, II** or **III** | TRAUMA TEAM TO EMERGENCY DEPARTMENT ETA (Mins) |
| **FULL CAPACITY LEVEL**<br>**Green/Blue/Orange/Red** | FULL CAPACITY LEVEL<br>**GREEN:** Busy, but not overcrowded/**BLUE:** Overcrowded/**ORANGE:** Severely Overcrowded/**RED:** Dangerously Overcrowded |

* 1111 is only accessible from the SFMC Internal phones.

# Visitor Wrist Band

QUESTION THOSE
**WITHOUT**
a **Visitor's**
WRIST BAND

Every Associate is responsible for ensuring the safety and security of the Medical Center. Please **verify** that all visitors are wearing a wrist band and are in the proper area designated by the wrist band.

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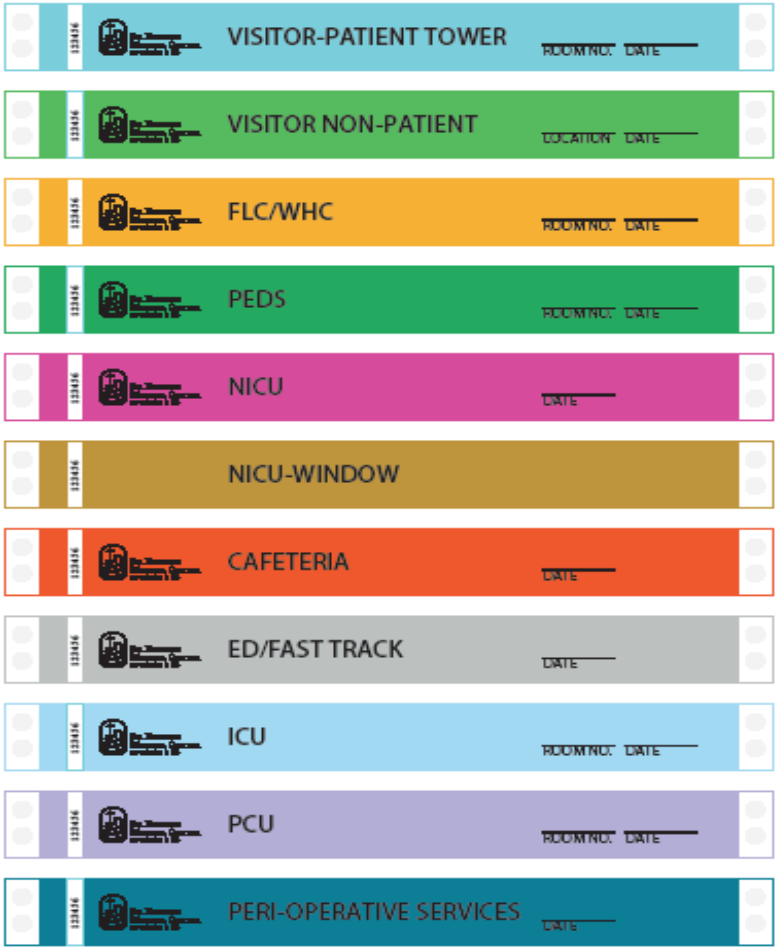
Member of Dignity Health System



# Code Pink / Code Purple

*(Infant Abduction/ Child Abduction)*

- All Associates should respond to a Code Pink and Code Purple
  - Covered in Department Orientation

- Be on the look out
  - Be Alert for Suspicious Person(s) Carrying Bundled Objects
  - Stop the Person escort them to the nearest Security Desk

# Code Gray

*(Security Emergency)*

- Remove self from immediate danger
- Get to a public area and draw attention to self
- Dial ext.1111 or 8593 for assistance
- Give your name, location of Code Gray designation of individual(s)
- Security will respond immediately

## Buttons

Are located throughout the medical center…

Use them to call for help when needed!

# Security Sensitive Areas

- Emergency Department
- Pharmacy
- Family Life Center
- Pediatrics
- ICU/CCU
- Finance
- Main Hallways
- Administration

# Life Safety Plan

**Be Prepared**
**Be Aware**
**Be Ready**

- Fire Extinguishers
- Fire Alarms
- Fire Drills
- Fire Doors
- Smoke Compartments
- Interim Life Safety Measures (ILSM)

# Code Red Procedures

## R.A.C.E. acronym:

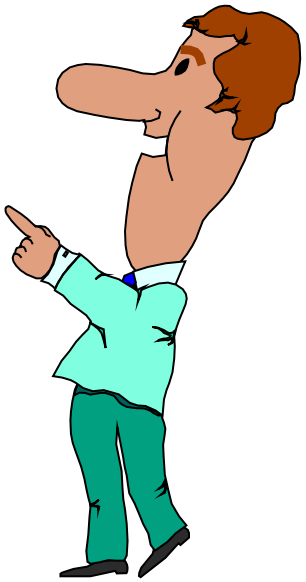
R - **R**escue anyone from immediate danger

A - **A**ctivate Response System

- pull fire alarm and dial ext 1111
- give location,  extent of fire

C - **C**ontain the fire by closing doors

E - **E**xtinguish only if safe to do so



# How to use Fire Extinguishers

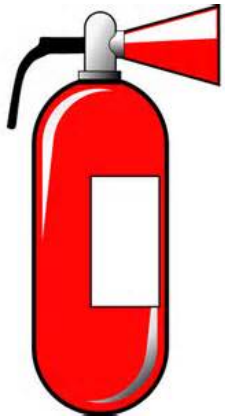
**P.A.S.S.** acronym:

P – **P**ull the pin on the fire extinguisher handle

A – **A**im the nozzle at the base of the fire

S – **S**queeze the handle of  the extinguisher

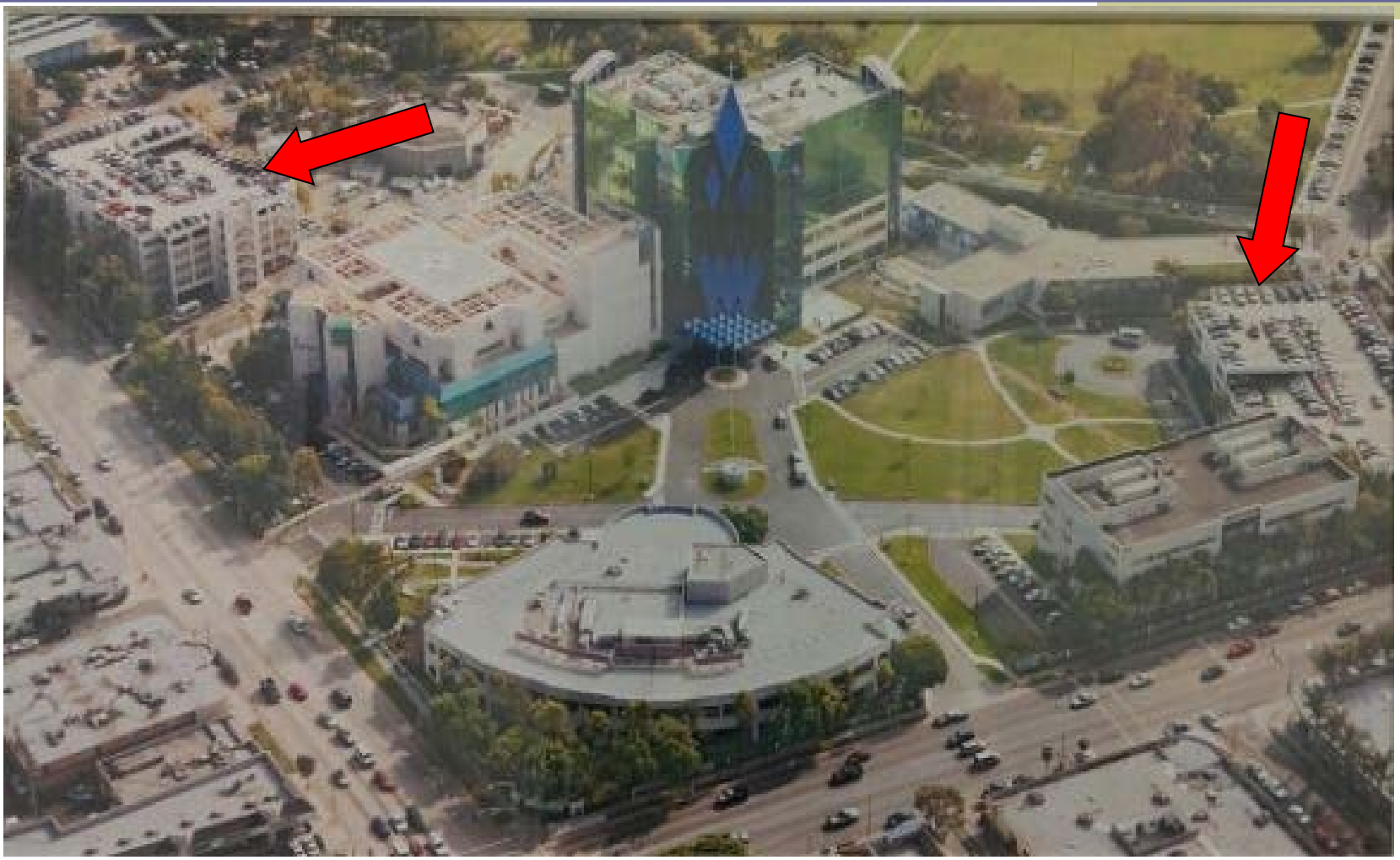
S – **S**weep the stream at the base of the fire



# Emergency Preparedness Plan

- Internal Triage: Incident affecting internal operations
- External Triage: Incident resulting in multiple casualties arriving at the hospital
- Associates Responsibilities:
  - Report Immediately Back to Department
  - Refer to instructions in your department disaster cabinet
  - Activate call back list as needed
  - Call the Disaster Response Line 1-800-292-9333 for additional information

# Employee Parking



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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – GENERAL EMPLOYMENT**

**SECTION 900**
**POLICY # 919**



| TITLE: PARKING AND TRAFFIC CONTROL | | |
|---|---|---|
| Date Effective: 02/1978 | Date Revised: October 1, 2008 | Revision # 9 |
| Originating Signature: LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | Approving Signature: GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 To establish a policy and procedure for parking and traffic control on Medical Center premises.

## SECTION 2. POLICY

2.1 Parking areas may be provided for physicians, Medical Center associates, volunteers, patients and visitors.

The Medical Center will not levy a charge for associate parking at the Medical Center. Parking on the Medical Center premises is considered a privilege and all associates are subject to abiding by this policy. The Medical Center does not assume responsibility for damage to or loss from vehicles parked on the premises. Those persons utilizing the premises for parking assume full responsibility for abiding by the policy.

## SECTION 3. ACCOUNTABILITY & SCOPE

3.1 The Public Safety Department will issue decals/permits. All associates upon hire will have their vehicle registered with the Public Safety Department and will be issued a parking decal to be displayed when parking on medical center premises.

3.2 All associate vehicles parked on the Medical Center property must have a parking decal that is readily visible. A parking permit does not guarantee a parking space on the premises. Parking is provided on a first come, first serve basis depending on space availability and the needs of the Medical Center.

3.3 All associates are expected to update the Public Safety Department when changing vehicles.

TITLE:
PARKING AND TRAFFIC CONTROL

## SECTION 4. PROCEDURE

### PARKING LOT ASSIGNMENTS

4.1 **Parking Structure 1 (Entrance from MLK Boulevard)**
Day shift associates are required to park on the fourth, fifth and roof level of the parking structure. Day shift associates are not authorized to park on the first, second and third levels except where designated by the Public Safety Department.

4.1.1 Second shift associates may park on level 2A in Parking Structure 1. This level is right before the third level entrance gate.

4.1.2 Associates working third shift are also required to park on the third level of Parking Structure 1 but must remove vehicles by 0730 a.m. the following morning.

4.2 **Parking Structure 2 (Entrance from Imperial and to West of the MOB)**
A limited number of spaces for St. Francis Medical Center associates are available from the third level to the roof top area. Day shift associates are to use these parking spaces only. Stack parking assistance is available until 3:00 p.m. in this parking structure.

4.3 Carpool parking is available to associates with a carpool decal in designated carpool stalls. These parking stalls are located outside of the Emergency Department. Vehicles parked in these stalls without the appropriate decal may be subject to towing.

## SECTION 5. DEFINITIONS

5.1 Medical Center Public Safety officer will issue violation/citation notices to associates as follows:

5.1.1 First Violation – Warning citation will be issued directly to associate.
5.1.2 Second Violation – Final warning citation will be issued directly to associate.
5.1.3 Third Violation – Wheel immobilizer will be placed on associate's vehicle.
5.1.4 Fourth Violation – Associate vehicle will be towed at owner's expense.

5.2 Associates who deem they have been inappropriately subjected to a citation or other enforcement have (5) working days to contact the Public Safety Director for reconsideration.

5.3 Violations of this policy will subject to disciplinary action.

5.4 Both the Vice President of Human Resources and the Public Safety Director must clear withdrawal or deletion of a citation or penalty reduction.

5.5 Associates may utilize parking for one vehicle at a time.

## SECTION 6. REFERENCES & REGULATORY STANDARDS

Vehicles shall be parked between the lines delineating a parking space.

6.1 Vehicles shall be driven as far forward as practical within a parking space.

6.2 Vehicles shall not park in other than a properly delineated parking space.

6.3 Vehicles shall not be parked in such a way so as to block building perimeter doors or impede the exit from any building.

6.5 Vehicles shall be driven in the direction of traffic flow as indicated by the traffic aisle arrows.

6.6 Vehicles shall not be driven in excess of 5 miles per hour upon Medical Center premises.

6.7 Parking upon the Medical Center premises is a privilege and placement of a locking device upon associate's vehicle, towing or revocation of this privilege may result for those associates who continually disregard parking regulations.

Approved:
Patients Rights &
Ethics Team
QA/I-CIB
MEC
BOD 07/14/09
Mgmt. Council

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# ADMINISTRATIVE MANUAL

**Functional Section: HUMAN RESOURCES – GENERAL EMPLOYMENT**

**SECTION 900**
**POLICY # 914**



| TITLE: IDENTIFICATION BADGES | | |
|---|---|---|
| **Date Effective:** JULY 30, 2002 | **Date Revised:** Oct. 1, 2008 | **Revision # 3** |
| **Originating Signature:** LAURA S. KATO, VICE PRESIDENT, HUMAN RESOURCE SERVICES | **Approving Signature:** GERALD T. KOZAI, PRESIDENT/CEO | |
| Reference/Key Words: | | |

## SECTION 1. PURPOSE

1.1 In accordance with regulatory agency requirements and to meet the requirements set forth in the Behavioral Standards and for the provision of a safe and secure environment and to provide for security and the comfort of patients, visitors, medical staff, and associates.

## SECTION 2. POLICY

2.1 It is St. Francis Medical Center's policy to provide and to require appropriate use and display of a picture Identification Badge for all associates, volunteers, medical staff and students.

## SECTION 3. APPLICABILITY & SCOPE

3.1 The Public Safety Department is responsible for providing all the above individuals with identification badges and for making available temporary identification badges for distribution to authorized global vendors, consultants, interns and residents.

## SECTION 4. PROCEDURE

4.1 Associates, volunteers and students are required to wear their Identification Badge above the waist, facing forward at all times while on duty with the name, department, appropriate credentials and picture visible.

4.2 The aforementioned Identification Badge information may not be obscured by pins, stickers or other attachments. Any items attached to the badge must be related to St. Francis Medical Center or a professional affiliation.

4.3 Department Managers/Supervisors are responsible for ensuring that associates wear the authorized, unobstructed St. Francis Medical Center issued Identification Badge, or take the appropriate disciplinary action.

TITLE:

IDENTIFICATION BADGES

4.4 Public Safety staff, as well as management associates, have the right and responsibility to request a photo Identification Badge from any person within St. Francis Medical Center premises at any time.

4.5 If an associate changes his/her name, job title or license, supporting documentation must be submitted to Human Resource Services Department prior to obtaining a new identification badge from the Public Safety Department.

4.6 Lost, stolen or damaged badges must be replaced immediately, and the associate may be required to pay a nominal replacement cost of $10 after more than1identification badge is issued. Visitors or Temporary staff may be required to provide a $10 deposit to ensure return of the ID badge.

4.7 Human Resource Services is responsible for notifying Public Safety of all employment terminations on a weekly basis so that access is deactivated. Public Safety is responsible for deactivating access through the card reader system. All involuntary terminations will result in immediate notification by Human Resources to Public Safety so that access is deactivated on the date of termination.

Approved:
Patients Rights &
Ethics Team
QA/I-CIB
MEC
BOD 07/14/09
Mgmt. Council

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# IX. Occupational Health

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# Associate Compliance with Safe Work-Practices

It is the policy of SFMC that all associates are expected to perform their job function in a manner that demonstrates a commitment to safe work practices. In order to insure that such a commitment is maintained, the following mechanisms are employed:

**Standards for Safe Work Practice**
The following standards for safe work-practices are set for all associates:

1. Associates are not to engage in the performance of any job function that the associate has not received the amount of training and education necessary to perform said function in a safe manner.
2. Associates are not to operate any equipment in the performance of job functions unless the associate has first received the necessary education and training to operate said equipment in a safe manner.
3. Associates are to operate all equipment only in accordance with manufacturer operating instructions and/or Medical Center policy and procedure.
4. Associates are to seek assistance and/or utilize assistive devices for the performance of function safely.
5. Personal protective equipment is to be worn at all times when engaging in a job function for which personal protective equipment is required.
6. Associates are to employ required safety precautions at all times when performing a job function in which such precautions are required.
7. Associates are to report any unsafe work practice or hazardous condition to their supervisor, manager or director, or the Safety Officer in a time manner.

**Recognition of Safe Work Practices**
Associates who consistently demonstrate a commitment to safe work practices are recognized through a favorable evaluation in their annual performance appraisal.

**Corrective Action for Unsafe Work Practices**
Associates who demonstrate unsafe work practices are subject to the disciplinary process as outlines in administrative policy and procedure. In general, it is the policy of SFMC to correct unsafe work practices by further education and training of the associate. However, associates who demonstrate an inability by personal safety standards are subject to disciplinary action, up to and including termination of employment.

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# Procedure for Reporting Industrial Injury/Illness

The associate will:

1. Report any injury or illness to his/her supervisor immediately or within 24-hours. A report may be made to the house supervisor when the associate's immediate supervisor is not available.

2. Complete with the supervisor on duty the "Employee Accident Report" form.

3. In the event of serious or life-threatening injury or illness, report directly to the Emergency Department. Advise the staff that the injury (or illness) is work related.

4. During business hours or next business day, take completed Employee Accident Report form to Occupational Health.

5. Obtain authorization form from supervisor for medical treatment under the DCHS Medical Provider Network.

6. Complete the Employee Section of the "Employee's Claim of Workers' Compensation Benefits" (DWC-1) – obtained from Occupational Health.

7. Report to assigned medical provider from medical care as necessary or to the Emergency Room (if emergent).

8. Provide any documentation of medical visit (e.g. work status form) to Occupational Health on the same day or next business day.

9. Keep return appointments as given and provide documentation of all medical visits to Occupational Health.

10. Provide copy of any documentation of medical visit to supervisor.

11. Comply with all responsibilities in the SFMC Modified Duty Policy.

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# The Transitional Work Program

St. Francis Medical Center provides a transitional work program for injures workers. The following lists important items that every associate should know.

1. The purpose of the Transitional Work Program is to provide physical, financial, and social resources for a limited-time and to "transition" the injured or ill associate back to full productivity.

2. Transitional Duty is limited to 90 aggregate days. It does not create new or modified permanent positions.

3. Unless taken off work by a doctor's order, all associates with work-related injuries or illness will participate in the Transitional Work Program (TWP).

4. Time worked in the Transitional Work Program will always be charged to the associate's home department – no matter where the associate is placed to work.

5. Overtime is not permitted while in the Transitional Work Program.

6. Associates may be asked to work Monday through Friday during day shift to facilitate monitoring progress and/or to best serve the department.

7. Any absence or time off while on transitional duty must be coordinated with the Occupational Health Coordinator at 310-900-8554.

8. It is the responsibility of the department to provide work assignments that adhere to the orders of the workers compensation primary treating physician.

9. It is the responsibility of the department manager to refer an associate with a non-emergency work-related injury or illness to the Medical Provider Network for care or treatment.

The Transitional Work Program is a "win-win" situation for everyone!

# Occupational Health & Ergonomics

# What is Workers’ Comp?

Workers' compensation is a state-mandated insurance program that provides compensation to employees who suffer job-related injuries.

# Report your injury to supervisor.

- Tell your supervisor right away.

- If your injury or illness developed gradually (like tendinitis or hearing loss), report it as soon as you suspect it was caused by your job.

Reporting promptly helps prevent problems and delays in receiving benefits, including the medical care you may need to avoid further injury.

# Get emergency treatment if needed

- If it's a medical emergency, go to the Emergency Department right away.

- Tell the health care provider who treats you that your injury or illness is job-related.

# Complete an Employee General Incident Report

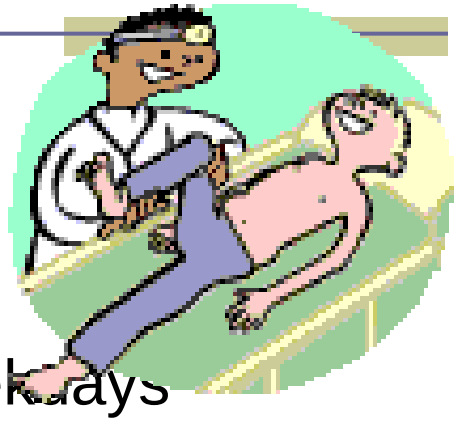
- Complete the online report in the RiskPro program
- Your login ID is 1st initial of 1st name & complete last name. Password is "Password" until changed
- Describe your injury completely. Include every part of your body affected by the injury. Fill out everything in red!

# Time is important!!

- A report must be filed right away. If is seems minor still file a report.

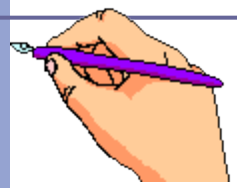
- Employee Health or Workers' Compensation will contact you when your report is filed.

# The Industrial Clinic is on site.



- Located in the Medical Office Building on campus.
- Provides non-emergency care on weekdays 9:00 am – 5:00 pm
- When closed, report to the Emergency Department.

# Workers' Comp Claim Form



- Depending on the circumstances, E.H. or Workers' Comp will ask to complete a workers' comp claim form.

- The form is submitted to the claims administrator who can accept or deny your claim.

The law requires that a decision be made on the claim within 90 days.

# Medical Care

The employer controls the medical care for the first 30 days following an injury unless you have “predesignated” a physician.

# Occupational Health

## Our Goal

To work with department directors, supervisors, and all associates to protect and maintain the health and work environment of all who work here.

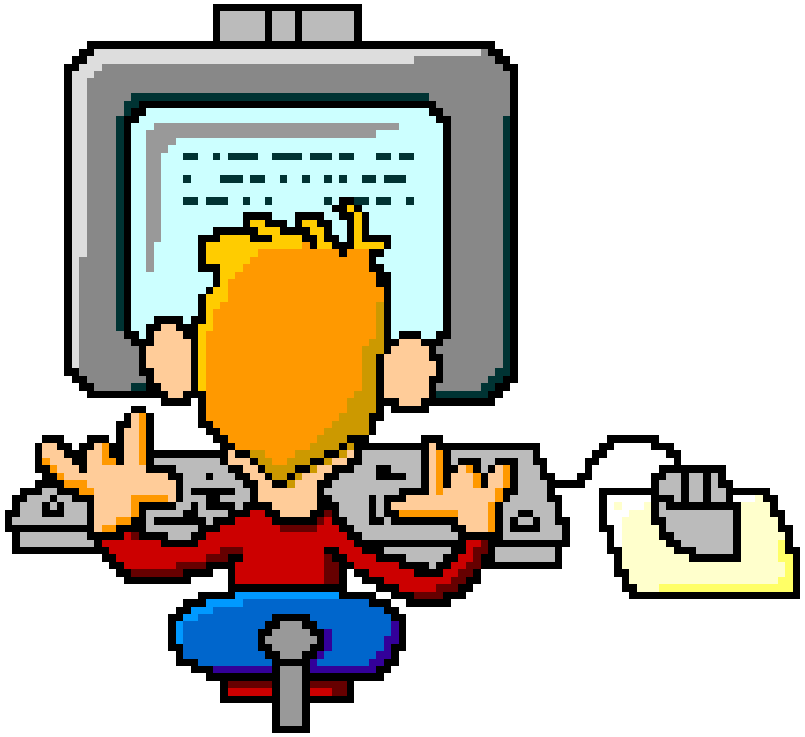
# Ergonomics

Ergonomics is a discipline that involves arranging the work environment to fit the person in it.

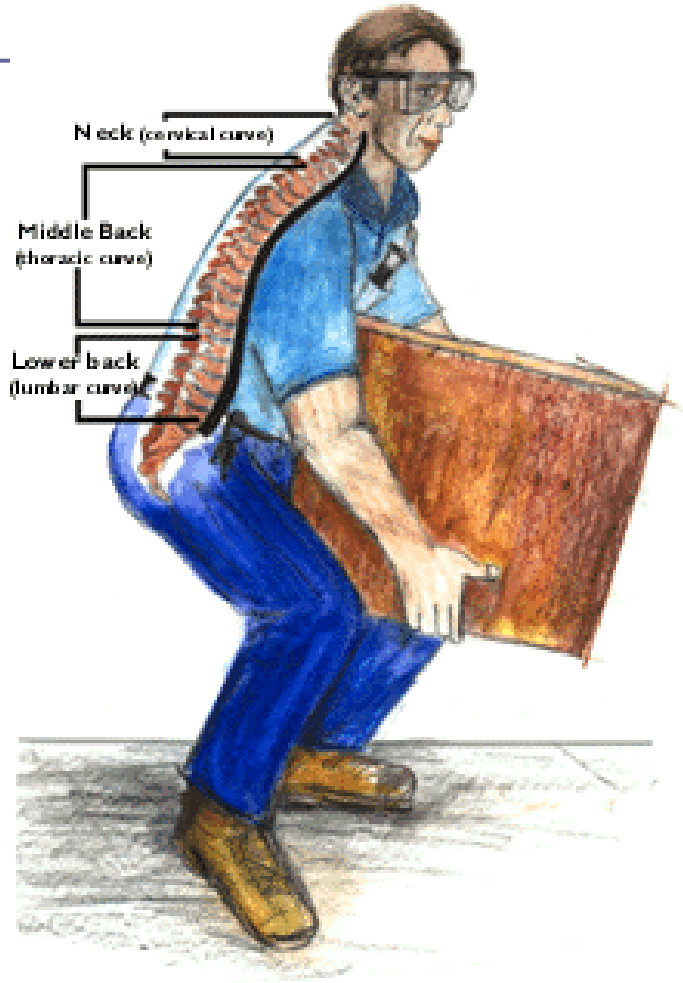
# What is he doing wrong?

# What’s wrong with this picture?

# What would you suggest for him?



# Is this good body mechanics?



# Ergonomic Exercise #1

# Ergonomic Exercises: #2

# More…….. Keep going!

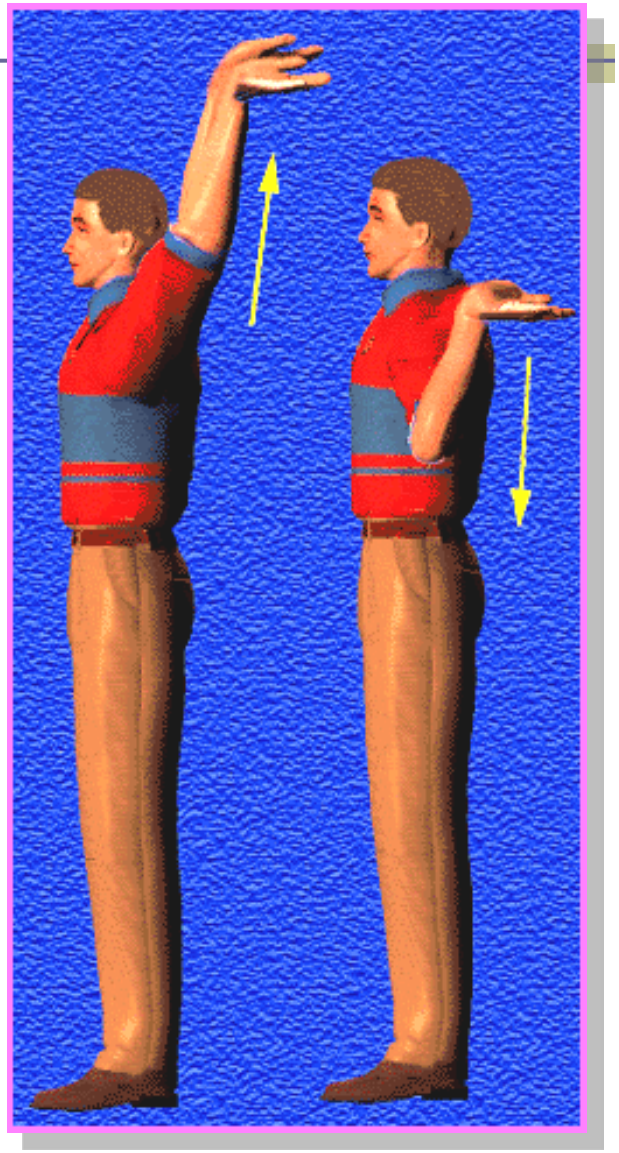
# Don’t forget the feet…..

# The eyes are important…..

# Try these!

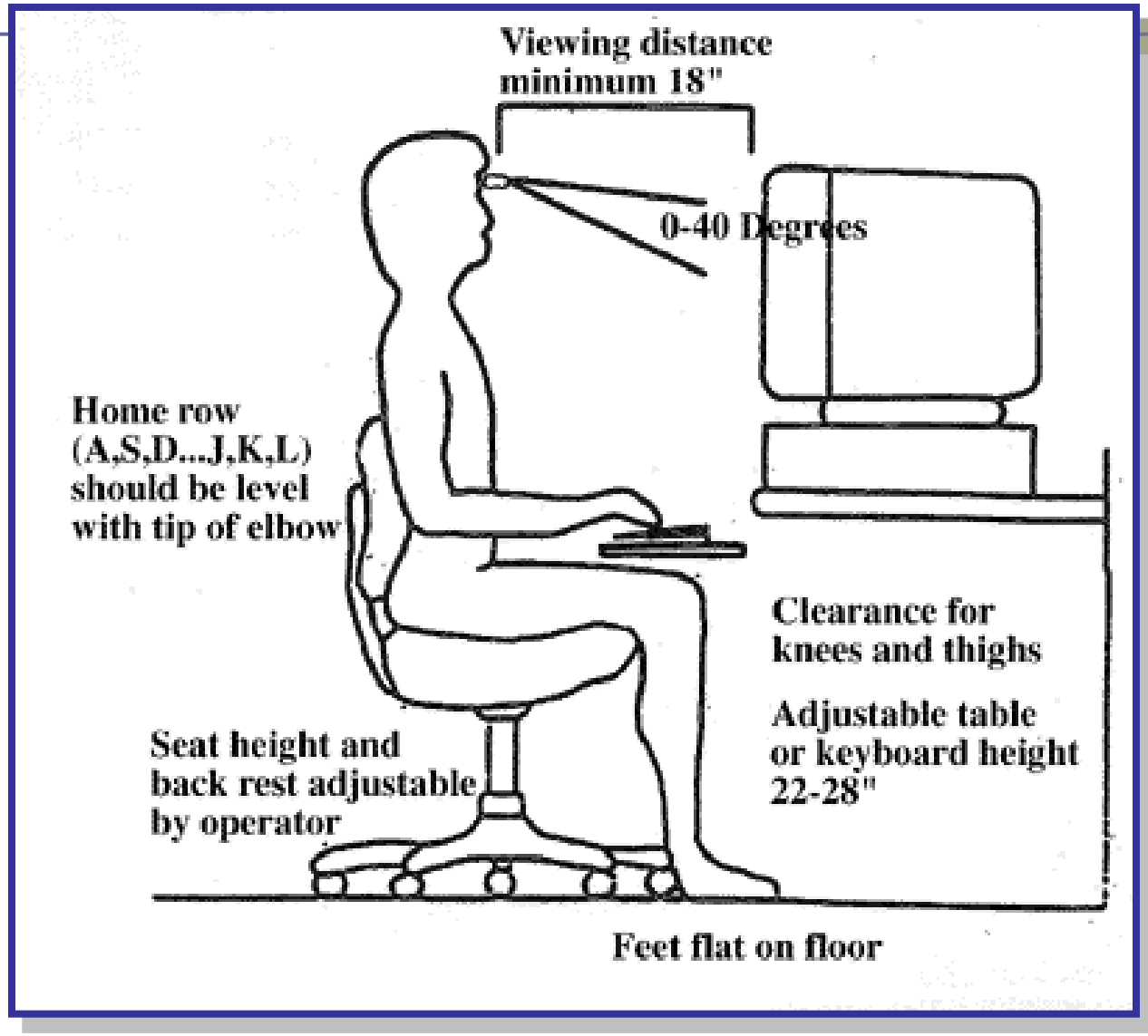
# Whole body stretch

- Inhale & reach up
- Hold for 5 seconds
- Return to starting position
- Repeat 5 times

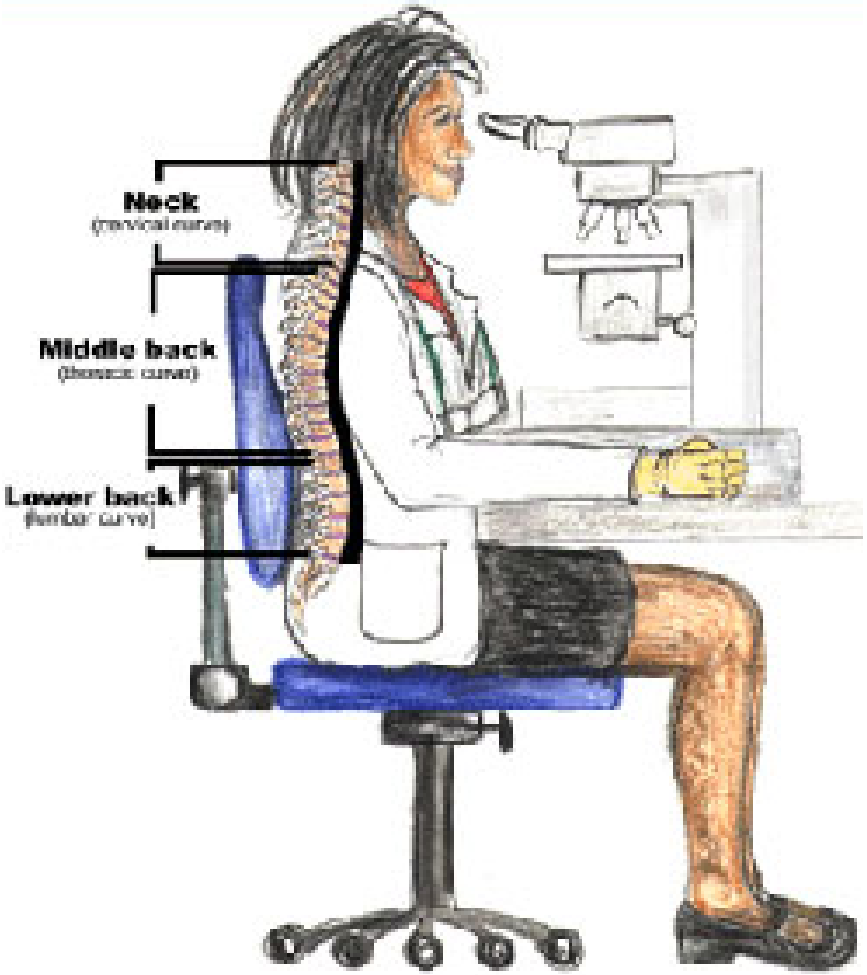


# May want to warn someone before doing in the workplace.

# Consider work at home



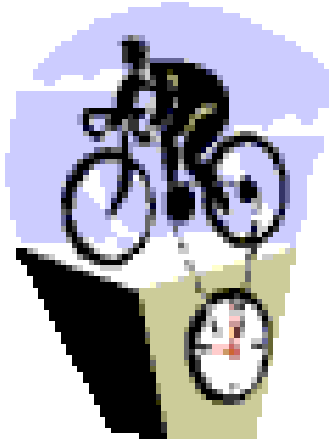
# You may work in a lab……



# Let’s remind each other!

If we take care our bodies at work…….

….they will serve us better at play.



St. Francis
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# X. Spiritual Health Services

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3630 East Imperial Highway
Lynwood, CA 90262

# Spiritual Care Department

***Bro. Richard Hirbe, fsp***
***Spiritual Care Director***
***Telephone – 310-900-8514***

**Services**

- Patient Initial Spiritual Assessment/Interview
- Patient counseling, emotional, and spiritual support
- Sacraments (Anointing of the Sick, Holy Communion, Confession)
- Daily Mass
- Advance Health Care Directives and End of Life Issues
- Bioethics Consultation
- Code Status/DNR intervention
- Grief Support Groups
  - Fetal Demise, SIDS deaths
- Family Support at time of death
  - Fetal Demise
  - Patient Expirations, ER Full Arrest
- Post-Trauma Counseling – Gang Intervention
- Viewing of Deceased Patients
- Respond to Code Trauma, Code Blue and Rapid Response Codes

Each Patient Care area has a Chaplain assigned as follows:

- ICU – Ethics: Bro. Richard
- Family Life Center: Sr. Martha
- 6th Telemetry and 4th Floor: Sr. Janice
- Pediatrics & Women's Health Center: Sr. Grace
- ER and Trauma – Sr. Paz
- PTSD Counseling – 8th Floor: Bro. Cesar
- 7th Oncology: Fr. Thomas
- Skilled Nursing & Surgery Center: Sr. Vanne
- Sacramental Ministry: Fr. Ambrose & Fr. Thomas

To contact the Chaplain on duty after 4:30 p.m. Monday – Friday or on weekends, please call the House Operator. The Priest Chaplains are available on call 7 days a week – 24 hrs. a day. Call the Hospital Operator.

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# Spiritual Care Services Department

The Chaplains at St. Francis Medical Center remain committed to the Mission of the Daughters of Charity Health System. The empowerment received from St. Francis Medical Center Administration support these goals and empowers each Chaplain to Spiritual Care/Professional Excellency. The Spiritual Healthcare Services department successfully continues the challenge to be a Center of Excellence in Spiritual Care Ministry.

## The Spiritual Care of Patients

The members of the Spiritual Care Services Department work closely with the healing team on each unit throughout the Medical Center, providing around the clock spiritual care for patients of all denominations. As a witness to those who come to St. Francis Medical Center for care, the Chaplain comes to them as one who serves the Lord, bringing sacramental peace, comfort, a genuine interest and a word of hope to the patient and family.

## Referrals to Chaplain

The Spiritual Healthcare Services department should be notified for the following:

1. When a patient/family is concerned about impending surgery.
2. When the patient/family is fearful, anxious or depressed.
3. When the patient wishes to receive Communion, the Sacrament of reconciliation (confession), or the Sacrament of the Sick.
4. When the patient/family is having difficulty dealing with the diagnosis, prolonged illness, or deterioration of the patients condition.
5. When patient/family desires prayer or spiritual support.
6. When a patient's age/illness raises ethical questions (e.g. determination or clarification of Code Status, use of respirator, insertion of feeding tube).
7. When a patient is near death or has died.
8. When there is a case of miscarriage or stillbirth.

The Standard of Practice in Spiritual Care is that each patient is visited by a Chaplain within 24 hrs. of admission and their intervention is documented on the Patient Care Plan. Please refer any patient wishing to see a chaplain prior to the initial visit by contacting the Spiritual Care Department for your patient.

## Morning Prayer

Is has been a long standing tradition at SFMC to begin each morning with a prayer at 8:00 a.m. over the PBX. All Associates, patients and visitors are asked to refrain from walking in the hallways and speaking during this time. The Morning Prayer is a time for all of us to reflect on our Mission and that this is a House of Healing in which we all share in the work of God.

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## The Medical Center Chapel

Daily Mass is celebrated in the Medicla Center Chapel located in the Patient Tower on the 1st floor. The chapel is available for all patients, visitors and associates for moments of recollection and quiet. The daisly mass schedule is as follows:

Monday – Friday 11:30 a.m.
Saturday 4:00 p.m.
Sunday 9:00 a.m.

Exposition of the Blessed Sacrament is held every Wednesday in the Chapel Monday at 3:00 PM for the intentions of our patients and associates.

The Daily Mass can be viewed in the patient rooms on channel 3.

## Areas of Excellence

Each Chaplain has furthered the Center of Excellence by initiating a program to meet specific pastoral needs within the service area of St. Francis Medical Center. In order to achieve this gaol, Chaplains were encouraged to attain a level of competence through certification in that area of excellence within which they had chosen to minister. The following are those areas of excellence offered within the Spiritual Healthcare Services department at SFMC.

## Mothers of AIDS Patients (MAP)

This organization is made up of a group of family members who have loved one who has tested positive for AIDS, or who have lost a family member to AIDS. These persons have joined together to offer confidential support, create bonding, counsel and keep themselves informed on the current findings/education on HIV. Crisis counseling is made available and referrals received from physicians for in-house patients, where literature and information is offered in both Spanish and English to family members and patients.

## Oncology Support Group

A daily group session for those patients and family members who are being treated for cancer at St. Francis Medical Center. Meeting daily for one and one half hours, the group discusses and works through those issues that revolve around a diagnosis of cancer.

## Bereavement Support Group

The Bereavement Support Group is a structured program that meets for 10 weeks of in-depth spiritual and pastoral counseling for those persons who have recently experienced death of a loved one. This 10-week program is offered four times during the year and the class is limited to 15 members.

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**Sudden Infant Death Syndrome (SIDS)**
**(Gabriel Group)**

This support group is a program developed to provide support to families who are grieving the loss of their baby through miscarriage, ectopic pregnancy, stillbirth or new born/infant death. The parent support group meets monthly, and is available to parents no matter where they are in their grief process, nor how long it has been since the loss. This group also has a Spanish-speaking volunteer who is available to assist. Sr. Marta received her certificate as a SIDS counselor from Resolve through Sharing, a well-known nationwide organization.

**English/Spanish Eucharistic Ministers Program**

In both English and Spanish, volunteers are trained according to the Los Angeles Archdiocesan guidelines for Eucharistic Minister, and are commissioned by St. Francis Medical Center, through the Office of Worship. These Eucharistic Ministers make daily Eucharistic visits to those patients who are hospitalized. Hispanic patients have the opportunity to receive the Eucharistic in their own language.

**Ecumenical Minister**

A program in which volunteer Chaplains are trained to assist the Spiritual Healthcare staff in meeting the needs of patients, families and associates, while adhering to the Ethical and Religious Directives of the Daughters of Charity and the Vincentian Values. Open to all local, ordained ministers in the area, the program currently has a staff of 12 Ecumenical Ministers who volunteer an aggregate average of 300 hours per month in Chaplain Services.

**Field Education Program**

The Pastoral Field Education Program is an integral part of the formation of candidates for the priesthood in the Los Angeles Archdiocese, brining together classroom experience and apostolic ministry. Seminarians are assigned for on-site supervision here at St. Francis Medical Center for placement during the school year to experience the Pastoral Care aspect of hospital ministry, with the sick and dying. The program at St. Francis has been so successful that Seminary has implemented it throughout the Archdiocese as a model for all hospitals.

**The Good Shepherd Visitation Group**

This group of visitation ministers was founded to meet the growing needs of the Hispanic patient population with the intention of “linking” patients upon discharge to their local parish for further spiritual support (i.e. Baptisms, Catechism classes, convalidate marriages and pastoral counseling). This group also offers prayers in Spanish at the patient’s bedside, being sensitive to their culture and customs.

**Bioethics – Bro. Richard Hirbe, fsp**

The Medical Center has a Bioethics Crisis Committee within the Medical Center for immediate referral from physicians, staff and family in reference to ethical issues centered around patient needs, i.e. , end of life, beginning of life, code status, intensity of care, futile care. To initiate a Bioethics Referral, contact the Spiritual Care office at ext. 8515 or #7660.

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**Bioethics Committee**

The Bioethics Committee is guided by the philosophy and mission of St. Francis Medical Center. Is encompasses the values of Daughters of Charity and follows the directives of the Roman Catholic Church. This committee serves as a resource for the Medical Center physicians, staff, patients and patient families by identifying respective interests, rights, and duties and aiding in the clarification and reconciliation of differing values pertaining to health care issues.

The Bioethics Committee is a Medical Staff Committee which includes a multi-disciplinary group of health care professionals that addresses the ethical dilemmas that occur within the Medical Center.

A patient or any member of the medical staff, hospital staff or patient's family may request a consultation or case review by the committee. Such requests will be channeled through the Chairperson or the Bioethics Crisis Committee by a member of the Spiritual Healthcare Services department. The attending physician will always be notified of a request for Bioethics Committee Review.

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# XI. Social Work Services

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# Social Work Services

The Social Work Services department provides psychosocial assessment, intervention and discharge planning services to patients and families. Social Work Services assist patients and families to understand, cope and adapt to emotional and social problems associated with illness and hospitalization.

Through direct service provision to patients and families, collaboration and consultation with medical center personnel and community agencies, social workers assist the patient and family to utilize an array of resources in adapting and coping with illness.

The Social Work Services department provides direct service provision and discharge planning for the Medical Center, Emergency Department, Women's Health Center, and Family Life Center, (NICU, Nursery, Labor and Delivery, Obstetrics and Pediatrics).

Discharge planning for the medical center is provided by the Case Management Department, ext. 8630. All orders for equipment and home nursing care in the medical center is managed by the case managers and discharge planners, and social workers.

Social Work Services department provides consultation and case coordination to medical center associates regarding issues of suspected abuse. As all health care providers are mandated reporters of suspected abuse or neglect, it is important that each be qualified to assess and report cases of suspected abuse. When there is a suspicion that physical, emotional or fiduciary abuse or neglect has occurred, please consult with your manager and if necessary contact Social Work Services at ext. 2094.

The Social Work Services department is available for consultation on all cases throughout the medical center. Appropriate referrals include: difficulty coping with illness, grief, depression, suspected abuse, poor family support, lack of support system, disability, mental illness, alcoholism and substance abuse.

Medical insurance problems are referred to the Patient Financial Counselors at ext. 4520. They interview all patients who have no insurance and often can arrange Medi-Cal/Medicare applications.

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# XII. Risk Management

ST. FRANCIS
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# Risk Management

**General Information**

Risk Management is a hospital-wide process to prevent, control and monitor areas of liability risk exposure. The Risk Management Program is designed to increase quality of patient care and to minimize financial loss to SFMC through risk identification, evaluation, prevention and education.

The Risk Management department identifies and monitors adverse events such as those found on attachment A.

The Risk Management department is alerted to such potential adverse events from SFMC associates by completing an Incident Report. An Incident Report should be completed anytime a patient is harmed, could have been harmed, or when there is any type of unexpected adverse outcome.

The Risk Management department encourages hospital and medical staff to visit the Risk Management department to discuss any special concerns and potential liability cases.

**Malpractice Coverage**

All associates, when acting in the course and scope of their Medical Center assignment, are covered under the Medical Center's malpractice insurance program.

SFMC protects associates for acts that are within the scope of their employment, part of the normal assigned duties. To obtain this protection, an associate must notify the Risk Management department of any claim or lawsuit against him or her.

**Consultation**

The Risk Management department is available to provide guidance to departments and associates in the following areas:

- Consent issues
- Release of Information issues
- Litigation appearances
- Subpoenas
- Claims and Lawsuits
- California law and legal codes 9
- Workers' Compensation issues

**Incident Reports**
The Risk Management department requests that all associates notify the Risk Management Department of unusual incidents. An incident is defined as "…any occurrence inconsistent with the routine care of a patient or any event that, harmed or could have harmed a patient or visitor."

Patient and visitor injuries, medication errors, birth injuries, unexpected deaths, paralysis/brain damage cases, patient falls, delays in treatment/diagnoses and other similar events are among those occurrences that require reporting. Incident Reports should be submitted in writing or by telephone to the Risk Management department as soon as possible.

Early notification of adverse events or other incidents allows the Risk Management department to investigate the event while the circumstances are still easily recalled by the staff involved. In addition, and most importantly, analysis of Incident Reports allows the Risk Management department staff to identify trends and make appropriate recommendations in order to avert further recurrence. The philosophy of early identification and loss prevention is the foundation of SFMC's Risk Management Program.

NOTE Incident Reports may not be used for disciplinary purposes. They must not be copied, placed, or referred to in the medical record. The contents are confidential and may not be revealed to unauthorized individuals.

Limiting Liability Exposure

The Medical Record as Evidence:
The medical record is the key piece of evidence in malpractice cases; its credibility must be established and maintained. This may be accomplished by making certain that each entry is legible, thorough, and appropriately times, dated, and signed. A jury's perception of the quality of care provided may be easily influenced by the quality of charting. Illegible and/or incomplete charting may be interpreted by a jury as reflecting substandard care.

The medical record is not the appropriate forum for criticizing colleagues or for rendering subjective opinions on the quality of the patient's medical management. The use of "slant" words such as "unintentionally," "inadvertently," "unfortunately," and so forth, should be avoided at all times.

From the Medical Center's position, the decision to either settle or defend a claim or lawsuit may also be influenced by the content of the record and its potential effect on a jury. As noted above, a poorly documented record can influence a jury into adopting a negative perception of the overall quality of care rendered, there-force increasing the difficulty in successfully defending a case, even in the absence of any identifiable negligence.

Maintaining Good Communication with the Patient
As the decision to bring a malpractice action is usually based on a patient's negative perception of the quality of care they receive, the necessity for the development of a good patient rapport cannot be over emphasized. A caring attitude projected by physicians, nurses, and other members of the health care team can do much to defuse a potentially litigious situation. A good "bedside manner" can foster the climate of concerned patient care that often results in a reduction of claims. The courteous treatment and involvement of the patient's family may also improve perception of the quality of care received. Developing a good patient rapport is not only good medicine, but good business as well.

Your Patient's Right to Know
Patients do not give up their right to control what happens to them simply because illness or injury forces them to seek medical care. Physicians have a responsibility under the law to obtain their patient's, or their legal representative's consent to medical treatment. The landmark California Supreme Court decisions of Cobbs vs. Grant and Truman vs. Thomas set forth the nature and extent of the "material information" required to be disclosed. The Risk Management department provides guidelines regarding the interpretation of these decisions upon request.

It is the treating-physicians responsibility to obtain the informed consent.

IMPORTANT NOTICE AVOID DISCUSSING CASES IN PUBLIC AREAS (elevators, cafeteria lines, etc…). It breaches the patient's right to confidentiality of care, and can easily upset or embarrass patients or visitors who may overhear.

Legal Correspondence and Communication
Upon receipt of any legal correspondence from patients, attorneys or courts (subpoenas, summons and complaints, notice of intent to commence litigation, etc...), please notify the Risk Management Department immediately. As you and/or the Medical Center is obligated to respond to certain legal documents under a statutory time limit, our immediate receipt of legal correspondence is imperative. Failure to respond on a timely basis may result in default judgments, the issuance of bench warrants, or other sanctions, entered against you personally and/or the Medical Center. Do not enter in conversations with attorneys regarding patient care matters without first checking with the Risk Management department. Revealing sensitive patient care information to unknown individuals, regardless of who they say the are, may lead to prosecution for violation of the patient's right to privacy. Check with the Risk Management department to determine whether the attorney is an appointed Medical Center representative or has been authorized by the patient to access this information.

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**Incident Reports**
An Incident Report is a means to communicate to the Quality Assessment Department any unusual and untoward occurrences involving medical center patients, associates, members of the Medical Staff and/or visitors.

An Incident Report shall be completed whenever there is any evidence of an event which:

- Is not consistent with routine care and treatment related to a patient's admitting or working diagnosis.
- Involves loss or damage to patient, associate, medical staff member, or visitor property or person, or hospital property or equipment.
- Is not consistent with the routine activities of hospital visitors, associates, members of the medical staff, and/or patients.

Completion of the Incident Report shall not serve as a substitute for prudent notification of the patient's attending physician and/or department and nursing supervisory personnel.

Any St. Francis Medical Center associate or medical staff member can complete an incident report after identifying an unusual occurrence, reporting factual circumstances surrounding the unusual occurrence.

The incident report must be forwarded immediately to the department manager/director or unit supervisor. The department manager/director or unit supervisor will investigate the event reported on the notification form and document the findings of the investigation and any corrective action taken.

Immediately upon completion of the review and within 24 hours of the incident, the department manager/director or unit supervisor will deposit the incident report at the Security Desk or deliver the incident report to the Quality Assessment and Improvement Office for follow-up.

**The Incident Report is a confidential communication tool utilized for Risk Management and Quality Assessment/Improvement purposes only.**

**Under no circumstances will the Incident Report be copied.**

**Under no circumstances will the information contained in the notification form be released to or utilized by persons other then designated St. Francis Medical Center associates or an appointed representative of the Medical Center.**

# Attachment A

**Factors which contribute to patients filing malpractice claims:**

1. Poor doctor/patient relationship
2. Poor treatment outcome
3. Excessively high bill
4. Poor patient/patient relationship

**Most frequent site of "occurrences" which result in claims against a hospital or physician:**

1. Operating Room/Recovery Room
2. Emergency Room
3. Labor and Delivery
4. Special Care Units
5. Patient Room

**Generic causes of malpractice action:**

1. Inadequate communications
2. Inadequate medical records
3. Human and equipment system failures
4. Poor judgment by those providing health services

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# XIII. Corporate Responsibility

St. Francis
Medical Center
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3630 East Imperial Highway
Lynwood, CA 90262

Dear St. Francis Medical Center Associate,

St. Francis Medical Center is a Mission-driven, Values-based health care ministry. As such, we are committed to acting at all times with honesty, integrity and the highest level of ethics in the provision of compassionate, quality care to our community. Our Corporate Responsibility Program and our Standards of Conduct are a reflection of this commitment, and all associates are obligated to comply with the Program and Standards as a condition of their employment.

The Corporate Responsibility Program exists to assist all associates in understanding their work responsibilities and performing in a manner consistent with the Mission and Vincentian Values of the Daughters of Charity Health System. Each associate has the responsibility to adhere to a high standard of conduct. This means that we are honest and ethical in our individual and business practices, that we obey all laws and regulations that govern our health care ministry, that we maintain the confidentiality of patient information, and that we avoid conflicts of interest.

Oh behalf of St. Francis Medical Center and the Daughters of Charity Health System, we thank you for your commitment to the Corporate Responsibility Program.

Sincerely,

Gerald T. Kozai, PharmD.
President & Chief Executive Officer

Sr. Joyce Weller, DC
Chairman of the Board

St. Francis Medical Center
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# St. Francis Medical Center
# Corporate Responsibility

The corporate Responsibility Program exits to assist all associates in understanding their work responsibilities in a manner consistent with the Mission and Vincentian Values of the Daughters of Charity Health System.

**Standards of Conduct**

**The Standards of Conduct outline the expectation for how associates and medical staff members should conduct themselves to promote the highest standard of business ethics and integrity.**

**Conduct all activities** incompliance with applicable laws and regulations. These laws pertain to such areas as abuse, antitrust, employment discrimination, environmental fraud, false claims, lobbying and political activity, self-referral prohibitions and tax.

**Promote the highest standards** of business ethics and integrity. Associates must represent our organization accurately and honestly, and must not engage in any activity intended to defraud anyone of money, property or services. Associates must act in good faith and in our organization's best interest.

**Maintain the confidentiality** of patient information, and protect confidential and protect confidential and proprietary information about associates and our organization.

**Conduct activities and relationships** with other so as to avoid actual conflicts of interest, in fact or even appearance. In the event of conflicts, associates must make full disclosure and take appropriate action under the Medical Center's Conflict of Interest policy.

**Conduct business transactions** with suppliers, contractors, vendors and other third parties at arm's length, and without offers of or solicitations for gifts, favors, or other improper inducements.

**Exercise responsible stewardship** to preserve and protect our organization's assets by making prudent and effective use of it resources.

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# St. Francis Medical Center
# Corporate Responsibility

If you have questions regarding SFMC's Compliance Program and/or HIPPA/Privacy issues, please contact:

**Laura Kato – Corporate Responsibility Officer – ext. 8454**
Call the toll-free, confidential Values Line, 24 hours a day, 7 days a week,
to discuss your workplace concerts at **800-371-2176**

- Discrimination/harassment
- Dishonest communication
- Violations of patient/associate confidentiality
- Conflicts of interest
- Inappropriate gifts, entertainment and gratuities
- Stealing or misuse of assets
- Fraud, abuse or false claims
- Environment, health or safety issues
- Improper use of proprietary information
- Inappropriate use of Hospital resources for lobbying/political activities

Corporate Responsibility Policy and Procedures

The Daughters of Charity Health System Corporate Responsibility Plan and related policies and procedures are accessible via the DCHS Intranet:

http://dchsnet/

Follow the links, located in the navigation column on the left side of the screen, clicking on:

- DCHS System Office
- Policies and Procedures

The main window will then display a list of the DCHS Policies and Procedures. You will find the Corporate Responsibilities under "Section 04 – Corporate Responsibility."

# Corporate Responsibility

Message from **Robert Issai, President and Chief Executive Officer**
Daughters of Charity Health System

*"Training is a vital part of reinforcing the importance of Corporate Responsibility.*

*We live and lead by example. I ask that you take this training to heart and hold yourself to the highest ethical standards at all times. Your conduct inspires colleagues, business partners, patients, and others we serve.*

*Let the Vincentian Values be the foundation of our work, the Mission be the focus of our work, and Corporate Responsibility standards guide our work."*

# Understanding the Importance of Corporate Responsibility

## Defining Corporate Responsibility

Corporate Responsibility is performing our work with compliance and ethics.

- **Compliance is the law**. We follow the legal, regulatory, licensing, accreditation, and other external requirements that govern our operations.
- **Ethics means we go beyond what is required by law**, and are honest, fair, and respectful in the work place, as individuals and as an organization, by following the Vincentian Values and Standards of Conduct.
- **Corporate Responsibility = Compliance + Ethics** and promotes organizational integrity in all aspects of our work and, ultimately, in serving the mission.

## Corporate Responsibility Touches All Aspects of Our Organization

The organization is governed by **federal, state, city, and county** laws and regulations**,** **accreditation** requirements, the **Standards of Conduct**, and organizational **policies and procedures**. Below are just a few examples.

- Centers for Medicare and Medicaid Services (CMS) regulate coding and billing
- The Office of Inspector General regulates referrals for care
- Office for Human Research Protection governs safe research protocols
- Occupational Health and Safety Administration regulates employee safety
- The Joint Commission reviews patient safety and quality of care
- Environmental Protection Agency governs hazardous waste disposal
- Office of Civil Rights governs patient rights to privacy
- California Department of Health governs the licensing of hospitals
- The Standards of Conduct govern conflicts of interest
- Corporate Responsibility policies govern associate and vendor screening

# Corporate Responsibility Program

The organization has implemented a Corporate Responsibility program, based on guidance from the Department of Health and Human Services (DHHS) Office of Inspector General (OIG). The program includes these 7 elements:

1. **Written standards**; including a plan, policies, and standards of conduct.
2. **Designating accountabilities**; including Corporate Responsibility Officers, associates, and committees.
3. **Education**; upon hire, annually, and in high risk areas.
4. **Processes for reporting concerns**; including the CRO and the Values Line at 1-800-371-2176.
5. **Enforcement of standards**; that may include disciplinary action.
6. **Monitoring and auditing**; including areas recommended by the OIG.
7. **Responding to concerns and findings**; with appropriate actions.

**Know Your Corporate Responsibility Officer (CRO)**

System Office

- **Robert Cook, CRO,** DCHS

Local Health Ministries

- **Chelva Kumar, CRO,** Saint Louise Regional Hospital
- **Jean Rico, CRO,** St. Vincent Medical Center
- **Pam Brotherton-Sedano, CRO,** O'Connor Hospital
- **Mark Okashima, CRO,** Seton Medical Center / Seton Coastside
- **Laura Kato, Chief Responsibility Officer,** St. Francis Medical Center

Other compliance resources include the **Corporate Responsibility Committee** and its members, the **CHAN Auditor**, and the **Board of Directors**.

# SECTION 2

## Health Care Fraud and False Claims Laws

(per Deficit Reduction Act)

## Health Care Fraud

- Health Care spending makes up a significant part of the Government's budget; about 20% and over $2 trillion dollars.
  - Unfortunately, some organizations and individuals attempt to get paid through fraudulent means such as:
    - Billing for services that were never provided
    - Ordering services that are not medically necessary
    - Falsifying documents in order to get paid
    - Double-billing the Government
    - Over-charging the Government

## Fighting Health Care Fraud

- Generally referred to as “False Claims Laws”, Government attorneys use these laws to investigate and prosecute fraud.
- Last fiscal year, the Government recovered over $3.1 billion, a record amount.
- Punishment can be **financial**; such as paying the Government thousands or even millions of dollars in penalties, **administrative**; such as being excluded from participating in Government programs like Medicare and Medicaid, and/or **criminal**; such as serving time in prison.
- There are many federal and state laws that Government attorneys use to prosecute health fraud. Below are a few examples.
  - Federal False Claims Act and Program Fraud Civil Remedies Act
  - California False Claims Act, Welfare and Institutions Code, Penal Code, Business and Professions Code, and Government Code

**“Fraud” Defined in the Laws**

- Knowingly presenting a false or fraudulent claim for payment to the Government
- Knowingly making or using a false record or statement for Government payment
- Conspiring by allowing a false or fraudulent claim to be paid by the Government

**“Knowingly” Defined in the Laws**

- Anyone who has actual knowledge of the information, acts in deliberate ignorance of the truth, or acts in reckless disregard of the truth.
- **Misconception:** Only organizations and individuals who conspire to steal from the Government are guilty of fraud.
- Parties found to be acting in “deliberate ignorance” or “reckless disregard” for the truth can be found guilty of committing fraud.
- **Unintended mistakes that lead to over-billing can be fraud**.

## Repayment and Penalties

***First***, the violator must repay the Government any money wrongfully taken.

### Additionally, there may be penalties.

- Up to 3 times the amount of damages caused to the Government.
- Up to $10,000 in penalties per fraudulent claim.
- Repaying the Government legal costs incurred.
- Serving time in prison.

### Private Individuals or "Relators" in Health Fraud

- Private (non-Government) persons can bring legal action (civil not criminal) on behalf of the Government under the federal and California False Claims Acts.
- These are called Qui Tam (or "whistleblower") actions. The person that brings the action on behalf of the Government is referred to as the "Relator".
- IF the Government recovers funds, the Relator can get 10 to 30%.

## Relator Protections

- False claims laws legally protect Relators from retaliation at any point during or after the investigation or case.
- Retaliation includes termination, demotion, harassment, threats, and other acts affecting employment.
- If the employer retaliates, the employee can take legal action to reverse undeserved actions, damages, and penalties.
- Employers / organizations are precluded from having any rule or policy that prevents individuals from reporting to the Government.
- Associates who report internally are also protected from retaliation.

## Organizational Efforts to Prevent and Detect Fraud

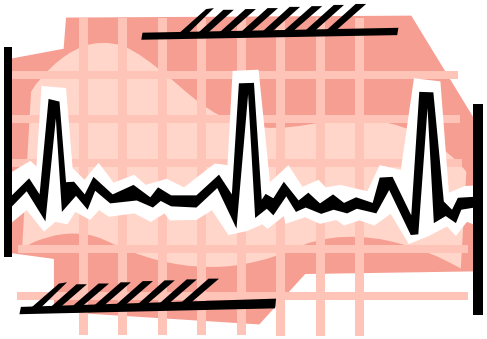
- DCHS and the Local Health Ministries have taken a system-wide approach for fraud prevention and detection by implementing a Corporate Responsibility Program that follows the DHHS OIG recommended 7 elements for an effective compliance program.

- The **Values Line** is a toll-free hotline, that is available 24/7, where concerns can be reported anonymously. **1-800-371-2176**.
  - Callers can choose to identify themselves or remain anonymous.
  - Calls are received by a contracted company.
  - Calls are not traced.
  - A case number is provided to the caller to call back for updates.
  - All concerns reported are taken seriously.
  - There will be no retaliation for reporting concerns.

*For more information regarding organizational efforts to prevent and detect fraud, as well as more detailed information on false claims laws, please refer to Corporate Responsibility policies. Information to access will be provided at the end.*

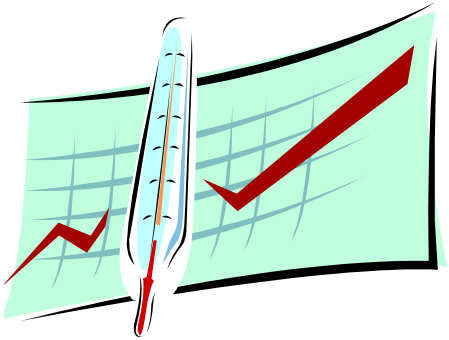
Daughters of Charity
Health System

# Compliance Risk Areas



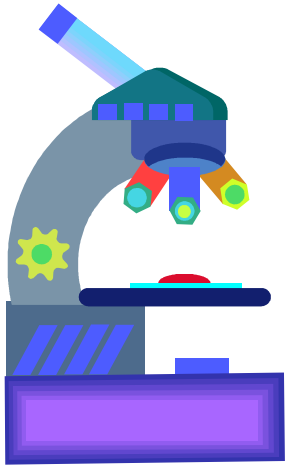
## Billing

- Standard: Services can only be billed when they are medically necessary, provided by qualified professionals, documented, coded properly, and have not already been billed.
- Standard: Compliant billing is achieved by complete, accurate, timely, and legible documentation by proper individuals, with proper signatures, in the proper places.



## Conflicts of Interest

- Standard: Decisions made at work must be in the best interest of the patient and the organization. Personal interests, outside of work, must not interfere.

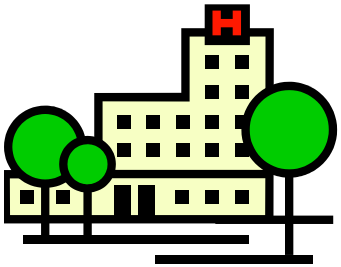


## Self Referrals and Kickbacks

- Standard: Hospitals and physicians must only refer, and provide services to, patients when in the best interest of their care. Personal and financial interests must not interfere.

- Standard: When physicians refer patients to a service, where they or a family member are an investor or owner, the physician may be in violation of law or company policy.

- Standard: When hospitals provide incentives to physicians OR patients, so they are more likely to use their services, the hospital may be in violation of law or company policy.



## HIPAA Privacy

- Standard: Patient information must only be accessed, disclosed, and transmitted to carry out work responsibilities.
- Standard: Only the minimum necessary information should be accessed or disclosed.
- Standard: Patient information must never be accessed for personal knowledge or other personal reasons.

## HIPAA Security

- Electronic patient information can be found in email, faxes, personal computers, networks, laptops, personal digital assistants (PDAs), biomedical devices, digital cameras, electronic images such as x-rays, and even cell phones.

- Organizational Standard: Organizations that work with electronic patient information have a duty to use administrative, technical, and physical safeguards to protect it from inappropriate access, alteration, theft, loss, or destruction. To comply, the organization has appointed security officials, developed policies, purchased encryption software, reviews access to systems, provides training, and other appropriate measures.

- Individual Accountability Standard: Individuals who work with electronic patient information have a duty to protect it. This includes using secure passwords, logging off when away from a computer, confirming recipient information when emailing or faxing, locking rooms with equipment containing electronic patient information, and other measures to safeguard patient information in your possession.

# Benefits of a Corporate Responsibility Program

## Impact of Compliance Violations

- Violations can lead to the organization and its leaders spending time, energy, and resources on investigations, legal costs, court, settlement negotiations, press interviews, etc. – often for years.

- Such violations are memorable by the organization, community, industry, and regulators for years.

- The organization comes under a higher level of scrutiny by all, including the Board of Directors, the public, the press, the Government, our patients, and the communities we serve.

## Open Communication

- A safe and open environment for raising concerns is an important value of the Corporate Responsibility program.

- If you have a compliance or ethics concern, there are multiple resources available.
  - Your Supervisor
  - Department Manager
  - Local Health Ministry Administration
  - Corporate Responsibility Officer / Associates
  - System Office Administration
  - The Values Line, available 24/7, toll free at **1-800-371-2176**. Calls are not traced and you can choose to remain anonymous

## Corporate Responsibility Benefits

- *The greatest value of Corporate Responsibility is it allows the organization and its leaders to focus on what matters most -* ***the Vincentian Values, the ministry, and the mission*** *– serving the sick and the poor.*

- For more information regarding Corporate Responsibility, these resources are available to you.
  - Your Corporate Responsibility Officer (CRO)
  - Robert Cook, CRO, DCHS System Office
  - Sharmila Chandran, Director of Loss Prevention and Compliance, System Office
  - The Corporate Responsibility team site on the intranet:
    - Go to the DCHS home page: **http://dchsnet/home**
    - Select **"System Office"**
    - Then, select **"Corporate Responsibility"** on the left side of the screen

Message from **Bob Cook, Corporate Responsibility Officer, VP Risk Management** Daughters of Charity Health System

*"Thank you for taking the time to participate in this important education program.*

*I hope you have gained a better appreciation for Corporate Responsibility, how it supports our Mission, and is reflective of our Vincentian Values.*

*Now that you have completed the training, the job is now yours to apply the lessons learned in your day-to-day responsibilities.*

*Thank you for your support of our DCHS Corporate Responsibility Program."*

St. Francis
Medical Center
*our mission is life*

# XIV. Standards of Behavior

# St. Francis Medical Center

**Standards of Behavior Orientation Session**

# DOCHS Mission Statement

In the spirit of our founders, St. Vincent de Paul, St. Louise de Marillac, and St. Elizabeth Ann Seton, the Daughters of Charity Health System is committed to servicing the sick and the poor. With Jesus Christ as our model, we advance and strengthen the healing mission of the Catholic Church by providing comprehensive, excellent healthcare that is compassionate and attentive to the whole person: body, mind and spirit. We promote healthy families, responsible stewardship of the environment, and a just society through value-based relationships and community-based collaboration.

# Critical Question

What do we expect as customers?

1. Quality
2. Compassion
3. Prompt Service
4. Cleanliness
5. Patience
6. Empathy
7. Dependability
8. Honesty
9. Friendliness
10. Acknowledgement

# At St. Francis, We Believe It's Important:

- that our behaviors here at SFMC support our Vincentian Values
- that the Value Statements we put on wall plaques for the public to see are the same as what they experience
- that people can trust what we say
- that we are consistent
- the things we do, how we act while doing our jobs, make a difference to patients, their families, visitors, physicians and other associates
- all health care is pretty much the same but WE "filter" our behaviors using our Values.
- that is what makes our mission unique and creates a Catholic Christian Healthcare environment…..One based on values.

# Quote:

"In your conduct toward the poor, may you never take the attitude of merely getting the task done, you must show them affection, serving them from the heart—inquiring of them what they need, speaking to them gently and compassionately, obtaining necessary help for them."

St. Louise de Marillac

# Vincentian Values

- Respect
- Compassionate Service
- Simplicity
- Advocacy for the poor
- Inventiveness to infinity

# Expected Behaviors in the general workplace:

**Appearance:**

We believe the respect we have for those we serve is reflected through the manner in which we dress.

**Attitude**:

We believe a positive approach to any situation directly impacts the outcome.

**Teamwork:**

We believe if we all work hard as a team, our strength as a whole will be seen and appreciated by all in our care.

**Service:**

We believe in meeting the needs of those we serve with an open heart, positive intent, compassion and attentiveness to the whole person: body, mind and spirit.

**Communication:**

We believe how we use words and actions to share our feelings and empathize with the feelings of others are key to showing compassion.

# Customers Judge You by:

- The way you look
- What you say
- How you say it
- What you do and
- How you do it

➔ *Remember, your tone, body language, and attitude speak much louder than words*

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# Attitude

- Shows in Our:
  - Approach to our work
  - Respect for what we do
  - Tone of voice, our words
  - Body language
  - Response to those asking for help or talking to us

# Attitude cont'd:

**Outward behaviors and things you say are signs of how you feel on the inside. They communicate your feelings to others far more than your words.**

# Quote:

"You must serve these poor sick people with great charity and gentleness so that they will see that you go to help them with hearts full of compassion for them."

St. Vincent de Paul

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# Teamwork:

Teamwork represents the respect we have for each other, the work we do and those we serve.

# Practice Teamwork

*Teamwork* is a powerful tool to get the work done for the benefit of all.

# Expected Behaviors in the general workplace:

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# Perception is Reality

- Why don't we see ourselves the way our patients do?
  - our activities become routine – new to patient
  - we have knowledge that our patients do not
- Why don't patients complain?
  - fear of making caregiver angry
  - being harmed
  - nothing will get resolved and making it worse
- Fast Fact: What I perceive doesn’t count – what my ***customer*** perceives is what counts

# Service:

- While people might expect less from for-profits—they will always expect kindness and compassion from faith based institutions.
- It's what Christ tells us to do and as we represent a Christian healthcare environment, we are expected to follow those teachings.
- Think about what your true job is…

**Question:** *What are some examples of a task you do everyday that can be done either with or without an attitude of service?*

# Service

- Compassionate Service  - our gentleness and kindness - helps a patient, family and friends
  - Cope with new information
  - Accept a fearful procedure
  - Handle their time in the hospital more peacefully

# Communication

- What percentage of communication is:

| | | |
|---|---|---|
| Verbal (Words) | ___% | 7% |
| Tone | ___% | 38% |
| Non-Verbal | ___% | 55% |

# Put yourself in the shoes of our patients, our families and other departments you rely on.

- **How would you like to be spoken to?**
- **How would you like someone to enter your room?**
- **How would you like to have someone tell you no?**

# Service:

**Providing consistent compassionate service – in the simplest terms:**

***Is The Right Thing to DO!***

# Quote:

"In serving the sick, you should have God alone in view. You must beware of showing neither resentment nor contempt in your demeanor toward them. On the Contrary treat the sick with respect and humility, remembering that all the harshness and disdain, as well as the service and the honor you render them are directed to our Lord himself."

St. Vincent de Paul

# Expected Behaviors in the general workplace:

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# New Kid on the Block

- What are some of the feelings you have about being the new person in your department?
- What are some things we do to try and “fit-in”

# “New Kid on the Block”

- How can you make a difference?
  - Be True to Yourself
  - Maintain your own energy
  - You came here to serve –check in with yourself at the end of every shift
  - Just say NO!
  - Offer your ideas and stay in the game

# St. Francis Medical Center
# Standards of Behavior

**Thank you!**

THE CHARITY OF CHRIST URGES US

# XV. AIDET

# SFMC Patient Experience

## New Hire Associate Training

created by:
Mary Lynne Knighten, RN, MSN
Senior Director, Patient Experience and Care Delivery

AIDET℠ is a registered trademark of The Studer Group

St. Francis Medical Center
our mission is life

# Objectives

Participants will be able to:

1. Describe the Patient-Family Centered Care model and how their role supports the Patient Experience.
2. Use AIDET$^{SM}$ to…..
   - Offer high quality of service
   - Reduce anxiety
   - Improve safety
   - Improve patient, physician & associate satisfaction
   - Elevate the patient experience
2. Verbalize how to and who's responsibility it is to perform Service Recovery at SFMC.

*Compassionate Service*

*Respect*

*Simplicity*

*Inventiveness to Infinity*

St. Francis Medical Center
our mission is life

**PFCC**

*Advocacy for the Poor*

**Patient & Family Centered Care**

**Straight "A" Leadership for Care Delivery -QS**

**“Every ward in the hospital is a chapel where Jesus resides.”**

**St. Vincent de Paul**

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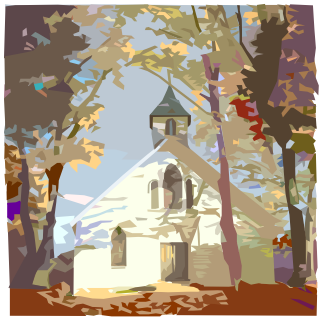
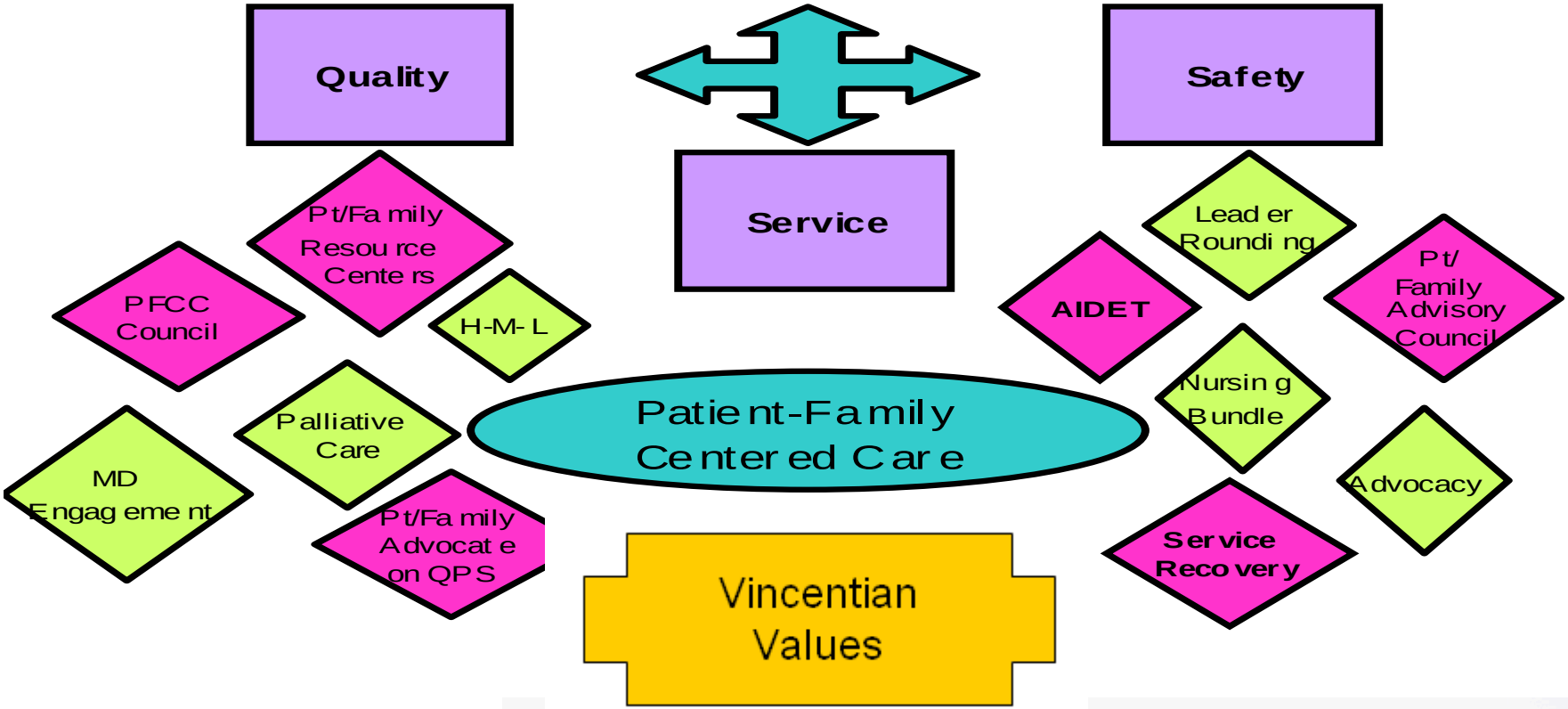


# Patient Experience

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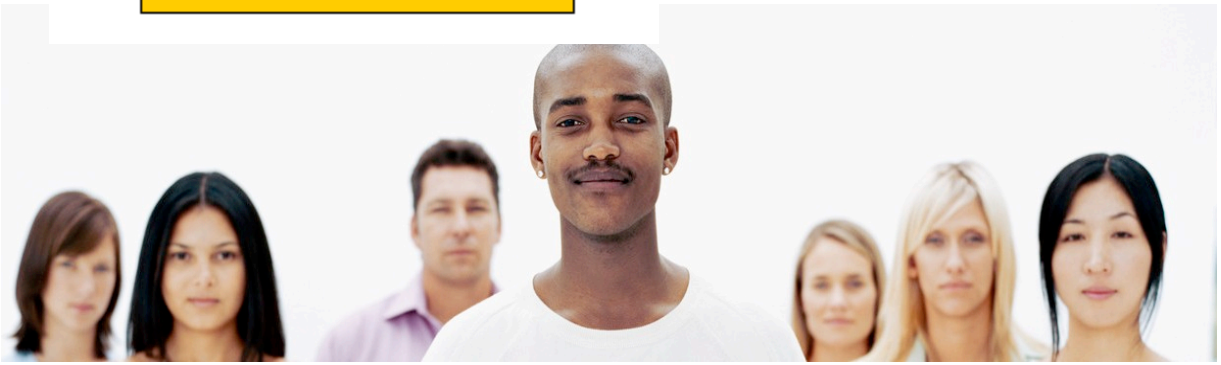


PFCC

# A Message from Donald Berwick, MD

Click here for link to Don Berwick keynote address

# Dilbert Does Customer Service

# AIDET℠ - the acronym

| | |
|---|---|
| A | Acknowledge |
| I | Introduce |
| D | Duration |
| E | Explanation |
| T | Thank You |

**AIDET** represents 5 simple steps to ensure that we make our first, and subsequent encounters, with people we serve (customers) positive encounters.

# Advantages of AIDET℠

Decreased Anxiety

+

Increased Compliance

=

Improved clinical outcomes and increased patient and physician satisfaction

Improved Patient Experience Scores

# AIDET$^{SM}$ - the acronym

## Acknowledge

- Greet everyone you meet with a friendly smile and use their name if you know it.
- Stop what you are doing so the customer knows that he/she is important to you.
- Focus on the customer and their family.
- Acknowledge visitors in the hallways, elevators, and cafeteria with a smile or greeting.
- Welcome patients to your unit; welcome visitors to your department
- Apologize for any delays.

**First impressions are lasting!**

# AIDET$^{SM}$ - the acronym

## Introduce

- Consistently introduce yourself by name and your role in the department
- Introduce your co-worker during hand-offs (e.g. bedside shift report, one discipline to another, on transfer to a different department)
- Let those you serve know that you or your coworkers are going to take care of them.
- Manage up yourself **(so, OK brag a little!!)** and your coworkers, other departments and physicians. **(Brag a little about them too)**
- Wear your name badge above the waist, facing forward at all times.
- Clearly state your name, role and department when answering the phone within 3 rings
- Ask the patient to introduce their family (this involves them in care!)

**Relationship Building!**

# AIDET$^{SM}$ - the acronym

## Duration

- Always give those you serve an estimate of how long he or she may have to wait and how long it will take you to complete the procedure.
- Keep the customer and their family informed about delays and how long it will be.
- Update frequently if the wait is long
- After a test or procedure, explain how long it will take to get the results.

# AIDET$^{SM}$ - the acronym

## Explanation

•Keep customers and families informed of what you are doing, how things work, if it will cause pain or discomfort, what they need to do to get assistance and if any follow-up instructions are necessary.

•Ask the customer if he/she has ever experienced this type of test/procedure or been in this type of situation before.

•Use language that customers and their family understand.

•Ask if the customer has any concerns or questions before you start or any information that would make the experience easier.

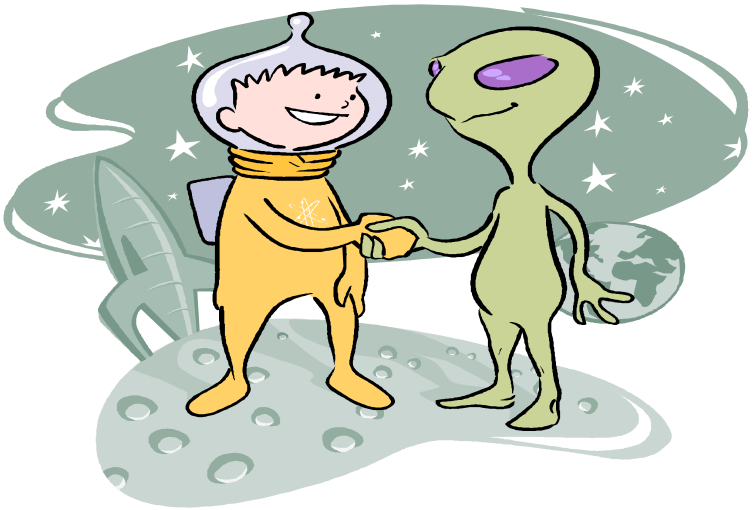
•We can include safety information into the explanation if

e.

*Hint: Use the language line phone to give a good explanation if the customer doesn't speak English. It will save you time and prevent misunderstanding later!*

# AIDET$^{SM}$ - the acronym

**Explanations improve compliance, cooperation and reduce anxiety and risk!**



# AIDET$^{SM}$ - the acronym

Vielen Dank

Díky

Bedankt

Obrigado!

धन्यवाद

## Thank You

Thank You

- Always ask "is there anything else I can do for you? I have the time" before you leave them.
- Share your appreciation for the privilege of serving your customers.
- Thank the customer for choosing SFMC for their healthcare needs.
- Thank the families for their assistance and support to our patients.

Hvala

Gracias

Köszönettel

Merci

תודה

# Key Word Examples

- “I am closing the curtain for your privacy.”
- “I want to make sure you are very satisfied with how I cleaned your room.”
- “Is there anything else I can do for you?”
- “I am washing my hands for your safety.”
- “Let me take you to your destination.”
- I’m sorry we didn’t meet your expectations”
- “I’ll complete this report for you by the end of this week”
- “I will provide you with this information, so you know what to expect.”

# How does all this fit together?

AIDET℠

A ACKNOWLEDGE

I INTRODUCE

D DURATION

E EXPLANATION

T THANK YOU

**PRINCIPLES OF SERVICE RECOVERY (THE 4 A'S)**

* LET THE INDIVIDUAL KNOW YOU **ACCEPT** THEIR CONCERN AS VALID FOR THEM
* **ACKNOWLEDGE** MISTAKES WITHOUT PLACING BLAME OR MAKING EXCUSES
* SINCERELY **APOLOGIZE** FOR NOT MEETING SERVICE EXPECTATIONS.
* MAKE **AMENDS** BY COMMUNICATING YOUR RESOLUTION AND VALIDATE UNDERSTANDING AND ACCEPTANCE

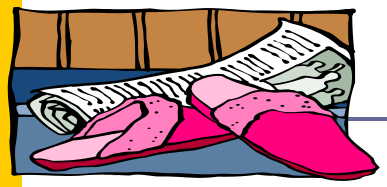
I WILL FOCUS ON ACHIEVING FAIRNESS AND REESTABLISHING TRUST

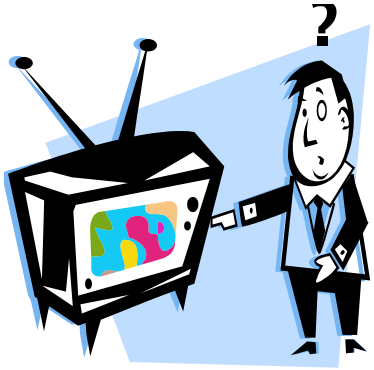
I WILL TAKE CORRECTIVE ACTIONS IN A TIMELY MANNER.

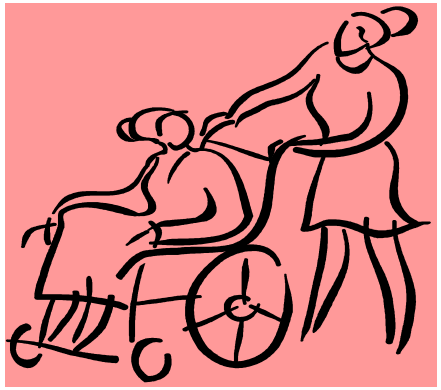
I WILL ANTICIPATE AND CORRECT PROBLEMS BEFORE THEY OCCUR TO AVOID SERVICE RECOVERY!

**REMEMBER TO USE THE A.C.T.I.O.N. TOOL KIT!**

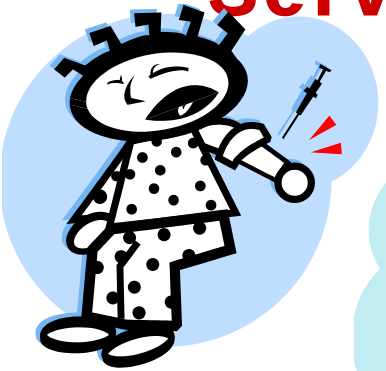
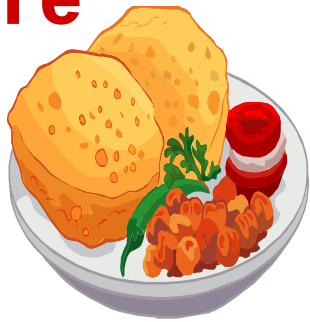
# Service Recovery

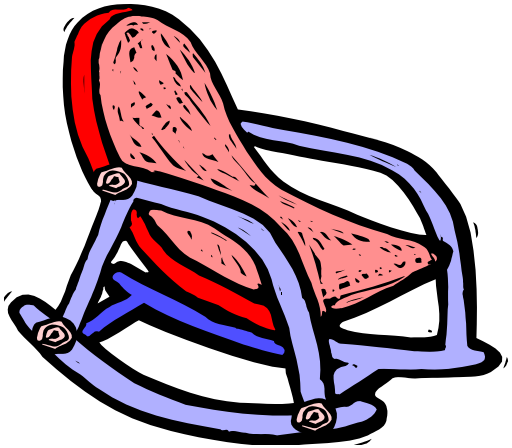






## Tangible Occurrences That Require Service Recovery



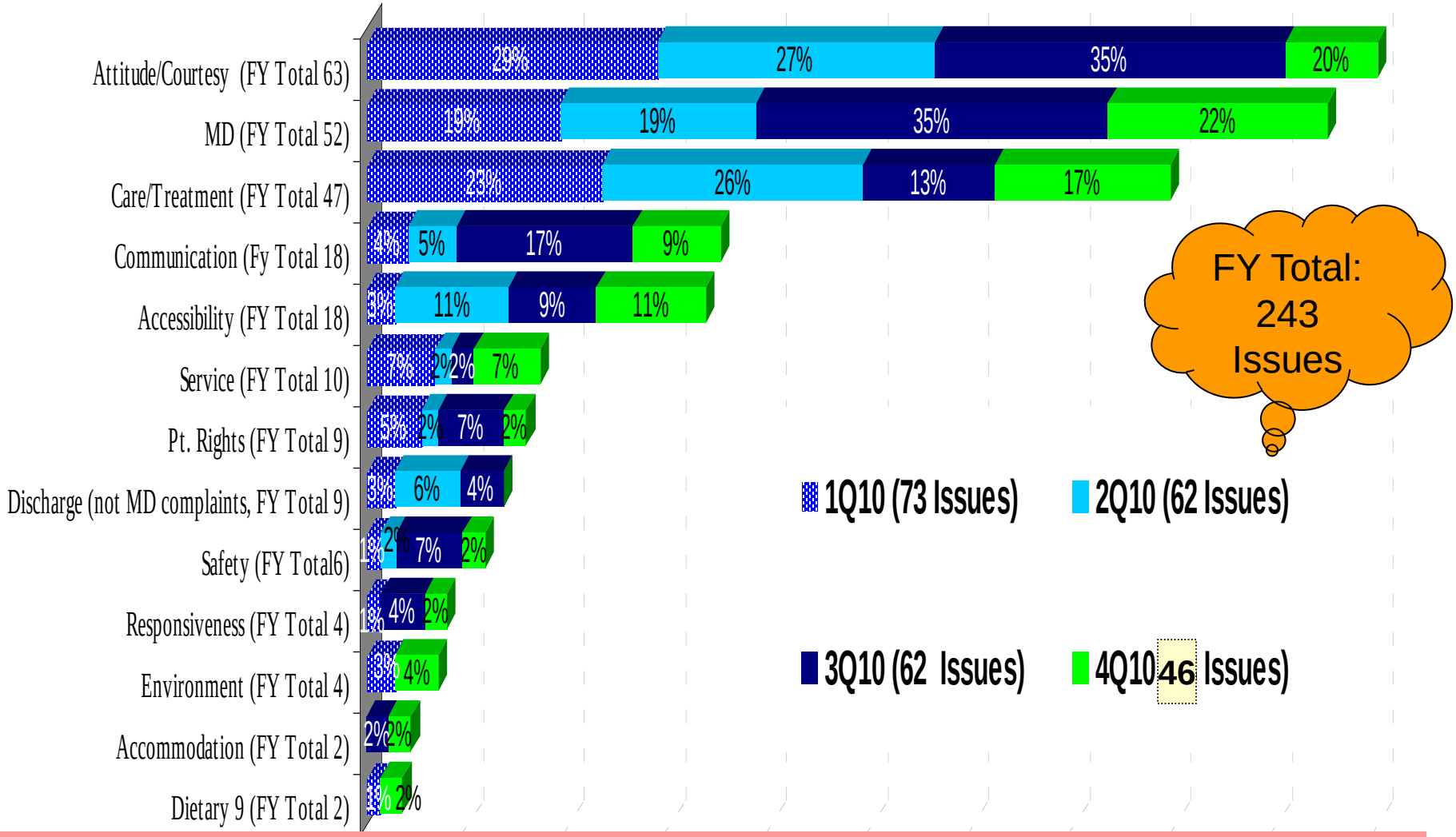
# Service and Service Recovery

- **Definition of Service**

- **Definition of Service Recovery**

  Actions taken to reverse negative perception when service has fallen below customer expectations expressed verbally or non-verbally.

# Patient/Family Complaint Data FY 10




**Complaints about Attitude, courtesy, communication, service and responsiveness comprise nearly <u>40% of ALL</u> complaints in FY10!**

# Trust Breakers: People vs. Processes

## Process

I. Expectations
II. Failed Process
III. Subsequent Failed Process

## People

I. Promises
II. Spoken Language
III. Body Language
    a. General
    b. While listening

# Principles of Service Recovery (The 4 A's)

- Let the individual know you ***Accept*** their concern as valid for them
- ***Acknowledge*** mistakes without placing blame or making excuses
- Sincerely ***Apologize*** for not meeting service expectations.
- Focus on achieving fairness and reestablishing trust
- Take corrective actions in a timely manner.
- Make ***Amends*** by communicating your resolution and validate understanding and acceptance

**Anticipate problems before they occur and correct problems at the level closest to the customer to avoid having to do Service Recovery!**

# Service Recovery at St. Francis Medical Center

- Responding to concerns in a manner that reflects our Vincentian Values
- A.C.T.I.O.N. Toolkit

**A**cting

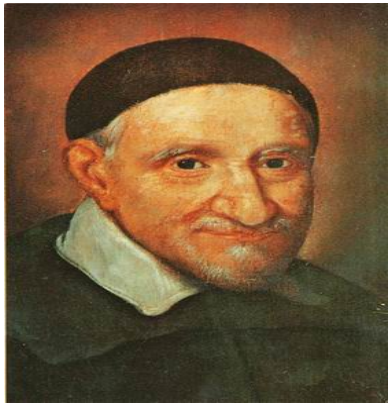
**C**ompassionately

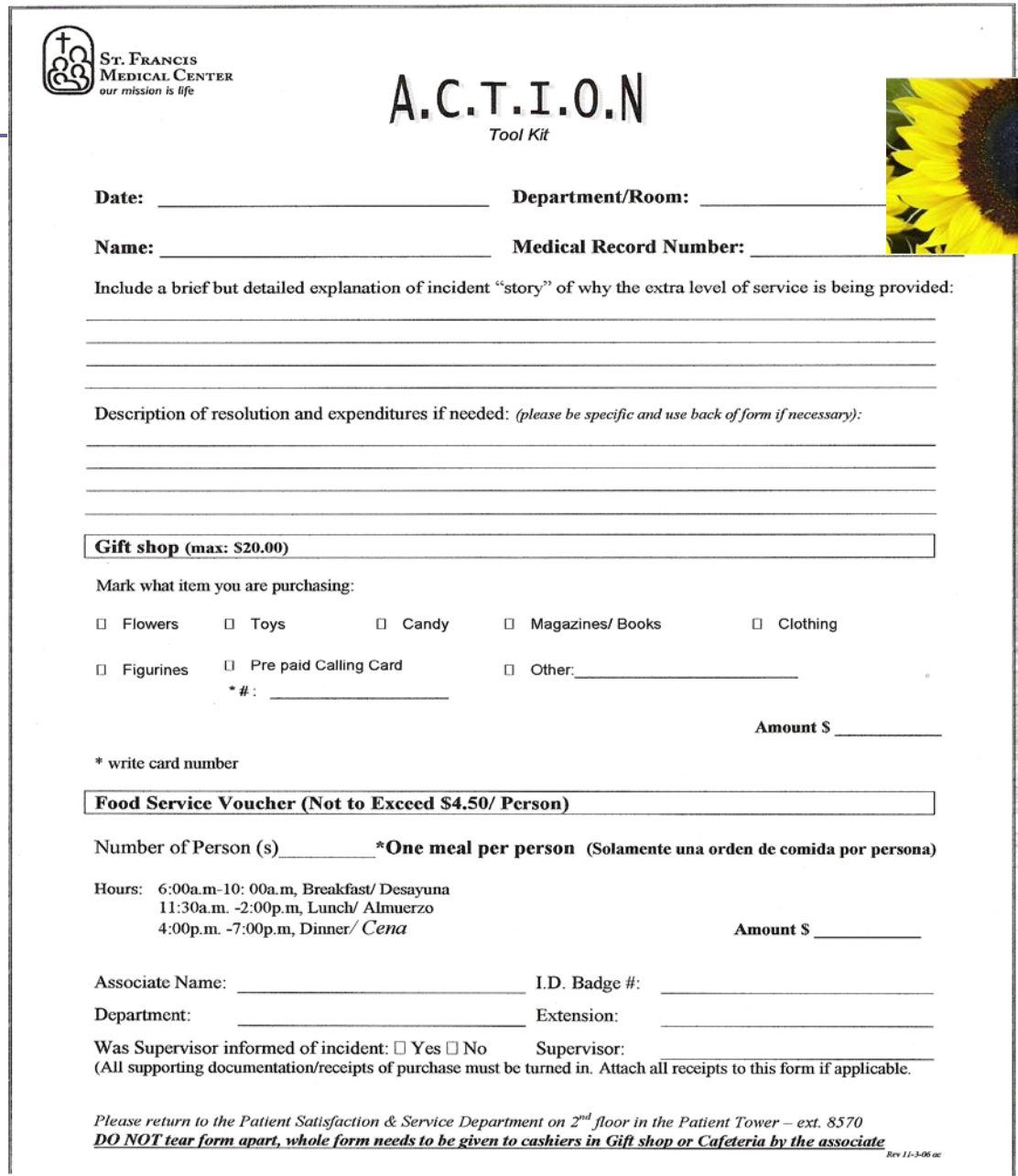
**T**o

**I**nsure

**O**thers

**N**eeds





St. Francis Medical Center
our mission is life

A.C.T.I.O.N
Tool Kit

**Date:** _____ **Department/Room:** _____

**Name:** _____ **Medical Record Number:** _____

Include a brief but detailed explanation of incident "story" of why the extra level of service is being provided:

Description of resolution and expenditures if needed: *(please be specific and use back of form if necessary):*

**Gift shop (max: $20.00)**

Mark what item you are purchasing:

☐ Flowers ☐ Toys ☐ Candy ☐ Magazines/ Books ☐ Clothing

☐ Figurines ☐ Pre paid Calling Card *#: _____ ☐ Other: _____

**Amount $** _____

* write card number

**Food Service Voucher (Not to Exceed $4.50/ Person)**

Number of Person (s)_____ ***One meal per person** **(Solamente una orden de comida por persona)**

Hours: 6:00a.m-10: 00a.m, Breakfast/ Desayuna
11:30a.m. -2:00p.m, Lunch/ Almuerzo
4:00p.m. -7:00p.m, Dinner/ *Cena*

**Amount $** _____

Associate Name: _____ I.D. Badge #: _____

Department: _____ Extension: _____

Was Supervisor informed of incident: ☐ Yes ☐ No Supervisor: _____

(All supporting documentation/receipts of purchase must be turned in. Attach all receipts to this form if applicable.

*Please return to the Patient Satisfaction & Service Department on 2nd floor in the Patient Tower – ext. 8570*

***DO NOT tear form apart, whole form needs to be given to cashiers in Gift shop or Cafeteria by the associate***

Rev 11-3-06 ac

# Service Recovery "Apology Card"

**OUR GOAL**
Your satisfaction with the patient experience is very important to us. We strive to provide the safest and highest quality care to our patients, their families, and our community. With that in mind, we sincerely apologize for the inconvenience you experienced here at St. Francis Medical Center.

**OUR COMMITMENT**
We are committed to provide you with excellent healthcare and service that is compassionate to the whole person: body, mind, and spirit. Your satisfaction is vital to us and helps to promote a healthy and safe environment for our patients and their families. We at St. Francis Medical Center hold ourselves to the highest standards and vow to provide you with the service you deserve and expect.

**OUR MISSION**
Our mission is to carry out and fulfill our Vincentian Values: Respect, Compassionate Service, Simplicity, Advocacy for the Poor and Inventiveness to Infinity.

**Thank you for allowing us to care for you.**

**Our Mission is Life**

St. Francis Medical Center
*our mission is life*

Member of Daughters of Charity Health System

# Service Recovery Scenarios

Review actual complaint scenarios and discuss:

- What was the trust breaker
- Resolution at lowest level
- Prevention

# The AIDET Competency Checklist

AIDET COMPETENCY ASSESSMENT

Name: _____ Job Title: _____ Department: _____

Competency: Using the AIDET Communication Technique

**Instructions:**
Complete the self assessment portion of this document using the key. Record completion of each performance criteria. The evaluator's signature validates the completion of each skill. Complete quiz if attached. Return to department manager for your file.

Assessment Key:
1- Needs Improvement
2- Can perform independently
3- Independent can teach

Method of Evaluation:
S- Simulation
DO- Evaluator Direct Observation (Note pt acct. #)
W- Written Document Review
O- Other - Define:

If competency is assessed on multiple dates, (other than the date noted with the signature) place the date in the Validator's assessment column.

Competency Statement:
All staff will display consistent proficiency in using AIDET when communicating with patients, visitors, physicians, peers, managers and volunteers.

Policies to Review and Learning Resources
AIDET handout
Observes Peers

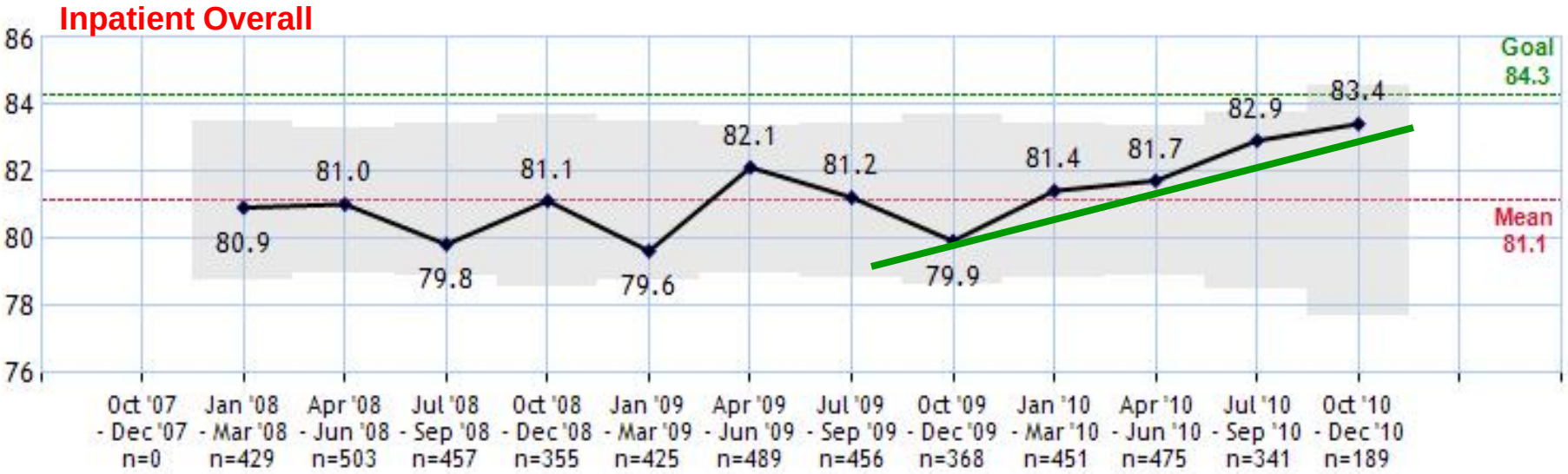
Patient account #_____ #(If applicable)

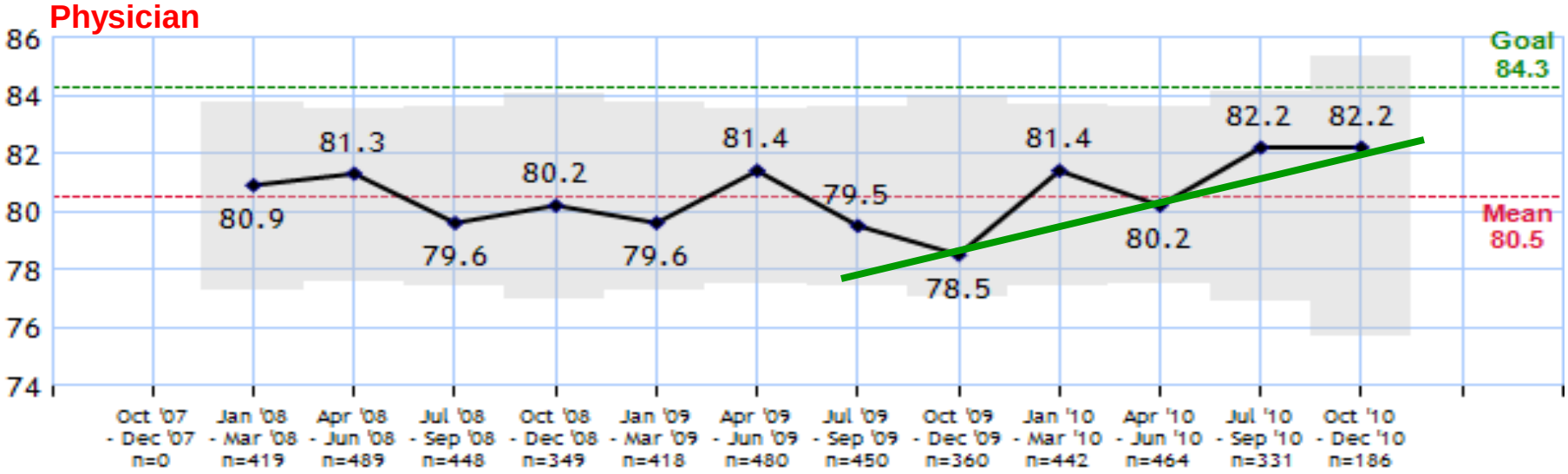
| Performance Criteria | Self Assessment Place an X in box 1, 2, or 3 (See legend) | | | Validator's Assessment (see legend) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 1 | | | | 2 | | | | 3 | | | |
| | 1 | 2 | 3 | S | DO | W | O | S | DO | W | O | S | DO | W | O |
| Identifies the purpose of using the AIDET principle. | | | | | | | | | | | | | | | |
| Utilizes the AIDET principle to communicate with others, with a focus on patients and their families: | | | | | | | | | | | | | | | |
| ACKNOWLEDGES the customer:<br>▪ Smiles, makes eye contact and greets them in a pleasant manner, using the customer's name | | | | | | | | | | | | | | | |
| INTRODUCES self:<br>▪ States name, and role at GMHHC.<br>▪ Highlights skill and expertise of self and other healthcare team member. | | | | | | | | | | | | | | | |
| DURATION:<br>▪ Gives the customer a time expectation.<br>▪ Keeps the customer informed as to the amount of time a procedure or process will take.<br>▪ Includes letting them know if there is a wait time; gives time expectation of that wait. | | | | | | | | | | | | | | | |
| EXPLANATION:<br>▪ Keeps customers informed by explaining all processes and procedures.<br>▪ Assists customers to have clear expectations of what will be occurring. | | | | | | | | | | | | | | | |
| THANKS the customer:<br>▪ Consistently thanks customers for their time and, if a patient, for choosing GMHHC.<br>▪ Expresses appreciation that they have chosen GMHHC as their health care facility/work place.<br>▪ Asks if there is anything else he/she can do for the customer before ending the interaction. | | | | | | | | | | | | | | | |
| Ensures non-verbal communication conveys the AIDET principle:<br>▪ Makes eye contact.<br>▪ Respects customer's personal space (as possible).<br>▪ LISTENS to what the customer is saying; allows for silence; does not interrupt with his/her own thoughts.<br>▪ Ensures body language is relaxed, open and non-threatening.<br>▪ Displays a calm manner.<br>▪ Makes allowances for cultural differences/needs | | | | | | | | | | | | | | | |

# Measuring the Patient Experience

- Our patients can receive two surveys from an independent outside firm: Press-Ganey
  - Compared against 1600 other hospitals across the nation and a California peer group
  - Press-Ganey survey is a rating survey (5-point scale; Poor to Very Good)
  - HCAHPS survey is frequency survey (5-point focus; Never to Always)
- SFMC FY 2011Targets:
  - Overall Inpatient mean score of 84.3 points (or higher) on Pres-Ganey
  - HCAHPS Overall Rating of Hospital (on a scale of 0-10) with 78% Top Box scores (Top Box means patients score us at a “9” or “10”)
  - Reduction in complaints by 20% from FY10 (complaints about responsiveness, communication, service, attitude and courtesy)

## Patient Experience: Inpatient Overall & Physician Satisfaction
## Mean Trends by Quarter January 2008-December 2010




*Displayed by Received Date*