

Physician Orientation and Ongoing Education Manual

Saint Joseph Health System

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Title: MEDICAL STAFF MISSION STATEMENT AND CODE OF CONDUCT POLICY

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Location: Saint Joseph Regional Medical Center (SJRCM)		Department: Medical Staff Services (14001_80012)

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

MEDICAL STAFF MISSION STATEMENT

The Medical Staff of SJRCM, Mishawaka and SJRCM, Plymouth are organized to promote the health of our community. The Medical Staff is committed to excellent patient care and embraces the highest standards of the profession in its relationship with patients, SJRCM associates and our peers.

MEDICAL STAFF CODE OF CONDUCT

- A. Collaboration, communication, and collegiality are essential for the provision of safe and competent patient care. As such, all Medical Staff members and Allied Health Professionals practicing in the Hospital must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.
- B. When a Medical Staff member or Allied Health Professional encounters circumstances suboptimal to the care of their patient it is their responsibility to document the occurrence by entering it into the Midas reporting system, or by reporting it to administrative personnel or by contacting the Medical Staff Office.
- C. Medical Staff members and Allied Health Professionals will refrain from disruptive behavior as outlined in the policy statement below.
- D. Medical Staff members and Allied Health Professionals will abide by the Bylaws, Rules and Regulation and Policy and Procedure manuals, which have been adopted by the Medical Staff.
- E. Medical Staff members and Allied Health Professionals will follow mandated guidelines as defined by HIPAA, EMTALA and they shall refrain from conflicts of interest as defined by state and federal laws and regulations.
- F. Medical Staff members and Allied Health Professionals will attend patients when called upon to do so without regard to ethnicity, gender or financial status as outlined in anti-discrimination law.
- G. Medical Staff members and Allied Health Professionals will agree to provide consulting service within the practitioner’s defined area of expertise when called upon to do so without regard to ethnicity, gender or financial status according to Medical Staff Bylaws 2A3c.
- H. Medical Staff members and Allied Health Professionals shall participate in peer review, quality improvement and assigned committees as requested by his/her department chairperson or other medical staff leaders.
- I. Medical Staff members and Allied Health Professionals shall bring concerns regarding peer behavior to the attention of the medical staff leadership in order to promote timely investigation and when appropriate collegial intervention. The principle of confidentiality and patient safety are paramount concerns governing this reporting.

POLICY:

It is the policy of the Medical Staff, which includes physicians and allied health professionals (“Practitioner”) that all individuals within SJRCM facilities be treated with courtesy, respect, and dignity. To that end, all Practitioners shall conduct themselves in a professional and cooperative manner in the hospital.

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If a Practitioner fails to conduct him or herself appropriately, the matter shall be addressed in accordance with the following policy.

1. Collaboration, communication, and collegiality are essential for the provision of safe and competent patient care. As such, all Practitioners practicing in the Hospital must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.
2. A Practitioner, treating patients at SJRMC-Mishawaka and SJRMC-Plymouth, may encounter circumstances suboptimal to the care of their patient. This may occur from deficiencies in supplies or equipment or from deficiencies in hospital personnel working on their behalf. Hospital policies and procedures will require upgrades from time to time with changes in medical knowledge. The Practitioner is encouraged to document perceived substandard care and to work towards possible solutions. This should occur in a constructive manner. The SJRMC Midas reporting system allows for appropriate documentation of such events and a means by which they can be analyzed by hospital personnel. The system is intended to promote useful dialogue and a platform for problem solving, ultimately resulting in improved patient care. Documenting an occurrence can be accomplished by:
 - A. Document in writing the date, description, patient name, witnesses (if any) of any occurrence and submit this documentation to one of the following individuals. (See attached form)
 - 1) Medical Staff President - 335-2353
 - 2) VP Quality Improvement - 335-1035
 - 3) Medical Staff Office, Mishawaka– 335-2383
 - 4) Medical Staff Office, Plymouth – 948-5005
 - B. or, enter an occurrence directly into Midas:
 - 1) Go to Daily Dose
 - 2) Click on Favorites
 - 3) Go to SJRMC Websites and Click on Midas RDE
 - 4) Click on Risk
 - 5) Select the Appropriate Risk Form depending on occurrence
 - 6) Select the correct Facility – Mishawaka or Plymouth.
 - 7) Enter incident date
 - 8) Choose patient or non-patient incident and click Next (the next screens vary based on patient or non-patient)
 - 9) Patient:
 - a) Enter patients medical record number or name
 - b) Choose incident type by clicking on the drop down arrow to the right
 - c) Enter factors contributing to incidence by clicking on magnifying glass and select the factor(s) from the right side of the screen – then click OK
 - d) Enter where the incident took place by clicking on the magnifying glass and select unit from the menu at the right side of the screen – then click OK
 - e) Enter shift – Also enter time and room if information is available
 - f) Enter your last name and hit tab – select your first name if multiple options

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- g) Enter narrative of incident
- h) Click Save

10) Non-Patient:

- a) Choose incident type by clicking on the drop down arrow to the right
- b) Enter factors contributing to incidence
- c) Enter where the incident took place
- d) Enter shift – also enter time and room if information is available
- e) Enter non-patient type by clicking on magnifying glass and select type from the right side of the screen
- f) Enter non-patient name
- g) Complete “entered by” by entering your last name and hit tab – select your first name if multiple options
- h) Enter narrative of incident
- i) Click Save

C. You can also document the above by calling the Physician Concern Line at 285-5899 (Mishawaka only) and leave the details including the date, description, patient name, witnesses (if any) of any occurrence and a Midas entry will be made on your behalf.

- 3. This Policy outlines collegial and educational efforts that can be used by the SJRMC-Mishawaka and SJRMC-Plymouth Medical Staff to address conduct that does not meet this standard. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve the concerns that have been raised, and thus avoid the necessity of proceeding through the disciplinary process in the Credentials Policy.
- 4. This Policy also addresses issue of alleged sexual harassment of employees, patients, other Practitioners of the Medical Staff, and others, which will not be tolerated.
- 5. In dealing with all incidents of inappropriate conduct, the protection of patients, employees, physicians, and others in the Hospital and the orderly operation of the Medical Staff and Hospital are paramount concerns. Complying with the law and providing an environment in which the highest ethical and professional standards are maintained.
- 6. All efforts undertaken pursuant to this Policy shall be part of the Hospital’s performance improvement and professional and peer review activities.
- 7. If there is a possibility of an impairment issue, the Medical Staff Impaired and Dysfunctional Physician Policy should be referenced and consideration of referring the physician/practitioner to the Medical Staff Well-Being Committee should take place.
- 8. Reports shall be kept in the peer review protected practitioner's confidential file. These confidential files are retained in the Medical Staff Office.

GUIDELINES

- A. A single egregious incident or repeated incidents shall initiate an investigation. Summary suspension may be appropriate pending this process. If it is unclear whether the conduct was actually disruptive, the Chief Medical Officer of the hospital and/ or Medical Staff President (Mishawaka & Plymouth)

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or President of the Hospital (Plymouth) may seek the expert opinion of an impartial individual experienced in such matters.

- 1) Issues of employee conduct will be dealt with in accordance with the Hospital's Human Resources Policies. Issues of conduct by members of the Medical Staff or Allied Health Professionals will be addressed in accordance with this Policy.
 - 2) Every effort will be made to coordinate the actions contemplated in this Policy with the provisions of the Credentials Policy. In the event of any apparent or actual conflict between this Policy and the Credentials Policy, the provisions of this Policy shall control.
 - 3) This Policy outlines collegial steps (i.e., counseling, warnings, and meetings with a practitioner) that can be taken to address complaints about inappropriate conduct by practitioners. However, a single incident of inappropriate conduct or a pattern of inappropriate conduct as determined by an appropriate investigation may be so unacceptable that immediate disciplinary action is required. Therefore, nothing in this Policy precludes an immediate referral of a matter being addressed through this Policy to the Executive Committee or the elimination of any particular step in the Policy.
 - 4) Except as otherwise may be determined by the Chief Medical Officer of the hospital and/ or Medical Staff President (Mishawaka & Plymouth) or President of the Hospital (Plymouth), the practitioner's counsel shall not attend any of the meetings described in this Policy.
 - 5) The Medical Staff leadership and Hospital Administration shall make employees, Practitioners of the Medical Staff, and other personnel in the Hospital aware of this Policy and shall institute procedures to facilitate prompt reporting of inappropriate conduct and prompt action as appropriate under the circumstances.
- B. Unacceptable disruptive conduct may include, but is not limited to, behavior such as:
- 1) attacks – verbal or physical – leveled at other appointees to the medical staff, hospital personnel, or patients, that are personal, irrelevant, or beyond the bounds of fair professional conduct.
 - 2) degrading or demeaning comments regarding patients, families, nurses, physicians, Hospital personnel, or the Hospital;
 - 3) profanity or similarly offensive language while in the Hospital and/or while speaking with nurses or other Hospital personnel;
 - 4) inappropriate physical contact with another individual that is threatening or intimidating;
 - 5) unfocused non-constructive derogatory comments about the quality of care being provided by the Hospital, another Practitioner, or any other individual outside of appropriate Medical Staff and/or administrative channels;
 - 6) inappropriate medical record entries impugning the quality of care being provided by the Hospital, Medical Staff Practitioner or any other individual;
 - 7) imposing onerous requirements on the nursing staff or other Hospital employees;
 - 8) refusal to abide by Medical Staff requirements as delineated in the Medical Staff Bylaws, Credentials Policy, and Rules and Regulations (including, but not limited to, emergency call issues, response times, medical record keeping, and other patient care responsibilities, failure to participate on assigned committees, and an unwillingness to work cooperatively and harmoniously with other Practitioners of the Medical and Hospital Staffs); and/or

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- 9) "sexual harassment," which is defined as any verbal and/or physical conduct of a sexual nature that is unwelcome and offensive to those individuals who are subjected to it or who witness it. Examples include, but are not limited to, the following:
- a) Verbal: innuendoes, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats, and/or suggestive or insulting sounds;
 - b) Visual/Non-Verbal: derogatory posters, cartoons, or drawings; suggestive objects or pictures; leering; and/or obscene gestures;
 - c) Physical: unwanted physical contact, including touching, interference with an individual's normal work movement, and/or assault; and
 - d) Other: making or threatening retaliation as a result of an individual's negative response to harassing conduct.

REPORTING OF INAPPROPRIATE CONDUCT

- A. Documentation of disruptive conduct is critical because it is ordinarily not one incident that leads to disciplinary action, but rather a pattern of inappropriate conduct. Such documentation shall include:
- 1) Practitioners, nurses and other Hospital employees who observe, or are subjected to, inappropriate conduct by another Practitioner shall:
 - a) notify the practitioner about the incident or,
 - b) notify their supervisor about the incident or, if their supervisor's behavior is at issue,
 - c) shall notify the Chief Medical Officer of the hospital and/ or Medical Staff President (Mishawaka & Plymouth) or President of the Hospital (Plymouth).
 - 2) Any practitioner who observes such behavior by another practitioner is encouraged notify the Chief Medical Officer of the hospital and/ or Medical Staff President (Mishawaka & Plymouth) or President of the Hospital (Plymouth) directly.
 - 3) The individual who reports an incident shall be requested to document it in writing. If he or she does not wish to do so, the supervisor or Chief Medical Officer of the hospital and/ or Medical Staff President (Mishawaka & Plymouth) or President of the Hospital (Plymouth) may document it, after attempting to ascertain the individual's reasons for declining and encouraging the individual to do so.
 - 4) The documentation should include:
 - a) the date and time of the incident;
 - b) a factual description of the questionable behavior;
 - c) the name of any patient or patient's family member who may have been involved in the incident, including any patient or family member who may have witnessed the incident;
 - d) the circumstances which precipitated the incident;
 - e) the names of other witnesses to the incident;
 - f) consequences, if any, of the behavior as it relates to patient care, personnel, or Hospital operations;
 - g) any action taken to intervene in, or remedy, the incident; and
 - h) the name and signature of the individual reporting the matter.

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- 5) Any physician or employee may report potentially disruptive conduct. The report shall be submitted to the medical director or a facility administrator and then forwarded to the Chief Medical Officer of the hospital and/ or Medical Staff President (Mishawaka & Plymouth) or President of the Hospital (Plymouth) for further consideration and or investigation as indicated.

INVESTIGATION

- A. All reports of questionable behavior are fully investigated by risk management and medical staff services on behalf of the medical staff who may meet with the individual who prepared it and/or any witnesses to the incident to ascertain the details of the incident prior to any discussion with physician/practitioner. Once an incident is confirmed, a report will be forwarded to the Chief Medical Officer of the hospital and/ or Medical Staff President (Mishawaka & Plymouth) or President of the Hospital (Plymouth). Unconfirmed reports will be dismissed in which case the individual initiating such report will be apprised.
- B. If there is a possibility of an impairment issue, the Medical Staff Impaired and Dysfunctional Physician Policy should be referenced and consideration of a self-referral or referral of the physician/practitioner to the Medical Staff Well Being Committee should take place.
- C. If an incident of inappropriate conduct has likely occurred, then the Chief Medical Officer of the hospital and/ or Medical Staff President (Mishawaka & Plymouth) or President of the Hospital (Plymouth) is informed and investigation will be conducted by medical staff leadership. Medical staff leadership has several options available, including, but not limited to, the following:
 - 1) notify the practitioner and Department Chairperson that a complaint has been received and invite the practitioner to meet with the Department Chairperson, the Medical Staff President and if necessary the Chief Medical Officer of the Hospital (Mishawaka & Plymouth) or President (Plymouth) to discuss it in a collegial manner;
 - 2) send the practitioner a letter of guidance about the incident;
 - 3) educate the practitioner about administrative channels that are available for registering complaints or concerns about quality or services, if the practitioner's conduct suggests that such concerns led to the behavior. Other sources of support may also be identified for the practitioner, as appropriate;
 - 4) send the practitioner a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing;
 - 5) all meetings will take place within 30 days of the date the report was received and verified and will be documented with and a copy placed in the physician's medical staff file;
- D. During an investigation the identity of an individual reporting a complaint of inappropriate conduct will not be disclosed to the practitioner. In any case, the practitioner shall be advised that any retaliation against the person reporting a concern, whether the specific identity is disclosed or not, will be grounds for immediate referral to the Executive Committee pursuant to the Credentials Policy.
- E. If the Chief Medical Officer of the hospital and/ or Medical Staff President (Mishawaka & Plymouth) or President of the Hospital (Plymouth) prepares any documentation for a practitioner's file regarding its efforts to address concerns with the practitioner, the practitioner shall be apprised of that documentation and given an opportunity to respond in writing. Any such response shall then be kept in the practitioner's confidential file along with the original concern and the Chief Operating Officer of the Hospital and/or the President of the Medical Staff documentation.

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- F. If additional complaints are received concerning a practitioner, the Chief Medical Officer of the hospital and/ or Medical Staff President (Mishawaka & Plymouth) or President of the Hospital (Plymouth) may continue to utilize the collegial and educational steps noted in this Section as long as it believes that there is still a reasonable likelihood that those efforts will resolve the concerns.

ACTION

- A. A single confirmed incident warrants a discussion with the offending physician; the medical staff leadership designee shall initiate such a discussion and emphasize that such conduct is inappropriate and must cease. The initial approach should be collegial and helpful to the physician/practitioner and the hospital.
- B. If it appears that a pattern of disruptive behavior is developing, the medical staff leadership and the Chief Medical Officer of the Hospital (Mishawaka & Plymouth) or President (Plymouth) or their designee shall discuss the matter with the physician/practitioner as outlined below:
- 1) Emphasize that if such repeated behavior continues, more formal action will be taken to stop it. The MEC and CEO will be notified.
 - 2) All meetings will take place within 30 days of the date the report was received and verified and will be documented with a copy placed in the physician's medical staff file;
 - 3) A follow-up letter to the physician/practitioner shall state the nature of the problem and inform the individual that he or she is required to behave professionally and cooperatively within the hospital.
 - 4) The involved physician/practitioner may submit a rebuttal to the charge. Such rebuttal will be maintained as a permanent part of the record.
- C. The presence of an attorney for the practitioner or the Hospital is allowed only after an investigation has been fully reviewed and a determination has been made in which the practitioner is entitled to a Hearing. i.e. suspension of privileges for longer than 30 days, revocation of membership or privileges, etc.

Referral to the Executive Committee

- A. At any point, the Chief Medical Officer of the hospital (Mishawaka & Plymouth) or President of the Hospital (Plymouth) and/or medical staff leadership may refer the matter to the Executive Committee for review and action. The Executive Committee shall be fully apprised of the actions taken by the Chief Medical Officer of the hospital and/ or Medical Staff President (Mishawaka & Plymouth) or President of the Hospital (Plymouth) or others to address the concerns.
- B. If the Medical Executive Committee, after review of information provided, calls for an investigation then the matter is referred to the Credentials Committee, which becomes the investigative body of the medical staff. The Credentials Committee then issues a report to the Medical Executive Committee of its finding. The Medical Executive Committee may, based upon the facts and recommendations presented by the Credentials Committee, make recommendations for action including, but not limited to, the following:
- 1) require the practitioner to meet with the Board Chair;
 - 2) require the practitioner to meet with the full Executive Committee;
 - 3) issue of a letter of warning or reprimand;
 - 4) require the practitioner to obtain a psychiatric evaluation by a physician chosen by the Executive Committee;

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- 5) require the physician to complete a behavior modification course;
- 6) impose a “personal” code of conduct on the practitioner and make continued appointment and clinical privileges contingent on the practitioner’s adherence to it; and/or
- 7) suspend the practitioner’s clinical privileges for less than 30 days.

The imposition of any of these actions does not entitle the practitioner to a hearing or appeal.

- C. At any point, the Medical Executive Committee may also make a recommendation regarding the practitioner’s continued appointment and clinical privileges including, but not limited to, revocation and/or suspension for greater than 30 days that does entitle the practitioner to a hearing as outlined in the Credentials Policy, or may refer the matter to the Board without a recommendation. If the matter is referred to the Board, any further action, including any hearing or appeal, shall be conducted under the direction of the Board.

Sexual Harassment Concerns

- A. Because of the unique legal implications surrounding sexual harassment, a single confirmed incident requires the following actions:
- 1) A meeting shall be held with the Practitioner to discuss the incident. All meetings will take place within 30 days of the date the report was received and verified and will be documented with and a copy placed in the physician’s medical staff file. If the practitioner agrees to stop the conduct thought specifically to constitute sexual harassment, the meeting shall be followed up with a formal letter of admonition and warning to be placed in the confidential portion of the practitioner's quality file. This letter shall also set forth those additional actions, if any, which result from the meeting.
 - 2) If the practitioner refuses to stop the conduct immediately, this refusal shall result in the matter being referred to the Executive Committee for review pursuant to the Credentials Policy.
 - 3) Any reports of retaliation or any further reports of sexual harassment, after the practitioner has agreed to stop the improper conduct, shall result in an immediate investigation by the Chief Medical Officer of the hospital and/ or Medical Staff President (Mishawaka & Plymouth) or President of the Hospital (Plymouth), or designee(s). If the investigation results in a finding that further improper conduct took place, a formal investigation in accordance with the Credentials Policy shall be conducted. Should this investigation result in an action that entitles the individual to request a hearing under the Credentials Policy, the individual shall be provided with copies of all relevant complaints so that he or she can prepare for the hearing.

This policy shall be the sole process for dealing with egregious incidents and disruptive behavior, and shall be interpreted and enforced by the Medical Staff.

Attachment: Documentation Form
Retaliation and Retribution Hospital Policy

Title: MEDICAL STAFF MISSION STATEMENT AND CODE OF CONDUCT POLICY

PRACTITIONER USE – DOCUMENTATION OF OCCURRENCE

Date of Occurrence:	
Date of this Report:	
Patient Name/Medical Record Number: (if known)	
Description of Occurrence:	
Witnesses: (if any)	
Name of Practitioner Making Report:	

Submit this form to one of the following:

- Mishawaka Ph: 335-2353 Medical Staff President-
Fax: 335-1001
- Medical Staff Office – Mishawaka Plymouth
Ph: 335-2383 Ph: 948-5005
Fax: 335-1053 Fax: 948-5478

References/Standards:

- Policy Origin Date: May 1999
- Review Date: December 2009(M), December 2012 (M), December 2015 (M), February 2016 (P), December 2018 (M)
- Revised Date: August 2007 (M), January 2012 (P)
- Effective Date: December 1999 (M), December 1999 (P)
- Reviewed/Recommended By: Medical Executive Committee
- Policy 154

Title: MEDICAL STAFF MISSION STATEMENT AND CODE OF CONDUCT POLICY

TITLE: RETALIATION AND RETRIBUTION

POLICY:

1. All employees, supervisors, physicians and trustees have a responsibility to report in good faith, concerns about actual or potential wrongdoing and are not permitted to overlook such situations. We are firmly committed to a policy that encourages timely disclosure of such concerns and prohibits any action directed against an employee, physician, trustee or volunteer for making a good faith report of their concerns.
2. No one at any level of SJRMC is permitted to engage in retaliation or any form of harassment against an employee, physician, trustee or volunteer reporting a concern. Anyone who engages in such retribution is subject to discipline, up to and including dismissal on the first offense. All substantive instances of retaliation or harassment against anyone reporting through the Four-Step Process will be brought to the attention of the Organizational Integrity Officer.
3. This does not mean that employees or others will be shielded from the consequences of doing something wrong simply by reporting their actions or from the consequences of their actions under current employment policies. However, a prompt and forthright disclosure, even if the error was willful, may be considered a constructive action.

References/Standards:

- Policy Origin Date: June 1998
- Review Date: September 2005, December 2012 (M), December 2015 (M), February 2016 (P), December 2018 (M)
- Revised Date:
- Effective Date: April 2009
- Reviewed/Recommended By: Organizational Integrity Team



What is Just Culture?

Just Culture is a philosophy that:

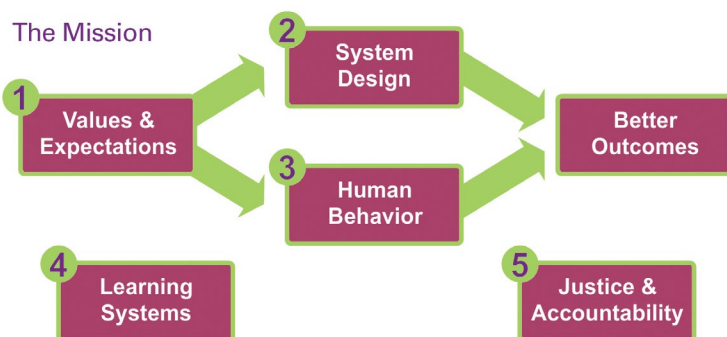
- Provides a simple and powerful approach to change our way of thinking about safety, both for patients and colleagues. Helps us learn from undesirable outcomes and how the errors and behavioral choices that we make can impact our patients, one another, and the organization
- Focuses on finding opportunities to reduce risk in our actions, environment, policies, procedures, and systems
- Helps us create a continuous learning environment where we seek to learn from one another's experiences to make a safer organization
- Helps us be mindful of the opportunity to be finders and fixers of defects within our work environment

Five Essential Elements

- 1. Communicate Values and Expectations**
One step in creating better outcomes is to set expectations in a way that exhibit our commitment to our Mission, Core Values, and Vision
- 2. Design Safe Systems**
Good system design anticipates human error and captures errors before they become critical. Good system design also permits recovery when the consequences of our errors can cause harm. This is also defined as undesirable outcomes.
- 3. Manage Behavioral Choices**
We anticipate that humans will make mistakes and that colleagues will drift from our policies and procedures.
- 4. Create Learning Systems**
We can identify risk by observing the design of the systems in which we work, our behaviors, and the behaviors of those around us.
- 5. Create a Just and Accountable Environment**
We are imperfect and we will drift from making safe choices. We must hold one another accountable for the quality of our systems and our choices in those systems.

Three Human Behaviors

- 1. Human Error:**
an inadvertent action; inadvertently doing other than what should have been done; a slip, a lapse, a mistake.
- 2. At-Risk Behavior:**
a behavioral choice that increases risk where risk is not recognized, or is mistakenly believed to be justified.
- 3. Reckless Behavior:**
a behavioral choice that consciously disregards a substantial and unjustifiable risk.



Just Culture & Our Core Values

Our Mission and Core Values support a Just Culture in the following ways:

Reverence: We honor the sacredness and dignity of each person.

- Create relationships and a healthy work environment
- Support colleagues who commit a human error
- Treat everyone as a valued person

Commitment to those who are poor: We stand with and serve those who are poor, especially those most vulnerable.

- Show compassion
- Treat everyone with dignity
- Give others a voice

Justice: We foster right relationships to promote the common good, including sustainability of Earth.

- Show respect, dignity and fairness
- Advocate for those who have no voice

Stewardship: We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

- Take care of ourselves
- Sustain human, environmental, and financial resources

Integrity: We are faithful to who we say we are.

- Hold honest, truthful interactions with colleagues
- Follow thru with what we say we are going to do

How can each colleague help us build a Just Culture?

- Help leaders build a safer organization based on the five essential elements of Just Culture
- Understand the three manageable human behaviors, how they cause risk, and how to minimize the risk
- Accept that undesirable outcomes are the result of system design and behavioral choices, and that near misses are a window into the risk around the systems and behaviors
- Realize that at-risk behaviors can be reinforced when there is a positive outcome (nothing bad happened) and that we need to see these as near misses
- Reduce risk by reporting system design issues, human errors, and at-risk or reckless behavioral choices
- Contribute to a learning culture that allows us to share with others the risk that we see

Thanks for joining us on the journey to a Just Culture!

For more information about Just Culture, visit the following site:

Unified Clinical Organization (UCO) Just Culture Site:

<http://uco.che.org/careopt/careclinical/jc/default.aspx>

If you have questions, please email them to:

justculture@trinity-health.org

The Safe Choices training and these materials do not modify the at-will employment relationship with our Trinity Health colleagues.

TRINITY HEALTH
Code of Conduct



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MISSION

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

CORE VALUES

REVERENCE

COMMITMENT TO THOSE WHO ARE POOR

JUSTICE

STEWARDSHIP

INTEGRITY

Dear Trinity Health Colleague:

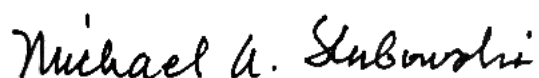
The Trinity Health Mission calls us to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Guided by our Core Values, we are committed to creating a trusting relationship with every person, in whatever manner they connect with us as a member of our health system, caring for the whole person — mind, body, and spirit, and building a health system that leads to better health, better care and lower costs for the patients, residents, members, and communities we serve.

Our health care ministry began over 160 years ago through the hard work and dedication of our founding religious congregations. Trinity Health organizations have a long, rich history of service to our communities and have achieved well-deserved reputations built on excellent service and compassionate care. Those we serve place enormous trust in us and maintaining that trust is a commitment we take very seriously. Acting with integrity, being honest and following all laws and regulations that apply to our health care ministry are behaviors and actions that build and ultimately maintain trust.

Trinity Health has established a system-wide Integrity and Compliance Program to assist all colleagues in understanding and following the laws, regulations, professional standards and ethical commitments that apply to our ministry. This Code of Conduct is an important resource to help each of us, and our organization, fulfill these obligations. The Code of Conduct describes behaviors and actions expected of all who work at Trinity Health. While not intended to address all possible legal, regulatory or ethical issues, the Code of Conduct addresses the more common issues and questions you may encounter in your work. It provides resources to assist you when you have questions or need further assistance and it explains your duty to speak up and report, without fear of retaliation, any matters you believe may be a violation of our Code of Conduct.

Our Core Value of Integrity — we are faithful to who we say we are — reflects our commitment to carrying out the Mission of Trinity Health with the highest standards of ethical behavior.

Thank you for your dedication and commitment to this very important effort.

A handwritten signature in black ink that reads "Michael A. Slubowski". The signature is written in a cursive, flowing style.

MICHAEL A. SLUBOWSKI
President and CEO, Trinity Health

INTRODUCTION

Responsibilities of All Who Serve in Trinity Health¹

This Code of Conduct outlines responsibilities expected of all who work in Trinity Health. The Code of Conduct applies to all Trinity Health organizations, colleagues, volunteers, medical staff members, suppliers, independent contractors, consultants, and other business partners that work for or provide goods and services to our health care ministry.

All who serve in Trinity Health play an important role in supporting our Code of Conduct and are responsible to:

- Review and follow the Code of Conduct, paying particular attention to those areas that apply to your daily work.
- Ask questions and seek guidance when you are uncertain what to do. See *Resources to Assist You* (page 26) for a listing of resources available to answer your questions.
- Speak up and report concerns about actions or behaviors you encounter in Trinity Health that may be inconsistent with our Code of Conduct. There are many options available to you to report issues and concerns, including your supervisor, a higher-level manager, Human Resources, your organization's Integrity & Compliance Officer, and the Trinity Health Integrity & Compliance Line at 866-477-4661 or online at www.mycompliancereport.com. See *Resources to Assist You* (page 26) for more information.
- Participate in periodic training programs to further your understanding of our Code of Conduct, its application to your work in Trinity Health, and your responsibilities.

Responsibilities of Leaders

While all colleagues are required to follow our Code of Conduct, leaders in Trinity Health, including all individuals in a position of supervisory responsibility, are held to a high standard of responsibility. We expect our leaders to set the example, to serve as a role model in every respect for the Code of Conduct. Leaders serve a key role in receiving and responding to questions and concerns raised by colleagues and others they lead. How leaders respond to questions and concerns posed to them is critically important to ensuring that those they lead have the trust and confidence to bring important matters to their attention.

Leaders in Trinity Health have a responsibility to:

- Serve as a role model for supporting our Mission and Core Values.
- Set a personal example for modeling high ethical standards in the performance of their duties.
- Clearly communicate expectations for high standards of ethical behavior to those they lead.
- Promote a culture of trust, open communication and respect.
- Ensure those they lead understand and apply the guidance set forth in our Code of Conduct and hold them accountable.
- Encourage those they lead to ask questions and raise issues and concerns.
- Respond timely and appropriately when matters are brought to their attention.
- Comply with Trinity Health's non-retaliation policies.

¹ Throughout this document, references to Trinity Health refer to the System Office and all ministries and subsidiaries.



Violations of Our Code of Conduct

The standards set forth in our Code of Conduct are mandatory and must be followed. All colleagues, members of the medical staff, and others who serve in Trinity Health are expected to use common sense and good judgment in their personal behaviors and Trinity Health work activities consistent with the standards outlined in the Code of Conduct. Individuals will be held accountable for behaviors and actions inconsistent with the Code of Conduct. The precise discipline taken will depend on the nature, severity and frequency of the violation and may result in oral or written warnings, suspension or termination.

The following are examples of behaviors and conduct that can result in disciplinary actions:

- Knowingly authorizing or participating in a violation of law and regulations.
- Withholding information or failing to report violations.
- Deliberately falsifying documentation in medical records.
- Leaders, supervisors or managers that fail to provide adequate supervision or display lack of diligence in assuring compliance with law, regulation, policy or the Code of Conduct.
- Retaliating against individuals who report issues and concerns in good faith.
- Deliberately filing false or frivolous reports of violations.
- Falsifying documentation in medical records.
- Actions that are discriminatory or rise to the level of harassment.
- Reckless actions or behaviors that jeopardize the privacy and security of personal health information and other confidential business information.

CODE OF CONDUCT: SUPPORTING RIGHT RELATIONSHIPS

Our Core Value of Justice calls all who work in Trinity Health to foster right relationships that promote the common good, including sustainability of the Earth. Virtually everything we do in Trinity Health is dependent on maintaining relationships: with our patients, residents, their family members and our communities; with co-workers and others who serve with us in our health care ministry; with suppliers, business partners, and others we rely upon for needed goods and services; with regulators that oversee our industry, and with federal and state health care programs, commercial insurers and others that pay for the services we deliver. Maintaining these relationships is essential to fulfilling Trinity Health's Mission.

Our Core Value of Reverence calls us to honor the sacredness and dignity of every person.

Successful, long-term relationships are ultimately built on trust. Maintaining trust is dependent on our behaviors and actions. Acting with integrity, being honest, and following all laws and regulations are behaviors and actions that build and maintain trust. Our Core Value of *Integrity* — *we are faithful to who we say we are* — provides clear guidance for how we are to carry out the Mission of Trinity Health every day in our behaviors and actions.

Relationships with Those We Serve

Trinity Health exists to serve as a transforming healing presence in our communities across the United States. Our Core Value of Reverence calls us to honor the sacredness and dignity of every person. Patients, residents, their family members and loved ones, and others who entrust their care to us are our number one priority. Whether you are directly involved in the delivery of care, or serve in a supporting role, you are expected to:

- Deliver people-centered, quality health care services with compassion, dignity and respect for each individual.
- Commit to safety: every patient and resident, every time.
- Speak up when you see a quality or safety issue and discuss mistakes you see with others so we can learn how to prevent future mistakes.
- Deliver services without regard to race, color, religion, gender, sexual orientation, marital status, national origin, citizenship, age, disability, genetic information, payer source, ability to pay, or any other characteristic protected by law.
- Maintain a positive and courteous customer service orientation.
- Demonstrate the highest levels of ethical and professional conduct at all times and under all circumstances.
- Speak professionally and respectfully to those you serve.
- Respond to requests for information or assistance in a timely and supportive manner.
- Provide comfort for our patients and residents, including prompt and effective response to their needs.
- Discuss available treatment options openly with patients, residents, or their and involve them in decisions regarding their care.
- Provide care to all patients who arrive at your facility in an emergency, as defined by law, regardless of their ability to pay or source of payment.
- Deliver services in accordance with all professional standards that apply to your position.
- Create and maintain complete, timely and accurate medical records.
- Protect the privacy and confidentiality of all personal health information — electronic, paper or verbal — you may receive.

- Clearly explain the outcome of any treatment or procedure to patients, residents, or their designees, especially when outcomes differ significantly from expected results.
- Respect patient or resident advance directives.
- Address ethical conflicts that may arise in patient or resident care, including end-of-life issues, by accessing your organization’s medical ethics committee.
- Provide care that is consistent with the Ethical and Religious Directives for Catholic Health Care Services.



Quality of Care and Patient Safety

Trinity Health is committed to providing high-quality care that is safe, effective, efficient, and compassionate. Safety is our first priority. We do everything we can to make sure the care we provide is safe. And we design the systems we use with safety first in mind.

Trinity Health is committed to a Just Culture. A Just Culture recognizes that individuals should not be held accountable for system failings over which they have no control. A Just Culture emphasizes learning from our mistakes so they are not repeated. A Just Culture encourages all who work in Trinity Health to report safety issues, incidents and “near misses” so they can be addressed timely through changes to systems and processes without fear or blame.

Medically Necessary and Appropriate Care

We treat all patients and others in our care with respect and dignity, providing care that is both necessary and appropriate. Medical care decisions are made with the best interests of our patients and others we serve in mind. We assist patients and others in making high-quality, informed decisions regarding their care, and we respect and honor their personal care decisions.

Protecting Personal Health Information (PHI)

We collect personal health information (PHI) from patients, residents, members and others in our care, including current and past medical conditions, medications, and family histories, in order to provide effective, high-quality care. We recognize the sensitive nature of this information and are committed to maintaining its confidentiality. PHI is collected in many ways — in paper and electronic records, films and digital images, and even in verbal discussions. All PHI, in whatever form, should be protected and treated confidentially consistent with our Core Value of Reverence and in accordance with federal and state laws.

- Do not access, review or use PHI unless necessary to perform your job.
- Do not leave PHI (electronic or paper) unattended or available to others.
- Do not discuss PHI in public areas e.g., cafeterias, restrooms, or elevators.
- Do not store PHI on laptops or tablets not authorized and approved for use in Trinity Health.
- Do not release PHI to others or remove PHI from your facility without authorization from your immediate supervisor.
- Do not discuss or post PHI on any social media sites such as Facebook or Twitter whether using at work or at home.
- Immediately notify your supervisor or your organization’s Privacy Official if you believe PHI has been lost, stolen or accessed inappropriately.

Trinity Health has implemented specific policies and procedures to protect the privacy and security of PHI. Consult your organization’s policies and procedures for more information.

Gifts From or To Patients and Residents

You may not solicit or accept gifts, money, favors, etc., from patients, residents or their family members. Occasional perishable or consumable gifts given to a department or unit by a patient or patient's family may be accepted. If patients, residents, family members or other loved ones wish to present a gift of money, refer them to your organization's fundraising department or foundation. The solicitation of gifts is limited to colleagues that work in foundations or specific fundraising departments.

There are also laws that prohibit health care providers from giving free or discounted items or services to patients or residents covered by federal and state health care programs unless specific requirements are met. Any gifts or other items of value provided Medicare or Medicaid beneficiaries may not exceed \$15 per item or more than \$75 per year per recipient. Please discuss with your supervisor or consult your organization's policies before extending any gifts to a Medicare or Medicaid patient or resident.

In some cases, it is permissible to offer patients in-kind items and services that are preventive care in nature or advance a clinical goal of a participating patient such as adherence to a treatment regime, drug regime, follow-up care plan or the management of a chronic disease or condition. Any program providing in-kind items or services to patients must be approved by Trinity Health senior management in consultation with Trinity Health's Integrity & Compliance Officer and Legal Counsel.

Emergency Medical Treatment and Active Labor Act (EMTALA)

Trinity Health hospitals with a dedicated emergency department follow the Emergency Medical Treatment and Active Labor Act requirements to provide a medical screening examination and necessary stabilization to any individual who comes to the emergency department before asking any questions about their ability to pay for services. Provided we have the capacity and capability, anyone with an emergency medical condition is treated. In an emergency situation or if the patient is in labor, we do not delay the medical screening and necessary stabilizing treatment in order to seek financial and demographic information. We do not admit, discharge, or transfer patients with emergency medical conditions simply based on their ability or inability to pay or any other discriminatory factor.

Ethical and Religious Directives for Catholic Health Care Services

Also called the ERDs, these directives provide official church guidance and teachings on issues that are central to Trinity Health as a Catholic health care ministry. Colleagues, medical staff and others working in Trinity Health are required to abide by the ERDs. Consult your organization's Mission Leader if you have questions regarding how the ERDs may apply to your work.

Questions & Answers

- Q** If I see that a patient is not being treated with proper respect and courtesy by another care provider, what should I do?
- A** First, act immediately if the patient is at risk of harm. Then discuss the situation with your supervisor. If your supervisor does not provide a satisfactory response, contact a higher-level manager in your unit or one of the resources listed on page 26 for assistance. Remember that appropriate role modeling of respectful behavior is expected of all colleagues each and every day.

Q What should I do if I know that a medical error has occurred? Should I tell the resident or the resident's family?

A First, ensure the medical error has been properly reported to your organization's risk management department using your organization's safety event reporting system (see page 26). Trinity Health supports the timely and compassionate disclosure of medical errors when they occur, but in a manner that ensures proper communication and coordination with all caregivers. Follow your organization's safety event reporting processes to ensure the communication with the resident and family is handled appropriately.

Q I recently had a patient tell me that he doesn't want to receive any more aggressive treatment and wants to be made comfortable and be allowed to die. He doesn't think I or any of his caregivers are listening to him. What should I do?

A People-centered care is listening to what the patient or resident wants – even if the individual's decision conflicts with your own values. You should make the patient or resident's clinical team aware of his wishes and work with the clinical team and the individual's family on appropriate ways to honor his wishes, for example, palliative care services. It is important that the patient or resident be presented with appropriate options so that any decision made is an informed decision. Please contact your organization's Mission Leader or ethics committee if you have any questions or concerns.

Q I work in a hospital and have access to the patient registration system. Recently a friend of mine was seen in the emergency room and later admitted to the hospital. I'm concerned and would like to check the patient registration system to see how she's doing or at least locate which room she's in so I can visit her. Is that okay?

A Since you are not involved in your friend's care, you do not have any business need to access her medical information or location. You may only access this type of information if needed to do your job. Note that Trinity Health has monitoring systems in place to determine whether colleagues have used their system access privileges appropriately. Discipline for inappropriate use of such privileges can include termination.

Q My health care provider uses a patient portal where I can look up information in my medical records, such as lab results. Why can't I access my own health information directly through the electronic health record where I work?

A All patients are encouraged to use the patient portal to review their medical information and to effectively partner with clinicians involved in their care. Colleagues given access to Trinity Health's electronic medical record systems are restricted to only accessing information needed to do their job. Accessing your own medical records in Trinity Health information systems is a violation of Trinity Health policies and procedures. Colleagues may only access medical records systems to support patient treatment, payment and ministry operations. Appropriate access and use of medical records systems is continuously monitored by Trinity Health.

Q I am a nurse and one of the patients on my floor has asked that his same-sex life partner be included in his discharge planning meeting. This meeting is typically attended by only family members. How should I respond?

- A** Since the patient has asked that his partner be recognized as a member of his family for discharge planning purposes, you should invite the patient's partner to attend the meeting. Trinity Health patients, residents, their family members and loved ones have a fundamental right to compassionate care that respects the dignity, diversity and specific wishes of those in our care.

Relationships with Coworkers and Others That Serve With Us

The delivery of high-quality, safe and effective care requires effective teamwork among all individuals involved. Studies have consistently shown a positive relationship between the work place environment and the quality and safety of care delivered. Trust and respect are important factors in supporting effective teamwork in the workplace. All who work in Trinity Health are expected to:

- Treat others with honesty, dignity and respect.
- Maintain a positive and courteous customer service orientation.
- Speak professionally and respectfully to colleagues and others that serve with you.
- Behave in a manner that enhances a spirit of cooperation, mutual respect and trust among all members of the team.
- Commit to working with others in a supportive team environment.
- Respond to requests for information or assistance in a timely manner.
- Communicate with others in a clear, open, honest and respectful manner.
- Provide and accept appropriate feedback.
- If possible, attempt to address any differences you may have with colleagues directly with the individuals involved.
- Respect the diversity of others and do not discriminate in any employment action based on race, religion, color, gender, age, national origin, marital status, sexual orientation, genetic information, disability or any other characteristic protected by law.
- Abstain from inappropriate physical contact with colleagues and others and report any harassment, intimidation or violence of any kind that you witness in the workplace.
- Promptly report any serious workplace injury or any situation you identify that could present a potential health and safety hazard.
- Protect the confidentiality of colleague social security numbers, medical information and banking and financial information.
- Maintain a safe work environment by performing your duties and responsibilities free from the influence of drugs or alcohol.
- Protect the confidentiality of all medical peer review information.

Harassment and Workplace Violence

Each Trinity Health colleague has the right to work in an environment free of harassment and disruptive behavior, including behaviors that undermine a culture of safety. Harassment includes degrading or humiliating jokes, slurs, intimidation or any conduct that creates a hostile work environment. Sexual harassment is also prohibited, including unwanted sexual advances, and verbal or physical contact of a sexual nature that creates an intimidating, hostile, or offensive work environment.

Workplace violence is any act or threat of physical violence, menacing, intimidation, or other threatening disruptive behavior that occurs on or off the worksite that impacts work-related activities. It may be intentional or unintentional. It may affect and involve colleagues, clients,



residents, patients, physicians, contractors, suppliers and visitors. Colleagues who observe or experience any form of harassment or workplace violence should report the incident to their supervisor, the Human Resources department, or the Trinity Health Integrity & Compliance Line (see page 26 for more information).

Workplace Safety

Trinity Health is committed to promoting a safe workplace environment for all colleagues and others that serve in our health care ministry. Each Trinity Health organization has developed policies and procedures to protect colleagues and others from potential workplace hazards and to comply with applicable government rules and regulations that promote workplace health and safety. You should be familiar with and understand how these policies apply to your specific job responsibilities and seek advice if you have a question or concern. You should immediately notify your supervisor or your organization's Safety Officer of any serious workplace injury or any situation presenting risk of injury so that timely actions may be taken to resolve the issue.

Inclusion and Collaboration

Trinity Health is committed to promoting diversity in its workforce and to providing an inclusive work environment where everyone is treated with fairness, dignity and respect. We are committed to recruit and retain a diverse staff reflective of the communities we serve. Trinity Health is an equal opportunity employer and prohibits discrimination against any individual with regard to race, color, religion, gender, marital status, national origin, age, disability, sexual orientation, or any other characteristic protected by law.

Controlled Substances

Many Trinity Health colleagues have routine access to prescription drugs, controlled substances and other medical supplies as part of their work responsibilities. Many of these substances are governed by laws and regulations that strictly limit their use to minimize potential risks to both patients and health care workers. Unauthorized access, use or diversion (e.g. theft) of controlled substances is prohibited. Immediately report to your supervisor or a higher-level manager any potential issues or concerns you identify involving the security or diversion of controlled substances.

Questions & Answers

Q I overheard a colleague making jokes about people of certain ethnic backgrounds with other coworkers. It made me feel really uncomfortable. What should I do?

A It is not appropriate to make jokes or fun at the expense of others based on ethnic, racial, religious, age, gender, sexual orientation, marital status, disability or other any other characteristic. Even if unintended, this behavior can contribute to an environment of intolerance and, if allowed to continue, can be considered harassment. You should discuss this matter with your supervisor or contact your organization's Human Resources department or Office of Diversity and Inclusion.

Q My supervisor told me that I have to start work an hour earlier on scheduled work days because we need coverage in the department. Can she do that? I've worked the same schedule of hours for five years.

A Yes. Your supervisor has the right to change your work schedule to meet the operating needs of the department. If you are unable to comply with your new work schedule, discuss the matter with your supervisor.

Q A male colleague has been very "friendly" with several female coworkers in my department. There's a lot of hugging and touching, even when other people are in the room. I don't think this is appropriate, even though the female coworkers involved don't seem to mind. What should I do?

A You should discuss the situation with your supervisor. You should also feel free to share your feeling of discomfort directly with the male colleague. He may not be aware that his behavior makes you or others feel uncomfortable. If you remain concerned, contact a higher-level manager or leader in your organization, your Human Resources department or the Integrity & Compliance Line. Note that the situation and recommended actions would be no different if a female colleague initiates the touching with male colleagues or if both parties are of the same gender.

Q One of my coworkers returned from a break and appears to be under the influence of alcohol or drugs. How should I respond?

A First, if you work in a clinical area, act immediately if patients or residents are at risk of harm from the actions of the colleague. Then notify your supervisor, a higher-level manager or your Human Resources department immediately and discuss the situation. There may be a medical condition causing your colleague's behavior rather than alcohol or drugs, but your supervisor or a higher-level manager will be needed to evaluate the situation.

Q Yesterday I saw a physician yell and scream at a colleague in the presence of a patient and other colleagues. I was very bothered by the physician's behavior and felt terrible for the colleague. Is there anything I can do?

A Trinity Health is committed to promoting a respectful work environment. Behavior that is rude, embarrassing, threatening, belittling or intimidating, including the use of profane or abusive language, is not appropriate. You should discuss the matter with your supervisor, a higher-level manager, medical staff office, or contact your Human Resources department or the Integrity & Compliance Line.



Colleagues and others working on behalf of Trinity Health are expected to maintain appropriate business relationships...

- Q** I have a real problem with one of my colleagues. She and I share assignments in my department, but I feel like I carry most of the workload and she just slacks off. I really don't want to work with her anymore. What should I do?
- A** Whenever you have a conflict with a colleague, it is best to first discuss it privately with the person. Explain what you have observed and how it affects the work of your unit. If you don't see a change in behavior, discuss the issue with your supervisor. You should also discuss the issue with your supervisor if you believe the colleague's behavior may violate our Code of Conduct - for example intentionally violating your organization's timekeeping and payroll policies.
-
- Q** I work in the Human Resources department. Lately I've been finding confidential colleague information, including payroll data and other personal information, left behind in the copy room that's used by other departments on our floor. What should I do?
- A** Protecting the privacy and security of colleague information is very important. Take the documents you've found to your supervisor or a higher-level manager in your department so they can determine the most appropriate way to follow-up with staff on this issue.

Relationships with Suppliers and Other Business Partners

Colleagues and others working on behalf of Trinity Health are expected to maintain appropriate business relationships with suppliers, independent contractors, consultants, and others providing goods or services to our health care ministry. Such relationships must be free from conflicts of interest and consistent with applicable laws and good business practices. Our Core Value of Stewardship calls us to be faithful stewards of the human, financial, and natural resources entrusted to us. The cost of gifts, entertainment, and meals provided by suppliers and other business partners is ultimately borne in the cost of products and services purchased by Trinity Health. The following guidelines for interactions with suppliers and other business partners apply to all who work in Trinity Health (please note the organization, department or unit where you work may follow more restrictive policies which you are expected to follow):

- Do not accept gifts, entertainment, meals, or other incentives given for the purpose of influencing a purchasing or contracting decision, or that otherwise could appear to improperly influence decisions you make involving Trinity Health.
- Do not accept gifts, entertainment, meals, or other incentives given for the purpose of encouraging or rewarding patient referrals.
- Do not offer, accept, or solicit gifts, meals, entertainment or other incentives that could be perceived as a bribe, payoff, deal or any other attempt to gain a competitive advantage.
- Do not accept cash or items redeemable for cash such as checks, gift cards, etc.
- Occasional non-cash items of nominal value (e.g. pens, note pads, coffee mugs) may be accepted, but are generally discouraged.

- You should politely decline gifts offered by suppliers or other business partners that involve entertainment or social activities such as free or discounted tickets to sporting events, theatre or concert events, golf outings, travel and lodging, etc. You may attend an entertainment or social event with a supplier or other business partner provided you, not the supplier, pay your own cost (e.g., the face value of a sporting event ticket) to attend such events. Any exceptions to this policy require the advance approval of your supervisor and your organization's Integrity & Compliance Officer.
- Suppliers and other business partners may occasionally donate to charitable fundraising events that benefit Trinity Health and affiliated organizations (e.g., foundation). These events may include social or entertainment activities (e.g., golf or dinner) where Trinity Health colleagues are invited to participate with a supplier or business partner. You may accept such invitations provided you obtain the advance approval of your supervisor. Trinity Health colleagues are encouraged to make a personal donation to the fundraiser equal to the value of the event to an individual participant, although doing so is not required.
- You may accept invitations to attend local or out-of-town programs, workshops, seminars and conferences sponsored by a supplier or other business partner that have a legitimate educational purpose or otherwise support a Trinity Health business objective (e.g., product training) provided such events are infrequent (e.g., no more than once annually), you obtain the approval of your supervisor in advance, and Trinity Health, not the supplier, pays for any related travel and overnight lodging costs you incur. Any exceptions to this policy require the advance approval of your supervisor and your organization's Integrity & Compliance Officer.
- In all cases you should use common sense and good judgment in accepting or refusing gifts of any kind. Consider all the facts and circumstances and discuss any questions you have with your supervisor or Integrity & Compliance Officer. There may be circumstances when accepting a gift that technically meets the guidelines specified above should be declined.
- Occasional (e.g., no more than 1-2 times annually) perishable or consumable items (e.g., flowers, fruit, candies, etc.) of nominal value given to a department or unit and shared with co-workers may be accepted, but are generally discouraged.

In general, Trinity Health discourages colleagues from accepting meals and refreshments paid by suppliers or other business partners. An occasional meal or refreshments may be accepted provided the following requirements are met:

- Such events are infrequent, which, as a general rule, means no more than 1-2 times per year.
- The event immediately precedes or follows a legitimate business meeting (e.g. discussion of business topics involving Trinity Health).
- The setting for the meal is appropriate to discussing business (e.g. office or restaurant) and the host is present.
- The supplier or business partner's expense is modest which, as a general rule, means the cost of meals and refreshments does not exceed \$50.
- Trinity Health does not incur additional travel or overnight lodging costs as a result of your participation in the meal.

The above requirements do not apply to meals and refreshments provided in connection with a conference or other educational program sponsored by a supplier, consultant or business partner for the benefit of all attendees.



...use common sense and good judgment in accepting or refusing gifts of any kind.

Fundraising

As a tax-exempt charitable organization, Trinity Health may solicit charitable contributions to support our health care ministry. Trinity Health policy restricts the solicitation of gifts from suppliers and other business partners to only those colleagues who work in foundations or specific fundraising departments. Fundraising requests are not to be made of suppliers and other business partners in exchange for promises of Trinity Health business or to influence current or future business decisions.

Conflicts of Interest

You are expected to avoid situations or circumstance that could place you in conflict with the interests of Trinity Health. A conflict of interest may exist whenever your outside activities, personal financial interests or relationships interfere, or could appear to interfere, with your judgment or decision-making in your position or role with Trinity Health. In addition to gifts, entertainment and meals, there are a few other areas which you should be aware of that can create potential conflicts of interest:

- **Outside Employment:** You should discuss with and obtain the approval of your supervisor before accepting an offer to work for any organization that conducts business with or competes with Trinity Health.
- **Endorsements and Testimonials:** Do not make any endorsements or testimonials for suppliers, vendors, trade or professional organizations conducting business with Trinity Health without discussing and obtaining the advance approval of your supervisor and your organization's marketing department.
- **Financial Interests:** It is generally considered to be a conflict of interest to do business with, or recommend that Trinity Health do business with, a company in which you or a family member has a financial interest. Financial interests may include employment or other compensation arrangements, as well as ownership or investment interests (investments in large, publicly-held companies are generally not a concern). Discuss with your supervisor any financial interests you or a family member may have that might present a conflict of interest with your job responsibilities in Trinity Health.
- **Service on Outside Boards:** Trinity Health colleagues are encouraged to actively participate in charitable and civic organizations that benefit our communities. Discuss with and obtain the approval of your supervisor before accepting an invitation to join a board of any organization that may create a conflict of interest with your job responsibilities at Trinity Health.

When addressing conflicts of interest, remember that appearances do count! Discuss any questions you have regarding potential conflicts of interest with your immediate supervisor or contact your organization's Integrity & Compliance Officer.

Questions & Answers

- Q** Suppliers frequently visit our office and bring in new products for us to sample. They always want to provide lunches for the office staff. Is it appropriate to accept free lunches from suppliers?
- A** In general, Trinity Health discourages the acceptance of meals and refreshments paid or provided by suppliers or other business partners. Any meal provided must be infrequent, connected to a legitimate business purpose, such as education or product demonstration, and must take place in an appropriate business setting with the supplier host present. Take-out food (“dine and dash”) delivered to office staff by a supplier or meals that are not connected with a legitimate educational or business purpose are prohibited. Likewise, meals may only be provided for staff attending the education or product demonstration and the cost of any meals provided must be modest. Consult your organization’s local policies on acceptance of supplier provided meals which may be more restrictive.
-
- Q** The firm my organization uses for marketing and advertising services offered me two courtside tickets to a professional basketball game. Can I accept the tickets?
- A** You should politely decline the acceptance of gifts that involve social or entertainment activities such as free or discounted tickets to sporting events. You may accept the tickets only if you personally pay the supplier the cost of the tickets.
-
- Q** A supplier recently called seeking my input on a new product that is under development. The supplier will be holding an out-of-town meeting and has asked me to attend. The supplier is willing to pay my airfare, hotel and meals for two days, as well as pay for my time to attend the meeting. Can I accept the invitation?
- A** Trinity Health policy prohibits the acceptance of supplier-paid compensation and expenses for travel, lodging and meals. If you are in a position of decision-making regarding the purchase or use of the supplier’s products in Trinity Health, your participation in the meeting and acceptance of compensation and expenses paid by the supplier could be viewed as potentially influencing your future decision-making. You and your supervisor should discuss the purpose of the meeting and the potential expectation of the supplier as a result of your participation. Any exceptions require the advance approval of your supervisor and your organization’s Integrity & Compliance Officer.
-
- Q** Suppliers frequently send gifts of fruit or candies to our department during the holidays. Can we accept such gifts or must they be returned?
- A** Although discouraged, you may accept occasional gifts (e.g. no more than 1-2 times annually) of perishable or consumable gifts from suppliers that are broadly shared among a department or with co-workers.
-
- Q** I work full-time, 12 hour shifts, and would like to get some extra hours of work at another health care provider in the community. Do I have to discuss with my supervisor before I accept another position?
- A** Before you consider an offer to work for a potential competitor of Trinity Health, discuss the situation with your supervisor to make sure there are no potential issues in accepting outside employment that might interfere with your work responsibilities at Trinity Health. This issue is especially important for full-time colleagues.

Q I was asked by a professional organization I am a member of to speak at an upcoming educational event. The professional organization has offered to pay my travel expenses and lodging for the day I am scheduled to speak. May I accept the offer?

A Yes, Trinity Health colleagues may accept travel expenses and lodging in exchange for professional speaking engagements. However, the expenses should be reimbursed only for the day you are asked to speak. For example, if it's a five-day educational conference and you will only be speaking on the first day, the reimbursed expenses should be for one night's lodging and related travel expenses.

Q My sister-in-law is a health care industry consultant. Is it okay if I recommend her to work on a consulting project at my organization?

A Yes, however you should fully disclose your relationship to anyone in your organization that you recommend your sister-in-law, or her firm, for the project. You should not participate in the hiring decision, nor use your position to influence the outcome of the hiring decision. Also, you must not share any information with your sister-in-law that is confidential or that has not been provided to other prospective suppliers.

Q I am the point of contact in my organization for a particular supplier. Our organization is conducting a major capital campaign and the supplier recently asked me what amount they should donate because they want to make sure they don't risk losing their Trinity Health contract. What should I say?

A You should refer the supplier to your organization's Foundation or fundraising department to discuss appropriate options for contributing to the capital campaign. You should also advise the supplier that the supplier's decision to donate (and how much to donate) to the capital campaign is not a factor in current or future contracting decisions.

Relationships with Regulators and Those Who Pay for Our Services

Federal and state health care programs, such as Medicare and Medicaid, as well as commercial insurance and other third-parties, are responsible for the payment of a significant majority of the health care services we provide to our communities. Trinity Health and other health care organizations are subject to numerous laws and regulations that apply to our operations. These laws and regulations are complex and can be challenging to apply in a rapidly changing health care industry. Nevertheless, Trinity Health is committed to complying with all laws and regulations that apply to our health care ministry. All who work in Trinity Health are expected to:

- Act with honesty and integrity in all activities involving Trinity Health.
- Follow all laws, regulations and Trinity Health policies that apply to your work and ask for assistance if you have questions about how they affect you. See resources available to assist you on pages 26-27.
- Follow all requirements of Medicare, Medicaid, other federal and state health care programs, as well as those of commercial insurance companies and other third-party payers. These requirements generally involve:
 - Delivering high-quality, medically necessary and appropriate services.
 - Creating and maintaining complete and accurate medical records.
 - Submitting complete and accurate claims for services provided.
 - Protecting the privacy and security of health information we collect.
- Respond to surveys conducted by accrediting or external agency surveying organizations with honesty, openness and accurate information. Do not take actions intended to obstruct or mislead an accrediting or external agency survey team.

- Submit accurate and complete cost, quality, safety, tax and other information in all reports filed with federal and state regulatory agencies.
- Do not engage in discussions or make agreements with competitors related to pricing, market strategies, payer strategies, or wages and benefits. Consult with Trinity Health legal counsel on any matters that could implicate antitrust laws.
- Do not contract with, employ, or bill for services rendered by an individual or entity that is excluded or ineligible to participate in federal or state health care programs. Report to Trinity Health if you become excluded, debarred, or ineligible to participate in federal or state health care programs.
- Present only truthful, fully informative, and non-deceptive information in any marketing or advertising activities.
- Conduct all medical research activities consistent with the highest standards of ethics and integrity and in accordance with all federal and state laws and regulations, Institutional Review Board and Trinity Health policies.
- Participate in training and education programs offered by Trinity Health to assist you in understanding laws, regulations and Trinity Health policies that apply to your work.
- Cooperate with and immediately notify your supervisor of any government investigation. Never, under any circumstances, destroy or alter documents or information, including electronic documents, records, or correspondence requested as part of a government investigation. Never lie or make false statements to a government investigator.
- Do not offer gifts or other items of value to a government representative.
- Do not contribute – or direct the contribution of – Trinity Health funds to any political candidate, political party, or political campaign.

Do I Have a Relationship with the Government?

While many federal and state laws and regulations that apply to Trinity Health may not affect the work you do directly, it's important for you to be aware of certain laws and regulations and how they affect our health care ministry.

Fraud and Abuse

There are many federal and state laws designed to protect government health care programs, such as Medicare and Medicaid, as well as commercial insurance and other third-parties that pay for the health care services we deliver. These Fraud and Abuse laws generally prohibit the following:

- Submitting inaccurate or misleading claims for services provided.
- Submitting claims for services not provided.
- Submitting claims for medically unnecessary services or services not covered by the payer.
- Making false statements or representations to obtain payment for services or to gain participation in a health care program.
- Concealing or improperly avoiding an obligation to repay a health care program.
- Offering or paying money, goods, or anything of value to encourage or reward the referral of patients to a health care provider.

Relationships with Physicians and Other Referral Sources

If your work responsibilities include interactions with physicians or other persons or organizations that may refer patients or residents to Trinity Health facilities, it is important that you are aware of the requirements of laws and regulations that apply to these relationships. These include the federal Anti-Kickback Law, Stark Law, laws that apply to tax-exempt organizations, and similar state laws. Trinity Health has established specific policies and procedures addressing financial relationships with physicians and other referral sources. These policies are based on two key principles that apply to all such relationships:

- **We do not pay for referrals:** Patient and resident referrals and admissions are based solely on an individual's medical needs and our ability to render the needed services. No one in Trinity Health is allowed to pay or offer payment to anyone for the referral of patients or residents.
- **We do not accept payments for referrals:** No one in Trinity Health is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients or residents to a Trinity Health facility. We do not take into account the value or volume of referrals made to us when making referrals to other health care providers.

Failure to properly structure and administer financial relationships with physicians and other referral sources can result in unintended violations of the law and significant legal and financial consequences to Trinity Health, and potentially to the individuals involved. Please contact your Trinity Health legal department or your Integrity & Compliance Officer if you have questions as to how these laws and regulations apply to your work responsibilities or to obtain additional information on Trinity Health policies and procedures.

Tax-Exemption

A vast majority of Trinity Health organizations are not-for-profit, tax-exempt organizations operated exclusively for religious or charitable purposes. Care of those who are poor, benefits provided to our communities, and medical education programs are examples of the types of activities that support our charitable purpose. As a tax-exempt organization, Trinity Health is required to follow a number of additional laws and regulations that generally prohibit the following:

- The improper use of Trinity Health assets for the private benefit or interests of any individual in a position of substantial influence over the organization.
- Paying more than "fair market value" for goods and services, or providing goods and services to others at less than fair market value unless allowed by law.
- Direct or indirect campaigning for or against the election of any candidate for public office, including the donation of Trinity Health funds to any political candidate, party organization or committee.
- Engagement in substantial lobbying activities. Trinity Health may comment on legislation or regulations under consideration and may also take public positions on issues relating to our operations and mission.

The False Claims Act

The False Claims Act is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim to a federal health care program. "Knowingly" includes having actual knowledge that a claim or record is false or acting with "reckless disregard" as to whether a claim is false. In addition to the federal law, most states in which Trinity Health operates have adopted similar state false claims laws.

The False Claims Act and similar state laws allow individuals with original information concerning fraudulent activities involving government programs to file a lawsuit on behalf of the government and, if successful, to receive a portion of the recoveries received by the government.

Penalties for violating the False Claims Act are significant. Financial penalties can be as much as three times the amount of the claims plus fines of \$11,000 - \$22,000 per claim. Courts can also impose criminal penalties against individuals and organizations for willful violations of the False Claims Act. The False Claims Act and similar state laws protect employees, contractors

and agents from being fired, demoted, threatened or harassed by an employer for filing a False Claims Act lawsuit.

Trinity Health prohibits colleagues, agents or contractors from knowingly presenting or causing to be presented claims for payment which are false, fictitious or fraudulent. Please contact your ministry's Integrity & Compliance Officer if you have any questions regarding the False Claims Act.

Questions & Answers

- Q** While preparing claims for submission to Medicare, I believe there are charges for some services that are inappropriate based on Medicare's billing rules. Should I submit the claims anyway and let Medicare determine if the charges are appropriate?
- A** It is inappropriate to submit claims to Medicare, or any other payers, that are known to be inaccurate or that do not meet the payer's requirements. If you believe the charges are inappropriate, you should notify your supervisor of your concerns. If the issue is occurring on a regular basis, you and your supervisor should discuss the issue with appropriate management responsible for the department or area involved so that actions may be taken to prevent the errors from occurring in the future.
-
- Q** My organization was recently notified by Medicare of some billing errors. The claims at issue have been corrected. However, we haven't changed our practices that caused the errors to occur in the first place. Do I have a responsibility to tell someone?
- A** Yes. All of us have a responsibility to seek answers to our questions and concerns. Speak with your supervisor to make sure you fully understand the situation. If you are still concerned that appropriate actions have not been taken to resolve the billing issues, contact your Integrity & Compliance Officer or the Integrity & Compliance Line.
-
- Q** In my work area we refer many patients to local home care agencies for at-home services. One of the local home care agencies recently offered to give us gift certificates in appreciation for referring patients to their agency. Is this allowed?
- A** No. Federal laws strictly prohibit health care providers and their employees from offering or accepting anything of value in exchange for the referral of Medicare and Medicaid patients. You should discuss this matter with a senior-level manager in your organization or your Integrity & Compliance Officer so that appropriate follow-up action can be taken with the home care agency.
-
- Q** A government investigator tried to reach me at my home. She left a note asking me to call her to discuss my organization's billing practices. What should I do?
- A** It is the policy of Trinity Health to cooperate and respond appropriately to any lawful government investigation. It is appropriate for you to ask the government investigator for official identification such as a badge or picture ID. You have the right to decide whether or not to meet with the investigator and may inform the investigator that you only wish to respond to questions at work in the presence of your supervisor or an attorney representing Trinity Health. In all situations you have the right to consult with legal counsel before making a decision. If you choose to meet with the investigator, you must always be truthful. Never lie or attempt to deceive a state or federal government official. Do not destroy any documents that you think the investigator may be seeking or that you believe could be

relevant to the investigation. Regardless of your decision, if contacted you are strongly encouraged to immediately notify your supervisor, your Integrity & Compliance Officer or your organization's legal department.

- Q** My job responsibilities require me to frequently interact with physicians on the medical staff. I understand there are specific laws and regulations that impact what I can and can't do with physicians. What are the rules and where can I find more information?
- A** You are correct that there are several federal and state laws and regulations that impact relationships with physicians and other referral sources. These include the Anti-Kickback Law, the Stark Law, and laws applicable to tax-exempt organizations like Trinity Health. In general, it is inappropriate to offer or give gifts, gratuities or anything of economic value to a physician in exchange for referring patients. All financial arrangements with physicians, such as employment, administrative and professional service agreements, office and equipment leases, and asset purchases and sales, must be properly structured and carefully administered to ensure compliance with these laws and regulations. You should contact your Integrity & Compliance Officer or your organization's legal department to learn more about our policies and to discuss any questions you have.
-

- Q** A colleague recently posted a notice on our department's bulletin board asking other colleagues to join him in forming a group to support a candidate for the city council. Is this appropriate?
- A** No. Using Trinity Health's resources, such as bulletin boards, emails, and telephone systems, to participate or encourage others to participate in political activities on behalf of specific candidates for office or specific political parties is not allowed and could jeopardize the organization's tax-exempt status. You should discuss this matter with your supervisor or contact your Integrity & Compliance Officer.
-

- Q** A friend of mine works in the Human Resources department at another hospital in our community. He wants to do a survey of area health care salaries. May I share our organization's salary information with him?
- A** No. There are strict laws that regulate competition, such as antitrust laws. Sharing salary information may appear to be an effort to fix wages and limit competition in the marketplace. You should notify your Integrity & Compliance Officer or your organization's legal department so that appropriate follow-up can take place.

Relationships with Trinity Health and Communities We Serve

Each of us also has a relationship with the Trinity Health organization where we work and to the broader communities we serve. As with other relationships described herein, there are certain expectations and commitments of both parties to the relationship. All who work in Trinity Health are expected to:

- Represent your organization honestly and ethically in all your work activities and relationships on behalf of Trinity Health.
- Properly use and protect Trinity Health resources including materials and supplies, equipment, staff time and talents, and financial assets.
- Obtain your supervisor's approval before participating in any non-Trinity Health activity during regular work hours or before using Trinity Health equipment, supplies, materials or services for any activity unrelated to your work at Trinity Health.



- Use good judgment and follow your organization's policies and procedures for business travel and expense reporting. You should not incur a financial loss or gain as a result of appropriate business travel.
- Prepare and maintain accurate and complete financial records of your activities on behalf of Trinity Health, including accounting, budgeting, time and attendance, expense and other financial data and information.
- Never give false or misleading information to anyone doing business with Trinity Health or competing with Trinity Health.
- Properly safeguard and retain all Trinity Health documents and records in all forms, including paper documents as well as electronic records, in accordance with Trinity Health and your organization's record retention policies.
- Properly use and protect the confidentiality of all business or other information you use or encounter in your work at Trinity Health.
- Follow all Trinity Health policies governing the use of information and communication systems including access and appropriate use, limitations on personal use, and protecting the privacy and security of data and information.
- Respect the environment and follow all environmental laws, including operating of facilities with the necessary permits, approvals and controls. Follow your organization's policies for the handling and disposal of hazardous materials and infectious waste.
- Maintain appropriate licenses, certifications and other credentials required of your position.
- Commit to your ongoing learning and development through completion of education and training programs assigned by your organization.
- Cooperate fully in any audits or investigations requiring your assistance and answer questions honestly and completely.

A relationship is not a one-way street. In recognition of your commitment, you should also expect Trinity Health will:

- Treat you with honesty, dignity and respect.
- Provide you a safe and supportive work environment free of harassment, intimidation or violence.
- Provide encouragement and support for your continued learning and development.
- Provide resources for your training and development, including assisting you in understanding the various laws, regulations and Trinity Health policies that apply to your work.

- Provide a respectful work environment that allows you to freely ask questions, seek clarification when needed, and raise issues and concerns in good faith without fear of retaliation or harassment.
- Respond to your requests for information or assistance in a timely and supportive manner.

Confidential and Proprietary Information

We treat information about Trinity Health's business operations as confidential and proprietary. This means we do not share information about Trinity Health's operations or business strategies with the public. We take great care to share confidential and proprietary information only with individuals that have a need to know the information. Confidential information includes virtually any information not publicly known including individually identifiable patient, resident, participant or member information, personnel data, lists, clinical information and quality data, financial reports, pricing and cost data, information related to affiliations, mergers, acquisitions and divestitures, strategic plans, marketing strategies, and supplier information and data.

Confidential and proprietary information is found in many different forms including paper records, electronic records, verbal and written communications, and various forms of media. The inappropriate sharing of this information can harm our patients, residents, and others, and result in significant damage to Trinity Health's reputation.

Use of Electronic Media

All communication systems provided by Trinity Health, including computers, email, instant messaging, intranet, Internet access, telephone and voice mail systems are the property of Trinity Health and are to be used primarily for business purposes. Limited personal use of such systems is permitted. However, Trinity Health reserves the right to monitor all aspects of the usage of these systems for appropriateness and to ensure such usage supports the business goals of the organization. Users should not assume any of their interactions and communications when using these systems are private. Users are responsible for following all Trinity Health policies regarding the appropriate access, use and security of electronic media in the workplace.

Use of Social Media

As a values-based organization, Trinity Health expects all of who work in our health care ministry to exercise good judgment and personal responsibility whenever using social media such as Facebook™, Twitter™, LinkedIn™ and other sites. Please keep in the mind the following:

- Do not post any Trinity Health confidential or proprietary information to a social media site. This includes photographs and other information regarding patients or residents.
- Do not reference or otherwise associate Trinity Health when using social media to solicit for, endorse or promote outside business ventures, political candidates or campaigns, or religious causes.
- The use of Trinity Health provided devices or communication systems to access the Internet or social media sites to view, post, transmit, download, or distribute threatening or harassing materials, profane, obscene or derogatory materials, or anything that could give rise to a violation of laws or regulations is strictly prohibited.
- Be respectful and professional when using a personal site or account that may identify you as a colleague of Trinity Health.

Questions & Answers

Q There is a colleague in my department who regularly uses the Internet while at work for personal activities. I am not in a position where I'm responsible to "police" other colleagues in my department and their use of work time. What should I do?

A You should discuss this matter with your supervisor or a higher-level manager in your department. All colleagues have a responsibility to ensure that resources and assets used each day are substantially devoted to Trinity Health activities. These resources include supplies, materials, equipment and colleague work time. The occasional personal use of technology resources, like the Internet, is allowed if it doesn't interfere with the colleague's work or violate any Trinity Health policies.

Q Before coming to work at Trinity Health, I worked for a competitor organization and received information that might help our organization in negotiating more favorable contracts with suppliers. Can I share this information with others in my organization?

A No. Do not disclose confidential information you obtained from another job. We may not use this information in any business dealings. Further, it would be unethical for you to share any confidential information you may learn from your employment with Trinity Health with a future employer should you leave the organization.

Q A colleague I work with frequently posts updates on Facebook and sometimes will make references to his day at work. Although he never mentions any patient or resident names, he sometimes discusses unusual cases in far more detail than I feel comfortable. Should I be concerned?

A Yes. Omitting a patient or resident's name does not make it "okay" to discuss on a social media site such as Facebook. Omitting a name does not guarantee that the person cannot be identified. The uniqueness of the situation alone could allow people to reasonably identify the patient or resident. Disclosure of confidential or sensitive information via social media not only puts our patients and residents at risk, it also constitutes a violation of federal privacy laws which can lead to hefty fines and criminal penalties for both the organization and the colleague who made the posting. You should discuss this matter with your supervisor or contact your organization's Privacy Official for assistance.

Q I recently witnessed some unusual activity occurring on the loading dock at my organization. Several shipments of expensive computer equipment delivered to my organization were subsequently picked up by another company and taken away. I questioned my supervisor who gave me an explanation, but the more I think about it, the answer just doesn't seem to make sense. What should I do?

A You should discuss the issue with a higher-level manager in your department or contact your Integrity & Compliance Officer. The explanation you received may be correct and there may be nothing inappropriate occurring with the computer equipment. However, when there is something about an answer you receive that bothers you, or just doesn't feel right, it's best to discuss the issue with another member of management in your organization.

Q I assist my boss in preparing her expense reimbursement reports. She often submits receipts for meals and entertainment expenses without specifying who was in attendance



Users are responsible for following all Trinity Health policies regarding the appropriate access, use and security of electronic media in the workplace.

and without a description of the business purpose of the meeting. My boss is extremely busy and I don't like to bother her with questions that make it look like I don't trust her. What should I do?

- A** First, make sure you clearly understand the specific documentation policies required for expense reimbursements in your organization. Share these requirements with your boss and explain you want to assist her in ensuring she provides all required documentation for her expense reimbursements. Ultimately she is responsible for the expense reimbursement claims submitted on her behalf. If this approach is not successful, contact a higher level manager in your organization or your organization's Integrity & Compliance Officer for assistance.

This Code of Conduct addresses the more common issues and questions you may encounter in your work in Trinity Health. Working in the health care industry is extremely challenging with complex and frequently changing rules and regulations. As a result, there may be times when the answer to a particular issue or question is not clear. You are responsible for seeking answers to your questions or concerns. Fortunately, there are many resources available to assist you.

Where to Find Help

Immediate Supervisor - This is usually the best place to start in getting answers to your questions. Your supervisor understands the work you do and may already have the information you need or can direct you to the right resource. If your issue or concern involves your immediate supervisor, seek help from one of the other resources listed below.

A Higher-Level Manager or Leader – If you are not comfortable discussing the issue with your supervisor or do not agree or are uncomfortable with the answer you receive, discuss the issue with a higher-level manager or leader in your department or organization.

Human Resources – Your organization's human resources staff can likely answer many of your questions and assist you in addressing workplace issues and concerns.

Integrity & Compliance Officer – Your Integrity & Compliance Officer is responsible for operation of the Integrity & Compliance Program in your organization and is available to assist you in obtaining answers to your questions and concerns.

RESOURCES TO ASSIST YOU

Your Organization's Integrity & Compliance Officer



Mike Holper
Senior Vice President,
Integrity & Audit Services
734-343-1638
holperm@trinity-health.org

Integrity & Compliance Line – You are encouraged to use one of the resources listed here to address your questions and concerns. However, if you are not comfortable using these resources or if the resources used have not fully resolved your concern, please contact the Trinity Health Integrity & Compliance Line at 866-477-4661. You may also file a report online at www.mycompliancereport.com using THO as the access code. You may choose to remain anonymous and all reports are treated confidentially. See further information on the Integrity & Compliance Line in the information box.

Legal – Contact your organization's legal department when seeking legal advice or guidance on behalf of your organization.

Mission Department and Local Ethics Committee – Guidance on matters relating to the Mission and Core Values, the Ethical and Religious Directives for Catholic Health Care Services, pastoral care, advance directives, end of life issues and patient rights are appropriately addressed with your local mission department and/or local ethics committees.

Medical Staff Office – If you are a privileged practitioner, you are encouraged to contact your organization's medical staff office to discuss any issues or concerns.

Privacy and Security Officials – Contact your organization's privacy and security officials if you have questions or concerns related to the use or protection of personal health information or confidential and proprietary business information.

Risk Management and Safety – If you have questions or concerns related to patient care or workplace safety, or are seeking guidance regarding the disclosure of medical errors or adverse events, please contact your local risk management and/or safety departments.

Patient and Colleague Safety Event Reporting Systems – Trinity Health organizations have reporting systems designed to assist colleagues, medical staff, and others in reporting "near misses," errors and other events involving patient care or safety anonymously, if so desired. You should be familiar with the system used to report patient safety events in your organization. Examples include the Voice Organization Incidents, Complaints and Events (VOICE) system and the MIDAS system. All colleague injuries, threats or "near misses" should be reported promptly to the colleague's supervisor and to the workers' compensation claims coordinator, using the Trinity Health Employee Incident Report (THEIR) system, if available, or the standard workers' compensation injury reporting process in effect at your organization.

Trinity Health values your opinions, insight and feedback. The most efficient way to resolve concerns is through the internal resources listed on page 26. If you feel a patient care concern has not been adequately addressed, there are also external reporting options available including The Joint Commission Office of Quality and Patient Safety: email complaint@jointcommission.org, Mail One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181. Individual state survey agencies may also be contacted with concerns.

Obligation to Speak-Up

Trinity Health promotes an environment that encourages all to seek answers to questions and to report issues and concerns. Each Trinity Health colleague has a right and a duty to report any activity he or she believes may violate applicable laws, regulations, professional standards of practice, or this Code of Conduct using one or more of the resources listed herein. If the matter has previously been reported and the colleague believes it has not been given sufficient attention, he or she should report the matter to a higher level of management, their organization's Integrity & Compliance Officer, or the Integrity & Compliance Line.

Non-Retaliation Policy

Trinity Health has a policy of "zero tolerance" for any form of retaliation against those who report issues and concerns in good faith, including potential violations of our Code of Conduct. Retaliation includes direct as well as indirect actions, or the threat of actions, of supervisors, co-workers, or others.

Retaliation is subject to discipline, up to and including dismissal from employment, suspension of medical staff privileges, or termination of business relationships with Trinity Health, in accordance with Trinity policies and medical staff bylaws, as applicable.

Acknowledgment Process

All Trinity Health colleagues are required to acknowledge their receipt and review of this Code of Conduct, confirm they understand it represents the mandatory policies of Trinity Health and agree to abide by it. New colleagues are required to do so as a condition of employment and all Trinity Health colleagues are required to participate in annual Code of Conduct training designed to reinforce awareness and understanding of its requirements.

Adherence to and support of our Code of Conduct and participation in related training activities is considered in decisions regarding hiring, promotion and compensation for all Trinity Health colleagues.

Integrity & Compliance Line

866-477-4661 or www.mycompliancereport.com

Access code = THO

The Integrity & Compliance Line is staffed 24 hours a day, seven days a week by an outside organization on behalf of Trinity Health. When you call the Integrity & Compliance Line, you will speak with an individual trained to listen to your questions and concerns and to gather as much information from you as possible. If you prefer, you may submit your issue online at the website address listed above. When prompted for an access ID, please use THO. Using either method, your report will not be traced or recorded, and the Integrity & Compliance Line does not use caller ID.

When submitting a report through either the Integrity & Compliance Line phone or online system you may choose to remain anonymous. Trinity Health uses every effort to maintain, within the limits of the law, the confidentiality and identity of any individual who reports issues and concerns. Your report will be provided to Trinity Health for review and investigation. When using the phone system to file a report, you will be provided a report identification number for you to check back later on the status and ultimate resolution of your report.

Acknowledgment and Certification

I acknowledge that I have received a copy of the Trinity Health Code of Conduct and I agree to read it completely. I also agree to discuss any questions or concerns with the Code of Conduct with my supervisor or a higher level manager in my organization. I certify that I will comply with the Code of Conduct and any other policies established by my organization that apply to my role in Trinity Health. I understand it is my responsibility and obligation to report any issues or concerns regarding possible violation of the Code of Conduct. I also understand I may be asked to cooperate in an investigation and agree to do so if asked. I understand that Trinity Health will not retaliate against me for making a report of issues and concerns in good faith.

I understand the Code of Conduct contains standards of behavior I am expected to follow as a condition of my employment in Trinity Health and is not an employment contract. I also understand the standards may be amended, modified or clarified at any time and I that I will receive periodic updates as they may occur.

Please Print

Name: _____

Department or Unit: _____

Organization: _____

Signature: _____

Please complete and submit to your training facilitator or Integrity & Compliance Officer. This acknowledgment may also be obtained electronically. Contact Human Resources or your Integrity & Compliance Officer if you have any questions about this process.

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Business Courtesies and Medical Staff Incidental Benefits - FAQ

Q. What is a Business Courtesy?

- A.** For purposes of Trinity Health policy, a Business Courtesy is any items of value given to a physician (or their immediate family member) for free or at discounted cost by a Trinity Health Medicare enrolled provider organization.

Q. What are common examples of Business Courtesies?

- A.** The following are common examples of Business Courtesies:
- Payment of meals and beverages held at off-campus locations
 - Payment of greens, entry fees or other activities related to a golf outing
 - Providing tickets to a sporting, concert or theatre event
 - Providing flowers, perishable items or other gifts in recognition of a birthday, anniversary or other special occasion
 - Payment of program costs for a continuing medical education program held at an off-campus location where CEUs are granted to participants
 - Payment of travel and lodging expenses

Q. Does the Business Courtesies policy apply to items of value given by a Trinity Health organization to physicians employed by a Trinity Health organization?

- A.** No. Items of value given to employed physicians are not considered business courtesies for purposes of this policy, but would be covered by employee benefit policies and should be addressed by the entity responsible for the physician's payroll, compensation and benefits.

Q. What about gifts or other items of value given to individuals or entities that are not physicians or their immediate family members?

- A.** These courtesies are governed by the Trinity Health Code of Conduct – refer to *Relationships with Suppliers and Other Business Partners* for more information.

Q. Why are physicians subject to stringent restrictions regarding the giving and receiving of Business Courtesies and other items of value?

A. There are federal and state laws and regulations intended to curb fraud and abuse in government funded health care programs, such as Medicare and Medicaid. One such law, the Physician Self-Referral Law or "Stark" law, as it is commonly referred, prohibits physicians from referring Medicare and Medicaid patients to hospitals for certain services if the physician (or an immediate family member) has a financial relationship unless an exception is met. Business Courtesies are considered financial relationships and the law places strict limits on the amount and form of such items.

Q. What is the dollar limit for Business Courtesies?

A. Business Courtesies are subject to an annual limit of \$398, individually and in total, for each physician (including gifts to immediate family members). This limit is as of 2017 and is subject to periodic updates by the Centers for Medicare and Medicaid Services.

Q. Can Business Courtesies be given to encourage or reward patient referrals?

A. No. Business courtesies or any other gifts of value may never be given to reward or induce referrals of any items or services payable by a federal health care program. While in some industries it may be acceptable to reward those who refer business to you, it is a crime in federal and state health care programs.

Q. May a gift certificate or gift card be given as a Business Courtesy?

A. No. Cash equivalents, such as gift cards and gift certificates, may never be provided as a Business Courtesy.

Q. What happens if the annual Business Courtesy limit is exceeded?

A. The consequences for exceeding the limit can be serious. A facility may lose their ability to bill Medicare for services ordered by the physician receiving the Business Courtesy. Or, at the very least, a physician may be asked to repay the overage. For these reasons, accurate tracking of Business Courtesies is very important. Any identified overages should be immediately reported to your organization's Integrity & Compliance Officer or Legal Counsel for appropriate follow-up and corrective action.

Q. How do I ensure my organization does not exceed the annual Business Courtesies limit?

- A.** Each Trinity Health facility that is subject to the Stark Law limits on Business Courtesies is required to establish a tracking system to ensure the annual limit for each physician is not exceeded. If you are not familiar with your organization's process, please contact your Integrity & Compliance Officer for more information.

Q. What are Medical Staff Incidental Benefits? Are these the same as Business Courtesies?

- A.** Medical Staff Incidental Benefits are not Business Courtesies. The Stark Law allows hospitals and other health care facilities to provide low dollar items of value to physicians who are appointed members of the facility's medical staff provided all of the following requirements are met:
- a. The value of each benefit may not exceed \$33.00 per occurrence. This limit is as of 2017 and is adjusted periodically by the Centers for Medicare and Medicaid Services;
 - b. May not be cash or cash equivalents such as gift certificates, gift cards, vouchers or checks;
 - c. Are used by physicians while physically present on the campus of a Trinity Health facility;
 - d. Are offered during periods when physicians are making rounds or performing other duties at Trinity Health facilities for the benefit of Trinity Health and its patients;
 - e. The benefits are reasonably related to the delivery of medical services to Trinity Health patients;
 - f. The benefits are offered to all medical staff members practicing in the same specialty;
 - g. The benefits are consistent with the types of benefits offered to medical staff members in the community;
 - h. The benefits are not determined and do not taken into account the volume or value of referrals or other business between the physicians and Trinity Health facilities.

Q. What are common examples of Medical Staff Incidental Benefits?

- A.** Common examples of Medical Staff Incidental Benefits include:
- a. Providing physicians a Continuing Medical Education program (e.g. "Ground Rounds") on-campus for benefit of hospital and patients
 - b. Free parking provided to physicians in a Trinity Health parking facility
 - c. Providing physicians with discounts while dining in the hospital cafeteria
 - d. Modest food or beverages provided in connection with attendance at meetings held on a hospital campus
 - e. Pagers for use while on the hospital campus

- Q. My hospital has asked 3 medical staff members to participate in an off-site medical staff leadership development program. In order to ensure physician participation, the hospital is paying for the physician's travel and lodging as well as compensating the physicians for their time away from their practices. Is this a Business Courtesy that requires tracking?**
- A.** The benefits described are definitely financial relationships subject to Stark Law requirements. However, the value of the benefits (travel, lodging and compensation) will far exceed the annual limit for Business Courtesies. The best option here is to work with your organization's Legal Counsel to draft a personal services agreement describing the benefits and compensation to be paid to the physicians in exchange for their participation in the leadership development program. If using a personal services agreement, tracking under the Business Courtesies policy would not be required.
- Q. My hospital sponsors monthly "Grand Rounds" educational programs for our medical staff. The programs are offered on the hospital's campus and are open to all members of the medical staff. The programs address topics such as quality, accreditation, patient experience of care and other subjects. Continuing Medical Education (CEUs) credits are granted to participants. Are these programs considered Business Courtesies or Medical Staff Incidental Benefits?**
- A.** The Grand Rounds programs described are provided on campus to members of the facility's medical staff, are considered low value (less than \$33 per occurrence) and are primarily for the benefit of the hospital and its patients. These programs would meet the Medical Staff Incidental Benefits requirements and would not be subject to an annual limit or tracking by individual physician.
- Q. Similar facts as the prior question, but the educational programs are held at off-campus locations. Hospital personnel plan and coordinate the programs and participating physicians receive CEU credits. The hospital rents the conference facilities, provides meals and pays for the travel and compensation of guest speakers. Do these programs still qualify as Medical Staff Incidental Benefits?**
- A.** Because the programs are not held on the hospital's campus, they do not meet the Medical Staff Incidental Benefits requirements. The value of the benefits provided to each attending physician must be tracked in accordance with the Business Courtesies policy and are subject to the annual limits. Alternatively, the hospital could seek funding for the cost of the programs from via medical staff fund contributions, payments by attendees or a combination of both.
- Q. The hospital's intake coordinator schedules a lunch meeting with staff of an independent physician office to discuss opportunities to improve coordination and communication on patient admissions. The physician office is not located on campus. There are four (4) physicians and ten**

(10) staff in the office. The intake coordinator brings sandwiches and drinks costing \$80.00 to the meeting for all attendees. How would the cost be treated for tracking under the Business Courtesies policy?

A. Since the lunch was not provided on the hospital's campus, the value (\$80) must be tracked under the Business Courtesies policy. The \$80 is allocated to each of the physicians in the office (4), even if one or more of the physicians did not attend the meeting. The value allocated to each physician for tracking against the annual Business Courtesies limit would be \$20.

Q. A hospital administrator gives a gift of an oil painting valued at \$1,000 to a 4-physician practice in appreciation for the group's leadership of a hospital led quality initiative. Is the value of the gift attributed to each physician for tracking purposes \$250 (\$1,000/4)?

A. The annual Business Courtesy limit cannot be aggregated to provide a larger gift to a group of physicians. In this case, the oil painting is considered indivisible and would require tracking the entire amount (\$1,000) amount as a Business Courtesy provided to each physician. Because this amount exceeds the annual limit (\$398 in 2017), the gift is prohibited.

Q. Physicians on the medical staff at our hospital receive a 10% discount on meals in the hospital cafeteria, the same discount offered hospital colleagues. Is the hospital required to track the value of the 10% discount?

A. Provided the value does not exceed \$33 per occurrence (which would require the value of the meal to exceed \$330, very unlikely), the cafeteria discounts do not need to be tracked. This is an example of a Medical Staff Incidental Benefit provided on the hospital's campus to ensure the availability of medical staff members for the benefit of the hospital and its patients.

Q. An administrator at the hospital takes an independent physician out to a restaurant to discuss operations in the hospital's orthopedic department. The total cost of the dinner is \$150. Is this considered a Business Courtesy since there was a valid business purpose for the meeting and dinner?

A. Yes the value of the dinner would still require tracking under the Business Courtesies policy. The dinner was not held on the hospital's campus and was not of low value. For tracking purposes, the total cost of the dinner (\$150) can be divided among the two attendees. Thus, \$75 would be attributed to the physician for tracking against the Business Courtesies annual limit.

Q. Same scenario as above, but the physician's spouse also attended the dinner and the total cost was \$225. How would the allocation change?

- A. The Business Courtesies policy applies to both physicians and their immediate family members. Therefore a total of \$150 would be allocated against the physician's annual Business Courtesies limit representing the cost per person of \$75 ($\$225/3$) multiplied by 2 for both the physician and the spouse.
- Q. The hospital's CEO invites two independent members of the medical staff to attend a local sporting event. The costs of the tickets are \$65 each. The CEO personally pays for the tickets and the dinner attended by all 3 before the game. How would this scenario be handled?**
- A. Since hospital funds were not used for the tickets and the CEO did not seek reimbursement from the hospital for the expenses, there is no requirement to track the value of the tickets under the Business Courtesies policy.

MEDICAL STAFF INFORMATIONAL OVERVIEW

1. RESOURCE PERSONNEL

Medical Staff Services Personnel

Karyn Delgado	Manager, Medical Staff Services	335-2383
Chris Stefaniak	Credentialing Specialist	335-1050
Amy Barnes	Credentialing Specialist	335-2534
Jocelyn Mitchell	Credentialing Specialist	335-2535
Christy Moore	Credentialing Specialist	335-2386
Cheryl Ferraro	Credentialing Specialist	335-1058
Denise Duschek	Medical Staff Coordinator	948-5005
Jeannie Wade	Medical Education Coordinator	335-1052

VPMA

Arthur Schroeder, MD 335-2353

Chief Clinical Officer

Genevieve Lankowicz, MD 335-2353

President

Christopher Karam 335-1035

CEO/President

Chad Towner 335-2353

Director- Medical Education

Jennifer Ludwig, M.D. 335-1052

Medical Staff Officers & Department Chairpersons

* See attached

2. YOUR MEDICAL STAFF

The Medical Staff is composed of **over 750** physician members and 13 departments.

The Executive Committee meets on a monthly basis and is comprised of all the department chairpersons and elected officers.

3. COMMUNICATIONS

Communication between the Medical Staff Members is facilitated by the following means:

- Departmental meetings (frequency is Medical Staff self-determined)
- Annual Medical Staff meeting
- Physician Lounges (Garden level & second floor)

4. INITIAL SUPERVISORY PERIOD

If proctoring is required in order to meet specified privilege criteria, proctors should be obtained during this time. You will be on a Focused Professional Practice Evaluation for your first 90 days for review by your Department Chair. For additional information regarding this matter, please contact the Medical Staff Office.

5. MEDICAL RECORD COMPLETION

It is imperative that medical records be completed in a timely manner. Our suggestion is for physicians to complete all outstanding records at least once a week. The actual Medical Records Completion Policy and Procedure is included in the Physician Orientation Manual and is also available in the Medical Staff Office.

6. GIVING BACK-Sister Maura Brannick Health Center (Chapin Street Clinic)

Medical Director: John Powell, MD 335-8217

7. ANNUAL MEDICAL STAFF RECOGNITION AND HOLIDAY CELEBRATION

An annual invitation is sent from the Boards of Trustees and Administration of Saint Joseph Health System. To be announced.

SAINT JOSEPH HEALTH SYSTEM
Mishawaka

MEDICAL STAFF DEPARTMENT AND SUBSECTION CHAIRPERSONS 2021

Medical Staff Officers

President: Tracy Byrne, MD
Vice President: James Porile, MD
Secretary/Treasurer: Mark Kricheff, MD

Anesthesiology Department

Chairperson: Robert Tokars, MD
Vice Chair: Matthew Jachim, MD

Cardiovascular Services Department

Chairperson: Zachary Leshen, MD
Vice Chair: Robert March, MD

Dental Department

Chairperson: Cara Kilgore, DDS
Vice Chair: Stephen Spiritoso, DDS

Emergency Department

Chairperson: Wendell Wells, MD
Vice Chair: Alejandra O'Brien, MD

Family Medicine Department

Chairperson: David Wyncott, MD
Vice Chair: Michele Collins, MD

Medical Department

Chairperson: Tatiana Denega, MD
Vice Chair: Margaret Quate-Operacz, MD

OB/GYN Department

Chairperson: David Parker, MD
Vice Chair: Sara Baumgartner, MD

Ophthalmology Department

Chairperson: Kevin Baxter, MD
Vice Chair: Robert Lee, MD

Orthopedic Department

Chairperson: Deepak Reddy, MD
Vice Chair: Michael Yergler, MD

Pathology Department

Chairperson: Erica Martin, MD
Vice Chair: Odeta Lapkus, MD

Pediatric Department

Chairperson: Karen Davis, MD
Vice Chair: MaryJo Meier, MD

Radiology Department

Chair Person : Jonathan McCrea, MD
Vice-Chair : Vu Nguyen, MD

Surgery Department

Chairperson: Maher Abu-Hamdan, MD
Vice Chair: Anthony Gauthier Jr., MD

SAINT JOSEPH HEALTH SYSTEM

MISHAWAKA MEDICAL EXECUTIVE COMMITTEE 2021

MEDICAL STAFF OFFICERS:

President: Tracy Byrne, MD
Vice President: James Porile, MD
Secretary/Treasurer: Mark Kricheff, MD

Chairperson, Anesthesiology	Robert Tokars, MD
Chairperson, Cardiology	Zachary Leshen, MD
Chairperson, Dental	Cara Kilgore, DDS
Chairperson, Emergency	Byars Wells, MD
Chairperson, Family Medicine	David Wyncott, MD
Chairperson, Medicine	Tatiana Denega, MD
Chairperson, OB/GYN	David Parker, MD
Chairperson, Ophthalmology	Kevin Baxter, MD
Chairperson, Orthopedic	Deepak Reddy, MD
Chairperson, Pathology	Erica Martin, MD
Chairperson, Pediatrics	Karen Davis, MD
Chairperson, Radiology	Jonathan McCrea, MD
Chairperson, Surgery	Maher Abu-Hamdan, MD

Ex Officio Members:

Chief Medical Officer	Genevieve Lankowicz, MD
Director of Medical Education	Jennifer Ludwig, MD
Director of Family Practice Residency	Martin Wieschhaus, MD
Co Director Hospitalist Program	Khaluer Zackariya, MD

**SAINT JOSEPH HEALTH SYSTEM
MISHAWAKA CAMPUS**

**2021 MEDICAL STAFF COMMITTEE
MEMBERS**

BYLAWS COMMITTEE

Arthur Schroeder, MD, VPMA - chair
Charles Higgs-Coulthard, MD – ad hoc
Howard Engel, MD
Genevieve Lankowicz, MD – ad hoc

CREDENTIALS COMMITTEE

James L. Porile, MD- **Chair**
Tracy Byrne, MD
Mark Kricheff, MD
Matthew Folstein, MD
Charles Higgs-Coulthard, MD
Ryan Greene, MD
Sameer Hassna, MD
Paula Toth-Russell, MD
Martin Wieschhaus, MD
Genevieve Lankowicz, MD/CLO – ad hoc
Arthur Schroeder, MD, VPMA – ad hoc

**CENTRALIZED PRACTITIONER WELL-
BEING COMMITTEE**

John Porter, MD – **Chair** –
Genevieve Lankowicz, MD, CLO – ad hoc
Tracy Byrne, MD — ad hoc
Charles Higgs-Coulthard, MD
Kathryn Lambourne, MD
Jennifer Ludwig, MD
Paula Toth-Russell, MD
Steven Schrock, MD
Abigail Badges, MD
Gary Fromm, MD
Laura Blackford, MD – ad hoc
Suzanne Courtney, PsyD
Arthur Schroeder, MD, VPMA – ad hoc

MEDICAL REVIEW COMMITTEE

Asad Kizilbash, MD
Wendell Wells, MD
Michael Rotkis, MD
Khaleelur Zackariya, MD
Margaret Quate-Operacz, MD
Chuck Nwakanma, MD
Charles Higgs-Coulthard, MD
Meredith Wierman, DO
Samer Hassna, MD
Warren K. Riess, DO
Laura Blackford, MD
Edward Yang, MD
Paul Guentert, MD

Genevieve Lankowicz, MD/CLO
Arthur Schroeder, MD, VPMA

OBSTETRICS REVIEW COMMITTEE

Melanie Goldschmid, DO
Thalia Pachiyannakis, MD
Noreen Faulkner, MD
David Parker, MD
Tracy Byrne, MD
Zhiquan Zhao, MD
David Wyncott, MD
Asad Sheikh, MD
Genevieve Lankowicz, MD/CLO
Arthur Schroeder, MD, VPMA

SURGICAL REVIEW COMMITTEE

Matthew Folstein, MD
Maher Abu-Hamdan, MD
Louis Benavente-Chenhall, MD
Matthew Dammon, MD
James Flynn, MD
Anthony Gauthier, Jr., MD
Robert Tokars, MD
Robert March, MD
Neal Patel, MD
Meredith Wierman, DO
Khaleelur Zackariya, MD
Christopher Annis, MD
Alfredo Cassetti, MD
Ziad Fayad, MD
Jason Grove, DPM
Eric Knapp, MD
David Parker, MD
David Rotkis, MD
Terrence Wilkin, MD

Wednesday, Sep 11, 2019

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- Medical Staff Policies & Procedures
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- Links
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- Contact Information

**Any questions call the
Medical Staff Office at:
335-1050**

Welcome!

Welcome to the Saint Joseph Regional Medical Center Medical Staff Website

Thank you for being a member of the Saint Joseph Regional Medical Center medical staff. We want to make sure that you and your patients have an exceptional experience at SJRMC.

We hope that the resources available on this site are just one of the many ways that we can facilitate efficient communication between the hospital and our physicians. Our door is always open and we welcome any of your thoughts about how we can continue to improve our organization.

This website was developed with the intent to be used as a tool, be it for communications or for physician specific information. We hope you will come to rely on this site because of its many wonderful capabilities.

[Home](#)

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Physician roster is available upon request. Please contact Jeannie Wade in the Medical Staff Office at 574-335-1052 or like on "Find a Physician" tab on the left (see above) <https://sjrmcmedstaff.com/>

For Physicians

[Physician Online Verification](#)

[Pay medical staff application fee & dues](#)

[Van Fleet Symposium](#)

[Find a Physician](#)

[Bylaws, Policies, and Rules and Regulations](#)

[Medical Staff Policies and Procedures](#)

[Hospital Services](#)

[Links](#)

[Contact Information](#)

[Medical Library Website](#)

Medical Library Website

This site is currently only available by being on campus, or to those members of the Medical Staff who have Easy Access.

If you are a member of our Medical Staff and wish to get Easy Access, please contact Jennifer Helmen at 574.335.1012

Medical Library

We set the standard for care,
then we share it.



Medical Library

About the Medical Library

The Saint Joseph Health System Medical Library provides access to authoritative clinical information that supports the Mission and Vision of SJHS and Trinity Health. The electronic resources of the Medical Library are available wherever you have access to the Internet, including your home computer, table or smart phone. SJHS is pleased to offer you access to nearly 1,000 e-books, more than 1,000 e-journals, quick look-up tools and databases.



The Medical Library is located on the Garden Level of Mishawaka Medical Center, directly across from Human Resources. The code to the door is 5215✪.

Library services

- Literature searches
- Article retrieval
- Interlibrary borrowing
- Medical reference
- Database instruction

SJHS Discovery Portal

This landing page for Medical Library resources is where it all begins. Type your topic into a single search box and results are drawn from the authoritative resources subscribed to by SJHS. Alongside the results displayed are links to expand your search into specific databases such as Dynamed, Ovid, StatRef, AccessMedicine and UpToDate. The portal also has quick links specific to nurses, physicians and pharmacists, and offers an easy way to contact the Medical Librarian.

Accessing the SJHS Discovery Portal:

- On campus - use the Zenworks window or Intranet page
- Remote access - use OpenAthens authentication: search.ebscohost.com

OpenAthens authentication gives you access to the SJHS Discovery Portal, and all of the resources housed there, anywhere you have Internet access, using your Trinity Health credentials for a single sign-on. Further, when you find articles on the Internet, there will often be the OpenAthens access option. Search by institution and look for Trinity-St. Joseph Health System. Then log in with your regular

Medical Library

Trinity Health login. You will get the full text, providing it is one of our subscriptions. If you do not have Trinity Health credentials, contact the Medical Librarian and OpenAthens credentials can be set up for you.

To access the SJHS Discovery Portal remotely, go to search.ebscohost.com and select the first option, EDS Discovery. Once you are logged into Discovery via OpenAthens and your Trinity Health credentials, you should move seamlessly from one database to another.

The one exception to this is UpToDate (UTD). To access UTD, enter your UTD username/ password. To create a UTD password, go to the UTD homepage on any SJHS computer and register at the upper right corner.

Electronic resources

The following databases are accessible via:

- Zenworks (local)
- SJHS Discovery Portal
search.ebscohost.com
(select EDS Discovery)
- OpenAthens remote authentication



Access medicine

- 100 medical textbooks, including Harrison's and the entire Current Diagnosis & Treatment
- accessmedicine.com
- OpenAthens sign-on

Clinical Key

- 1,000 e-books and 900 e-journals
- Register on Clinical Key homepage to be able to download PDFs of book chapters.

Dynamed

- Evidence-based quick look-up
- search.ebscohost.com
- OpenAthens sign-on

Medical Library

EBSCOHOST

- Medline Complete, Cinahl with full text, Cochrane Reviews, Health Business Elite, Sports Discus
- search.ebscohost.com
- OpenAthens sign-on

Lippincott Advisor/Procedures

- Comprehensive nursing reference, including point-of-care tool, monographs, textbooks
- advisor.lww.com
- OpenAthens sign-on



Natural Medicine

- Evidence-based authority on integrative medicine, herbs and alternative therapies
- naturalmedicines.therapeuticresearch.com
- OpenAthens sign-on

OVID

- Medline and hundreds of full-text journals
- gateway.ovid.com
- OpenAthens sign-on

STATREF

- Nursing and medical textbooks, electronic resources
- online.statref.com
- OpenAthens sign-on

Visual DX

- Online dermatologic resource
- Differential diagnosis tool
- Handheld app available for download
- visualdx.com
- OpenAthens sign-on

UpToDate

- For remote access, register on the UTD homepage on any networked computer.
- UTD will email you instructions on downloading the app.
- Log in with your UTD username/password every 90 days to keep your remote access active.

For more information contact Jennifer Helmen, Medical Librarian, at helmenj@sjrmc.com or [574.335.1012](tel:574.335.1012).

Mission Statement

We, Trinity Health, serve together
in the spirit of the Gospel
as a compassionate and transforming
healing presence within our communities.

SAINT  JOSEPH
HEALTH SYSTEM

**MISHAWAKA
MEDICAL CENTER**

Medical Library

5215 Holy Cross Pkwy.

Mishawaka, IN 46545

p: 574.335.1012

sjmed.com



Quick Reference Sheet

- Medical Staff Office
574-335-1050
- Computer Support
574-335-5066

Things you need to know to help you navigate at the hospital:

Parking and Entrances

- Medical Office Building provides **UNDERGROUND PARKING/physicians only** with an entrance into the Garden Floor of the hospital.
- There is also an outside parking area to the west of the hospital with an entrance on the west side of the hospital for all other practitioners.
- Practitioners will be provided a **PARKING DECAL** which must be placed on their windshield.
- **ID Badge or Personal Code needed for ALL ENTRANCES.**
- Emergency Department – Physicians can park in Emergency Department parking and enter west side entrance to Emergency Department by ambulatory bays. This entrance is always open and can be used in the rare event that your ID Badge is missing or cannot remember Personal Code.

ID Badges – White plastic badge, size of credit card, contains a programmable chip that **ALLOWS ACCESS INTO ALL ENTRANCES.**

- ALL practitioner entrances from parking areas.
- Physician lounges.
- Specialty areas.
 - **Forgotten/Lost Badge, contact Security at 574-335-1018 immediately.**

Physician Lounges

- Located on the Garden Level and 2nd Floor Surgery Suite
- Need ID Badges/Personal Code to enter.
- Both lounge areas include:
 - **DINING** Area
 - Lounge Area with Furniture and **TELEVISION**
 - Computer **WORKROOM**

Sleep Rooms

- There are multiple locations of **SLEEP ROOMS** located throughout the hospital for physicians. Specific locations of sleep rooms are in the Surgery and Obstetric Units.
- Access is obtain by contacting the Nursing Supervisor

Medical Staff Offices and Medical Library

- The Medical **LIBRARY** is located on the Garden Level near the Physician Lounge. The Librarian's office is located in this area as well a physician workroom area and computer cubicles.
- Your **MEDICAL STAFF OFFICE** and CME Offices are located just across from the Physician Lounge on the Garden Level. Please call 574-335-1050 or stop by for assistance with any issues ie. ID Badge, parking decal, etc.

Dictation and Phones

- **DICTATIONS** can be performed on regular hospital phones. Phones will be located at each computer station in each Oval Office.
- Multiple **PHONES**, both landline and mobile, will be available in each dictation area to assist with the physicians' dictation and returning pages.
- Integration with speech recognition software is being investigated.

Room Numbering

- The hospital is separated into Lake Side and Garden Side
- **ROOM NUMBERS** are four digits and reflect the floor level and location numbers by north, south, east and west.
- For example:
 - Rooms located on the 6th floor will be a 6000 series room.
 - Rooms on the North side of the hospital will be numbered zero hundred series (6005)
 - Rooms on the West side of the hospital will be numbered one hundred series (6105)
 - Rooms on the East side of the hospital will be numbered two hundred series (6205)
 - Rooms on the South side will be three hundred series (6305)

Telephone Numbers

- **PATIENT TELEPHONE** numbers are coordinated with the room number.
- For example,
 - If a patient is in bed 3301, then the phone number would be 574-335-3301.
 - In House extensions are 5 digits. Example: x53301

Physician Work Station On Each Unit – “Oval Office”

- Oval Offices are located in each unit directly adjacent to Nursing Station. This area is a “back stage” area for practitioners. The paper part of the chart will be kept in the Oval Offices. The **OVAL OFFICE** provides:
 - Computer for your use
 - Accessibility to PACS
 - Dictation area
- There will be a **PATIENT TRACKING BOARD** located just outside the Oval Office which will be a digital “whiteboard” that will display patient identification and caregiver information on 42” flat screens.

Department Name	Main #	Main Fax	Pager/Comments
Garden Level			
Administration	335-1035	335-1001	
Continuing Medical Education	335-1052	335-1053	
Courier Service	472-2301 (pager)		
Distribution Center	335-1014	335-1015	Pager: 472-5183
Dock	335-2422	335-1438	
Mail Room-Mish	335-7025		
Employee Health Services	335-1030	335-1029	
Environmental Services (EVS)	335-1024	335-1027	Pager: 472-2036
EVS Shift Supervisors: 335-7031			
Facilities (Plant Operations)	335-1016	335-1017	Trouble Shooter: 335-7025
Food and Nutrition Services-Main Kitchen	335-7043	335-1027+C83	
Room Service Office (pt. and tray issues)	335-1380		
Health Information Management	335-1020	335-1021	
Human Resources	335-1028		
Linen Room Request	335-1424	335-1524	
Materials Management	335-2388	335-11406	
Medical Library	335-1012	335-1051	
Medical Staff Office	335-1050	335-1053	
Medical Technology Services (BIOMED)	335-1040	335-1041	
Performance Improvement	335-2465		
Risk Management	335-2455	335-1449	
Safety Coordinator	335-2405		
Security	335-1018	335-1019	Mobile: 335-7040/Cell: 274-2480
SPD	335-1460		
1st Floor			
Admissions	335-7000		
Communications (Operator)	335-5000	335-1124	
Emergency Department	335-1110	335-1111	ED Radiology - 335-1036
Gift & Flower Shop	335-1122		
Neurodiagnostics	335-1140	335-1141	S/SE
Outpatient Treatment & Infusion Center	335-1120	335-1121	N
Pre-Surgical Testing	335-1114	335-1115	East wing
Diagnostic Imaging - Call Tree	335-1155		
Cardiodiagnostics	335-1066		
Echo - wireless:	335-1060	335-1178	Main and wireless ring together
EKG - 7A-7P: wireless: 335-1066 or pager - 472-2453 335-1178 7P-7A: call Respiratory Care			
CT Scan	335-1160	335-1161	Main and wireless ring together
Imaging Support (xray reports, etc.)	335-1171	335-1173	
MRI	272-9991 (main)		MOB: 335-6218
Nuclear Medicine	335-1158	335-1159	Main and wireless ring together
Radiology	335-1144		Main and wireless ring together
Ultrasound	335-1145	335-1146	Wireless - 335-7134
Registration	335-1150	335-1151	
Treadmill	335-1069	335-1178	Main and wireless ring together
Volunteer Services	335-1125	335-1126	
2nd Floor			
Cardiac Interventional Unit (rooms 2047-2069)	335-2130	335-2131	East wing more NW
Cardiac Cath Lab	335-2125		
Interventional Radiology	335-7140	335-2126	NE
IP or OP add-on by MD: M-F 8am-4pm - page 472-2233; for after-hours add-ons, page the scheduling pager - 472-2490			
Endoscopy (GI Lab)	335-7251		
Outpatient Surgical Unit (Pre-op Garden rooms 2024-2046; Post-op Lake Side rooms 2001-2021)	335-2120 / 3352122	335-2121	NE
	335-2122	335-2123	SE
Post Anesthesia Care Unit	335-2115	335-2116	S/SW
	335-2110	335-2111	W
Surgery	335-2134	335-2135	Scheduling
Surgery Pharmacy	335-2186	335-2188	
Surgical Intensive Care Unit (rooms 2267-2273)	335-2140	335-2141	S
3rd Floor			
Critical Care - Progressive/Lake Side (rooms 3367-3394)	335-3135	335-3136	SE wing
	335-3140	335-3141	South wing/MAIN
Critical Care - Intensive/Garden (rooms 3301-3314)	335-3125	335-3126	NE
Clinical Education	335-1010	335-1011	In Critical Care Garden
Nursing Administration	335-2430	335-3120	South Wing
Pharmacy	335-3110	335-3111	W
Respiratory Care - Call portable phone first	(faxed to unit qd)		Charge pager: 472-2591 (2nd)
4th Floor			
Labor, Delivery & Recovery (rooms 4414-4431)	335-4110	335-4111	West
Neonatal ICU	335-4145	335-4146	SW

Department Name	Main #	Main Fax	
4th Floor			
Nursery	335-4150		
Pediatrics (rooms 4465-4480)	335-4140	335-4141	South/East is Peds overflow
Post-partum (rooms 4401-4416)	335-4120	335-4121	North
Intermediate Medical Unit (IMU) (rooms 4481-4494)	335-4135		SE wing
5th Floor			
Inpatient Therapies (OT, PT, ST)	335-5145	335-5146	SW
Orthopaedics - Lakeside (rooms 5565-5596)	335-5140	335-5141	South wing
	335-5130	335-5131	East wing/MAIN
Surgical - Garden (rooms 5501-5532)	335-5120	335-5121	North wing
	335-5110	335-5111	West wing/MAIN
6th Floor			
Medical - Lakeside (rooms 6665-6696)	335-6140	335-6141	South wing
	335-6130	335-6131	East wing/MAIN
Oncology - Garden (rooms 6601-6632)	335-6120	335-6121	North wing
	335-6110	335-6111	West wing/MAIN
Palliative Care	335-2315	335-1011	by Blue Elevators
Renal Dialysis	335-6145	335-6146	SW
SJRC Ancillary Areas			
Bed Control	335-2370		
Care Management	335-3100	335-3101	
Dietitians (inpatient concerns) Outpatient Dietitian (community referrals)	335-1380		
	335-1453		
Infection Prevention	335-2367		472-2104
Inpatient Wound Care (wound Ostomy) M-F 7:30-4:00 Use Pager after 4:00	335-1200	472-5263	Page after hours and weekends
Interpretation/Multi-Cultural Access	335-2429/335-1446	335-0799	1st floor
IV Therapy	335-7157	335-6116	SW/N
Nursing Supervisor	335-7000		
Pastoral Care	335-5139		On-call chaplain: 472-2766
Patient Advocate	335-2464		
Medical Office Building (MOB)			
Cardiac Rehab	335-6235		
Center for Women's Health	335-6255	335-6217	Call Tree: 335-6255
MRI	335-6218	335-6219	
Outpatient Laboratory (EFF 4/9/12)	335-6270	335-6231	
Outpatient Physical Therapy/Hand Clinic	335-6212		
Pediatric Specialty Clinic	335-6240	335-6241	
Pediatric Therapy	335-6212	335-6213	
Wound Care	335-6210	335-6211	
Elm Road			
Rehabilitation	335-8800	335-8801	
Rehab Clinical Director	335-8881		
Rehab Pharmacy	335-8810	335-8811	
Rehab Admission Referral Line	335-8808		
Outpatient Physical Therapy//Neuro Program	335-8540	335-0809	
Rehab Admissions Coordinator	335-8886		
Other Frequently Used Numbers:			
Document Center	335-3911	335-0650	
	335-3912		
Genesis Physician Support	335-5066		
Kindred Hospital Northern Indiana	(574) 252-2000		
Plymouth Campus	(574) 948-4000		
Radiation Therapy (Part of Michiana Hematology Oncology Regional Cancer Ctr)	574-204-7860	574-204-7873	
Women's Task Force (Sue Ruskowski)	574-472-6354	574-231-6466	
Nurse Navigator	574-231-6474	574-231-6475	
Genetics (Gretchen Neff-Skurla)	574-231-6477	574-231-6478	
Cancer Research			
Marian Brown, Supervisor	574-335-3920	574-231-6480	
Mini George	574-231-6488		
(revised 3/19/15)			

**CARDIOLOGY, NEURODIAGNOSTICS AND
RESPIRATORY CARE SERVICES**

**CARDIOLOGY, NEURODIAGNOSTICS, AND
RESPIRATORY CARE SERVICES**

CARDIOLOGY:

Normal business hours for Cardiac Diagnostics, Echo, and Holter Scanning are 7am-3:30pm. Stat procedures are done by an on call person after normal business hours. EKG's are available from 6am-9pm. After hour EKG's are covered by Respiratory Care Services.

Cardiac Diagnostic Services include all of the following:

- Echocardiography
- Stress Echocardiography
- Transesophageal Echocardiography
- EKG/ECG (electrocardiogram)
- Treadmill Stress Testing
- Sestamibi Nuclear Treadmill
- Holter Monitoring

NOTE: You may request any cardiologist to perform the interpretation on testing done through the cardiology department.

CARDIAC CATH LAB:

Normal business hours are 7am-4pm. Emergencies are done by on call staff.

Procedures and Services include:

- Diagnostic Heart Catheterization
- AAA - Endografts
- Angioplasty
- Atherectomy
- Stent placement
- Valvuloplasty
- Balloon Pump insertion
- Full service Electrophysiology Lab
- Pacemaker and AICD placement and battery change
- Cardiac Ablation
- Peripheral Angiography
- Peripheral Intervention
- Excimer Laser Lead Extraction

NEURODIAGNOSTICS:

Normal business hours for Neurodiagnostics are 8am-4:30pm. Stat procedures are done by an on call person after hours.

Neurodiagnostic Services include the following:

- EMG (electromyogram) *By appointment Monday & Thursday
- Evoke Potentials
- Sleep Studies-(polysomnography)

RESPIRATORY CARE:

Respiratory Care Services are available 7 days a week, 24 hours a day.

Respiratory Care Services include:

- Aerosolized medication therapy
- Oxygen therapy and analysis
- Bronchopulmonary hygiene
- Ventilator management-adult and neonatal
- Performance of airway management-intubation and extubation
- Physician assistance with bronchoscopies
- Assessment of newborns in OB nursery and treatment
- Surgical C-Section monitoring
- Cystic Fibrosis clinic
- Pulmonary function testing

DIAGNOSTIC IMAGING SERVICES

RADIOLOGY PHONE NUMBERS

- Radiology (Diagnostic Imaging): 5-1144
 - CT Scan: 5-1160
 - Mammography: 5-6255
- Cardiovascular Diagnostics: 5-7120
 - *EKG 5-7120
 - *Echo 5-7117
 - *CV Nurse 5-1069
- Nuclear Medicine: 5-1158
 - Ultrasound: 5-1145
- Imaging Support (Film Room): 5-1171
 - Radiology RN: 5-7125
- Radiology Supervisor, Kathleen Berger: 5-2466
- Radiology Director, David Hofstra: 5-2468

Mishawaka Campus
5215 Holy Cross Parkway
Mishawaka, Indiana 46545
Ph: 574-335-1155
Fax: 574-335-1173

Diagnostic Imaging

The **Diagnostic Imaging Department**, at the **Mishawaka Campus**, is a full service, fully digital (filmless), Radiology Department. Images can be viewed onscreen immediately; Radiologists can better manipulate images through our McKesson PACS for better diagnostic capability.

Following is a list of our newest Technology:

- Siemens Definition Flash, Dual Energy CT Scanner
- Digital Tomosynthesis Mammography units
- Molecular Breast Imaging machine.
- Digital Stereotactic Breast Biopsy
- Nuclear Medicine SPECT/CT
- Siemens Digital Interventional Radiology Suites
- Digital Fluoroscopy
- Digital Radiography to include Digital Portables
- McKesson PACS
- Full Service Diagnostic Cardiology Department

Department Hours of Operation:

Diagnostic Radiology and CT has staff available, in house, 24 hours, 7 days per week. STAT and emergent procedures are performed at any time.

Walk-In procedures are available:

Monday thru Friday 0700-1900 hrs. After 1900 hrs, Saturday's after 1200 noon, and on Sunday's, patients to register w/physician's order thru the ER Registration desk.

Nuclear Medicine, Interventional Radiology, Ultrasound, and Cardiology is covered 24 hours per day utilizing Call Coverage. Routine exams are performed Monday thru Saturday mornings by appointments.

***Same day add-on** exams can be done by calling the respective departments.

***Appointments** can be made through **Centralized Scheduling** at 247-5400.

To better serve your patients, they may call Central Scheduling to schedule a specific day and time for their exam with the **Signed Physicians Order** with **Ordering Diagnosis**.

***Phone Reports** will be given for orders which are marked "Phone Report". Typically routine reports are available immediately after Radiologist dictation if front end voice recognition is used.

***McKesson PACS**, 24/7 access to view images at your office can be obtained by talking with Physician Support associates who will be happy in assisting you to get this set-up.

* **Physician's Orders**...must be dated, include an ordering diagnosis, include a patient name and signed by the physician.

Emergency Department Diagnostic Imaging Preliminary Reports:

The Radiologist will review all x-rays and preliminary reads of the Emergency Room Physicians of all patients receiving x-rays through the Emergency Department. Ordering and PCP, if listed upon admitting, will receive a Radiologist interpretation of the exam.

If there is a discrepancy, the correct interpretation will be documented through McKesson and returned to the Emergency Department for Emergency Department follow-up.

The Emergency Department will follow-up with the patient and family physician if necessary. The Emergency Department will also document on the patient's chart any change of treatment.

Procedures:

CT:

Head, facial bones, sinuses, IAC
Abdomen
Pelvis
Spines
Chest Extremities
Biopsies w/Interventional Radiologists approval.
Coronary CT Angiograms
CT Extremity Angiograms

Ultrasound:

Abdomen
Obstetrics
Breast
Thyroid
Testicular
Vascular for **DVT**
Liver Biopsies
Cyst Drainage
Prostrate Biopsies

Mammograms:

Screening
Diagnostic
Breast Localizations
Stereotactic Biopsies
Densitometry

Cardiology:

EKG
Echo
Treadmills
Stress Testing
Doppler **Arterial** Flow Studies (**PVD**)

Nuclear Medicine:

SPECT CT
Bone
Thallium/Myoview/Sestamibi/MUGA
Lung
GI Bleed
Testicular
Thyroid scan and treatment
Kidney
PET Scans

Interventional Radiology:

Venograms
Hip Aspirations w/Prosthesis
Cyst/Abscess Drainage
Arteriograms/Angioplasty/Stenting
Stents/Declot Procedures
Paracentesis
Thoracentesis
AAA Endographs w/Radiologist Consult

Routine Diagnostics:

Chest/Abdomen
Total Skeleton
Gastrointestinal
Kidney/Bladder
Tomography
Myelograms
Arthrograms
Joint Aspirations
Pain Injections

If at any time you need assistance, the following individuals are available to assist you:

David Hofstra, Administrative Director, Diagnostic Imaging and Therapy
Diagnostic Imaging and Diagnostic Cardiology Services
office...335-2468
cell574.850.6332

Kathleen Berger, Supervisor of Diagnostic Imaging
office...335-2466

Leanne Rakowski, Manager of Cardiac Cath Lab and Interventional Radiology
office...335-2484

Thad Cook, Supervisor
Interventional Radiology and Cardiac Catheterization
office...335-2482

Susan Lamb, Radiology Informatics Coordinator
office...335-2467

Sara Lamonds, Radiology and Cardiology PACS Administrator
office...335-2469

Doug West, Radiology and Cardiology PACS Administrator
office...335-2087

Registration

PST

Elevators →

Neuro-Diagnostics

Ultrasound

Cardio Diagnostics

Waiting Room

Radiology

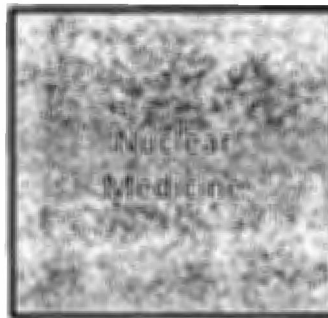
Supply / Office Space

Emergency Room
→

Offices

CT Scan

Shell Space



Conference Rooms

Emergency Room

1st Floor Imaging Map

LABORATORY SERVICES

**Priorities for Collections and Testing
Saint Joseph Regional Medical Center Laboratory**

PRINCIPLE

Laboratory tests are prioritized in order to meet established turnaround times (TAT) for critical patients. The priority must be specified in the doctor's order. Some test results may require confirmation testing, which will lengthen turnaround times.

PROCEDURE

I. **Collection and Reporting Priorities**

A. **Point-of-Care (Bedside) Testing**

Response within 10 minutes. Results reported at/near the bedside.

See II. Point-of-Care Menu for available tests

B. **STAT**

Response within 15 minutes. Most tests are reported in less than one hour.

Use Stat as a priority only when you need the result now—STAT

See III. STAT Menu for available tests.

In Powerchart:

NOTE: If you want a test STAT for a different day or time, you must use a different priority.

Requested Start Date and Time: (Default Date: Today) (Default Time: Now)

Collection Priority: (STAT)

Frequency: none

Duration: (1)

Duration Unit: Day(s)

C. **Next AM**

Routine for Next AM will get a test drawn in the next morning run

In Powerchart:

When ordering blood to get next AM results one day/ time:

Requested Start Date and Time: (Defaulted Date: Today) (Default Time: Now)

Collection Priority: (Routine)
Frequency: Next AM
Duration: (1)
Duration Unit: Day(s)

Orders for next AM can be placed after 4:00 AM without changing the default Date to tomorrow's date. (This time has recently been changed from 6:00 AM for those who do rounds before 6:00 AM)

D. ASAP

Collected within 45 minutes. Most tests reported within 2 hours.

See III. STAT Menu for available tests (also available ASAP)

In Powerchart

Requested Start Date and Time: (Default Date: Today) (Default Time: Now)

Collection Priority: ASAP
Frequency: none
Duration: 1
Duration Unit: Day(s)

E. Timed

Collected within 15 minutes of requested time. Most tests are reported in less than an hour.

See III. STAT Menu for tests available to be run stat after the timed draw.

In Powerchart:

1. When ordering a test for a particular time

Set the date and time for the date and time requested.

Example: I need a Hemoglobin today at 6:00 PM.

Requested Start Date and Time: (Today's Date) (1800)

Collection Priority: (Timed)
Frequency: none
Duration: (1)
Duration Unit: Day(s)

2. Timed for a Future Date

When ordering timed tests for a future date/time

Put in the date and time the test is wanted. Select Timed as the Priority.

Example: I want to order a Vancomycin level to be drawn on June 1 at 5:00 AM

Requested Start Date and Time: (6/1/2008) (0500)

Collection Priority: (Timed)
Frequency: none
Duration: (1)
Duration Unit: Day(s)

3. Frequent orders at specified times

When ordering a test at multiple times at specific intervals

Example: Troponin, for example you want ordered every 6 hours for four times—Now, 6 hours from now, 12 hours from now and 18 hours from now.

Requested Start Date and Time: (Default Date: Today) (Default Time: Now)

Collection Priority: Timed
Frequency: Q6H Start at
Duration: (4)
Duration Unit: Time(s)/Dose(s)

This order will fire NOW and every 6 hours for four times

F. **Early AM draws**

Collected 2–3 hours before resulting time. Service is available 0400–0800.

See *Result by ____ AM Menu* for available tests.

Patient Care Area draws are collected according to the following:

1. 6th floor(Oncology and Medical Renal) will be collected between the hours of midnight and 01:0100. Timed draws will be draws at the time they are ordered to be collected.
2. Results by 0:500 draws are as follows: Critical Care and Surgical
3. Results by 05:30 draws are as follows: Progressive care and SICU
4. Results by 06:00 draws are as follows: Orthopedics, and Oncology and Medical Renal orders placed after the Midnight collection list was called.
5. Results by 07:00 draws are as follows: Family Birthplace and Pediatrics

In Powerchart:

Order as Routine for Next AM

Example:

You want to order a test for the next 3 days.

Requested Start Date and Time: (Default Date: Today) (Default Time: Now)

Collection Priority: Routine

Frequency: Next AM

Duration: (3)

Duration Unit: Day(s)

- G. Routine: When wanting a test sometime that day
Collected throughout the day after other priorities. Most tests are reported within 3–4 hours after collection.
In Powerchart:
Use the defaulted request date and time and Routine as the Collection Priority.
Requested Start Date and Time: (Default Date: Today) (Default Time: Now)
Collection Priority: (Routine)
Frequency: none
Duration: (1)
Duration Unit: Day(s)

II. Point-of-Care (Bedside) Menu

Testing will be performed at or near the patient's bedside.

ACT (Activated Clotting Time) by HemoTec/I-Stat

Blood Gases, Arterial by I-stat

Blood Gases, Capillary by I-stat

BUN by I-stat

Calcium, Ionized by I-stat

Chloride by I-stat

Creatinine by I-stat

Glucose by I-stat

Hematocrit by I-stat

Potassium by I-stat

Sodium by I-stat

PT/INR by I-Stat

III. STAT Menu

When you select the STAT priority during order entry:

1. Tests listed below will automatically be collected and resulted on a STAT basis.
2. Lab staff should check to see if a test is performed at The Medical Foundation (SBMF) can be run stat. Contact the performing department if it is not indicated in the collection manual. IF the test can be run stat, confirm with the ordering patient nurse or physician if the test needs to be run stat. If it does, call a stat courier and send the specimen to SBMF. If the test cannot be run stat, notify the ordering patient RN or physician.
3. Refer the Saint Joseph Regional Medical Center Stat Menu ([P1353](#)) for tests that are performed stat on site.

Contact the Laboratory Supervisor/charge personnel for assistance as needed.

IV. Expected STAT Turnaround Times(Refer to attachment P1353 for tests in each category)

<u>Test</u>	<u>Collection to Report Time</u>	<u>Order to Report Time</u>
ABG/Blood gases	20 min	
Chemistry tests (other than Blood Gases)	60 min	75 min
Hematology	50 min	65 min
Coagulation	50 min	65 min
Microbiology	50 min	65 min
Transfusion Service (testing may take longer depending on Ag/Ab status)	65 min	
Urinalysis/Eosinophils/Occult Blood/	40 min	
Vaginal wet mount	60 min	
CSF/Body fluid Cell Counts	60 min	

For patients designated as Code Stroke, the Joint Commission guidelines for Stat turnaround times are 45 minutes from admission to test completion for PT/INR, CBC and glucose.

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RATIONALE FOR CHANGE	
October 2014	Am Draw Rounds
August 2016	On Site Stat Menu Added
October 2016	Code Stroke Turnaround Time Expectations
February 2019	Updated Method Coordinator, Removed P1353 from body of Method, but left link, Updated TMF to SBMF
February 2019	Updated STAT response time from 10 to 15 minutes; updated Expected STAT Turnaround Times

RELATED DOCUMENTS

P1353, Saint Joseph Regional Medical Center STAT Menu

REFERENCES

CAP Q Probe, ER TATS, 1998.

South Bend Medical Foundation Hospital Laboratory Manager February 2019.

Code Stroke committee, Saint Joseph Regional Medical Center, 2016

wp: hg

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South Bend Medical Foundation

530 North Lafayette Boulevard
South Bend, IN 46601-1098

Approval Page

Adopted: 3/6/2019

Approved by:

James J. Dyer, MD

Digitally signed by James J. Dyer, MD
DN: cn=James J. Dyer, MD, o=The Medical
Foundation, ou, email=jdyer@sbfm.org, c=US
Date: 2019.03.04 07:32:15 -05'00'

Reviewed by:

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Review Page

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PHARMACY SERVICES

DEPARTMENT OF PHARMACY RESOURCES
OVERVIEW

BACKGROUND

The Department of Pharmacy Resources at the Mishawaka campus of Saint Joseph Regional Medical Center conducts numerous, diversified and progressive programs within the hospital, and has made significant contributions to improving patient care. The mainstay of our commitment and involvement is the responsibility of assuring patient safety relative to the prescribing and administration of all medications.

OPERATIONS AND DISTRIBUTIVE SERVICES

Pharmacy Resources provides 24-hour service to the patients and staff in our 254-bed facility as well as our 40-bed Rehabilitation Institute. The hospital pharmacy department is comprised of approximately 16 full time pharmacists, including 5 Clinical Pharmacists. There are also approximately 16 full time technicians including a buyer. The administrative staff includes a Clinical Coordinator (who manages Clinical Pharmacy Services and is the Associate Director of Pharmacy Practice Residency Program), the Pharmacy Director and a Pharmacy Manager. We also have an informatics pharmacist who works closely with the Clinical Informatics Department.

We utilize Pyxis Cabinets as our main medication distribution model. 95% of the medications are already stored on the patient care units and are accessible to the nurses for the patients as soon as the medication order is entered and then verified by the pharmacy staff. Pharmacy order entry is facilitated by a computerized profile system with physician order entry from the patient care areas. The pharmacy operates a surgery satellite pharmacy open 9 hours per day, Monday through Friday, located in the surgery area.

The pharmacy prepares all intravenous admixtures, intravenous antibiotics, chemotherapeutic agents, central and peripheral TPN's. Sterile pharmaceuticals are also prepared for open-heart and cardiac cath-lab and other surgical procedures as well as extensive outpatient services. The IV Room utilizes Baxa automation to prepare parenteral nutrition solutions.

CLINICAL/ PHARMACEUTICAL CARE SERVICES

Clinical services provided to patients and hospital staff includes a formal Pharmacokinetic Service and Nutritional Support Service. These services are initiated by consult by the prescribing physician.

The **Pharmacokinetic Service** is available 24 hours and accepts responsibility for all orders including the first dose and dosage interval. The Clinical Pharmacists are credentialed by Medical Staff and are authorized to order drug levels, ancillary labs, and subsequent regimen adjustment. The service also serves the regional outpatient renal population needs for antibiotic dosing. Inpatient consults average 400 per month; outpatient average is 15 per month.

The **Nutritional Support Service** provides assessment of parenteral nutrition and electrolyte needs and preparations of the TPN prescription. Labs are ordered on clinical judgment with guidelines. Changes are made in electrolyte and base components as well as drug dosing associated with the TPN, including the addition or adjustment of insulin, as appropriate.

The Drug Information Services has a primary and tertiary source library in the pharmacy department, as well as several on-line resources, including Clinical Pharmacology, MD Consult, and UpToDate.

Currently a Clinical Pharmacist serves the Oncology and Intensive Care Unit/ Progressive Care Units. These pharmacists have no dispensing responsibilities, but do provide some order entry from the patient care areas for urgent or STAT medications and maintains patient electronic profiles as medications are ordered. This pharmacist also participates in precepting PharmD candidates and Pharmacy residents, nursing unit activities, provides drug information, staff education, and serves those patients who have consults for the Pharmacokinetic Service or Nutritional Support Service. The concept is to deliver pharmaceutical care by allowing the pharmacist direct access to the patient and the chart, as well as the ability to work one-on-one with the physicians and nurses.

Saint Joseph Regional Medical Center
South Bend Campus
Department of Pharmacy Resources

ANCILLARY INVOLVEMENT

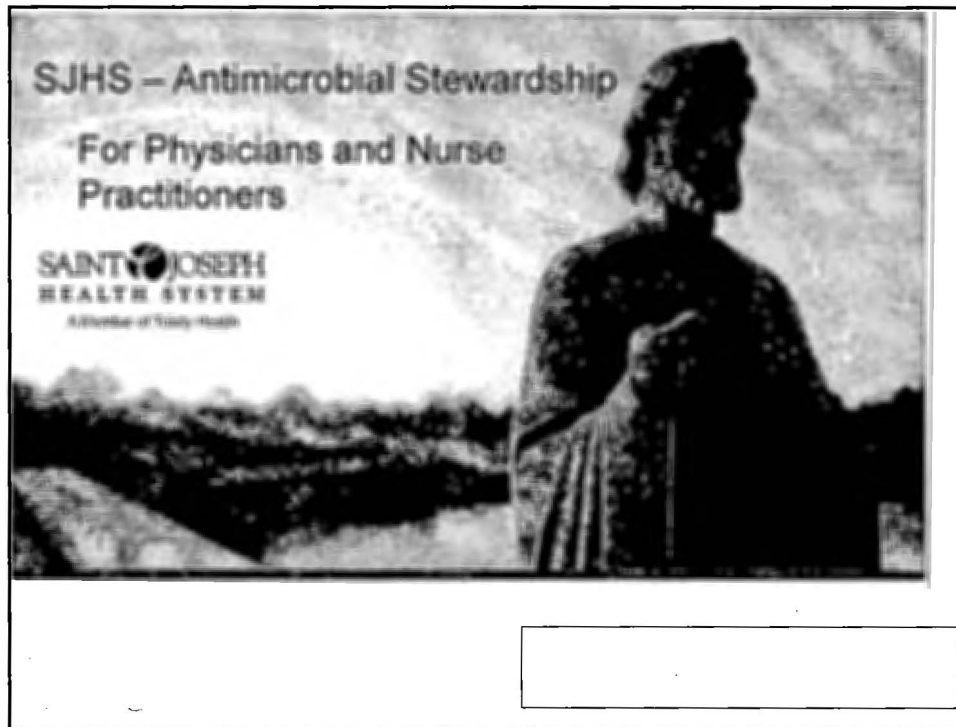
The Clinical Pharmacy staff serves on the following committees: Pharmacy and Therapeutics, Infections Control and Prevention, Joint Antibiotic Subcommittee, Investigational Review Board, Code Blue, Patient and Family Education, Cerner implementation (Physician order entry system), various Performance Improvement, Critical Care, and Oncology Committee.

Two of our Clinical Pharmacists have completed Residency training and our Clinical Coordinator holds a Board Certified Pharmacotherapy Specialist (BCPS) title. Our Critical Care Pharmacist is FCCS certified. Three clinical pharmacists serve as adjunct members of the SJMC Family Practice Residency Program and as Clinical Adjunct for Purdue and Butler Schools of Pharmacy. Typically, 6 to 8 PharmD candidates complete rotations at Saint Joseph regional Medical Center each year.

AMBULATORY CARE PRACTICE SITE

The Family Practice Center serves approximately 6,000 patients in a clinic affiliated with Saint Joseph Regional Medical Center and the Saint Joseph Family Practice Residency Program. Twenty-six medical residents and six directors care for this patient population. Daily physician staffing consists of six residents and two directors who see patients concurrently during the hours of clinic operation.

A full time PharmD staffs the HFC. The pharmacist's responsibilities include management of an anticoagulation clinic, specializing in anticoagulation and diabetes management, drug information, medication control and the standardization of medication assistance programs at the three outpatient medical homes. This pharmacist is also the associate director for the PGY1 Residency Program in an ambulatory setting, clinical adjunct faculty for Purdue and Butler Universities, and associate professor for Indiana University of Medicine, Notre Dame's pharmacology course. Typically 6-10 doctor of pharmacy candidates rotate through this site annually.



Objectives

- Discuss the importance of Antimicrobial Stewardship in protecting our patients and the public from emergence of resistance and development of pathogenic organisms.
- Describe the goals and core elements of an Antimicrobial Stewardship Program (ASP)
- Discuss who on the health-care team is responsible for Antimicrobial Stewardship and describe the roles of each member

Patient Safety

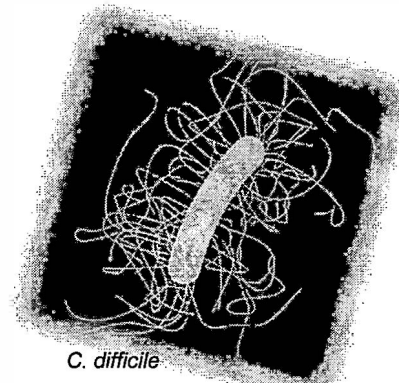
CDC and Joint Commission proposed standard:
 “Improving use of antibiotics is a patient safety and public health issue as well as a national priority...”

- **30-50% of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or inappropriate**
- Overuse and misuse of antibiotics have resulted in increasing emergence and spread of resistant bacteria
 - Cdiff (*Clostridioides difficile*)
 - MRSA (methicillin-resistant *Staphylococcus aureus*)
 - VRE (vancomycin-resistant enterococcus)
 - CRE (cephalosporin-resistant Enterobacteriaceae)
 - Other MDROs (multi-drug resistant organisms)

Patient Safety

- Drug-resistant bacteria:
 - Estimated 2 million people infected with antibiotic-resistant organisms
 - Cause ~23,000 deaths annually (counting *Clostridioides difficile* → adds additional 15,000 deaths)
- Avoidable healthcare costs from antibiotic misuse ranges from \$27 billion to \$42 billion per year
- Antibiotics are the only class of drugs with potential for adverse impact on patients not even exposed to them!

20% of hospitalized patients who receive an antibiotic have an adverse drug event (from that antibiotic) within 30 - 90 days



C. difficile

Tamma, JAMA Internal Medicine, 2017

Antimicrobial Stewardship Programs (ASP)

Antimicrobial Stewardship is encouraged by:

- IDSA (Infection Diseases Society of America)
- SHEA (Society of Healthcare Epidemiology of America)
- CDC (Center for Disease Control)

Effective Antimicrobial Stewardship Program is **REQUIRED** by:

- The Joint Commission

Antimicrobial Stewardship - What is it?

Definition: Appropriate use of antimicrobial therapy to optimize clinical outcomes while minimizing unintended consequences of use. An effective ASP also reduces healthcare costs without adversely impacting quality of care

- Appropriate antibiotic selection
 - Correct empiric antibiotic selection
 - De-escalate antibiotic therapy when new clinical information available (narrow therapy)
- Appropriate dose
- Appropriate duration
- Appropriate route

ASP Goals

- Reduce unnecessary use of antimicrobials
- Improve cure rates
- Reduce adverse drug events
- Slow emergence of antimicrobial resistance
- Reduce *C. difficile* infection

Who has a role in Antimicrobial Stewardship?

- Physicians
- Pharmacists
- Advanced practice professionals
- Nurses
- Infection preventionists
- Clinical microbiologist
- Information system specialist
- Hospital administration
- Quality improvement

ASP Core Elements

Leadership commitment: Identify ASP as an institutional priority by dedicating necessary human, financial, and information technology resources

Accountability: Establish responsible leaders (Antimicrobial Stewardship Committee; Physician and Pharmacist Leaders)

Drug expertise: Pharmacists working with physicians to guide antibiotic use; ID Physician and Pharmacist collaboration to disseminate treatment guidelines

Action: Implementing evaluation of treatment need; antibiotic "time-out" after 48-72 hours to assess continued need for antibiotics or changes in therapy

ASP Core Elements

Tracking: Monitor antibiotic prescribing, resistance patterns, and antibiotic use process measures

Reporting: Disseminate information on antimicrobial use and resistance to physicians, pharmacists, nurses, and other relevant staff

Education: Educate practitioners, staff, and patients on the importance of antimicrobial stewardship

ASP: Physician's Role

- Ensure cultures are ordered before starting antibiotics
- Avoid ordering urine culture in the absence of clinical symptoms
 - Avoid treatment of asymptomatic bacteriuria
- Thoughtful selection of empiric antibiotics with consideration of evidence-based clinical guidelines (*see Antibiotic Guidelines; St Joseph Health System booklet—online and in print)
- Perform antibiotic “time-out” after 48-72 hours to re-assess treatment or continued need for antibiotics
- Prompt review of new culture results with de-escalation, discontinuation, or escalation of antibiotics as appropriate
- Document dose, expected duration, and indication for antibiotic

ASP: Pharmacist's Role

- Take active role in evaluation of empiric antibiotic selection and initiate discussion with prescriber, as appropriate
- Optimize antibiotic dosing based on clinical infection and organ dysfunction
- Provide input on antibiotic selection based on allergy profile
 Example: Referencing Beta-Lactam Cross-Reaction literature for stated penicillin and/or cephalosporin allergies; also utilizing the hospital's Penicillin/Cefazolin Skin Testing Policy as needed for best antibiotic selection
- Ensure compliance with SJHS criteria for antimicrobial use
- Review new culture results promptly and recommend therapy adjustments or discontinuation, as needed
- Expedite IV to Oral conversion of antibiotics

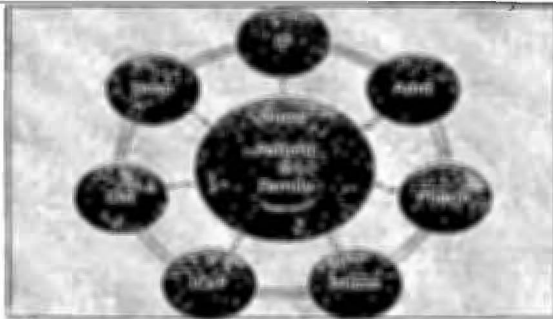
ASP: Nurse's Role

- Ensure cultures are obtained before starting antibiotics
- Document thorough and specific history of allergic reactions (e.g. rash, itching vs anaphylaxis, or shortness of breath—NOT side effects such as nausea/diarrhea) to facilitate optimal antibiotic selection
- Be aware of new culture results used to guide therapy
- Identify signs/symptoms of sepsis to alert physician
- Identify readiness for IV to oral conversion of antibiotics
- Collaborate with Pharmacists in rounds/on the unit
- Patient/Family education

WHITE PAPER



**Redefining the Antibiotic Stewardship Team:
Recommendations from the American Nurses
Association/Centers for Disease Control and Prevention
Workgroup on the Role of Registered Nurses in Hospital
Antibiotic Stewardship Practices**



<http://www.nursingworld.org/ANA-CDC-AntibioticStewardship-WhitePaper>

ASP: Infection Preventionist's Role

- Coordinate facility-wide monitoring and prevention of healthcare-associated infections
- Assist in the monitoring and reporting of resistance and *Clostridioides difficile* infection (CDI) trends
- Work collaboratively with the Antimicrobial Stewardship team

Antimicrobial Stewardship Resources—on the Daily Dose

- Updated practice guidelines developed by ASP team
- Up-to-date antibiogram information
- Information on hospital ASP initiatives



External Resources / References

Core Elements of Hospital Antibiotic Stewardship Programs from
Center for Disease Control (CDC)
<https://www.cdc.gov/antibiotic-use/healthcare/implementation/core-elements.html>

- New Antimicrobial Stewardship Medication Management Standard 09.01.01 from The Joint Commission
https://www.jointcommission.org/assets/1/6/New_Antimicrobial_Stewardship_Standard.pdf
- Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship from Infectious Diseases Society of America (IDSA) http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient_Care/PDF_Library/Antimicrobial%20Stewardship.pdf
- National Quality Partners Playbook: Antibiotic Stewardship in Acute Care by National Quality Forum

For questions/feedback, please contact:

Laura Gillespie, PharmD, Antimicrobial Stewardship Pharmacist

Email: gillesla@sjrmc.com

Available on Doc Halo

Office phone: 574 335 2449

MEDICAL RECORDS DEPARTMENT

LISTEN ACCESS INSTRUCTIONS

TO ACCESS THE SYSTEM:

Mishawaka, Rehabilitation Institute, & Kindred Hospital

- Dial 57777 (Inside Hospital)
- Dial 574.335.7777 (Outside Hospital)

Plymouth

- Dial 57777 (Inside Hospital)
- Dial 574.335.7777 (Outside Hospital)

TO LISTEN:

- Enter the facility ID#. 1- Mishawaka, 2- Plymouth, 3 - Kindred, and 7- Rehab.
- Please enter your 6 digit ID.
- Press *1 for listen line for Mishawaka, Rehab and Kindred.
- Press #1 for listen line for Plymouth.
- Please enter the 2 digit worktype.
- Please enter the patient's FIN number followed by the (#) sign. Do not use the Medical Record Number.

Questions regarding dictation call:

574.335.1479

If you do not know your dictation ID number please use 999999, and we will contact you with the correct ID number.

SAINT JOSEPH HEALTH SYSTEM

REVISED & EFFECTIVE: Nov. 30, 2015

DICTATION INSTRUCTIONS

TO ACCESS THE SYSTEM:

Mishawaka, Rehabilitation Institute & Kindred Hospital

- Dial 57777 (Inside Hospital)
- Dial 574.335-7777 (Outside Hospital)

Plymouth

- Dial 57777 (Inside Hospital)
- Dial 574.335-7777 (Outside Hospital)

You may pick up an outside call on the same phone that you are dictating on by pressing 2 to pause your dictation and then press "hold" to hold the line.

TO DICTATE:

- Enter the facility ID#. 1 - Mishawaka, 2 - Plymouth, 3 - Kindred, and 7 - Rehab.
- Enter your 6 digit ID.
- Enter the 2 digit worktype.
- Enter the patient's FIN number followed by the (#) sign. Do not use the Medical Record Number.
- Press 2 to record.

TO DICTATE A NEW REPORT DO ONE OF THE FOLLOWING:

- Press 4 to Dictate: Next Job/ Same worktype, new patient
- Press 5 to Dictate: Next Job/ New worktype, new patient

TO END DICTATION DO ONE OF THE FOLLOWING:

- Hang up receiver.
- Press 9 to Accept Dictation/End Call & receive confirmation number.

KEYPAD FUNCTIONS:

1 Invalid	2 Record Pause Toggle	3 Rewind (5 second increments)
4 Accept Dictation Begin new dictation same worktype new patient	5 Accept Dictation Begin new dictation new worktype new patient	6 Fast Forward to End
7 Fast Forward (5 second increments)	8 Rewind to Beginning	9 Accept Dictation End Call Hear confirmation number
*	0 Invalid	#

ADDITIONAL KEYPAD FUNCTIONS

- #1 Access Listen Line
- ## Play Confirmation Number
- *6 Make dictation STAT

WORKTYPES

- | | |
|---------------------------------------|--|
| (01) History & Physical | (56) Evoked Potential |
| (02) Operative Report | (58) Pulmonary Function |
| (03) Consultation | (59) Sleep Study |
| (04) Discharge Summary | (61) Stress Echo |
| (05) Pre- Op H&P | (63) TEE |
| (08) Pain Consultation | (64) Treadmill/Exercise
Stress Test |
| (09) Radiation Oncology | (65) Tilt Table |
| (10) ER Report | (66) Holter |
| (11) ER Admit | (70) Vascular Flow Study |
| (12) Short Stay Summary | (71) Event Recorder |
| (13) Progress Notes | (80) General Letter |
| (14) Physical Therapy (Plymouth Only) | (88) Rapid Scan |
| (15) Cardiac Cath | (90) Wound Healing Center
Procedure Report |
| (27) GI | (91) Wound Healing Center
Clinic Assessment |
| (30) Delivery Note | (92) Wound Healing Center
Progress Notes |
| (50) EKG | (93) Wound Healing Center
Discharge Summary |
| (51) Adenosine Echo | |
| (52) Dobutamine Echo | |
| (53) Echocardiogram | |
| (54) EEG | |
| (55) EMG | |

DICTATE THE FOLLOWING:

- Your Name - if your report requires a cosignature you will need to forward the report to the attending physician after you have signed it in your in box.
- Patient Name.
- FIN Number/Medical Record Number/Date of Birth.
- Work Type.
- Date(s) of Service.

Title: Medical Records Completion

Document Owner: Teresa Onken	PI Team: N/A	Date Created: 11/01/1998
Approver(s): Denise Duschek, Karyn Delgado, Teresa Onken	Date Approved with no Changes: 03/19/2019	Date Approved: 03/19/2019 03/01/2000
Location: Saint Joseph Regional Medical Center (SJRMC)		Department: Medical Staff Office

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

1. Electronic records are available at all times. Practitioners are expected to complete all records on an ongoing basis as defined by Joint Commission and CMS. Suspension for timely completion of medical records is deemed to be a non-clinical, administrative action.
 - A. SUSPENSION OF MEMBERSHIP AND PRIVILEGES
 - 1) Health Information Management (HIM) Department will notify practitioners in writing and simultaneous phone call when records have aged to 14 days post discharge/disposition and include the suspension date. HIM will review records on a weekly basis.
 - 2) The 21 day notice will inform the practitioner that their records are delinquent. The practitioner will complete all delinquent records or their membership and privileges will be automatically relinquished (temporary suspension).
 - 3) If suspended, NO new admissions, surgeries or other elective procedures will be allowed after the date the physician’s clinical privileges have been suspended. Practitioners currently treating inpatients or have scheduled procedures/surgeries will be allowed to continue attending those patients until they are discharged.
 - 4) No reappointment will be made for any medical staff member or allied health provider with an outstanding balance owed.
 - 5) Medical Staff Office will notify practitioner and the appropriate medical staff departments that membership and clinical privileges are suspended immediately.
 - B. TO REGAIN MEMBERSHIP AND PRIVILEGES AFTER AUTOMATIC RELINQUISHMENT
 - 1) The practitioner is required to: Complete all delinquent medical records and payment of reinstatement fee of \$200.
 - 2) Upon completion of all delinquent records and upon receipt of a payment, the Health Information Management Department will notify the appropriate Medical Center departments that membership and clinical privileges are reinstated immediately.
 - 3) Requests for exceptions to the policy must be made in writing to the President of the Medical Staff. The Chief Medical Officer and Medical Staff Officers will review all requests for an exception. All delinquent records must be completed prior to the review. The Chief Medical Officer and Medical Staff Officers will grant exceptions to the policy on a “case-by-case” basis.

DEFINITIONS

Title: Medical Records Completion

Delinquency targets are defined as:

Documents to be Completed by:
1. Charts to be complete within 21 days post discharge. (Everything must be completed and signed.) HIM will send written notice when records have aged to 14 days post discharge/disposition
2. An operative report needs to be dictated or completed within 24 hours of the procedure. Dictation to be signed within 14 days of procedure.
3. Queries, while inpatient or after discharge, need to be responded to within 7 days of query.
4. Discharge summary dictation completed within <u>(14 days Mishawaka)</u> , <u>(24 hours Plymouth)</u> after discharge with signature to be completed within 21 days post discharge.
5. Consultations are to be entered/dictated within 24 hours of notification of request for consultation. Dictations are to be signed within 14 days of dictation.
6. Emergency Room Dictation to be completed within 24 hours of disposition with signatures to be completed within 21 days of disposition.

References/Standards:

- Policy Origin Date: November 1998 (M)
- Review Date: December 2009 (M), December 2012 (M), December 2015 (M), February 2016 (P), December 2018 (M), March 2019 (M & P)
- Revised Date: September 2008 (M), December 2014 (M&P), March 2019 (M), May 2019 (P)
- Effective Date: March 2000 (M)
- Reviewed/Recommended By: Medical Executive Committee
- Policy 63

4

SAINT JOSEPH HEALTH SYSTEM

Physicians,

As a Licensed Independent Practitioner (LIP), you are an essential part of our organization. Your professional commitment to continuity of services and quality patient care is commendable and deeply appreciated. Your expertise may be needed to mitigate and provide for the safe and effective care of patients during a disaster. Accordingly, you could be called upon to report to work when an emergency exists. All communication during disasters will flow through the Hospital Command Center (HCC).

In the case of a declared emergency by the hospital, please report to the Hospital Command Center in the Board Room where you will be directed to the Medical Care Branch Director. An assignment will be given within the Hospital Incident Command System (HICS) where you will follow the instructions on your designated Job Action Sheet. You may be asked to mentor a "Volunteer Licensed Independent Practitioner" during the course of the incident. Please reference the incident Command System (ICS) policy as well as the Emergency Operations Plan (EOP) and the Disaster Credentialing of Volunteer Licensed Independent Practitioners policies for further details. These policies can be found on the Daily Dose in Policy Tech.

The Joint Commission on Accreditation of Healthcare Organizations:
Emergency Management Standards: **EM.02.02.07, EP 8 states,**

"The hospital communicates in writing with each of its licensed independent practitioners regarding his or her role(s) in emergency response and to whom he or she reports during an emergency."

If you have any questions and/or concerns, please feel free to contact me.

On behalf of SJHS Mishawaka, thank you for your dedicated services.

*Gregory Metzger
Emergency Preparedness Coordinator
Office: 335-2530*

Medical Centers

Mishawaka Medical Center
5215 Holy Cross Pkwy.
Mishawaka, IN 46545
574.335.5000

Rehabilitation Institute
60205 Bodnar Blvd.
Mishawaka, IN 46544
574.335.8800

Plymouth Medical Center
1915 Lake Ave.
Plymouth, IN 46563
574.948.4000

Senior Services

Holy Cross
17475 Dugdale Dr.
South Bend, IN 46635
574.247.7500

St. Paul's
3602 S. Ironwood Dr.
South Bend, IN 46614
574.284.9000

Trinity Tower
316 S. Saint Joseph St.
South Bend, IN 46601
574.232.8111

VNA Home Care Mishawaka
3838 N. Main St., Ste. 100
Mishawaka, IN 46530
574.335.8600

VNA Home Care Plymouth
510 W. Adams St., Ste. GL-50
Plymouth, IN 46563
574.335.7590

Community-Based Programs

The Foundation
707 E. Cedar St., Ste. 175
South Bend, IN 46617
574.335.4540

Health Insurance Services
5215 Holy Cross Pkwy.
Mishawaka, IN 46545
855.88.SJMED (855.887.5633)

Outreach Services
215 W. 4th St., Ste. LL201
Mishawaka, IN 46544
574.335.3898

Physician Network
707 E. Cedar St., Ste. 200
South Bend, IN 46617
574.335.8758

Mishawaka Emergency Codes

CODE	Definition	CODE	Definition
Code Blue	Cardiac & respiratory arrest	Hazardous Materials Incident	Incident of hazardous materials
Stroke Alert	Possible stroke patient	Tornado Warning	Severe weather alert
Rapid Response	Patient's condition is deteriorating	Winter Weather Advisory	Severe winter weather
Incident Command	Hospital incident command system	Missing Infant or Child	Missing infant or child alert
Bomb Threat	Bomb threat	Missing Adult	Missing adult alert
Medical Alert	Acute injury/illness event	Code Armstrong	Disruptive/threatening person
Active Shooter	Active shooter/armed intruder/hostage situation	1. Code Assist	Security responds
Utility Interruption	Electrical, water, sewer or gas interruption	2. Code Armstrong	Crisis response team
Fire Alarm	Fire	3. Code Armstrong	MD responds
		Intensivist	

In the event of fire:

- R - RESCUE persons in danger.
- A - ALARM (pull) & dial 55555.
- C - CONTAIN fire by closing doors.
- E - EXTINGUISH fire.

To use fire extinguisher:

- P - PULL the pin.
- A - AIM at the base of fire.
- S - SQUEEZE the trigger.
- S - SWEEP from side to side .

Hazardous waste spill

- Identify the chemical.
- Look up the **SDS: Safety Data Sheet**.
- Evacuate personnel.
- For large spills, contact EVS:
All shifts - 57031.

Blood spill

- Use blood spill kit/wear gloves.
- Blot blood with absorbent materials.
- Discard material in red bag.
- Use a disinfectant in the area.

SDS: Safety Data Sheet (3E Online - 3ecompany.com - 1.800.451.8346)

• User name: sjoseph • Password: msds

24-hour Integrity ALERTLINE: 1.866.477.4661

MEDICAL GAS SHUT-OFF: ONLY the charge nurse or Respiratory Therapy can authorize the shut-off.

• SPILLS • EXPOSURES • POISONINGS • SPILLS • EXPOSURES

SDS

SAFETY DATA SHEETS

24 HOURS
A DAY

7 DAYS
A WEEK

365 DAYS
A YEAR

www.3EOnline.com

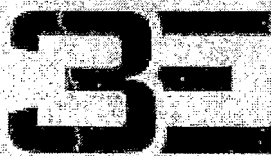
YOU WILL NEED YOUR USER NAME &
PASSWORD TO LOG IN

St Joseph Regional Medical Center

Username: SJOSEPH

Password: MSDS

1-800-451-8346



COMPANY

A Verisk Analytics Company

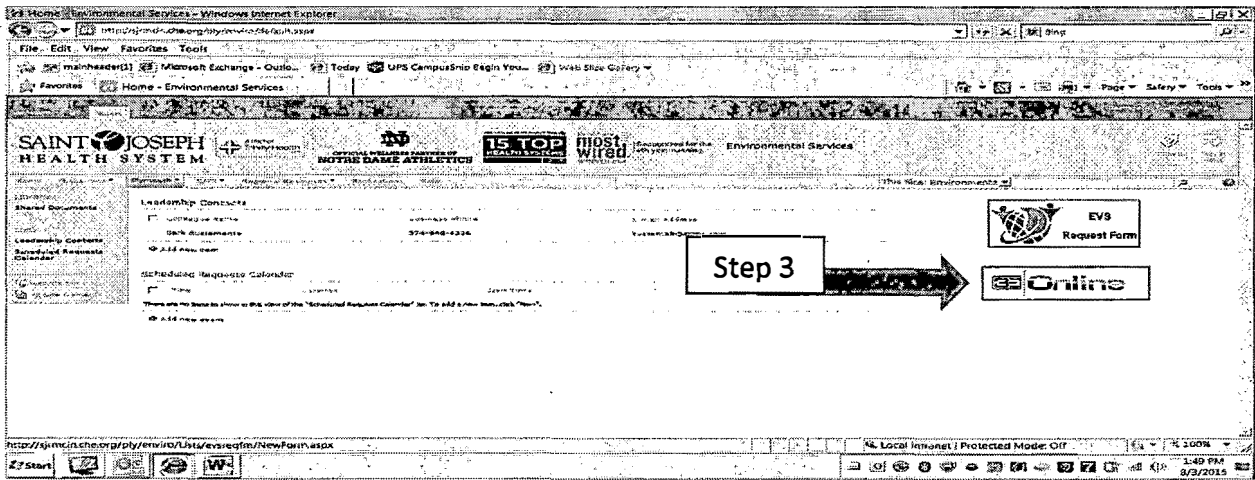
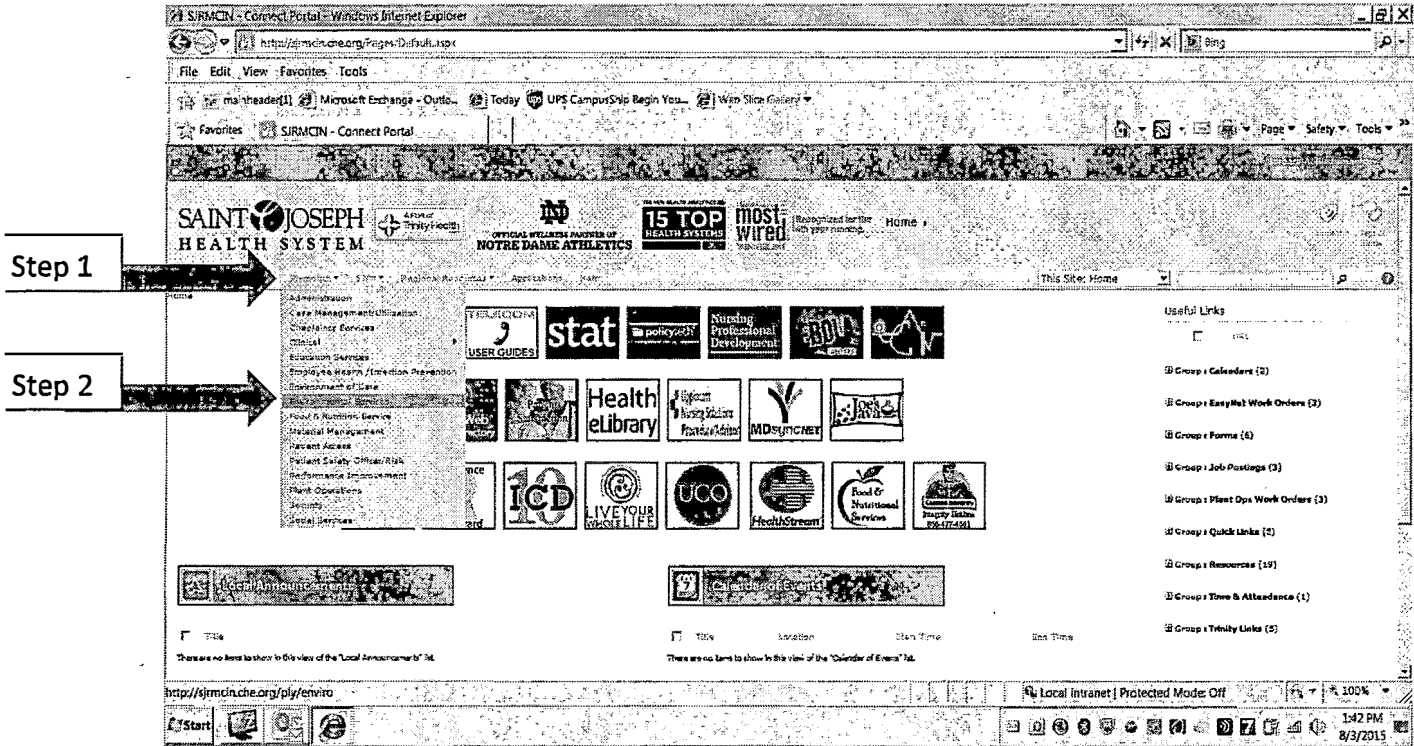
3207 Grey Hawk Court, Suite 200, Carlsbad, CA 92010 T: 760-602-8700 F: 760-602-8888

• SPILLS • EXPOSURES • POISONINGS • SPILLS • EXPOSURES • POISONINGS

• SPILLS • EXPOSURES • POISONINGS • SPILLS • EXPOSURES • POISONINGS

• SPILLS • EXPOSURES • POISONINGS • SPILLS • EXPOSURES

3E Online Access



User Name: **sjoseph**

Password: **msds**

3E Phone number: 1-800-451-8346

Title: DISASTER CRITERIA FOR CREDENTIALING PHYSICIANS AND ALLIED HEALTH PRACTITIONERS

Document Owner: Teresa Onken	PI Team: N/A	Date Created: 11/01/2001
Approver(s): Karyn Delgado, Teresa Onken	Date Approved with no Changes: 12/18/2018	Date Approved: 12/18/2018 11/01/2001
Location: Saint Joseph Regional Medical Center-Mishawaka (JRMC)		Department: Medical Staff Office

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

1. Any Practitioner providing patient care must be granted privileges prior to providing patient care, even in a disaster situation.
2. Medical Staff and Allied Health who are not members of the medical staff and who do not possess clinical or practice privileges may be granted privileges when only the two conditions are present: The Emergency Management Plan has been activated and the organization is unable to meet patient care needs. No application fee required. The medical staff shall oversee professional practice of each volunteer for the duration of the disaster. There shall be retrospective review of charts for patients treated by volunteers with disaster privileges.

PROCEDURE:

- A. The Practitioner must present the following:
 - 1) Valid government issued photo ID issued by a state, federal or regulatory agency (i.e.: Driver's license or passport). And at least one of the following:
 - a) A current picture hospital ID card from a health care organization that clearly identifies professional capacity.
 - b) Current license to practice, preferably IN license.
 - c) Primary source verification of license shall occur as soon as the disaster is under control or within 72 hours from the time the volunteer licensed independent practitioner presents himself/herself to the hospital, whichever comes first. If primary source verification of a volunteer licensed independent practitioner's licensure cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances it is performed as soon as possible and the hospital documents all of the following:
 - (1) Reason(s) it could not be performed within 72 hours of the practitioner's arrival
 - (2) Evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment and services
 - (3) Evidence of the hospital's attempt to perform primary sourced verification as soon as possible
 - d) Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), or MRC, ESAR-VHP, or other recognized state or federal organized group.
 - e) Identification indicating that the individual has been granted authority by a government entity to render patient care, treatment or services in disaster circumstances.
 - f) Presentation by current hospital or medical staff member(s) with personal knowledge regarding practitioner's identity and ability to act as a physician in a disaster.

Title: DISASTER CRITERIA FOR CREDENTIALING PHYSICIANS AND ALLIED HEALTH PRACTITIONERS

- B. The following information shall be made available and if possible, verified. Any remaining verifications will be completed as soon as the immediate situation is under control. A decision is made by the organization within 72 hours of the practitioner's arrival if granted disaster privileges should continue.
- 1) Documentation Required for Disaster Privileges:
 - a) Complete Disaster Intake Sheet
 - b) One letter of reference from a peer OR Hospital Appointment Verification – last or most recent activity
 - c) Primary source verification of the following items is also require
 - (1) Current licensure; and controlled substance registration and DEA
 - (2) National Practitioner Data Bank Query
 - (3) Federal Sanction Query and/or OIG sanction clearance
 - (4) If needed, AMA and/or AOA Profile
- C. Verification of the above information should be done as soon as possible by the medical staff office or as soon as feasible. Verification shall be completed utilizing the computer, phone or portable radio. A record of this information should be retained. It is recommended that the practitioner be paired with a currently credentialed medical staff member with similar clinical privileges and should act under the direct supervision of a medical staff member.
- D. Privileges would be granted by the appropriate President of the Hospital or President of the Medical Staff handling the disaster, preferably upon recommendation of the Department Chairperson and/or President of the Medical Staff. If the Department Chairperson or the President of the Medical Staff were unavailable, their designees would be one of the following: 1) Vice President of the Medical Staff, 2) Secretary of the Medical Staff. The responsible individual(s) is not required to grant privileges to any individual and is expected to make such decisions on a case-by-case basis at his or her discretion. The Incident Commander or designee will be notified if none of the above individuals are available for signature.
- E. When the emergency situation no longer exists as determined by the Medical Staff President, these temporary, emergency privileges terminate. If any of the above verifications identify negative findings, the practitioner's privileges could be terminated immediately.
- F. Upon granting of disaster/emergency privileges, the Practitioner will receive a photocopy of the signed approval form to serve as verification for staff to readily identify these individuals.
(Temporary privilege form)

References/Standards:

- Joint Commission Standard - EM 02.02.13
- Policy Origin Date: November 2001
- Review Date: December 2009, December 2012, December 2015, December 2018
- Revised Date: February 2008, Sept 2011, June 2014
- Effective Date: November 2001
- Reviewed/Recommended By: Medical Executive Committee
- Policy 102

5



Jesus said to him, "Go and do likewise." (Luke 10:37)

Mission Statement

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Core Values

Reverence

We honor the sacredness and dignity of every person.

Commitment to those who are poor

We stand with and serve those who are poor, especially those most vulnerable.

Justice

We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity

We are faithful to who we say we are.

SAINT JOSEPH
HEALTH SYSTEM

Title: Patient Rights and Responsibilities

Document Owner: Laureen Painter	PI Team: Clinical Ethics Committee	Date Created: 5/22/2015
Approver(s): Jason Schultz, Joni Reich, Loretta Schmidt, Laureen Painter		Date Approved: 04/02/2019
Location: Saint Joseph Regional Medical Center, INC (SJRMC) Mishawaka, Plymouth, Saint Joseph Physician Network		Departments: Administration, Nursing, Saint Joseph Physician Network, Mission Integration, Legal, Registration

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

1. Saint Joseph Regional Medical Center (SJRMC) demonstrates its support of patient rights through various processes in which staff members interact with and care for patients. It is through this process that we recognize and respect all patient rights and responsibilities and work collaboratively to support ethical decision-making for all of our patients.
2. SJRMC establishes and maintains structures to support patient rights and does so in a collaborative manner that involves leaders as well as all relevant others. The structures are based on policies, procedures, and their philosophical basis, which make up the framework to address both patient care and organizational ethical issues including the following:
 - A. The patient’s right to reasonable access to care.
 - B. The patient’s right to care that is considerate and respectful of his or her personal values and beliefs.
 - C. The patient’s right to be informed about and participate in decisions regarding his/ her care.
 - D. The patient’s right to participate in ethical questions that arise in the course of his/ her care including issues of conflict resolution, withholding resuscitative services, foregoing or withdrawal of life-sustaining treatment, and participation in investigational studies or clinical trials.
 - E. The patient’s right to security and personal privacy and confidentiality of information.
 - F. The issue of proactively designating a decision maker (Healthcare Representative) in case the patient becomes incapable of understanding a proposed treatment or is unable to communicate his or her wishes regarding care.
 - G. The patient’s right to access protective services.
 - H. The patient’s right to appropriate assessment and management of pain.
 - I. The patient’s right to choose who may visit them during their inpatient stay, regardless of whether the visitor is a family member, a spouse, a domestic partner (including same-sex domestic partner), or other type of visitor, as well as the right to withdraw such consent to visitation at any time.
 - J. To receive treatment without discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.
 - K. Medicare patients have the right to appeal a premature discharge through the Quality Improvement Organization (QIO).

Title: Patient Rights and Responsibilities

3. The patient has certain responsibilities which ensure that medical staff can do everything possible to provide thorough, quality care. These responsibilities include, but are not limited to the following:
 - A. Being considerate of the needs of other patients, staff and the hospital/physician practice; to respect others' privacy and property and to follow hospital/physician practice rules.
 - B. Providing information that facilitates medical care, treatment and services.
 - C. Cooperating with his/her doctor and medical team to develop treatment and pain management plans.
 - D. Asking questions or acknowledging when he/she does not understand the treatment course or care decision.
 - E. Following instructions, policies, rules and regulations in place to support quality care for patients and a safe environment for all individuals in the hospital/physician practice.
 - F. Supporting mutual consideration and respect by maintaining civil language and conduct in interactions with staff, providers, and licensed independent practitioners.
 - G. Telling his/her doctor if he/she is unable to follow through with treatment or keep appointments. If the patient refuses treatment or does not follow the practitioner's instructions, he/she is responsible for the consequences of those actions.
 - H. Meeting financial commitments
 - I. Advising the health care team if he/she has an Advance Directive and to provide a copy.
4. Patient's psychosocial, spiritual, and cultural values affect how they respond to their care. The hospital/physician practice is considerate of and allows patients and their families to express their spiritual beliefs and cultural practices, as long as these do not harm others or interfere with their care of others.
5. The hospital/physician practice provides care in response to a patient's request and need, so long as the care is within the hospital's/practice's capacity, its stated mission and philosophy, and relevant laws and regulations. When the hospital/physician practice cannot provide the care a patient requests, staff fully informs the patient of his/ her alternatives for care. If it is necessary and medically advisable, the hospital transfers the patient to another organization, providing the transfer is acceptable to the receiving organization.
6. The hospital/physician practice promotes patient and family involvement in all aspects of their care through implementation of policies and procedures that are compatible with the hospital's/physician practice's mission and resources, have diverse input, and guarantee communication across the organization. Patients are involved in at least, but not limited to, the following aspects of their care:
 - A. Giving informed consent;
 - B. Resolving dilemmas about care decisions;
 - C. Formulating Advance Directives;
 - D. Withholding resuscitative services;
 - E. Foregoing or withdrawing life-sustaining treatment;
 - F. Care at the end of life;
 - G. Care decisions relevant to pre-admission, admission, treatment during the course of care, transfer, discharge planning, and discharge processes.

Title: Patient Rights and Responsibilities

7. With these in mind, structures and processes are developed, approved, and maintained through supportive collaboration among hospital leaders and all relevant others.

PROCEDURE:

- A. At the time of registration in the hospital/physician practice, each patient will be provided a copy of the pamphlet titled “A Guide to Patient Rights, Responsibilities, and Advance Directives”. The patient will be asked to review the document.
- B. The Registrar will explain to the patient that his/her signature on the electronic or paper (when an electronic form is unavailable) patient consent form, acknowledges their receipt of the document.
- C. If a patient has special language needs, the forms will either be given to them in their own language (i.e. Spanish) or the information will be interpreted to them as appropriate. When written communication is not effective, for example, the patient cannot read or the patient’s language is rare in the population served, the patient is informed of his or her rights shortly after admission, in a manner that he or she can understand. The 24-hour Cyacom language line/ signers/ and/ or interpreters are available to assist as appropriate when communication barriers exist or special needs are identified.
- D. Any alleged violation of a patient’s rights is subject to disciplinary action through the reporting process of SJRMC.
- E. Staff education regarding patient rights and their role supporting those rights occurs during new colleague orientation, education processes as well as on an ongoing yearly and “as needed” basis.

Related Documents:

- See “A Guide to Patient Rights, Responsibilities & Advance Directives”