



New Associate / Temporary / Contracted Associate Orientation

Agnesian HealthCare (AHE, CLW, FDLRC, RMC, SAH, SFH, WMH)

Associate is able to locate / discuss the following:

- Location of the department and other departments they will be interacting with
- Location of patient treatment and waiting areas
- Equipment they will be using
- Supervisors and staff they will be working with
- **To notify switchboard of any emergency situation: dial 1-2-3-4 (off-site locations dial 911)**

MISSION

We at Agnesian HealthCare (AHC) provide compassionate care that brings hope, health and wholeness to those we serve by honoring the sacredness and dignity of all persons at every stage of life. We are rooted in the healing ministry of the Catholic Church as we continue the mission of our sponsor, the Congregation of the Sisters of St. Agnes.

VALUES

At the HEART of our healthcare ministries we affirm these values:

Honesty: We affirm honesty as we bring truth and fairness to all our relationships.

Excellence: We affirm excellence as we continually improve the quality of our services and the knowledge and competencies of our staff.

Compassion: We affirm compassion through our responsive presence to one another, to those seeking wholeness of body, mind, spirit and especially to the poor and vulnerable.

Respect: We affirm respect as we honor the individuality and God-given worth of all people by promoting human rights and giving witness to justice.

Stewardship: We affirm stewardship as we protect our spiritual, human, natural and fiscal resources for future generations and collaborate with others committed to improving our community's health.

CULTURAL DIVERSITY & SENSITIVITY

Cultural diversity encompasses more than ethnicity or the color of one's skin. It relates to generational differences and socioeconomic issues as well as ethnicity. Be open-minded and respectful toward other's beliefs, values and practices. This will help you, your staff and your patients feel more comfortable. People may belong to many different cultural groups. The culture of health care in the United States has its own beliefs, values and practices that may not be shared by all patients. Avoid making judgments about the patient's beliefs and practices, consider similar practices and beliefs that you may have and ask questions to help you learn about the patient's view of their illness and care. **Language Line** is the preferred method of interpretation at Agnesian HealthCare. If a face-to-face interpreter is needed, follow the Interpreter policy and use the interpreter list found on the intranet. There is more to communication than just language. Other aspects of communication that may be influenced by culture include: directness, gestures and facial expressions, distance, touch, forms of address and degree of formality.

WORKPLACE VIOLENCE

It is the intent of Agnesian HealthCare to provide a safe workplace for all associates. Agnesian HealthCare does not tolerate any type of workplace violence committed by or against associates, physicians or volunteers or visitors. Associates and non-associates are prohibited from making threats or engaging in violent activities. Examples of workplace violence include, but are not limited to:

- Verbal abuse such as name calling and putdowns
- Causing physical injury to another person
- Making threatening remarks
- Surveillance/stalking
- Aggressive or hostile behavior that creates a reasonable fear of injury to another person or subjects another individual to emotional distress
- Intentionally damaging of Agnesian HealthCare property or property of another associate
- Possession of a weapon while on company property or while on company business
- Committing acts motivated by, or related to, sexual harassment or domestic violence.

Any potential dangerous situation must be reported immediately to your department director or the Human Resources department. Reports can be made anonymously and all reports will be investigated. Reports or incidents warranting confidentiality will be handled appropriately and information will be disclosed on a need-to-know basis.

TOBACCO-FREE FACILITIES

It is the policy of the organization to provide a tobacco-free environment. **Tobacco use is not permitted in any area or on Agnesian HealthCare grounds.**

QUALITY IMPROVEMENT

Definition of Quality: ***Doing the right thing at the right time, and doing the right thing well.*** To support our organizational vision, we follow the Baldrige Framework for Process Improvement. This framework looks at how we **Align, Deploy, Learn from and Integrate (ADLI)** our processes through 6 categories. They include a) Leadership, b) Strategic Planning, c) Focus on Patients, Other Customers and the Market, d) Workforce, e) Process management, Measurement, f) Analysis and management of knowledge as well as our g) results.

QUALITY IMPROVEMENT (QI) INDICATORS

Each department has selected indicators to measure areas of improved performance. All associates are expected to suggest better ways to do things, identify and report problems and recommend solutions to the problems as they occur. Agnesian HealthCare publicly reports quality and safety data.

ALWAYS follow the written policies and procedures. If you are unclear about how to do something, ask the department leader.

PATIENT SAFETY GOALS

AHC participates with the WHA in publicly reporting results of Patient Safety efforts through the National Patient Safety Goals:

1. a. ***Improve the accuracy of patient identification***

- Use at least 2 patient identifiers (name and birth date) when administering medications, blood or a blood component. The Patient's room number or location may not be used. Any specimens collected (this includes blood) must be labeled in the presence of the patient.

b. ***Eliminate transfusion errors related to patient misidentification.***

- Before blood or blood component can be administered, the patient is objectively matched to the blood during a two-person bedside/chair-side verification process. One of these individuals must be the person must be the qualified transfusionist who will administer the blood or blood component to the patient. The second person conducting the identification verification is qualified to participate in the process as determined by the hospital.

2. ***Improve staff communication. Report critical results of tests and diagnostic procedure in a timely basis***

- Critical test results and values need to be communicated to the Provider in a timely manner. A timely manner is defined as "within 30 minutes" at AHC. The call and resulting orders must be documented by the caller.

- develop written procedures for managing the critical results of tests and diagnostic procedures that address the following;

- The definition of critical results of test and diagnostic procedures
- By whom and to whom critical results of test and diagnostic procedures are reported
- The acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures.

3. ***Use Medications safely. Label all medications, medication containers and solutions on and off the sterile field in perioperative and other procedural settings. (Medication containers include syringes, medicine cups and basins.)***

4. ***Reduce the risk of health care acquired infections***

- Hand hygiene guidelines are followed; hands are washed before and after each patient contact, artificial nails are not worn in patient care areas, waterless hand gel may be used to wash hands not obviously soiled.

- Sentinel events for all deaths associated with a healthcare related infection are investigated.

- The organization will implement evidence-based practices to prevent health care associated infections due to multidrug-resistant organisms in acute care hospitals.

- Evidence based and best practices are implemented to prevent central line associated bloodstream infections.

- Evidence based and best practices are implemented to prevent surgical site infections.

5. ***Identify patient safety risks.***

Identify which patients are most likely to commit suicide.

6. ***Prevent mistakes in surgery.***

- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- Mark the correct place on the body where surgery is to be performed
- Pause before the surgery to make sure that a mistake is not being made.

MEDICATION MANAGEMENT

Medications are an important component of the treatment plan for our patients. Medication Management Policies are found on the Agnesian Intranet under Policies and Procedures.

- Medications must be stored throughout the facility with appropriate security (locked) unless under direct observation.
- Medication orders should be written clearly.
- Always write then read back any verbal or telephone order.
- All medication orders must be reviewed by a pharmacist unless the patient would be harmed by the delay or unless the practitioner is present to oversee the process.
- Medications that are expired, out-dated and/or recalled must be returned to the pharmacy for appropriate disposal.
- High-risk concentrated electrolyte solutions are not stocked in patient care areas.

MEDICATION OCCURRENCE TRACKING

All medication occurrences within Agnesian HealthCare are documented on the COMPASS form.

A Medication Occurrence can include any of the following:

- **Adverse Drug Events** - Any undesired, unintended, or unexpected response to the administration of a FDA approved medication(s).
- **Medication Errors** - An unanticipated, unintended event or omission in the prescribing, preparation, dispensing, or administration of a medication.
- **Other Occurrences:** These can include but are not limited to medication delays, missing medication, improper or incomplete labeling and improper storage. (Near misses).

CODES AND ALARMS;

All emergency codes at Agnesian HealthCare have been changed from colors or abbreviations to plain language. This change makes the emergency as well as the response required more clear to all involved and ensure that Agnesian HealthCare is a safe place for associates, providers, associates, patients and others utilizing our facilities.

DISASTER PREPAREDNESS – “IMPLEMENT EMERGENCY OPERATIONS PLAN

In the event of an internal/external disaster, associates in each department should refer to the Safety Manual and their department specific procedures to guide them in the response. There will be an overhead announcement identifying the code by announcing overhead “Implement Emergency Operations Plan” with a descriptor...Surge Level, Evacuation, etc.

FIRE SAFETY – Fire Alarm + Location

Run the RACE for Safety: Fire is fast – it spreads quickly. A small spark can cause a room to fill with smoke or start a blaze in seconds to minutes. Take time to investigate any suspicious smell or smoke at once. The first three minutes after a fire is detected are critical.

Remember: ***Any Associate should report Fire or suspicion of Fire.***

R ESCUE patients: Remove them from immediate danger; move to a safe fire zone. Clinic - evacuate.

A LARM: Activate the alarm by pulling down on the nearest fire alarm box, dial **1234** and announce “**Fire Alarm**” with the location of the Fire Alarm). **Call 911 in the satellite locations.**

C ONTAIN or confine the fire by closing the door to the fire's location.

E XTINGUISH the fire or evacuate as needed: The *System Fire Response Team* is directed by policy and training to respond to the scene of the fire with extinguishers.

Satellite Facilities: Remove patients from danger, close the door to the location of the fire, report the fire by dialing **911**, and evacuate building, gather in a designated safe location and make a head-count. Do not re-enter the building.

Associate Responsibility in a Fire Response:

Your task is to identify and correct hazards, know the location of nearest fire alarm and extinguisher, and know the acronym **PASS**: (fire extinguisher rules)

- **P**ull the pin
- **A**im at the base of the fire
- **S**queeze the handle
- **S**weep side to side

CODE Heart (cardiac/respiratory arrest or other medical emergency)

Remember: Any associate should report a Code Heart.

- Call the switchboard Operator by dialing **1234** or press the Code Blue button if available in your department or on your unit.
- Report Code Heart and the location of the Code Heart.
- Any associate trained in cardiopulmonary resuscitation will initiate CPR. The Code Team will respond to code events at St Agnes Hospital/FDLRC.
- At WMH, all available trained staff will respond to in-house codes and only Hospital Coordinators will respond to Code Heart in OR or MRI vans at WMH. At SAH-FDLRC, the Code Team will respond.
- Code Heart Adult is called on any adult over the age of 18
- Code Heart/Pediatric is called on the following age group; infant discharged from the nursery to the age of 18.

Satellite Facilities: Call 911 and initiate CPR.

CODE Heart/Newborn: Cardiopulmonary Arrest in NURSERY

- Remember: Any associate should report a Code Heart/Newborn.
- Call the switchboard operator by dialing **1234**.
- Report Code Heart/Newborn and the location (Nursery).
- At SAH-FDLRC, the Code Team will respond.
- At RMC & WMH, all available trained staff will respond to in-house codes.

CODE MEDICAL– Medical Emergency, Grounds; Person (typically not a patient, unless a patient in the FdLRC) who needs immediate medical attention who has a pulse and is breathing

- Any associate can initiate a Code Medical.
- Call the switchboard operator by dialing **1234**.
- Report Code Medical and the location of the Code Medical.
- The Code Medical Team will respond.
- If the code medical is on the grounds, and the victim cannot get up independently, 911 will be called and the victim will be transported to the ED via ambulance.
- At WMH & RMC the Hospital Coordinator, ER designee, and any free staff will report to the location of the Code Medical. At WMH during the day shift, Plant Services will respond with hand held radio.
- Code Heart may be called on any person without pulse or respirations regardless if they are a patient or not.
- **In the satellite clinics, 911 is called.**

Security Alert with Location – Emergency Security Response / Violence

- Any associate can initiate a Security Alert.
- Call the switchboard operator by dialing **1234**.
- Report Security Alert and the location of the alert.
- At SAH-FDLRC, the Security Alert Team will respond.
- At WMH & RMC, the Hospital Coordinator and available Plant Services staff will proceed to the location.
- **In the clinic or other satellites 911 is called for assistance.**

Missing Person/Adult- Adult elopement (missing adult)

- Any associate can initiate a Missing Person/Adult
- Call the switchboard operator by dialing **1234**.
- Report Missing Person/Adult
- Operators will notify law enforcement.
- Description will be broadcast to departments via hand held radios as soon as available for all missing persons.
- All associates and staff will be observant for suspicious individuals.
- Notify switchboard of suspicious activity.
- Suspected elopement patients/residents should be approached cautiously and assisted back to their respective units/residences. Assistance will be on call as necessary.
- Do not agitate or force an eloped patient/resident.

Missing Person/Infant – Infant Abduction-Nursery

- Any associate can initiate a Missing Person/Infant.
- Call the switchboard operator by dialing **1234**.
- Report Missing Person Infant.
- Operators will notify law enforcement.
- Associates and staff will go to designated observation positions.
- All associates and staff will be observant for suspicious individuals.
- Note identifying characteristics.
- Notify switchboard of suspicious activity.

Missing Person/Child – Pediatric abduction

- Follow the same process for Infant Abduction - except look for a child.
- In the satellite clinics, 911 should be called and an immediate search

Security Alert: Active Threat – Hostage Situation/Shooter in the building

- Any associate can initiate a Security Alert/Lockdown.
- Call the switchboard operator by dialing **1234**.
- Associates are to remain away from identified location to prevent further injury. In addition, patients/clients should not leave the area until an *all clear* has been announced.
- At RMC, SAH-FDLRC, authorities will take charge. At WMH, the Hospital Coordinator will respond to the location.
- **At satellite clinics 911 is called for assistance.**

WEATHER WARNING PLAN

- *Weather Watch*: A Watch is announced when a potential exists for a tornado or a wind damaging storm: It is announced to alert associates to the possibility of having to take future action.
- *Thunderstorm warning* is to inform associates of precautions to be taken and that a thunderstorm warning can quickly develop into a tornado warning.
- *Tornado Warning* is used to alert staff that a tornado has actually been sighted in the area. Associates should do the following (as allowed)
 - Move patients, whose conditions permit, away from windows and into the corridors.
 - Patients who cannot be moved should be protected from flying debris. Move beds to inside walls of patient rooms, pull shades and curtains around beds, and cover patients with blankets.
 - Visitors, Associates and Staff not involved in patient care should move to the basement of the building.

Satellite Facilities:

- **Severe Weather**: Listen to the emergency radio network station for weather up-dates on changing weather conditions; be prepared to act.
- **Tornado Warning**: Patients, Visitors, Associates and Associates should move to the interior of buildings, away from windows or move to the basement if one is available. Take a battery-operated radio and flashlight, and listen to weather up-dates: Remain until the warning has ended.

Security Alert/Building Threat – Bomb Threat

An associate who receives a bomb threat by phone should:

- Note the exact time of the call.
- Keep the caller on the line as long as possible.
- Under no circumstances terminate the call.
- Speak slowly.
- Ask the caller to repeat the message.
- Ask the caller the exact location of the bomb.
- Ask the caller when the bomb will explode.
- Pay particular attention to any background noises on the phone.
- Immediately notify the Switchboard (**1234**) after receiving a bomb threat.
- Complete the Bomb Threat Report Form.
- Associates should assist in a search only under the direction of local authorities.

Satellite Facilities:

- **Follow the same directions except call 911, evacuate and take directions from authorities.**
- Associates should search a satellite facility only under the direction of authorities.
- All Bomb Threats should be reported to the Safety Officer: 926-4756.

Decontamination Alert – Hazmat Situation

- Any associate can initiate a Decontamination Alert.
- Call the switchboard operator by dialing **1234**.
- Associates are to remain away from identified location to prevent exposure to the hazard(s).
- At WMH, the Hospital Coordinator will respond to the location.
- **In satellite facilities call 911.**

AGNESIAN HEALTHCARE EMERGENCY – Notice to Evacuate

- Directions for evacuation will be provided when this alert is called.

HAZARDOUS MATERIALS

A hazardous material is any solid, liquid, semi-liquid or gaseous material that could be a risk to your health or the environment:

- Material Safety Data Sheets (SDS) - These describe the characteristics, safe handling, and health hazards of toxic substances. SDS are located in the Hazardous Communication Program book or Safety Manual in your department. There is a link to SDS Online on the intra-net for easy reference as well.
- Labeling – Toxic substances in your work area must be labeled with the chemical (or product name and hazard warning).

Your responsibility as an associate:

- Locate the SDS sheets and familiarize yourself with MSDS specific to your department; review the list of toxic substances in your department and how to read the MSDS and labels with your department leader.
- Plant Services maintains a library of all SDS sheets for WMH.

OCCURRENCE FORMS/COMPASS FORMS

An occurrence is defined as a potentially harmful event that occurs to a patient, volunteer, visitor, or property that puts the party at risk. This could be a safety hazard, hazardous substance spill, a fall, or any event or situation that is not a natural consequence of, for instance, the patient's treatment; it could result in an injury. A COMPASS Form must be completed even if there is no evidence of injury. All occurrences are investigated by Department Directors to determine opportunities for improvement. Occurrences may be reported anonymously.

SENTINEL EVENT

A sentinel event is an “unexpected occurrence, involving death or serious physical or psychological injury, or the risk thereof.” Serious injury specifically includes loss of limb or function. To report a potential sentinel event, contact your Director or Hospital Coordinator immediately.

EQUIPMENT SAFETY/MEDICAL DEVICE POLICY

Associates are responsible for reporting equipment in need of repair and removing it from use. A notice is sent to Plant Services so the equipment can be repaired or replaced. Any medical personnel who discovers, witnesses or is notified of a medical device which has or may have caused or contributed to a serious injury should immediately notify Safety/Risk Management. In addition, an Occurrence Form/COMPASS should be completed and sent to Risk Management within 24 hours. Associates must tag the equipment and leave the equipment in its original state, if possible, until an investigation is completed.

REDUCE THE RISK OF FALLS

To reduce falls, remember the following:

- Keep hallways clear.
- Wipe up spills immediately.
- Use a ladder or step stool to get objects out of your normal reach.
- Wear appropriate shoes for your work area (i.e. slip resistant).

PREVENTING PATIENT FALLS

Patient falls are a common risk for ill and debilitated patients. AHC has a Falls Prevention Program. If risk factors are present, the patient is identified with a yellow bracelet, and yellow dots in designated places.

Associate interventions with patients at risk for falls:

- Look for yellow bracelet on the patient, yellow dot on door and yellow dot on patient board.
- Don't leave these patients unattended when transporting or when the patient is transferred to another area.
- Let nursing know if the patient has indicated to you an unmet need, such as personal hygiene needs, a drink, etc. or is attempting to get up.
- Report ANY environmental hazards, correct if able, such things as slick floors, spills, etc.

LIFTING OBJECTS OR PERSONS SAFELY

Agnesian HealthCare supports a Safe Lift environment. Lift equipment is available on all nursing units at RMC, SAH and WMH. Staff at FDLRC has access to this equipment as well. All patient care providers that move patients should be trained in safe lifting techniques utilizing the appropriate equipment. Proper lifting techniques should be used when lifting patients or heavy objects:

- Plan how to move the object or the person beforehand.
- To keep your balance, stand with one foot ahead of the other with a wide distance between your feet.
- Keep your lower back in its normal arched position and keep your stomach muscles tight while lifting.
- Bring the load as close to your body as possible.
- Keep your head and shoulders up as you begin lifting.
- Lift with your legs and stand up in a smooth, even motion.
- Move your feet (pivot) if you need to change direction.
- Use lift equipment when transferring patients or when moving them in bed according to the Safe Patient Handling policy located on the agn-web under the Safety Policy tab.

MEDICAL WASTE

Associates working in patient care areas must follow these medical waste guidelines:

- **ALL** blood and body fluids which are drippable, pourable or flakeable should be disposed in “Red Bag” trash.
- **ALL** sharps should be disposed of in designated SHARPS CONTAINERS.

HANDWASHING

Handwashing is the single most effective way to prevent the spread of infection. Hands are to be washed:

- Before and after using the restroom
- Before and after eating, drinking or smoking
- Before and after combing hair, applying makeup, or putting in or removing contacts
- Before and after each patient contact
- Before putting on and after removing gloves
- Artificial nails and nail jewelry are not to be worn by patient care associates or those handling patient care items
- Follow step by step directions for washing your hands

UNIVERSAL PRECAUTIONS/STANDARD PRECAUTIONS

Standard precautions are a way of protecting healthcare workers from direct contact with possible infectious material. Under Universal Precautions/Standard Precautions, the blood and certain other body fluids of ALL patients are considered possibly infectious. The correct personal protective equipment (PPE), which may include gloves, gown and head and/or foot coverings, should be used in accordance with Universal Precaution/Standard Precautions Guidelines. Personal protective equipment is required whenever potentially infectious material may be generated and eye, nose or mouth contamination can be reasonably anticipated. Associates need to know where this PPE is kept in their work area and must wear it when indicated.

BLOODBORNE PATHOGENS (INFECTION CONTROL MANUAL)

Anyone whose job puts them in contact with possible infectious material such as blood, semen, amniotic fluid and fluid from around the lungs, heart and joints, is offered the hepatitis B vaccine free of charge.

BLOOD AND BODY FLUID EXPOSURES

If you are directly exposed to blood or other body fluids (e.g. needle stick), immediately clean the area with soap and water. IMMEDIATELY notify your manager and follow the Blood and Body fluid Exposure Policy.

ASSOCIATE HEALTH

- TB Skin testing: required annually. Symptom questionnaire if positive reactor or if required for your job title.
- Associate Work-related Injury: Associate completes "Associate Accident/Injury Report," notifies supervisor and associate health immediately.
- Significant Exposures: wash area immediately. Complete injury report and report to Agnesian Work & Wellness/Emergency Room immediately (within 2 hours of exposure).

PATIENT EDUCATION

The goal of AHC's patient and family education is to ensure that all patients receive the same high level of education.

CONFIDENTIALITY/HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT)

AHC has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. Health information may not be accessed or communicated with anyone who does not need to know the information. In addition, staff, physicians, volunteers and students must be extra careful not to discuss sensitive health information in open areas where it can easily be heard by visitors and others.

HIPAA has Administrative Simplification Requirements. These address electronic transactions and code sets, security, unique identifiers and privacy. An organization must follow HIPAA if their business involves sending protected health information (PHI) electronically or receiving PHI. It must also follow HIPAA if they utilize third party vendors who send or receive PHI electronically. PHI is any information that relates to past, present or future medical information and payment for these services. It also relates to information that could identify the person or if it could reasonably be used to identify a person. PHI could be at risk if there is improper access to stored information or if information is intercepted when sent electronically. Associates who need access to PHI have this access. Associates who do not need access are not granted access to this information. Procedures are in place to protect passwords and access to information.

Violating patient privacy under HIPAA has criminal and civil penalties. These penalties include monetary fines as well as jail sentences.

Steps to maintaining confidential PHI includes:

- Patients that request not to be listed in the hospital directory will be noted as NFC (not full consent).
- Bedside charting should not be left in a visible position.
- Keep all computer passwords confidential.
- Sign off computer programs when leaving the terminal.
- Laptops are encrypted.
- Random audits are completed daily to ensure that PHI is not being accessed inappropriately.

PRIVACY NOTICE

Every patient receives a Privacy Notice describing the organization's legal duties and privacy practices concerning Protected Health Information. It also describes the patient's privacy rights and responsibilities.

The notice of privacy practices must contain information about:

- How the organization may use and disclose PHI
- The organization's duty to protect patient privacy
- How the organization protects and does not protect privacy
- The patient's right to complain about a possible violation of privacy rights, including contact information for making complaints

PATIENT RIGHTS

The staff and physicians of AHC respect the dignity and rights of each individual and take seriously our responsibility to provide the highest quality of medical care available. Patients receive a copy of Patient Rights and Responsibilities during admission. Rights/Responsibilities are also posted for the public in patient care areas.

PATIENT COMPLAINTS/GRIEVANCES

It is the responsibility of all staff and physicians to address the concerns of our patients immediately if possible. Written documentation is done on the patient complaint tracking form. This is to be completed on all unresolved complaints received via letter, phone or in person and sent to the director of the department involved. It is the goal of AHC to resolve complaints/concerns on the spot or at maximum within 15 days. Patients may also contact the Joint Commission with concerns about their care.

ADVANCED DIRECTIVES

Advanced Directives are the instructions describing preferences for end of life care and routine medical treatment decisions in the event that patients cannot speak for themselves. Patients are asked if they have Advanced Directives by the nurse on admission. These forms can be obtained from Care Management and at the Information Desk.

ACCESS TO PROTECTIVE SERVICES

We are committed to identifying, treating and referring victims of abuse, neglect, exploitation, or domestic violence. The safety of the victim is always our primary concern. Patients will be assessed, informed, and /or referred, as appropriate, when in need of such services.

PASTORAL CARE

Pastoral Care services is an ecumenical ministry which is available to meet the spiritual needs of patients, families and staff and makes referrals to local clergy when asked. Chaplains can be contacted by dialing (0) and requesting the chaplain on call.

REFUSAL TO CARE FOR PATIENTS

The organization maintains a mechanism for associates to identify their objections to participate in a practice which conflicts with personal, religious, cultural or ethical values. Discuss any conflicts with your Department Director.

COMPETENCY

Competency is the ability of the associate to do his/her job. There are mandatory competencies and there may be additional department competencies required for your job. Check with your Department Director.

RESTRAINTS:

Restraints initiated by correctional staff will follow the correctional facilities policies. At times, to accommodate assessment or treatment, removal of the restraints may be requested but final determination of appropriateness will rest with the approval of a supervisor from the institution where the inmate resides. Restraints that are initiated by hospital staff or physician will follow hospital policy.

ORGANIZATIONAL CODE OF ETHICS

AHC has and operates in accordance with an Organizational Code of Ethics to address ethical behavior in all business practices especially the areas of marketing, admission, transfer, discharge, billing practices and relationships between Agnesian HealthCare and its staff to members of other health care providers, vendors, governmental bodies, educational institutions, and payers. If you have concerns, please contact your supervisor or Glen Trembl (Corporate Responsibility Officer) at ext.4401 or email at compliance@agnesian.com. A confidential anonymous message can be left on the Corporate Responsibility Hotline at 920-926-4404 or toll free at 1-800-337-7633.



Fox Valley Health Care Alliance

**Clinical Agency Specific Orientation
CONFIRMATION OF COMPLETION**

TO BE COMPLETED BY STUDENT or FACULTY:

I, _____ (please print name) certify that I have completed the clinical agency specific orientation(s) as indicated below on the date(s) by my signature(s). Falsifying this statement or failure to comply with clinical agency policies will result in disciplinary action that may include expulsion from the clinical agency for the remainder of the clinical experience.

- This clinical agency specific orientation is to be completed annually per organization.
- It is your responsibility to receive a unit/department specific orientation on or before your first day of clinical for each area you visit.

*****IMPORTANT: Please return completed form to the appropriate department at your school, NOT the healthcare facility.**

CLINICAL AGENCY	SIGNATURE	DATE