

# St. John Health System



## Non-Employee Handbook



# Table of Contents

## **Introduction**

Welcome.....	5
Sisters of the Sorrowful Mother .....	7
St. John Health System through the years .....	9
What we believe .....	11

## **Non-employee handbook** .....

.....	17
Policies.....	19
Safety.....	22
Nursing SOP .....	25
Medications by title.....	26
National patient safety goals .....	27
Media SOP .....	28

## **Customer service**.....

## **Corporate compliance/code of conduct**.....

.....	41
False Claims Act .....	43
Corporate code of conduct program contacts.....	45
Code of conduct SOP .....	46
HIPAA .....	60
Family inquiries.....	61

## **Hand hygiene**.....

## **Forms**

Values in Action acknowledgement .....	69
Policies acknowledgement .....	71-74
Confidentiality	
Email and Internet agreement	
Corporate compliance code of conduct	
Hand hygiene	
Non-employee handbook acknowledgement	
Non-employee checklist.....	75

## **St. John Medical Center campus map**.....

77



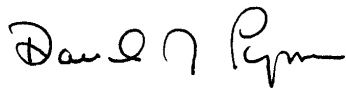
# Welcome to the St. John Health System

We are pleased you'll be joining us and hope you find fulfillment and satisfaction in your time with the St. John Health System. We ask you to assist us in creating a warm, friendly atmosphere for yourself, your fellow associates and, most of all, our patients. You are an important part of St. John's quality healthcare.

This handbook explains the many benefits St. John offers. It also explains what St. John requires of you and what to expect of us. Please familiarize yourself with this handbook.

St. John is known for medical excellence and compassionate care. It is people like you who make us a leader in regional healthcare.

Cordially,

A handwritten signature in black ink, appearing to read "David Pynn". The signature is fluid and cursive, with a large initial "D" and a long, sweeping underline.

David Pynn  
President and Chief Executive Officer  
St. John Health System



# The Sisters of the Sorrowful Mother: *A Legacy of Caring*

The Sisters of the Sorrowful Mother was founded in Rome, Italy, in 1883 by Mother Mary Frances Streitl. The order was founded on the Catholic mission of serving the sick and the poor through the ministries of teaching and healing.

The Sisters opened their first American mission in 1889 – St. Francis Hospital in Wichita, Kansas. Additional hospitals and schools were opened in Wisconsin, Minnesota and New Jersey.

In 1914, community leaders in Tulsa invited the Sisters to come to the rapidly growing city to investigate the possibility of establishing a new hospital. After receiving approval from Catholic authorities, the Sisters began construction on St. John's Hospital in 1920. After many delays and shortfalls in funding, the hospital opened in February 1926.

The Sisters continued to establish new missions in the United States and, in 1961, a mission was established on the island of St. Lucia in the Caribbean. Additional missions have since been established in Grenada, the Dominican Republic and Jamaica.







# St. John Health System

## *Through the Years*

In February 1920, General John J. Pershing broke ground for St. John's Hospital, with construction beginning shortly thereafter. Problems plagued the project and the skeleton of the five-story building sat vacant for three years. When it appeared the project would be abandoned, the Sisters sold property they held in New Jersey to fund completion of St. John's Hospital, which opened in February 1926.

In 1976, fifty years to the day after the hospital's official opening, the 14-story J.A. Chapman Tower was dedicated and the hospital's name was changed to St. John Medical Center to signify the facility's growth. Since then, the St. John Medical Center campus has undergone tremendous growth, and the health system has expanded to five hospitals, the newest being St. John Owasso (opened 2006) and St. John Broken Arrow (opened 2010). The health system is part of the Marian Health System, the nation's eighth-largest Catholic healthcare organization.

From its humble beginnings, the St. John Health System has grown to be an exemplary member of the northeast Oklahoma medical community, serving thousands of patients within the state and Arkansas, Kansas, and Missouri, and is a regional leader in radiology, cardiovascular medicine, oncology, urology, neurology, laboratory analysis, intensive care and physical rehabilitation.

The perseverance of the Sisters of the Sorrowful Mother and their dedication in bringing their healing and teaching mission to Tulsa has been a hallmark of the St. John Health System. The guidance of the Sisters and the full support of the community have made St. John the progressive healthcare system it is.



St. John's Hospital, 1926



# What We Believe

## Philosophy

The St. John Health System and its affiliated corporations witness to the healing mission of Jesus Christ as expressed by the teachings of the Roman Catholic Church and the philosophy and values of the Sisters of the Sorrowful Mother. In pursuit of this healing mission, we subscribe to the following principles and beliefs:

- We believe human life is a sacred gift from God, created in His divine image and called to eternal union with Him.
- We believe human life is to be revered, respected, supported, and protected at all stages, from conception to death.
- We believe all persons are called to achieve fullness of life and to contribute, to the best of their ability, to the development and deepening of the positive qualities of life, thereby helping each other realize full personal potential.
- We believe health is a basic human value and strive to maintain and restore the physical, spiritual, social, and emotional well-being of those serving and those being served.
- We believe in a holistic healing process which integrates medical excellence with compassionate care.
- We believe all persons serving with us should receive recognition of their personal dignity and worth, as well as appropriate material compensation in accord with the principles of Christian justice.
- We believe we are called to responsible stewardship and to wisely and respectfully utilize our human and material resources.

## Mission

St. John is a non-profit Catholic healthcare corporation in Tulsa, Oklahoma, sponsored by the Sisters of the Sorrowful Mother. It operates in conformance with “The Ethical and Religious Directives for Catholic Health Facilities.”

St. John carries on the mission of the Sisters of the Sorrowful Mother, that of continuing the healing ministry of Jesus Christ. Faithful to the sponsorship mission, philosophy and values, St. John’s mission is to provide high quality healthcare, contribute to the continuing improvement of the overall health status and promote the well-being of people in Tulsa and the surrounding communities we serve, being especially sensitive to the dignity and needs of the sick, the poor and the powerless.

In collaboration with others, the Health System ascertains community needs and provides a broad array of services along the healthcare continuum, including preventive, diagnostic, therapeutic and rehabilitative programs, with emphasis on health promotion and disease prevention.

St. John takes an active part in advocating public policies that advance a healthy and just society. It plans and works with local, state and national leaders and organizations to bring about a new healthcare delivery system that provides dignified access to and affordable healthcare for all persons.

We are committed to continue this mission of service, and in our day-to-day interactions with those who serve and are served, we are guided by the core values of service, presence, human dignity and wisdom.

## Vision

Inspired by our mission and values and empowered by our sponsor, the Sisters of the Sorrowful Mother:

- We are committed to integrate preventive care into every level of patient encounter.
- We are committed to a corporate image which inspires public trust and confidence in the organization's ability to identify and respond to ever-changing health needs.
- We are committed to advocate healthcare payment reform so every American will have dignified access to a basic level of health service.
- We are committed to achieve a collaborative environment in which medical and hospital staff work together for mutual benefit.
- We are committed to modify our delivery of healthcare to achieve the most appropriate and cost-effective level of services.
- We are committed to offer within the limits of our resources health services to all persons within our service area regardless of race, religious belief, ethnic background or financial status.
- We are committed to maximize our resources and use our collective talents wisely to maintain financial stability.
- We are committed to innovative approaches to effectively function in a managed care environment.
- We are committed to offer opportunities and resources for personal growth and enhancement of job skills of the entire work force.
- We are committed to strengthen, expand and improve the clinical services in cardiology/cardiovascular surgery, oncology/cancer, neurology/neurosurgery and orthopedics.

## Values

**Service.** We value the opportunity to serve the sick, one another, the community, and society through the utilization of our skills and giftedness. We strive for excellence and continuous improvement in our service, making the human touch in the form of compassion a vital component in the healing process.

- We respond to the needs of each person by taking into consideration the whole person: body, mind and spirit.
- We continuously improve the quality of our service through the encouragement of self-directed work teams and employee empowerment.
- We promote wellness within the community we serve through health education, health screening and health promotion.
- We advocate a new healthcare delivery system that provides dignified access to an adequate level of health services.
- We assume our obligation to share our unique gifts and skills to improve the living conditions of humanity.

**Presence.** We enrich interactions and encounters with those we serve, with those to whom we minister, and with those with whom we collaborate through our total attentiveness to each individual person and to each individual situation.

- We provide compassionate care for our patients by entering into their pain and suffering.
- We give to every person with whom we interact our undivided attention.
- We create a welcoming space into which others feel free to enter.
- We receive every person we serve as a guest.

**Human Dignity.** We revere all human life, promote the dignity of each human being and share in one another's gifts in ways that preserve a sense of self-worth and equality. We foster responsive, value-driven cultures, structures, and processes that promote basic human rights, individual growth, effective use of talents and development of maximum potential.

- We respect the unique personhood of every individual with whom we come in contact in the provision of our services.
- We encourage open, honest, and timely communication between all levels of the organization.
- We value the talents and giftedness of each person and appropriately recognize individual contributions to organizational goals and success.
- We create an atmosphere that fosters mutual respect, recognizes one another's worth, and enhances self-esteem.
- We provide a compensation system that is internally equitable and externally competitive.

**Wisdom.** We exercise responsible stewardship, using available resources to maintain the critical balance of addressing individual and community health needs while sustaining the institution's long-term financial strength. We use processes that enable us to discover what is true and right in making decisions which call us to just actions.

- We act ethically and with integrity, honesty, and confidentiality in all our dealings.
- We carefully balance the needs of charity with the demands of justice.
- We carefully balance the need for continually improving quality with the need to control healthcare costs.
- We foster free exchange of ideas, innovation, and teamwork and seek guidance and input prior to decision-making.
- We collaborate with physicians and other healthcare providers to assure effective and efficient use of resources.
- We use resources wisely and strive for reasonable financial returns to enable us to continue our mission.



# **Non-Employee Handbook Tab**





# Non-Employee Handbook

The Handbook is not intended to create a contract or agreement or create contractual rights for individuals. St. John reserves the right to remove anyone associated with or partnered with St. John Health System with or without cause.

While the St. John Health System will generally attempt to communicate changes concurrent with or prior to the implementation of such changes, St. John reserves the right to modify, amend or alter the Handbook without notice to any person.



# Policies

## Anti-Solicitation

Except to solicit participation in official Health System employee programs, no individual will solicit any other employee of St. John for any purpose at any time in any area to which patients and visitors have access. The prohibition includes, among other areas: hallways, stairs, waiting rooms, elevators, the coffee shop and reception area.

Individuals may engage in solicitation of other employees only when both are on non-work time and only in areas to which patients and visitors do not have access. Work time does not include authorized break periods and meal times; employees are permitted to engage in solicitation during those periods. Any solicitation permitted in this policy must be carried out in a non-intrusive and non-harassing manner.

Individuals will not distribute material unrelated to official Health System business of any kind (brochures, handbills, pamphlets, literature, buttons, e-mails, etc.) in any area of St. John except in non-work areas where patients and visitors do not have access. At no time will individuals solicit any patient or visitor for any purpose, nor will individuals distribute any material to patients or visitors. This rule will be strictly enforced.

## Discrimination/Sexual Harassment/Aggressive Behavior

St. John Health System is committed to providing a workplace free of harassment. Harassment of any kind is not tolerated by the Health System under any circumstances. Harassment and similar intimidating conduct is strictly prohibited in any context and is not limited to sexual harassment. Prohibited harassment includes harassment based on sex (with or without sexual conduct), race, color, religion, national origin, age, disability, or any other characteristic or activity protected by applicable law (such as opposition to discrimination or participation in complaint proceedings).

## Photo Identification

St. John photo IDs may be issued. All individuals associated with St. John will be required to wear a photo ID while on duty. The badge should be worn above the waist on a lapel, breast pocket or lanyard so that patients, co-workers, etc., can readily identify you. There is a \$15 charge for lost or damaged photo identification cards. **Do not place stickers or pins on photo IDs.** Damaging photo identification badges (stickers, pins, etc.) will result in the card not working properly.

## Parking

Certain regulations apply to parking privileges:

- Individuals are provided a designated parking area.
  - Students park in the Kaiser Building Parkade, second floor on the north end on the west side. Enter the parkade off 19th Street from the parking lot entrance next to Getman's Pharmacy.
  - Agency, please use the 21st Street Parkade
- Parking permits are obtained from Security in Human Resources.
- Failure to park in your assigned area may result in suspension of parking privileges.
- Security can accompany any individual to their car after dark upon request. Security may be reached at 918-744-2197.

## **Evaluation of Performance**

Performance of learning experiences will be evaluated by St. John Health System staff as scheduled by program directors.

## **Dress Code (Personal Appearance)**

Individuals are asked to be aware of their grooming and personal appearance. You are asked to dress in a manner that is not offensive to patients, visitors or other Health System personnel. All individuals must practice cleanliness and personal hygiene. Pierced jewelry may only be worn in an ear lobe, and tattoos cannot be visible while at work. Individuals providing direct patient care or handling packaged patient supplies and medications may not wear artificial nails, overlays, etc. Hair color must be of naturally occurring hues, and shoulder-length or longer hair must be tied or pinned back if the employee has patient contact.

Clinical Services (Nursing) as well as other departments have specific dress codes. Each department is responsible for enforcing their approved dress code appropriate to their individual areas.

## **Elevators**

St. John elevators are for use when it is impractical to use the stairs or when physical restrictions require use of the elevator. The elevators' primary functions are the transportation of patients and the delivery of vital equipment and supplies. Please walk when your destination is no more than two floors up or down. If not accompanying a patient, use passenger elevators and not patient elevators.

## **Tobacco-Free Environment**

It is the desire of St. John to provide a clean air environment for our patients, visitors and employees. No tobacco use is permitted in buildings or on property owned or leased by the Health System, or in company vehicles. This applies to all associates, patients, medical staff, students, contracted personnel, auxiliaries, volunteers, visitors, vendors and tenants of SJHS. Tobacco products prohibited include pipes, smokeless tobacco, cigars, snuff, herbal tobacco products, cigarettes, tobacco related products, products such as electronic cigarettes and other smoking simulation devices.

## **Telephones, Fax Machines and E-mail**

Telephones, fax machines and email are available to individuals for the purpose of performing job duties. Personal use should be limited and must not interfere with job performance. SJHS reserves the right to monitor all phone, fax and e-mail communication.

Incoming personal calls will not be transferred to the departments from the Health System operator or Human Resources. Please notify schools, sitters, etc. of your department phone number.

## **Personal Use of Electronic Devices**

SJHS associates are expected to spend on-duty time conducting SJHS business. For this reason, personal calls should be kept to a minimum. Personal calls should be made during authorized breaks from work, and must be conducted in non-patient care and non-public areas.

Texting and non work-related Internet browsing on portable devices should not be performed during working hours. Associates must not wear earphones/buds or other ear/headset devices unless required for work, authorized by management, or as a personal hearing aid. Cameras of any kind, including cell phone

Management may implement more strict department rules if it is determined that such rules are necessary for work production or to protect the privacy of patients, visitors or co-workers. Violations of this policy may result in removal from St. John Health System.

### **Personal Relationships with Patients**

Personal relationships with patients on off-duty hours are discouraged and may result in removal from the St. John Health System. Since patients are vulnerable, individuals are expected to behave in a compassionate yet professional manner.

### **Gifts and Tips**

Service to patients and customers at St. John is based on need for services we render and should be given without thought of personal gain. Individuals should not accept tips or other forms of gratuities in greater than nominal value (more than \$10) from patients, vendors or physicians. All gifts, tips and gratuities should be reported to an immediate supervisor.

### **Care of Equipment and Supplies**

Health System equipment is costly. Please refrain from careless treatment of equipment; good patient care depends on it. Accidental breakage or loss should immediately be reported to a manager or director.

### **Cafeteria/Coffee Shop/Health Plaza Café/Café Latte**

The **Cafeteria** is located on the second floor of the Chapman Tower and is open from 6 a.m.-3 p.m., Monday through Friday, offering a full line of hot meals, sandwiches, salads, desserts and beverages.

**Coffee Shop**, located on the second floor of the Connecting Building. Hours are 6 a.m. to 7 p.m. Saturdays, Sundays and holidays.

**Nite Bites**, located on the second floor of the Connecting Building, is open from 5:30 p.m. to 1 a.m.

**Health Plaza Café** is located on the first floor of the Mary K. Chapman Health Plaza. Hours are 7 a.m. to 3 p.m. Monday through Friday, specializing in healthy, global, seasonal cuisine; sandwiches, wraps, snacks, smoothies and specialty coffee drinks.

**Cafe Latte** is located on the second floor of the Connecting Building and is open from 6:30 a.m.-5:30 p.m. Monday through Friday, serving specialty coffees, smoothies and snacks. Additional “grab and go” items are offered from noon- 5:30 p.m.

### **Lost and Found**

A lost and found service is maintained by the St. John Security Department. Articles found on St. John property are to be turned in to the security office. Inquiries by employees or patients regarding lost articles should be referred to the security office.

## Spiritual Guidance (The Chapel)

All persons are welcome to visit the St. John Chapel for a moment of quiet reflection, or to attend a scheduled Mass. The chapel, located adjacent to the Kravis Building, is open from 7 a.m. to 7 p.m. Chaplains provide spiritual guidance for patients, families and employees regardless of religious affiliation. If you wish for the guidance of a chaplain, please contact Pastoral Care, 918-744-2689.

# Safety

## Contact Numbers:

**Supervisors:** During your department orientation you will be instructed how to contact or access your chain of command.

**St. John Safety Officer:** 918-744-3157

**Human Resources:** 918-744-2980

**Administration:** 918-744-2180

**Compliance and Integrity Officer:** 918-744-3073

**Corporate Compliance Integrity Line:** 877-442-4888

**Joint Commission:** 800-994-6610

**Risk Management:** 918-744-3982

## Safety Precautions

Individuals are to cooperate and assist in providing a safe working environment. Any hazardous condition should be immediately reported to a manager, who in turn will report it to the **Safety Office or Risk Management**. Liquids on the floor, equipment left in halls or in patient rooms, accumulated trash or improper disposal of items are potential safety or fire hazards. Failure to report safety-related violations or to take steps to alleviate an unsafe situation may lead to discipline up to and including termination. Don't ignore a safety problem.

Familiarize yourself with the following emergency warnings:

**Code Blue.** A Code Blue and location given over the public address system indicates a medical emergency. Designated physicians, nurses and technicians are the Code Blue team and must go to the area as quickly as possible. Only those members of the Code Blue team respond to this emergency warning. If you hear a Code Blue announcement and are in the area, do not block the hallways, elevators or other traffic paths. Emergency teams and their equipment have top priority.

**Code Yellow.** A Code Yellow announced over the public address system indicates a major disaster internal or external to the Health System. All employees may have to help care for the injured brought to our hospital. Your manager will outline what your departmental duties will be during a Code Yellow. You should also become familiar with general St. John procedures for the warning.

**Code Red.** A Code Red and a location announced over the public address system indicates a fire or fire drill. Please thoroughly familiarize yourself with your department's procedure for a Code Red. Each department has a Code Red plan. It is your responsibility to learn the plan and to know exactly what to do if a Code Red is announced.

**Code Black.** Notification of a tornado or other severe weather approaching.

**Code Adam.** Notification of a potential infant/child abduction.

**Mr. Allen:** Security alert utilized to signal security officers immediately. Should be used with caution.

## Variance Reporting

The purpose of the variance report is to communicate internally issues, events, failure of processes or recognition that processes could fail. They are not intended to be punitive in nature, but rather a tool to identify areas that require evaluation and determine action to be taken. The following are examples of what is commonly documented on a variance report – medication errors, patient falls and trips.

Procedures to follow for an incident:

- Fill out variance
- Electronic filing/intranet
- Contact Risk Management, 918-744-3982
- Rapid Response Guide

Maintenance	x42780
IT Helpdesk	x42179
Transport Systems	x42000
Emergency reporting on campus	Dial 89
Emergency reporting off campus	911
Operator	Dial 0

## St. John Security

St. John Medical Center	918-744-2197
St. John Owasso	918-274-5085
St. John Broken Arrow	918-995-8085
St. John Sapulpa	918-224-4911

## Language Line - Interpretation Help

Language, Translation and Communication Assistance

In support of our mission to provide medical excellence, SJHS offers language interpretive services to individuals with limited English proficiency, sign language interpreters or telecommunication devices for the deaf (TDDs) and other reasonable communicative accommodations for individuals with sensory disabilities or cognitive impairment, all at no cost.

- This service is available for all St. John Health System Associates and should be used to talk with any patient or family member if needed.
- A sign must be posted above the patient's bed, notifying staff members of the language the patient speaks and the phone number to our interpretation services.
- Contact your manager, house supervisor or patient advocate for more information or location of equipment in your area.

## St. John Language Line

Dial 1- 800-777-8895. If preferred, dial "0" for the Hospital Operator to place call.

When the Customer Service Rep (CSR) answers, provide the following:

- 1. The language you need.
- 2. Your Name.
- 3. Facility/Entity: (eg - SJMC, JPMC, OMNI, Gemini, Villas, Urgent Care, RML)
- 4. Location/Department: (eg - 9 West, Cath Lab, Catoosa, 81st & Memorial, Franciscan Villa, Pawhuska Clinic, Skiatook )
- 5. Medical Record Number or Patient ID (if known) Please let the CSR know if you would like to connect to multiple parties. (Call a patient at home, for example)

The CSR will connect you with an interpreter promptly.

## **Communications**

MedWeb is an ongoing electronic publication for employees and staff of St. John Health System, offering important news about the Health System, links to department home pages and external websites.

## **Customer Relations**

In your contact with other people, whether patients, visitors or our own associates, you are asked to be courteous, tactful, considerate and fair. In doing so, you will add to the goodwill of the Health System. In particular, we ask our associates to assist guests and visitors who appear to be lost. It can be confusing to our patients and their loved ones; a little extra time on our part to direct them to their appointment or room is greatly appreciated.

**Remember, you represent the Health System, regardless of the job you perform.**

**A courteous and respectful attitude encourages returned courtesy. Treat individuals with dignity.**

**Considerate treatment is contagious.**



# Nursing Standard Operating Procedures (SOPs)

## Charting (Nursing SOP C-9)

- Cerner is the online electronic medical record (EMR) used at St. John Medical Center. The electronic medical record is a legal document and will contain a record of the patient's care and treatment. The EMR will be handled with confidentiality and conscientiousness.
- Students will not place orders in the Cerner system
- Nursing students' charting will be co-signed by faculty or a staff RN
- Only hospital-approved abbreviations will be used in the EMR
- **Patient incident/medication errors** – If a patient incident occurs, such as a fall or error with medication administration, please notify the nursing staff will assist you
- Students are required to attend Cerner training prior to documenting in the electronic medical record
- Students will document medication administration in the electronic medication administration record (eMAR).  
**Students will not use handheld CareMobile devices for documenting medication administration.**

\*To correct an error in Cerner online documentation, check with your instructor or a member of the nursing staff.

## Administration of Medications (Nursing SOP M 1.1 through 1.9)

A table is provided on the following page indicating by job title (RN, LPN, nursing student), those authorized to administer medications, including the routes of administration, at St. John. Students enrolled in a nursing program may administer medication during their clinical rotation only under the supervision of their instructor or a St. John leadership preceptor.

The processes for administering and documenting medication are outlined in these policies. The nursing staff will be happy to answer any questions you have. The SOPs are available on MedWeb under Documentum. Nursing staff will assist you in locating these SOPs.

# Administration of Medications by Title

	IV Push	IV Large Volume or IVPB	Chemo Agents Inj	Chemo Agents Oral	SubQ or IM	Oral Meds	Inhal Tx	Topicals	Inves. Drugs Oral	Ivest. Drugs Inj	Rectal	Immunizatin Agents	Diagnostic Agents
Physician/Dentist	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
RN	Y	Y	Y1	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y Skin Test Allergans
RN-Oncology	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y Skin Test Allergans
RN-Radiology	Y	Y	Y1	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LPN	Y	Y	Y1	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y Skin Test Allergans
Extern	N	N	N	N	N	N	N	N	N	N	N	N	N
RN-Nursing Student <sup>14</sup>	Y	Y	N	N	Y	Y	Y	Y	N	N	Y	Y	Y Skin Test Allergans
LPN-Nursing Student <sup>14</sup>	Y12	Y	N	N	Y	Y	Y	Y	N	N	Y2	N	Y Skin Test Allergans
Graduate Nurse (NCLEX-RN or NCLEX-PN)	N	N	N	N	N	N	N	N	N	N	N	N	N
Home Health Nurse Assistant	N	N	N	N	N	N	N	Y13	N	N	N	N	N
Medical Technologist	N	N	N	N	N	N	Y2	N	N	N	N	N	N
Phlebotomist	N	N	N	N	N	Y11	N	N	N	N	N	N	N
Physical Therapist	N	N	N	N	N	N	N	Y	N	N	N	N	N
Physical Therapy Technician	N	N	N	N	N	N	N	Y	N	N	N	N	N
Physical Therapy Assistant	N	N	N	N	N	N	N	Y	N	N	N	N	N
MRI Technologist	Y5	N	N	N	N	N	Y4	N	N	N	N	N	N
Special Procedure Technologist	Y3	N	N	N	N	N	Y4	N	N	N	N	N	N
Diagnostic Radiology Technologist	Y5	N	N	N	N	N	Y4	N	N	N	N	N	N
Nuclear Medicine Technologist	Y6	Y7	N	N	N	N	Y8	N	N	N	N	N	N
Respiratory Therapist	N	N	N	N	N	N	Y	Y9	N	N	N	N	N
Respiratory Technician	N	N	N	N	N	N	Y	Y9	N	N	N	N	N
Pulmonary Technologist	N	N	N	N	N	N	Y	Y9	N	N	N	N	Y10

1. Large volume continuous infusions only.
2. Except controlled drugs.
3. Limited to Atropine, Benadryl, corticosteroids, normal saline heplock flushes, and contrast media in a pre-existing heplock or intravenous site.
4. Limited to Benadryl, oral/rectal contrast media.
5. Limited to contrast media, saline, and heplock flushes.
6. Limited to intravenous radioactive isotopes, normal saline heplock flushes, Lasix, and Kinevac.
7. Limited to large volume infusions.
8. Limited to radioactive isotopes, sublingual nitroglycerin.
9. Limited to Americaine topical anesthetic.
10. Limited to methocholine in pulmonary challenge procedure.
11. Glucola for glucose tolerance test only.
12. Limited to saline and heplock flushes.
13. Non-prescription topicals only.
14. With instructor present or supervision by preceptor in leadership rotation.



# Improving Patient Safety

## 2011 National Patient Safety Goals

### Goal: Improve the Accuracy of Patient Identification

- Use two patient identifiers (patient name and date of birth) when providing care, treatment, and services
- Eliminate transfusion errors related to patient misidentification
- Match the blood or blood component to the order

### Goal: Improve the Effectiveness of Communication Among Caregivers

- Report critical results of tests and diagnostic procedures to the physician within 30 minutes of receipt, and document the reporting in the medical record

### Goal: Improve the Safety of Using Medications

- Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings
- Label includes:
  - » Medication name
  - » Strength
  - » Quantity
  - » Diluent and volume (if not apparent from the container)
  - » Preparation date
  - » Expiration date when not used within 24 hours
  - » Expiration time when expiration occurs in less than 24 hours

Note: The date and time are not necessary for short procedures, as defined by the hospital
- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy
  - » Baseline INR is required before administering Coumadin
  - » Routine monitoring is required for all anticoagulants
  - » Face-to-face patient education is vital and should include:
    - \* Importance of follow-up monitoring compliance
    - \* Drug and food interactions
    - \* Symptoms of adverse effects and when to call the doctor
    - \* Discharge booklets and TIGR videos are also available

### Goal: Reduce the Risk of Health care-associated Infections

- Improve compliance with current CDC hand hygiene guidelines and SJMC hand hygiene policy
- Implement evidence-based practices to prevent health care-associated infections due to:
  - » Multidrug-resistant organisms (MDROs)
  - » Central line-associated bloodstream infections (CLBSIs)
  - » Surgical site infections (SSIs)

### Goal: The Organization Identifies Safety Risks Inherent in Its Patient Population

- Identify patients at risk for suicide

### Goal: Accurately and Completely Reconcile Medications Across the Continuum of Care

Applies to both in-patients and out-patients

- Obtain a current medication list
- Compare the medication list with the medications ordered by the physician in order to identify and resolve discrepancies.
- Provide the patient (or family) with written information on the medication(s) the patient should be taking upon discharge (name, dose, frequency, purpose).

Note: If additional medications are for a short duration, the medication information may include only those meds.

- Upon discharge educate the patient regarding the importance of managing medications

### Universal Protocol

- **Conduct a pre-procedure verification**
  - » Pre-procedure verification may occur at more than one time and place before the procedure
  - » Verify that all relevant documents and related information or equipment are:
    - \* available
    - \* correctly identified, labeled and matched to patient's identifiers
    - \* reviewed and agreed upon by patient and team
- **Mark the procedure site**
  - » Sites are marked when there is more than one possible location for the procedure, and when performing the procedure in a different location would negatively affect safety
  - » Follow a standardized manner across the organization
  - » Sites are marked by the surgeon or, in limited circumstances, by another provider who works under a supervisory agreement with the surgeon and will be involved with, and is present during, the procedure
- **Time out is conducted immediately prior to starting procedures**
  - » Team members agree on:
    - \* correct patient identity
    - \* correct site
    - \* procedure to be done

The following 2009 NPSGs are still in effect but have been incorporated into Joint Commission standards:

- DNU (Do Not Use) abbreviations
- Look-alike, sound-alike medications (LASA)
- Fall prevention
- Early recognition/response
- Read-back orders
- Hand-off communication
- Patient/family involvement

ST. JOHN HEALTH SYSTEM, APPLIES TO ALL EXCEPT JANE PHILLIPS HEALTH CORPORATION AND RELATED ENTITIES

**Media Relations**

PAGE 1 OF 4

DATE APPROVED: June 8, 2011

- I. DEPARTMENT APPLIES TO – All except Jane Phillips Health Corporation and related entities.
- II. OVERVIEW - Policy and procedure of releasing information related to St. John Health System (SJHS) or patient information

III. POLICY

- A. SJHS will provide only qualified and authenticated information to news media; therefore, the Community Relations department will provide authorized health system spokespersons to be available at all times to respond to inquiries. All media requests for information received by SJHS associates are to be forwarded to Community Relations.
- B. Release of patient protected health information must follow guidelines established by SOPs - *Use and Disclosure of Protected Health Information*, and “*No Report Patients*” and Facility Directory.

IV. PROCEDURE

- A. Authorized hospital personnel to handle media inquiries
  - 1. Primary:  
Media Relations Coordinator  
Office Phone 918-744-2441  
Cell Phone 918-231-9924  
Department Phone 918-744-2820
  - 2. Secondary:  
Director, Community Relations  
Office Phone 918-744-2440  
Cell Phone 918-625-1937  
Department Phone 918-744-2820
- B. The Media Relations Coordinator is the first line of response for all media inquiries during working hours. The Coordinator will carry a cell phone during

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER SJO Release of Hs Pt. Info Release of HS Pt Information	PREPARED BY Cheena Pazzo, Director Community Relations
REPLACES DOCUMENT DATED 10/25/06 and 8/1/07	APPROVER David J. Pynn, Chief Executive Officer

ST. JOHN HEALTH SYSTEM, APPLIES TO ALL EXCEPT JANE PHILLIPS HEALTH CORPORATION AND RELATED ENTITIES

**Media Relations**

PAGE 2 OF 4

DATE APPROVED: June 8, 2011

off-duty hours and will be contacted about media requests. The Community Relations Director is a backup when the Coordinator is unavailable.

C. The President, Executive Vice President, Senior Vice Presidents and Vice Presidents are qualified spokespersons, but should not be disturbed on routine matters; if hospital policy is involved, the Community Relations office will clear such information with Administration.

D. With exception of the release of standard statistical information on births (released by OB-delivery) no other hospital personnel are to release information concerning the hospital, its staff, or patients. Please refer all inquiries from news media to the spokesperson(s) as designated.

E. Processing Inquiries

1. When an inquiry is made by the news media for comment by SJHS officials on matters relating to operations, community involvement, business development or other matters, Community Relations will contact administration and release only verified and approved statements.
2. When an inquiry is made by the news media concerning a patient's condition, the Media Relations Coordinator, Community Relations Director or House Supervisor (during evenings, nights and weekends), will acquire and supply appropriate information.
3. Appropriate information to release to the news media is detailed in hospital procedure: "*No Report Patients and Facility Directory*".

F. Condition Reports

1. Information may be released for patients listed on the Facilities Directory (report patients). Patient's hospitalization may be acknowledged but not her/his specific location within hospital. The following condition definitions have been approved by the Tulsa Hospital Council and American Hospital Association:

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER SJO Release of Hs Pt. Info Release of HS Pt Information	PREPARED BY Cheena Pazzo, Director Community Relations
REPLACES DOCUMENT DATED 10/25/06 and 8/1/07	APPROVER David J. Pynn, Chief Executive Officer

ST. JOHN HEALTH SYSTEM, APPLIES TO ALL EXCEPT JANE PHILLIPS HEALTH CORPORATION AND RELATED ENTITIES

**Media Relations**

PAGE 3 OF 4

DATE APPROVED: June 8, 2011

- a) Good: Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.
- b) Fair: Vital signs are stable and within normal limits. Patient is conscious, but may be uncomfortable. Indicators are favorable.
- c) Serious: Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.
- d) Critical: Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.
- e) Deceased: See the Tulsa Hospital Council *Media Code Guidelines*, available in Community Relations, for more information.
- f) Strictly No Report: Following the guidelines established by SOP “*No Report Patient*” and the *Facility Directory*, no information will be released for patients listed as ‘no report’.

**G. Patient Photographs and Interviews**

- 1. When an inquiry is made by the news media regarding photographs and interviews with patients, the patient’s written permission (or written authorization of a parent or guardian) must be obtained by using form # 1364NS, Authorization of Release of Individually Identifiable Health Information. The properly signed, dated and witnessed release form is then to be placed with the patient’s chart.
- 2. Should such a request come during off-duty hours, the House Supervisor will contact the Media Relations Coordinator by pager to coordinate with nursing to complete the form. It is the responsibility of the person obtaining the release to deliver the completed form back to the nursing station and ask that it be placed with the patient’s charge.

**V. KEYWORDS**

- Release of information, Community Relations, patient information, communication, media

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER SJO Release of Hs Pt. Info Release of HS Pt Information	PREPARED BY Cheena Pazzo, Director Community Relations
REPLACES DOCUMENT DATED 10/25/06 and 8/1/07	APPROVER David J. Pynn, Chief Executive Officer

**St. John Health System**

OWNING DEPARTMENT  
Community Relations

ST. JOHN HEALTH SYSTEM, APPLIES TO ALL EXCEPT JANE  
PHILLIPS HEALTH CORPORATION AND RELATED ENTITIES

**Media Relations**

PAGE 4 OF 4

DATE APPROVED: June 8, 2011

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER  
SJO Release of Hs Pt. Info  
Release of HS Pt Information

PREPARED BY  
Cheena Pazzo, Director Community Relations

REPLACES DOCUMENT DATED  
10/25/06 and 8/1/07

APPROVER  
David J. Pynn, Chief Executive Officer

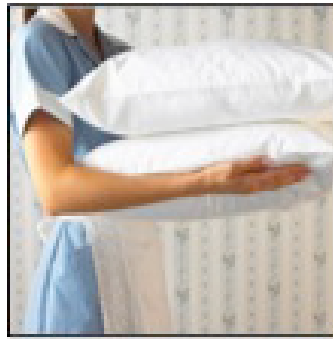




# Customer Service



# Customer Service SJHS Service Theme



## Medical Excellence. Compassionate Care

For more than 85 years, the St. John Health System has been providing Tulsa, and surrounding areas, with “Medical Excellence. Compassionate Care”. This phrase is more than just an advertising tag line. It is a statement about the goals of our service and how it is to be provided. It has become our service theme. This service theme is derived from the philosophy, mission and vision of the Sisters of the Sorrowful Mother. It is from these tiny seeds that our values of Service, Human Dignity, Presence and Wisdom have been developed.



# You are the Medical Center

Author unknown

You are what people see when they arrive here.  
Yours are the eyes they look into when they are frightened and lonely.  
Yours are the voices people hear when they ride the elevators and when they try to sleep and when they try to forget their problems.  
You are what they hear on their way to appointments that could affect their destinies and what they hear after they leave those appointments.  
Yours are the comments people hear when you think they can't.  
Yours is the intelligence and caring that people hope they'll find here.  
If you're noisy, so is the medical center.  
If you're rude, so is the medical center.  
And if you are wonderful – so is the medical center.  
No visitors, no patients can ever know the real you, the you that you know is there – unless you let them see it.  
All they can know is what they see and hear and experience.  
And so I have a stake in your attitude and in the collective attitudes of everyone who works at this medical center.  
We are judged by your performance.  
It is judged by the care you give, the attention you pay and the courtesies you extend.  
Thank you for all you are doing.

## Daily Commitment

Today, I commit myself to the St. John service theme of “Medical Excellence. Compassionate Care.”

I commit to keep in mind that patients' health and well-being are the reasons we exist.

I commit to accept responsibility for establishing and maintaining healthy relationships with my co-workers, treating each equally with respect, regardless of job title.

I commit to share promptly all important information with the appropriate people.

I commit to remember that no one is perfect, and that human errors are opportunities for improvement, learning, forgiveness and growth.

Today, I commit myself to demonstrate the St. John values of Service, Human Dignity, Presence and Wisdom through my actions, reactions and attitude.



# Corporate Compliance/ Code of Conduct





# **St. John Health System Corporate Compliance/ Code of Conduct**

**Compliance and Integrity Officer  
Kevin Steck  
918-744-3072  
kevin.steck@sjmc.org**

**St. John Integrity Line  
1-877-442-4888  
(Toll free and confidential)**

**Corporate Compliance/Code of Conduct SOPs  
may be found in Documentum  
(St. John Health System/SOP/Regulatory/Compliance)**



# Code of Conduct - Corporate Compliance

## False Claims Act

In recent years, government agencies have expanded their audits and reviews regarding potential healthcare fraud, misconduct and improper billing. Incorrect and/or inappropriate bills submitted to a government-funded program are often referred to as “waste, fraud and abuse.” As an organization that participates in government programs such as Medicare and Medicaid, the St. John Health System (SJHS) is committed to:

- meeting all standards for quality of care
- only billing for necessary and appropriate items and services
- following all rules and regulations regarding the submission of correct and accurate claims and bills
- quickly and fairly correcting any billing errors or discrepancies.

The above is extremely important as the False Claims Act ( Title 31, USC, Sections 3729-3733) makes it illegal to submit a falsified or incorrect bill to a government agency, intentional or not. This Act:

- applies to healthcare because Medicare and Medicaid are administered by the Department of Health and Human Services (DHHS)
- allows a citizen who has evidence of falsified or incorrect billing to sue on behalf of the government, commonly referred to as a “whistleblower,” and to be protected from retaliation for reporting the improper billing
- imposes penalties of three times the value of the improper claim and fines between \$5,500 - \$11,000 per claim (Note: state laws also focus on false claims in addition to the Federal False Claims Act)
- makes it illegal to knowingly retain an overpayment (once an overpayment is discovered, it must be paid back within 60 days).

Examples of improper claims include submissions for services not properly documented or for higher level services than actual provided.

The Ethics in Patient Referral Act (EPRA), commonly known as the Stark law, is associated with the False Claims Act. The Stark law makes it illegal for:

- physicians to refer patients to a facility or provider where the physician or an immediate family member has a financial relationship
- providers such as SJHS to submit claims to the government where the patient was illegally referred.

In simplest terms, providers and facilities may not improperly provide inducements, either monetary or non-monetary, directly or indirectly, as a means to encourage or entice physicians to refer patients to that entity.

Exceptions exist where written agreements have been entered into that have been negotiated at “arms length, clearly define the services to be performed, and for which services are paid for at fair market value.

In addition to the above, two other sets of laws must be mentioned; the Medicare and Medicaid Patient Protection Act of 1987, commonly referred to as the “Anti-kickback Statute;” and the Social Security Act. These two acts make it illegal to give or take kickbacks, bribes or rebates for items or services paid for by a government healthcare program, or to knowingly make payments to either encourage the use of, or limit services provided to, Medicare or Medicaid patients.

It should be noted that it is possible that one’s conduct may violate one or all of the above laws, allowing for multiple and enhanced penalties for a single act.

Combined, the above laws require us to:

- bill accurately and only for the services provided
- employ and contract with physicians under a very complicated set of rules and restrictions
- conduct all of our business transactions with non-employed physicians at “arms length” and at fair market value
- never provide gifts, services or things of value which could be considered as encouraging or inducing the referral of patients or the use of government-funded healthcare services.

When issues arise regarding the above, contact the SJHS general counsel or compliance officer for guidance. Remember, the penalties for violations are severe!

# Code of Conduct and Corporate Compliance Program

**St. John Health System**

**Code of Conduct and Corporate Compliance Program**

**Compliance and Integrity Officer**

(918) 744-3073

kevin.steck@sjmc.org

**Integrity Line:**

1 (877) 442-4888

(Toll free and confidential)

Code of Conduct/Corporate Compliance SOPs may be found on Documentum in the Administration folder.

**Code of Conduct**

**Code of Conduct**

Contents .....	1
Letter from the CEO .....	2
Introduction .....	3
Duty to Report .....	4
Quality of Care .....	5
Admission, Treatment and Referrals .....	6
Billing and Coding .....	7
Accounting and Recordkeeping .....	8, 9
Conflict of Interest .....	10
Compliance with Laws and Regulations .....	11
Health System Property, Technology and Confidentiality .....	12
Human Resources and Workplace Behavior .....	13-15
Safety, Health and Environmental Matters .....	16
Code of Conduct Certification and Acknowledgement .....	17

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER Code of Conduct	PREPARED BY Kevin Steck, VP Corporate Compliance
REPLACES DOCUMENT DATED December 15, 2008	APPROVER David Pynn, Chief Executive Officer

**Code of Conduct**

**Letter from the CEO**

February 15, 2011

Dear Employees & Associates:

St. John Health System (“St. John”) is committed to the highest standards of business conduct and compliance with applicable laws and regulations. This commitment flows from our mission of Medical Excellence and Compassionate Care and requires all of us as employees and associates to be honest, ethical, and fair in our business practices and personal behavior.

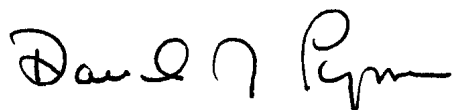
The St. John Health System’s Code of Conduct (“code”) is designed to spell out and communicate various applicable laws, regulations, standards of care, and ethical practices. It emphasizes that all of us have the responsibility for keeping St. John in full compliance with all applicable laws, regulations and policies.

This document is your personal copy of the St. John Health System Code of Conduct. The code has been prepared to give you a clear understanding of what is expected in the work environment. It has been approved by the executive leadership of St. John, as well as its Board of Directors, and not only represents a reaffirmation of our long-term commitment to compliance, but also to the quality of services we provide to our patients and the communities we serve. It further states the basic principles and standards of behavior expected in our work place.

In order to facilitate compliance, St. John has contracted with an outside firm for an independent, toll-free “Integrity Line” (1-877-442-4888) to provide a way to report possible violations of this code and other violations of laws and regulations. Anyone calling the Integrity Line may remain anonymous and has my assurance that there will be no acts of retaliation or retribution against anyone reporting a perceived problem or concern.

I fully support and pledge my commitment to the principles set forth in this code and to our compliance program, and I ask each of you to make your own commitment to the principles of the code.

Sincerely,



David J. Pynn  
Chief Executive Officer

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER Code of Conduct	PREPARED BY Kevin Steck, VP Corporate Compliance
REPLACES DOCUMENT DATED December 15, 2008	APPROVER David Pynn, Chief Executive Officer

**Code of Conduct**

**Introduction**

The Mission of St. John Health System (SJHS) is to:

- Continue the healing ministry of Jesus Christ
- Provide high quality healthcare
- Promote the well-being of people in Tulsa and surrounding communities, being sensitive to the dignity, and needs of the sick, the poor and the powerless

Our values are service, presence, human dignity, and wisdom.

*Values*

**Service.** We value the opportunity to serve the sick, one another, the community, and society through the utilization of our skills and giftedness. We strive for excellence and continuous improvement in our service, making the human touch in the form of compassion a vital component in the healing process.

**Presence.** We enrich interactions and encounters with those we serve, with those to whom we minister, and with those with whom we collaborate through our total attentiveness to each individual person and to each individual situation.

**Human Dignity.** We revere all human life, promote the dignity of each human being and share in one another’s gifts in ways that preserve a sense of self-worth and equality. We foster responsive, value-driven culture, structures, and processes that promote basic human rights, individual growth, effective use of talents, and development of maximum potential.

**Wisdom.** We exercise responsible stewardship, using available resources to maintain the critical balance of addressing individual and community health needs while sustaining the institution’s long-term financial strength. We use processes that enable us to discover what is true and right in making decisions which call us to just actions.

*Code of Conduct*

As part of our mission and values, we have created this Code of Conduct to provide examples of the standards of conduct we expect from each affiliate of SJHS. This code applies to all employees, officers, board members, medical staff, allied health staff, and agents affiliated with any of the SJHS, facilities or services (the “Affiliates”). These standards do not cover every standard or situation. Affiliates are expected to comply with all applicable laws and SJHS policies whether or not they are specifically addressed in the Code of Conduct.

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER Code of Conduct	PREPARED BY Kevin Steck, VP Corporate Compliance
REPLACES DOCUMENT DATED December 15, 2008	APPROVER David Pynn, Chief Executive Officer



**Code of Conduct**

Questions to Ask Yourself

1. How do I further our mission?
2. How do I demonstrate our values each day?

**Duty to Report**

All SJHS affiliates have a duty to report to their supervisor, the General Counsel, or the Corporate Responsibility and Integrity Officer:

- any violations or suspected violations of law;
- any unethical practices; and
- any violations of SJHS policies or standard operating procedures.

Affiliates will not be subject to retaliation for good faith reports, based on objective information, of a suspected violation of law, ethical practice or hospital policy. If an Affiliate has concerns about improper actions of another Affiliate, the Affiliate should contact either his or her supervisor, the General Counsel, or the Corporate Responsibility and Integrity Officer. An Affiliate may also call the Integrity Line (1-877-442-4888.) Calls to the Integrity Line will be treated confidentially and at the caller's request, may be anonymous.

Questions to Ask Yourself

1. Do I know how to report a compliance concern?
2. What should I do if I witness unethical behavior of a co-worker or a physician?

**Quality of Care**

SJHS is committed to providing quality care and services. Our first responsibility is to our patients we serve and their families.

- We have a responsibility at every level of the organization to maintain integrity and quality in our job performance.
- We have a responsibility to address any deficiency or error, either addressing it ourselves or reporting it to a supervisor who can assess and resolve the issue. If anyone becomes aware of a quality or safety concern, he or she is expected to immediately report the concern to risk management, the safety manager, the Corporate Responsibility and Integrity Officer, or a supervisor.

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER Code of Conduct	PREPARED BY Kevin Steck, VP Corporate Compliance
REPLACES DOCUMENT DATED December 15, 2008	APPROVER David Pynn, Chief Executive Officer

**Code of Conduct**

- We will respect the human dignity of each patient by responding to all patient questions, concerns, and needs in a timely and respectful manner.
- We will not discriminate against any patient for any reason including race, ethnicity, religion, gender, national origin, age, marital status, disability, or citizenship.
- We will endeavor to protect each patient’s rights and responsibilities through each patient’s care and treatment.
- We strive to create and maintain a culture of safety and quality throughout the SJHS.

Day to day interaction between staff members and patients should reflect SJHS’s fundamental concern with and respect for patients’ rights. A brochure which contains the patient’s rights and responsibilities will be distributed to all patients upon admission to the hospital.

- Each patient has the right to care, which is considerate and respectful of his or her personal values and beliefs, safeguards personal dignity and respects cultural, psychological and spiritual values.
- Each patient has the right to receive care and services that do not discriminate against the patient for any reason including race, color, religion, gender, age, national origin, sexual orientation or disability.
- Each patient has the right to and is encouraged to obtain from his or her physician and other direct care givers relevant, current, and understandable information concerning his/her diagnosis, treatment and prognosis.
- Each patient has the right to be involved in resolving dilemmas about care decisions, make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and SJHS policy and to be informed of the medical consequences of this action.
- Each patient has the right to personal privacy.
- Each patient, and when appropriate, the patient’s family are informed about the outcomes of care, treatment, and services that have been provided, including unanticipated outcomes.

Questions to Ask Yourself

1. Do I always treat patients with dignity and respect?
2. How do I provide or contribute to quality patient care?
3. Am I careful not to let my personal feelings or circumstances interfere with patient care?

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER Code of Conduct	PREPARED BY Kevin Steck, VP Corporate Compliance
REPLACES DOCUMENT DATED December 15, 2008	APPROVER David Pynn, Chief Executive Officer

**Code of Conduct**

**Admissions, Treatment, and Referrals**

Only patients who need and will benefit from the services we provide will be admitted or accepted for care and treatment. Standard clinical admissions criteria that include medical necessity guidelines will be used to determine whether an individual is admitted. We strive to:

- Comply with all federal and state laws and regulations concerning the evaluation and treatment of patients with emergency medical conditions.
- Provide each person presenting at the Emergency Department seeking treatment and each person on SJHS property seeking emergency care, an appropriate medical screening exam. The medical screening exam will not be delayed to determine the patient’s insurance or financial status.
- Stabilize or appropriately transfer patients with an emergency medical condition.
- SJHS does not pay bonuses of any type to any affiliate or any individual based on the number of patients admitted or the patient’s length of stay.

Physicians and other health care professionals who are not employees of SJHS are free to refer patients to any person or entity they deem appropriate. If an associate is in a position to make referrals, he/she should make referrals based solely on the interests of the patient seeking care and treatment. SJHS does not make any payments or provide non-cash benefits to anyone for providing a referral or to induce a referral.

**Questions to Ask Yourself**

1. If I am in a clinical area, do I understand what medical necessity is?
2. Do I know how the Emergency Medical Treatment and Active Labor Act (EMTALA) affects my area?

**Billing and Coding**

SJHS is committed to fair and accurate billing that complies with all applicable Federal and Oklahoma laws. Our goal is to:

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER Code of Conduct	PREPARED BY Kevin Steck, VP Corporate Compliance
REPLACES DOCUMENT DATED December 15, 2008	APPROVER David Pynn, Chief Executive Officer

**Code of Conduct**

- Bill only for care and services provided that are properly authorized and documented and that are medically necessary.
- Not knowingly submit for payment or reimbursement a claim we know is false.
- Not misrepresent services, supplies, and equipment furnished or extent of services, supplies, and equipment provided to circumvent coverage limitations or to increase payments from third parties.
- Not alter a billing record or change billing codes to avoid “edits” or claim denials.
- Assign diagnosis and procedure codes that are supported by medical record documentation.
- Properly document all contacts made to obtain missing information.
- Properly document any correction to the medical record.
- Not bill for investigational experimental devices and/or procedures not approved by the FDA unless approved by the payer.
- Refund any overpayments made as a result of a billing error and notify the appropriate carrier of the problem.
- Report credit balances in a timely manner and in accordance with all government policies and instructions.
- Not routinely waive insurance co-payments or deductibles except under specifically approved situations such as documented financial hardship. Federal and Oklahoma law and most insurance payer contracts require us to collect co-payments and deductibles from patients.

The Federal False Claims Act (“FCA”) prohibits the knowing presentation of false or fraudulent claims to the Federal government. Fines of up to three times the dollar amount claimed and civil monetary penalties may also be assessed for the filing of each false claim. SJHS strongly encourages its affiliates to use its internal reporting procedures to report suspected violations of the Federal and state healthcare program billing requirements. Individuals who believe that Federal healthcare program billing requirements have been knowingly violated may also pursue alternative administrative or legal remedies under the FCA and will not experience retaliation for reporting a violation.

Questions to Ask Yourself

1. If I become aware of a billing or coding issue what should I do?
2. Do I know when and how to appropriately make a late entry or correction in the medical record?

**Accounting and Recordkeeping**

SJHS strives to prepare records accurately, reliably, honestly, and in accordance with established finance and accounting procedures. It is our aim to:

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER Code of Conduct	PREPARED BY Kevin Steck, VP Corporate Compliance
REPLACES DOCUMENT DATED December 15, 2008	APPROVER David Pynn, Chief Executive Officer

**Code of Conduct**

- Make entries of cost, financial, or similar business information only to the regularly maintained books and records of SJHS. No “off the book” transactions will be tolerated.
- Maintain a system of administrative and accounting controls to:
  - safeguard its assets;
  - check the accuracy and reliability of accounting data;
  - promote operational efficiency; and
  - encourage compliance with laws and regulations.
- Encourage affiliates to report anything they believe may be an inappropriate financial activity. No affiliate may take any action to influence, coerce, manipulate, or mislead the auditor of SJHSs financial statements.
- Store all records in a secure location for the period of time required by law.
- Properly dispose of all records that are no longer required to be retained.
- Never destroy or alter any document because of a request for the documents by a government agency or a court or a threat of a lawsuit.
- If a notice of a “litigation hold” is received, immediately cease deleting, destroying or recycling any documents that are relevant to the litigation hold. A “litigation hold” is a notice that a company or person is required to preserve all data or information that may relate to a legal action involving the company or person. The ”litigation hold” applies not only to paper but electronic stored information.

Questions to Ask Yourself

1. Before recycling or throwing out documents:
  - Should I dispose of this document?
  - Does it contain confidential information and need to be shredded?
2. Am I honest in filling out all expense reports, time cards, timesheets, check requests, and other financial records?
3. If I am a manger, do I check all expense reports, time cards, time sheets, check requests, and other financial information before I approve them?
4. Do I know what my responsibilities are if I receive notice of a “litigation hold”?

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER Code of Conduct	PREPARED BY Kevin Steck, VP Corporate Compliance
REPLACES DOCUMENT DATED December 15, 2008	APPROVER David Pynn, Chief Executive Officer

**Code of Conduct**

**Conflicts of Interest**

We need to avoid conflicts of interests and the appearance of a conflict. A conflict of interest occurs when a relationship or activity influences or impairs, or even gives the appearance of impairing, the ability to make objective and fair decisions in the performance of one’s job or is contrary to SJHS’s mission, values, and interest. Associates should never put themselves in a position where they may have to choose between their own interests and the interests of SJHS.

Associates should not engage in outside activities during work hours that could interfere with their duties and should not use SJHS’s equipment, supplies, facilities, or information for any outside activity. Examples of outside activities are any political activity (unless on behalf of the SJHS), personal shopping, and work unrelated to job duties.

Self-employment or employment by others is permissible as long as it does not interfere with an associate’s job at SJHS and is not a conflict.

Here are examples where a conflict may exist:

- Associate owns or has a substantial ownership interest in a company that is a competitor or a supplier of goods or services to SJHS.
- Associate accepts a gift or favor that could be interpreted as influencing his/her decision to use a supplier.
- Associate serves as a director, officer, consultant, or in another key role of a competitor or supplier of SJHS.
- Associate hires or contracts with a family member or friend to provide goods or services to SJHS.
- Associate accepts a gift that violates the Conflicts of Interest Standard Operating Procedure.

Sometimes a conflict of interest may happen despite an associate’s best efforts to avoid a conflict. If one believes there may be a conflict of interest:

- An employee should tell his/her supervisor, the Corporate Responsibility and Integrity Officer, or the General Counsel.
- A Board member should tell the Board Chair or the General Counsel.

**Questions to Ask Yourself**

1. If I accepted a gift from this vendor, could it be interpreted as an inducement for continuing to do business with this vendor?

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER Code of Conduct	PREPARED BY Kevin Steck, VP Corporate Compliance
REPLACES DOCUMENT DATED December 15, 2008	APPROVER David Pynn, Chief Executive Officer

**Code of Conduct**

2. Do I disclose any potential conflicts of interest with my supervisor?
3. Do I make sure that my family members are not involved in another business activity that might interfere with how I perform my duties as an employee of SJHS?
4. I received \$100 honoraria for speaking at a professional organization meeting, may I keep it?

**Compliance with Laws and Regulations**

SJHS is committed to ethical standards of business. SJHS strives to comply with applicable federal and Oklahoma law. We expect affiliates to:

- Promptly report to your supervisor, the Corporate Responsibility and Integrity Officer, the Integrity Line, or the General Counsel any possible violation of law, regulation, or policy.
- Not to provide any kickbacks, bribes, rebates, or anything of value to influence the referral of patients or services or the purchase, lease, or order of any good or service.

We strive to:

- Have all agreements with individuals or organizations that may be in a position to refer patients for services be in writing and approved by the St. John Physician Contract Committee.
- Bill payors and patients in compliance with applicable laws.
- Compete in the marketplace in an ethical and legitimate manner complying with applicable antitrust laws. Marketing information, both written and verbal, will be clear, accurate, and not deceptive.
- Maintain clear and accurate patient records.
- Maintain the confidentiality of all patient information.
- Not employ or contract with individuals who have been sanctioned by the Office of Inspector General or excluded from providing services under Federal or state health care programs.
- Comply with all requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA), including providing an appropriate medical screening to all who seek emergency treatment.
- Maintain, dispense, and transport all drugs in the health system in a manner that complies with all applicable laws and regulations.
- Only use SJHS resources in furtherance of its charitable purpose and not for any private use or benefit or political purpose.

**Questions to Ask Yourself**

1. Do I refrain from using SJHS stationary or other resources for a political purpose?
2. Do I understand the federal and Oklahoma laws that apply to my job?

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER Code of Conduct	PREPARED BY Kevin Steck, VP Corporate Compliance
REPLACES DOCUMENT DATED December 15, 2008	APPROVER David Pynn, Chief Executive Officer

**Code of Conduct**

3. Do I clearly and accurately document the services I provide?

**Health System Property, Technology, and Confidentiality**

SJHS is committed to protecting its assets, i.e., equipment, computers, and supplies and information from loss, theft, destruction, and misuse. To meet this commitment:

- SJHS assets may only be used for authorized business purposes.
- SJHS may audit or review your uses of the Internet, e-mail, and computers. This review includes looking at any Internet use, reading any e-mail, and reviewing any documents created or stored on the SJHS computer system.
- Affiliates who are given custody of SJHS assets or equipment are expected to properly use and maintain the asset or equipment. All company assets must be returned in acceptable condition upon request or when the employee leaves SJHS.
- SJHS affiliates and others with access to information may not share confidential and proprietary information with others, even other affiliates, unless they need to know for a legitimate business purpose.
- SJHS intends to comply with all copyright and software licensing laws. It is SJHS’s policy to respect others trade secrets and intellectual property rights and avoid infringing on those rights. Affiliates are expected to respect the intellectual property rights of others and not download or copy any software, music, movie, or pictures because it could be a violation of copyright laws.
- We will release medical records only in accordance with SJHS policies.
- We will maintain and keep all supplies secure.
- We will dispose of surplus or obsolete property or equipment according to established procedures.
- We will not communicate confidential information to unauthorized recipients.
- We will not communicate offensive, discriminatory, or harassing messages.

Questions to Ask Yourself

1. Do I keep patient information confidential and avoid discussions about patients in public areas?
2. Do I refrain from downloading software on to my work computer?
3. Do I refrain from sending or forwarding inappropriate e-mail? Do I know what “inappropriate e-mail” is?

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER Code of Conduct	PREPARED BY Kevin Steck, VP Corporate Compliance
REPLACES DOCUMENT DATED December 15, 2008	APPROVER David Pynn, Chief Executive Officer



**Code of Conduct**

4. Do I refrain from looking up my own records or records of my minor child by going to the medical records department to sign a release?
5. Do I refrain from looking up my family's and friends records unless I am providing care to them?

**Human Resources and Workplace Behavior**

SJHS recognizes that our employees are our most valuable asset. We are committed to creating a workplace where employees are treated with respect and fairness and are empowered to exceed expectations. SJHS expects that our employees will treat each other with respect and fairness. We expect that all affiliates will refrain from using or exhibiting intimidating and disruptive behaviors which include overt actions such as verbal outbursts and physical threats, as well as, passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. These behaviors also include reluctance or refusal to answer questions, return phone calls or pages, condescending language or voice intonation, and impatience with questions. All intimidating and disruptive behaviors are unprofessional and will not be tolerated. We strive to:

- Be an equal opportunity employer. SJHS's decisions regarding employment provide for equal opportunity without regard to race, color, religion, gender, sexual orientation, national origin, age or disability.
- Provide a work environment for all employees free from harassment and intimidation. We do not tolerate workplace harassment (including sexual harassment) or any other form of physical, mental, or verbal abuse. Any employee who believes he or she has been unlawfully harassed should promptly report the facts of the incident to his or her supervisor or to Human Resources.
- Not employ or contract with individuals or entities that have been excluded within the last five (5) years from any federal or state health care program including Medicare, Medicaid, or CHAMPUS or are owned or controlled by excluded individuals.
- Treat everyone with dignity and respect consistent with our Values in Action.
- Review and evaluate each employee's performance periodically in an objective and consistent manner.
- Maintain employee information with appropriate confidentiality.
- Encourage each employee to continually evaluate existing methods of delivering services to discover more effective and safer ways of delivering care.
- Provide an environment free from disruptive behavior that may intimidate others. Prohibited disruptive behaviors include yelling, name calling, hitting, pushing, throwing objects, and threatening others.

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER Code of Conduct	PREPARED BY Kevin Steck, VP Corporate Compliance
REPLACES DOCUMENT DATED December 15, 2008	APPROVER David Pynn, Chief Executive Officer

**Code of Conduct**

Questions to Ask Yourself

1. Do I treat everyone with respect?
2. Do I explore ways to improve the way care is delivered?
3. Do I evaluate ways to make my job safer?
4. If I witness harassment or intimidation, do I know what I should do?

**Safety, Health, and Environmental Matters**

SJHS strives to provide a healthy and safe workplace. SJHS is committed to taking all reasonable steps to minimize the use and discharge of hazardous substances and to properly store and dispose of medical and clinical waste according to policy.

SJHS strives to:

- Comply with all safety and health laws.
- Provide an environment that is free from violence. Unauthorized weapons of any kind are prohibited.
- Follow all laws and regulations regarding the disposal of medical waste and hazardous materials.
- Promptly report all spills or accidents involving medical wastes and hazardous materials.

Questions to Ask Yourself

1. Do I know what MSDS are and where they are located?
2. Am I familiar with the disaster procedures for my area?
3. Do I know what to do if I am injured at work?

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER Code of Conduct	PREPARED BY Kevin Steck, VP Corporate Compliance
REPLACES DOCUMENT DATED December 15, 2008	APPROVER David Pynn, Chief Executive Officer

**Code of Conduct**

**Code of Conduct  
Certification and Acknowledgement**

I have read the St. John Health System Code of Conduct. I understand that I am required to abide by the Code of Conduct. I understand that it is my responsibility to bring known or potential violations of the Code of Conduct or applicable laws or regulations to the attention of the Corporate Responsibility and Integrity Officer or my supervisor. I understand that I should raise any questions I have concerning the Code of Conduct or any compliance issue with my supervisor or the Corporate Responsibility and Integrity Officer. I understand that I will not be retaliated against because of a good faith report or inquiry pursuant to the Corporate Responsibility Program.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Facility: \_\_\_\_\_

**I. KEYWORDS**

- Conduct, code, compliance, ethical,

REPLACES PREVIOUS DOCUMENT TITLE/NUMBER Code of Conduct	PREPARED BY Kevin Steck, VP Corporate Compliance
REPLACES DOCUMENT DATED December 15, 2008	APPROVER David Pynn, Chief Executive Officer

# HIPAA

## The Health Insurance Portability and Accountability Act of 1996

### Patient Rights and Confidentiality

- Written statement provided upon admission
- Maintain confidentiality of Patient Information as required by Health Insurance Portability and Accountability Act (HIPAA)
- Generally release only for treatment, payment or health care operations
- Provide only minimum necessary to accomplish the purpose



MEDICAL EXCELLENCE.  
COMPASSIONATE CARE.

### The Health Insurance Portability and Accountability Act of 1996

A federal law imposed on healthcare organizations designated as "covered entities":

All health plans including HMOs, private health plans, and public payers such as Medicaid and Medicare;

Health providers including hospitals, physician offices, home health agencies, nursing homes, pharmacies and others that transmit health information in electronic form; and

Healthcare clearinghouses



MEDICAL EXCELLENCE.  
COMPASSIONATE CARE.

St. John

### HIPAA's Components



- A. Portability and Accountability
  - Provides continuity of healthcare coverage, limits exclusions for pre-existing conditions, and prohibits discrimination based on health status
- B. Administrative Simplification
  - Standardizes formats, codes and identifiers for certain common electronic transactions such as claims and eligibility checks
  - **Requires privacy and security protections for all forms of personally identifiable health information**

MEDICAL EXCELLENCE.  
COMPASSIONATE CARE.

St. John

### Penalties for Violating the Administrative Simplification Rules

- Criminal penalties: Maximum of 10 years in prison and \$250,000 fine
- Civil Penalties: Fines individually and against the organization
- Sanctions: Organizations must have a sanctions policy to address violations and may be subject to remedial measures by the Department of Human Services



MEDICAL EXCELLENCE.  
COMPASSIONATE CARE.

St. John

### Protected Health Information



Any information that can be used to identify a patient is considered Protected Health Information (PHI) and must be treated as confidential:

Name, Address, Date of Birth, Social Security Number, Phone Number, E-mail address, Medical Record Number, etc.

MEDICAL EXCELLENCE.  
COMPASSIONATE CARE.

St. John

### HIPAA Privacy Principles

- Always keep patient information confidential and secure
- It's OK to use PHI for treatment, payment and healthcare operations, which covers most of what healthcare organizations do. For most other purposes, need to verify authority by which to release the information
- Use and release the minimum necessary PHI to accomplish each purpose
- Access and use PHI only if there is a legitimate need for you to know

MEDICAL EXCELLENCE.  
COMPASSIONATE CARE.

St. John

## Protect Patient Privacy: Dos and Don'ts

- Don't leave patient records lying around
- Don't discuss patients in public areas such as elevators and cafeteria lines
- Don't leave patient information on an answering machine or arbitrarily send via facsimile (cover sheet)
- Don't assume it's OK to talk about a patient to a friend or relative
- Do move to a private space to discuss a patient
- Do close curtains and speak softly when in semi-private rooms
- Log off computers when you are finished
- Dispose of information containing PHI correctly



## Rights, Accounting and Disclosures

HIPAA gives patients rights set forth in our privacy notice

- Right to see their records
- Right to obtain a copy
- Right to request amendments
- Right to request confidential communications
- Right to ask for restrictions on uses and disclosures
- Right to opt out of patient directory
- Right to make complaints about privacy violations
- Right to request an accounting of disclosures



MEDICAL EXCELLENCE.  
COMPASSIONATE CARE.

 St. John

MEDICAL EXCELLENCE.  
COMPASSIONATE CARE.

 St. John

Additional HIPAA resources are available on MedWeb by clicking the Miscellaneous tab and selecting "HIPAA."

# Family Inquiries

In the event you are approached by a family member or if someone calls inquiring about a patient's status please refer those inquires to your preceptor or another St. John Health System employee. Please refer to the media SOP in the safety section of this handbook for more information.

# Hand Hygiene







As members of the St. John Medical Center team, we're each responsible for patient safety. St. John is committed to hand hygiene compliance, and has set a medical center goal of 95 percent compliance.

**If you think prevention is expensive, try disease.**

The approximate cost of patient infections to an average hospital of 300 beds is \$7.6 million per year. An estimated one-third of those infections are preventable, with a cost savings of \$2.5 million.

Clean hands are the first line of defense against the spread of germs and infections. Hand hygiene is *the* single most important procedure performed in the hospital for preventing the spread of infection.

Each year nationwide, 2.5 million patients develop infections. The Centers for Disease Control report that 30,000 deaths were directly caused by infections, and an additional 70,000 patients acquired infections that contributed to their death.

We have all heard excuses for not washing hands:

- Too busy
- Skin irritation caused by frequent washing
- Hands don't look or feel dirty
- Hand washing takes too long
- Sinks are in patients bathrooms
- Hands are full
- Hard to put gloves on
- No intention of touching patient or equipment

**Did You Know?**

You get thousands of bacteria on your hands by:

- Pulling patients up in bed
- Taking blood pressure
- Turning patients
- Touching any surface - bedside tables and rails, IV pumps, keyboards, telephones

*You may never intend to touch a patient. But that can change in an instant.*

## **Debunking Excuses**

There are several ways to combat excuses for poor hand hygiene.

- Hand cleaning sprays and gels are between each room and in the room.
- Use hand lotions to combat skin irritation

## **“It’s the Right Thing to Do!”**

The power to fight infection is in your hands. Before you enter a patient’s room and/or before you touch a patient, **Take 5** and wash your hands.

Think of:

- Five contaminated surfaces
- Five ways to stop the spread of infection with hand washing
- Five instances when you should wash your hands

## **Five Reminders**

1. Wash hands with soap and water when they are visibly dirty, or contaminated with blood or other body fluids.
2. Clean hands before direct patient contact.
3. Clean hands after contact with inanimate objects, including medical equipment in the patient’s immediate vicinity.
4. Clean hands before and after donning or removing gloves.
5. Wash hands with soap and water before eating and after using a restroom.

**Don’t be shy! Remind your co-workers to perform hand hygiene, and say “Thanks!” when they remind you!**

# Forms



# Values in Action

We are committed to continue the Mission of the Sisters of the Sorrowful Mother, the sponsor of St. John Health System. We are the embodiment of that Mission in all that we say and do. The elements below provide the framework for our expected behaviors and standards of performance.

## Our Mission

The Mission of St. John Health System is to **continue the healing ministry of Jesus Christ** by providing quality healthcare, in particular being sensitive to the dignity and needs of the sick, the poor, and the powerless.

## Our Promise

*"Medical Excellence, Compassionate Care"*

## Our Values

Guided by our Core Values of **Service, Human Dignity, Presence** and **Wisdom**, we fulfill our Mission everyday with all those we serve: patients, visitors, associates and physicians. Commitment to our values is clearly demonstrated in our daily behaviors. Therefore we are expected to exhibit the following **Values in Action**.

### Service

1. We are committed to understanding and practicing St. John Health System's **Mission**.
2. We ensure our actions fulfill our promise of **Medical Excellence, Compassionate Care**.
3. We lighten the burdens of those we serve by creating a **friendly, cheerful** and **courteous** environment.
4. We **work together as a team** to positively affect our patients' care and satisfaction.
5. We **greet** people with a warm **smile** and **direct eye** contact lessening their anxiety, fear and feelings of powerlessness.
6. We **respond quickly** to people's concerns, needs and complaints.

### Human Dignity

7. We **respect and reverence all human life**, guarding the dignity, equality and self-worth of those with whom we come in contact.
8. We are sensitive to the **inconvenience** caused by illness or hospitalization and **inform patients and families of any delays**.
9. We look for opportunities to express **compassion** to everyone we serve.
10. We keep our patients **fully informed** of their care and condition.
11. We **include our patients** in any decisions involving their care and **explain** what we are doing.
12. We seek out and address any **special or personal needs** of our patients.
13. We guard our patients' **privacy** respecting their personal space and their medical information.

### Presence

14. We receive every person we serve as our **guest**.
15. We give our **undivided attention** to every person with whom we interact.
16. We provide **compassionate care** to our patients by entering into their pain and suffering.
17. We **dress and groom** in a manner that reflects our important role in the healthcare environment.
18. We offer to **escort** our patients, families and visitors to their destinations.

### Wisdom

19. We act **ethically** with **compassion, integrity, honesty** and **confidentiality** in all our dealings.
20. We use resources **wisely** and **conservatively** to enable us to continue our Mission.
21. We make **safety** our first consideration in all that we do.
22. We maintain uncompromising levels of **cleanliness** and **neatness**.
23. We encourage the **free exchange** of ideas, innovation and teamwork.







## Values in Action Pledge

The mission of St. John Health System is to continue the healing ministry of Jesus Christ by providing high-quality healthcare, contributing to the continuing improvement of the overall healthcare status and promoting the well-being of people in Tulsa and surrounding communities.

Our Core Values are **Service, Human Dignity, Presence** and **Wisdom**. These values are expressed every day in our actions with patients, families and co-workers.

As an employee, you are a vital a part of our healthcare team. It is important that you understand that we expect our employees to adhere to certain expectations and standards of performance. **Employees are responsible for their Attendance, Conduct and Performance**. We expect our employees to be compassionate, friendly, polite, and helpful when interacting with our patients and each other.

The **Values in Action** are a baseline example of St. John's expectations of our employees. Please read each section thoroughly and check each expectation to indicate your commitment to abide by the prescribed behaviors.

I have read and understand the **Values in Action** on the opposite side of this page. I agree to comply with and practice the standards outlined within and with others as directed.

---

Signature of Employee

---

Date

---

Print Name

---

Name of School







## **STATEMENT OF CONFIDENTIALITY**

Through my association with the St. John Health System or its subsidiaries, as an employee, agent, independent contractor, volunteer, student, physician, dependent practitioner, house staff, approved observer or vendor, I understand that patient information in any form (paper, electronic, oral, etc.) is protected by law and that breaches of patient confidentiality can have severe ramifications up to and including termination of my relationship with St. John Health System as well as possible civil and criminal penalties. I will not improperly divulge any information which comes to me through the carrying out of my assigned duties, program assignment or observation.

This includes, but is not limited to:

- I will not discuss any patient or any information pertaining to any patient with anyone (even my own family) who is not directly working with said patient.
- I will not discuss any patient information in any place where it can be overheard by anyone who is not authorized to have this information.
- I will not mention any patient's name or admit directly or indirectly that any person named is a patient except to those authorized to have this information.
- I will not describe any behavior which I have observed or learned about through my association with St. John Health System or its subsidiaries, except to those authorized to have this information.
- I will not contact any individual or agency outside of this institution to get personal information about an individual patient unless a release of information has been signed by the patient or by someone who has been legally authorized by the patient to release information.
- I will not carry over any personal relationship that I have developed with a patient during the course of my care or observation of the patient, into my off duty hours.
- I will not use confidential St. John business related information in any manner not required by my job or disclose it to anyone not authorized to have or know it.

---

## **E-MAIL AND INTERNET AGREEMENT**

I am familiar with the Internet and e-mail security policies and I agree to abide by them. I am aware that my unauthorized or inappropriate use of the Internet may result in disciplinary action against me up to and including fines and/or termination. I further acknowledge my responsibility to keep my password confidential and in the event of a suspected compromise or a security problem I will immediately notify the Information Technology security administrator.

I understand my password and user ID create a unique user account and that St. John Health System reserves the right to monitor my activity. I understand I will be accountable for any document or data creation or modification linked to my unique user account. I understand that sharing my password, using someone else's password or signing on for others to use the application are all breaches of security, patient confidentiality and my duty to ensure the safety and security of confidential health system information. I acknowledge that I will follow proper computer security procedures (such as signing off, not sharing passwords, etc.) to protect information maintained electronically from being accessed by an unauthorized user.

In addition, when sending files or attachments via e-mail, I will observe all SJHS security and confidentiality policies. I understand that the privilege of using the Internet and e-mail may or may not be granted to me in the future and that if granted is to be used for business reasons only. I have read the above Statement of Confidentiality and agree to abide by the obligations listed. I have also read the e-mail and Internet Agreement and whether I am currently authorized to use e-mail and Internet or may only receive such authorization at some time in the future, I agree to abide by the obligations listed above.

## **CORPORATE COMPLIANCE - CODE OF CONDUCT**

This is to acknowledge that I have received the St. John Health System, Inc. Code of Conduct. I agree to comply with the standards contained in the Code (and the related policies and procedures). I agree to report suspected violation of compliance program policies or applicable laws or regulations to an appropriate person within St. John's system. This will be expected as part of my continued employment or association. I acknowledge that the Code is only a statement of principles for individual and business conduct. I understand that neither the Code of Conduct, nor this acknowledgement, constitutes an employee contract or an assurance of continued employment.

---

## **HAND HYGIENE**

For the safety of my patients and myself, I understand that I am to do all that I can to decrease the spread of potential infections. I recognize that the most important thing I can do to decrease infection is to clean my hands. Therefore, I understand I am to follow the Hand Hygiene policy, including: Clean my hands before and after all patient contact; Clean my hands before donning and after removing gloves; Clean my hands prior to entering a patient room; Clean my hands upon exiting a patient room; Clean my hands prior to participation in sterile procedure; Clean my hands anytime they are visibly soiled.

---

## **NONEMPLOYEE HANDBOOK ACKNOWLEDGEMENT**

I have received the nonemployee handbook and the contents have been explained to me and I understand that at any time I can direct questions to either my supervisor or Human Resources.

While the St. John Health System will generally attempt to communicate changes concurrent with or prior to the implementation of such changes, it reserves the right to modify, amend or alter the Non-Employee Handbook without notice to any person or employee. By signing this form, I acknowledge that I have read and understand the information provided to me in the Non-Employee Handbook and understand that the most current information is located in Documentum.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of School \_\_\_\_\_

**This form must be returned to the Human Resources department.**

INFORMATION
NAME
IDENTIFICATION NUMBER

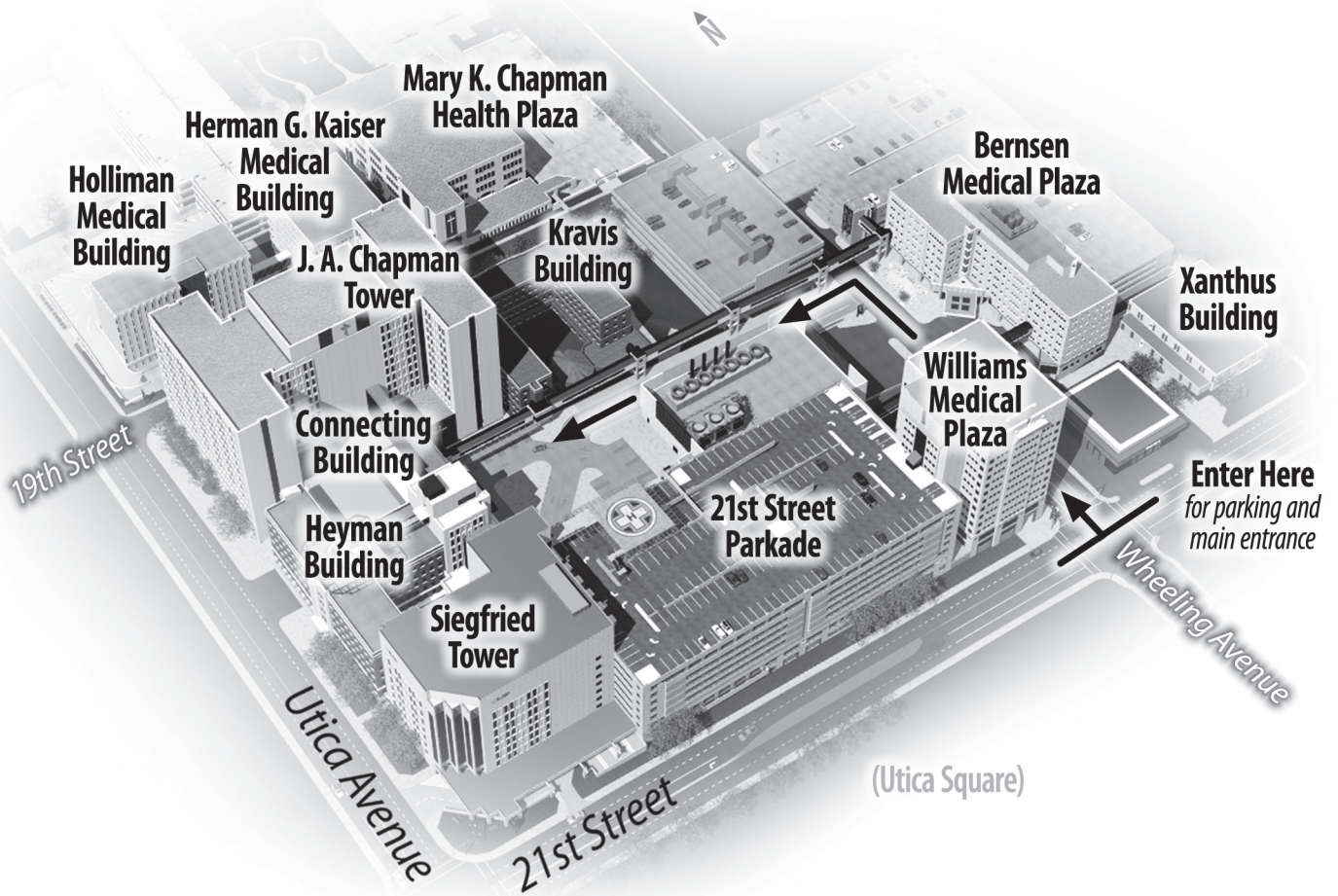
HUMAN RESOURCES  
**NON-EMPLOYEE ORIENTATION CHECKLIST (GENERAL)**

<i>(Discuss each of the following items on their first day and encourage questions)</i>			
<i>Initial each step as it is completed</i>	Date	Manager Initial	Employee Initial
1. Explain the Health System's commitment to promoting a culture of safety:			
<ul style="list-style-type: none"> <li>● <b>Patient Safety</b> <ul style="list-style-type: none"> <li>a. Explain the National Patient Safety Goals.</li> <li>b. Describe how staff helps support and enforce these goals being <i>specific</i> to those that apply to staff's unit and duties.</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>● <b>Environment of Care</b> <ul style="list-style-type: none"> <li>a. Safety (includes fire safety and fire plan, infection control, general safety, code blue protocol, etc.).</li> <li>b. Security (including Workplace Aggression).</li> <li>c. Hazardous materials and waste.</li> <li>d. Emergency management.</li> <li>e. Medical and/or laboratory equipment (patient equipment).</li> <li>f. Utility Management.</li> <li>g. Location/content of safety manuals - Safety, Infection Control, MSDS (Area Specific).</li> <li>h. Other safety requirements specific to department (ex: use of lift equipment, safety needles, personal protective equipment, etc.)</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>● <b>Employee can describe or demonstrate the following for both patient safety and environment of care (Code of Conduct):</b> <ul style="list-style-type: none"> <li>a. Risks within the environment (Code of Conduct).</li> <li>b. Actions to eliminate, minimize, or report risks.</li> <li>c. Procedures to follow in the event of an incident.</li> <li>d. Reporting processes for common problems, failures and user errors.</li> <li>e. Review procedures for reporting patient safety concerns</li> </ul> </li> </ul>			
2. Explain the department's organizational structure and policies and procedures:			
<ul style="list-style-type: none"> <li>a. Explain department organizational chart.</li> <li>b. Tobacco free environment.</li> <li>c. Dress Code (include department-specific information).</li> <li>d. Explain procedure for variance reporting/incident.</li> <li>e. Necessity for reporting job-related injuries promptly.</li> </ul>			
3. Explain conveniences and location available to the staff in the department and in the Medical Center (Area Specific)			
<ul style="list-style-type: none"> <li>a. Location of restrooms/lockers/lounge.</li> <li>b. Discuss department specific Corporate Compliance issues.</li> <li>c. Discuss HIPPA regulations as related to department specific expectations.</li> </ul>			
4. Required for file:			
<ul style="list-style-type: none"> <li>a. Signed confidentiality statement.</li> <li>b. Signed Values in Action.</li> <li>c. Signed Non-Employee Orientation Checklist.</li> <li>d. Competencies verified and signed as competent.</li> </ul>			

Employee's Signature	Date
Manager's Signature	Date



# St. John Medical Center Campus



<b>Admissions/dismissals</b> .....	First floor, J. A. Chapman Tower
<b>Airbridges</b> .....	Three airbridges located on the second floor of the main hospital connect with the Bernsen, Williams, Holliman and Kaiser buildings, and Mary K. Chapman Health Plaza.
<b>Cafeteria</b> .....	Second floor, J. A. Chapman Tower
<b>Caffe Latte/Night Bites</b> .....	Second floor, Connecting Building
<b>Chapel of Peace</b> .....	First floor, Connecting Building
<b>Coffee Shop</b> .....	Second floor, Connecting Building
<b>Gift Shop</b> .....	First floor, J. A. Chapman Tower
<b>Health Plaza Café</b> .....	First floor, Mary K. Chapman Health Plaza
<b>Information Desk</b> .....	First floor lobby, Connecting Building
<b>Milann H. Siegfried, RN, Emergency Center</b> .....	First floor, Siegfried Tower
<b>Pre-admission Testing</b> .....	First floor, Heyman Building
<b>Security (lost and found)</b> .....	First floor, J. A. Chapman Tower
<b>Surgery Check-in</b> .....	Third floor, Siegfried Tower

*Wayfinding and information stations located throughout the campus.*

