St. John Health System

Non-Associate Handbook
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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,

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 Streitel. 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.
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 of the Sorrowful Mother 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 six general acute hospitals, the newest being St. John Owasso (opened 2006) and St. John Broken Arrow (opened 2010). In April 2013, the Sisters of the Sorrowful Mother (SSM), sponsors of Marian Health System, announced its affiliation with Ascension Health, the nation’s largest Catholic and nonprofit health system.

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.
What We Believe

Ascension Mission, Vision and Values

St. John Health System is a non-profit Catholic healthcare organization and an Ascension health ministry. It operates in conformance with “The Ethical and Religious Directives for Catholic Health Facilities.”

**Mission.** Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

**Vision.** We envision a strong, vibrant Catholic health ministry in the United States which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. We will expand the role of the laity, in both leadership and sponsorship, to ensure a Catholic health ministry of the future.

**Values.** We are called to:
- Service of the Poor: Generosity of spirit, especially for persons most in need
- Reverence: Respect and compassion for the dignity and diversity of life
- Integrity: Inspiring trust through personal leadership
- Wisdom: Integrating excellence and stewardship
- Creativity: Courageous innovation
- Dedication: Affirming the hope and joy of our ministry
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.
Policies

Anti-Solicitation
Except to solicit participation in official Health System associate programs, no individual will solicit any other associate 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 associates 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; associates 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 will 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. All individuals will be required to wear a photo ID while at St. John. There is a $30 fee for failure to return an ID badge at termination of employment. Students will wear their school-issued ID.

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 8th level of 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 associate 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 larger 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 one floor up or two 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 associates. 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 cameras, may not be used in the workplace without management’s approval.
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.

**Food Services**
The Cafeteria is located on the second floor of the Chapman Tower and is open from 6 a.m.-10 p.m., Monday through Friday, offering a full line of hot meals, sandwiches, salads, desserts and beverages. Hours are 6 a.m.-7 p.m., Saturday and Sunday.

*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.

*Café Latte* is located on the second floor of the Connecting Building and is open from 7 a.m-3 p.m. Monday through Friday, serving specialty coffees, smoothies and snacks.

*Vending machines* are located outside the cafeteria on the second floor of the J.A. Chapman Tower. Hours are 24/7.

**Lost and Found**
A lost and found service is maintained by St. John Security at St. John Medical Center, first floor of the J.A. Chapman Tower. Articles found on St. John property are to be turned in to the security office. Inquiries by associates or patients regarding lost articles should be referred to the security office.
Spiritual Care and the St. John 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 care for patients, families and associates regardless of religious affiliation. If you would like to visit with a chaplain, please contact the Spiritual Care department at 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
St. John Medical Center: 918-744-2197
Jane Phillips Medical Center: 1-918-331-4346
Administration: 918-744-2180
Corporate Responsibility Officer: 918-744-3072
Ascension Values Line: 1-800-707-2198
www.ascensionhealthvaluesline.org
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 Adam.** Notification of a potential infant/child abduction.

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

**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 hallways, elevators or other traffic paths. Emergency teams and their equipment have top priority.

**Code Green.** Threat to computer systems

**Code NOAH: (Neonate On Arrival, Hurry).** Emergency provision for care and delivery of neonate. Code NOAH can be activated for any staff, patient, or family with concern of imminent delivery, presenting body part or prolapsed cord, or when an Rapid Response Team or code Blue is called on an obstetric patient. Also called when there is imminent delivery outside of Labor and Delivery.

**Code Orange.** Aggressive/combative patient
**Code Purple. A Surge Capacity Plan (excessive patient volumes)** A message is called overhead in the event the number of patients currently holding for bed assignment is maximized to the point that the evaluation and treatment of additional incoming patient’s is compromised. Code will be called in two phases. The charge nurse or manager would need to know which patients could be safely discharged to a lower level of care or to home. When the situation is improved, the alert will be paged, “Code Purple All Clear.” Surge capacity levels are **Guarded** – 80% capacity, **Purple Phase 1** – 90% capacity and **Purple Phase 2** – 100% capacity.

**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 know exactly what to do if a Code Red is announced.

**Code White.** If the hospital EMR is unavailable, please initiate downtime paper processes. A code white could also be called if the lab interface is down, CareMobile is down, or radiology interface is down. During this period, staff will use paper forms for charting patient care and ordering. When EMR is working, an “all clear” will be called overhead.

**Code Yellow.** A Code Yellow announced over the public address system indicates a major disaster internal or external to the Health System. All associates 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.

**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

**Important Numbers**
Maintenance ........................................... x42780
AIS Service Desk...............................877-640-1417
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 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:
• The language you need.
• Your name.
• Facility/entity: (e.g. SJMC, JPMC, OMNI, Gemini, Urgent Care, RML)
• Location/Department: (e.g. 9 West, Cath Lab, Catoosa, 81st and Memorial, Pawhuska Clinic, Skiatook)
• 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 promptly connect you with an interpreter.

Communications
MedWeb is an ongoing electronic publication for associates and staff of St. John Health System, offering important news about the Health System, links to department home pages and external website www.stjohnhealthsystem.com.

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. Hospitals can be confusing to 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.**
- Students will document medication administration in the electronic medication record (eMAR). Students are allowed to use the bedside scanning system or handheld CareMobile device with a trained faculty member or staff nurse.

*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

<table>
<thead>
<tr>
<th>Administrative Title</th>
<th>IV Push</th>
<th>IV Large Volume or IVPB</th>
<th>Chemotherapy Agents</th>
<th>Chemotherapy Oral</th>
<th>Oral Medications</th>
<th>Inhalation Therapy</th>
<th>Topicals</th>
<th>Invest. Drugs-Oral</th>
<th>Invest. Drugs-Inj</th>
<th>Rectal</th>
<th>Immunization Agents</th>
<th>Diagnostic Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician/Dentist</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>RN</td>
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<tr>
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<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>RN-Radiology</td>
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<td>Y</td>
<td>Y</td>
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<td>RN-Nursing Student¹⁴</td>
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<tr>
<td>Graduate Nurse (NCLEX-RN or NCLEX-PN)</td>
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<tr>
<td>Home Health Nurse Assistant</td>
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<td>N</td>
<td>N</td>
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<td>Y¹³</td>
<td>N</td>
<td>N</td>
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<td>Medical Technologist</td>
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<td>N</td>
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<td>Phlebotomist</td>
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<tr>
<td>Physical Therapy Technician</td>
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<td>Physical Therapy Assistant</td>
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<td>MRI Technologist</td>
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<tr>
<td>Diagnostic Radiology Technologist</td>
<td>Y⁵</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y⁴</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Nuclear Medicine Technologist</td>
<td>Y⁶</td>
<td>Y⁷</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y⁸</td>
<td>N</td>
<td>N</td>
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</tr>
<tr>
<td>Respiratory Therapist</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y⁹</td>
<td>N</td>
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<tr>
<td>Respiratory Technician</td>
<td>N</td>
<td>N</td>
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<td>N</td>
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<td>Y⁹</td>
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<td>Pulmonary Technologist</td>
<td>N</td>
<td>N</td>
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<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y⁹</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y¹⁰</td>
</tr>
</tbody>
</table>

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.
7. Limited to large volume infusions.
8. Limited to radioactive isotopes, sublingual nitroglycerin.
9. Limited to Americaine topical anesthetic.
10. Limited to methocelone 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.
# 2015 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in healthcare safety and how to solve them.

<table>
<thead>
<tr>
<th>Identify patients correctly</th>
<th>NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NPSG.01.03.01 Make sure the correct patient gets the correct blood when they get a blood transfusion.</td>
</tr>
<tr>
<td>Improve staff communication</td>
<td>NPSG.02.03.01 Get important test results to the right staff person on time.</td>
</tr>
<tr>
<td>Use medicines safely</td>
<td>NPSG.03.04.01 Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.</td>
</tr>
<tr>
<td></td>
<td>NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.</td>
</tr>
<tr>
<td></td>
<td>NPSG.03.06.01 Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.</td>
</tr>
<tr>
<td>Use alarms safely</td>
<td>NPSG.06.01.01 Make improvements to ensure that alarms on medical equipment are heard and responded to on time.</td>
</tr>
<tr>
<td>Prevent infection</td>
<td>NPSG.07.01.01 Use the hand-cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.</td>
</tr>
<tr>
<td></td>
<td>NPSG.07.03.01 Use proven guidelines to prevent infections that are difficult to treat.</td>
</tr>
<tr>
<td></td>
<td>NPSG.07.04.01 Use proven guidelines to prevent infection of the blood from central lines.</td>
</tr>
<tr>
<td></td>
<td>NPSG.07.05.01 Use proven guidelines to prevent infection after surgery.</td>
</tr>
<tr>
<td></td>
<td>NPSG.07.06.01 Use proven guidelines to prevent infections of the urinary tract caused by catheters.</td>
</tr>
<tr>
<td>Identify patient safety risks</td>
<td>NPSG.15.01.01 Find out which patients are most likely to try to commit suicide.</td>
</tr>
<tr>
<td>Prevent mistakes in surgery</td>
<td>UP.01.01.01 Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body.</td>
</tr>
<tr>
<td></td>
<td>UP.01.02.01 Mark the correct place on the patient’s body where the surgery is to be done.</td>
</tr>
<tr>
<td></td>
<td>UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made.</td>
</tr>
</tbody>
</table>
Media Relations

Media relations play an important part in communicating to patients and the public about St. John Health System programs and services. The media relations manager is responsible for developing and maintaining relationships with area media. Press releases featuring St. John programs, services and employees are written and distributed to local and regional media. The media relations manager also schedules physicians/health professionals for television and radio appearances.

Any calls from the media must be forwarded to Community Relations. All media visits must be officially approved by Community Relations, and a Community Relations representative will accompany the media when they are on any St. John property. St. John adheres to all local, state and federal patient privacy requirements. All patient information is to be released through Community Relations or by the house supervisor on duty after 4:30 p.m. weekdays and on weekends.

Per the Tulsa Hospital Council Media Guidelines and HIPAA requirements, St. John will only release a one-word patient condition when media outlets inquire about patient condition status: good, fair, serious, critical or deceased. No other patient information will be released.

Please keep the following policy guidelines in mind to protect yourself, St. John and St. John-affiliated entities.

- The St. John Community Relations department fields all requests and provides authorized medical center spokespersons for response to inquiries.
- Any media request, whether routine or during a crisis, should be directed to Community Relations. A simple and polite “I’m sorry, but company policy asks that I refer you to another department” will help you handle those calls or e-mails.
- St. John Health System will provide only qualified and authenticated information to news media.
- Community Relations will adhere to established guidelines to protect patient health information.
- Organizations wishing to film or capture imagery on the St. John campus or related to St. John must have official clearance through St. John Community Relations.

The complete policy and procedure document for St. John media relations may be found on page 19.

Please contact Joy McGill, media relations manager, with story ideas or media relations-related questions, 918-744-2820, or joy.mcgill@sjmc.org.

Social Media

As participation in social media continues to grow, we’d like to remind associates of St. John Health System and Ascension policies. Please observe the following guidelines to protect yourself, St. John and St. John-affiliated entities:

- Personal use of social media and networks is not allowed while associates are on-duty or during a scheduled shift. Participation should only occur outside of work.
- When acting in a personal capacity and discussing or referring to St. John or St. John activities, associates are personally responsible for any information disseminated. Associates should not post patient information or confidential information related to St. John as defined by St. John Health System policy. No information should be included in your communications which could be interpreted as representative of St. John in any capacity.
• Associates must avoid engaging in arguments regarding online postings about St. John or related services.

• Under no circumstance should associates post any information related to patients receiving care through St. John. This includes posting pictures of patient care areas and mentioning anything that potentially identifies a patient, including their healthcare services, condition or prognosis. Anything patient-related, including acknowledging the care of a patient, has the potential to violate HIPAA rules and could be considered a federal offense.

• Negative, unauthorized, unprofessional and improper communications or postings are to be referred to the Community Relations department. St. John Community Relations staff will address as appropriate. Violation of this policy and/or the restrictions set forth in this policy may result in disciplinary action, including termination of employment.

We encourage St. John associates to connect on social media platforms to create positive engagement.

• Sharing positive news or initiatives – repost content shared on the St. John social media account
• Facebook – www.facebook.com/stjohnhealthsystem
• Twitter – http://www.twitter.com/stjohnhealthok
• YouTube – www.youtube.com/stjohnhealthok
• Share your participation in official St. John activities – example: posting photos of yourself at St. John United Way activities or volunteering at a St. John event
• Repost job opportunities at St. John – “St. John is hiring an RN manager and St. John is a great place to work! Check out the St. John Facebook page to see information on the job opening.”

To learn more about St. John social media presence, guidelines for social media usage and representation, and guidelines to protect yourself, please view the St. John social media policy on page 23.
I. DEPARTMENT APPLIES TO – All, excluding Jane Phillips Health Corporation and related entities.

II. OVERVIEW - Policy and procedure of releasing information related to St. John Health System (SJHS) or its patients.

III. POLICY

A. SJHS will provide only qualified and authenticated information to the news media; therefore, the Community Relations department will coordinate all news releases and provide authorized Health System spokespersons to be available at all times to respond to inquiries.

1. Internal requests to issue a news or press release and all media requests for information received by SJHS associates are to be forwarded to Community Relations.

B. The release of any patient protected health information must follow established Health Insurance Portability and Accountability (HIPAA) policies.

IV. PROCEDURE

A. News Releases

1. Requests to issue a News Release regarding new services, acquisition of equipment, or innovative procedures to improve patient care are to be directed to Community Relations.

   a) Information provided should include:

      (1) Name of service, equipment or procedure available;

      (2) The purpose of such service, equipment or procedures;

      (3) A description of the service or function of the equipment; and

      (4) The reasons the service or equipment is newsworthy (first in Tulsa, etc.)
b) Community Relations will work with the appropriate Manager and/or Department regarding each submission deemed newsworthy and facilitate dissemination of the information as appropriate.

B. Media Inquiries

1. Authorized SJHS personnel to handle media inquiries:

   a) Primary:
      Media Relations Coordinator
      Office Phone 918-744-2441
      Cell Phone 918-231-9924
      Department Phone 918-744-2820

   b) Secondary:
      Director, Community Relations
      Office Phone 918-744-2440
      Cell Phone 918-625-1937
      Department Phone 918-744-2820

2. The Media Relations Coordinator is the first line of response for all media inquiries during working hours.

   a) The Coordinator will carry a cell phone during off-duty hours and will be contacted about media requests.

   b) The Community Relations Director is a backup when the Coordinator is unavailable.

3. The Chief Executive Officer (CEO), 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.

4. 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.
News Releases and Media Inquiries

5. Processing Inquiries

a) Please refer all inquiries from news media to the spokesperson(s) as designated above.

b) 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.

c) Appropriate information to release to the news media may be found in the policy HIPAA – Release of Patient Directory Information – Report Status.

(1) Condition Reports

(a) Information may be released for patients listed in the Facility Directories (report patients).

(i) A patient’s hospitalization may be acknowledged but not her/his specific location within hospital.

C. 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.

a) 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.

  a) 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 chart.

V. DEFINITIONS

A. St. John Health System (SJHS) – Includes all entities within the Health System, to include but not limited to the following unless otherwise described: St. John Broken Arrow; St. John Owasso; St. John Sapulpa; St. John Medical Center; Jane Phillips Health Corporation; Jane Phillips Medical Center; Ceres Medical Practice Management; Gemini Medical Group; Synergy Hospitalist Group; St. John Physicians; Physician Support Services, Inc.; OMNI Medical Group; St. John Villas; Magnum Health Care, Inc.; St. John Urgent Care Clinics, Inc.; and Regional Medical Laboratory.

VI. KEYWORDS

- Release of information, Community Relations, patient information, communication, media, news release, press release, inquiry
I. DEPARTMENT APPLIES TO – All excluding Jane Phillips Health Corporation and related entities.

II. OVERVIEW - To set forth policy with respect to the administration of social media by St. John Health System (SJHS) and its associates.

III. POLICY

A. SJHS utilizes social media as a low cost and personalized way to connect with current and prospective patients, associates, the local medical community, media and candidates for recruitment.

1. Since these messages cannot be controlled in the sense of traditional advertising and may affect public opinion and the reputation of SJHS, the following pertains to the use of social media by SJHS and its associates, both professionally and personally, when any information disseminated is related to or involves SJHS.

   a) This policy does not supersede, but is in addition to other existing policies regarding communications and the use of a social media, including, but not limited to, the anti-harassment policy, electronic information policy, Code of Ethics, Code of Conduct, and those pertaining to patient confidentiality and proprietary information.

A. Use of Social Media by SJHS

1. To provide managed and consistent social media platform(s) on behalf of SJHS, as opposed to maintaining numerous independent facility and/or departmental sites, administrative responsibility has been delegated to:

   a) The Community Relations Department for SJHS as the entity to maintain all social media platforms on behalf of SJHS, except for those relating to Jane Phillips Health Corporation;

   b) The Public Relations and Marketing Department for Jane Phillips Medical Center as the entity to maintain all social media platforms on behalf of Jane Phillips Health Corporation;
c) Both the Community Relations and Public Relations and Marketing Departments will work collaboratively and in conjunction with each other to provide a consistent and unified representation of SJHS to the fullest extent possible;

(1) Facility, departmental and service related information and postings are to be incorporated into SJHS social media communication strategy via the above Departments;

(2) Separate and/or individual facility, department or service related social media sites are not favored, but will be considered on a case-by-case basis where the following criteria has been met:

(a) Approved by Executive Management;

(b) A need for a separate site has been demonstrated to include a detailed explanation of why communication through existing established sites is not adequate; and

(c) Commitment by facility or department management, as appropriate, to review the site daily for content, as well as refreshing and updating content weekly in accordance with this and related policies and procedures;

(i) If approved, the Community Relations and Public Relations and Marketing Departments will establish the design, username and account to facilitate the media site as appropriate.

2. The following Code of Ethics applies to both SJHS sponsored sites and SJHS originated comments to or communications on other sites:

a) Communications, posts and comments will be accurate and factual;

b) Errors and mistakes will be promptly acknowledged and corrected;

c) Spam and/or comments that are off-topic will be deleted;
d) Replies will be provided to emails, posts and comments when appropriate;

e) Direct links will be provided to online references and original source materials; and

f) Communications, posts and comments will be consistent with the SJHS mission and values.

3. As an active participant in social media, it is the intent of SJHS to communicate with the majority of legitimate users who decide to subscribe or “follow” SJHS via Twitter, Facebook and other similarly approved social media networks.

a) SJHS reserves the right to delete or block inappropriate content and to terminate communications with those users deemed inappropriate or considered to be disseminators of spam.

B. Use of Social Media by SJHS Associates

1. Use of Social Media in a Representative Capacity

a) When using social media as a representative of SJHS, associates remain subject to the basic principles that apply whenever an associate communicates on behalf of or serves as a representative of SJHS.

b) Prior to acting in a representative capacity, associates must obtain express approval from the Community Relations Department or the Public Relations and Marketing Department and/or Executive Management as appropriate;

   (1) The above prior approval is required whenever associates conduct themselves, act or post communications in such a manner as to reasonably create the impression that they are communicating on behalf of SJHS.

b) When serving in an approved representative capacity, all applicable SJHS policies must be followed with respect to the release or dissemination of information associated with SJHS, its operations and patients. For
example, confidential or proprietary information, photos or videos about SJHS may not be disseminated and the restrictions regarding patient privacy remain in effect.

(1) Among the policies, most pertinent address the release of protected health information (PHI), under the Health Insurance Portability and Accountability Act (HIPAA), and the need to maintain patient confidentiality.

d) When serving as a representative of SJHS, associates are to clearly disclose their association with SJHS and the fact that they are serving in a representative capacity.

2. Use of Social Media in a Personal Capacity

a) SJHS respects an associate’s right to use social media and social networks as a medium of self-expression. Examples include the use of blogs, Facebook, MySpace, and Twitter.

b) Personal use of social media and networks is not allowed while associates are on-duty for SJHS and must be conducted during personal (non-work) time.

(1) Due to network constraints, associates will not be able to access social networking sites at work via SJHS supplied electronic computing devices.

c) Associates have no right to privacy or expectation of privacy in their use of social networking sites.

(1) SJHS reserves the right to monitor associates' use and participation in social networking sites whether the use or participation occurs on or off the premises of SJHS.

d) When acting in a personal capacity and discussing or referring to SJHS in any manner, associates:

(1) Are personally responsible for any and all information disseminated;
(2) Are to clearly disclose that the information provided and views expressed are those of the associate and not SJHS;

(a) In the above circumstances, associates may fulfill the above requirement by including the following disclaimer within their communication: “The views expressed on this [blog; website] are my own and do not reflect the views of my employer;”

(b) Associates may also consider adding similar language in a reference or “About me” section of the communication, blog or social networking profile.

(3) Must use good judgment and are to be accurate in their communications.

(a) Errors and omissions reflect poorly on SJHS, and may result in liability for the associate and SJHS;

(4) Must use a personal email address (not a SJHS supplied email address) as their means of identification;

(5) Must write in the first person;

(6) Are to draft communications consistent with SJHS values,

(a) If online communications or activities are inconsistent with SJHS’s values, or would negatively impact SJHS’s reputation or brand, associates are not to refer to SJHS, or identify their association with or connection to the Health System;

(7) Be respectful and professional to SJHS business partners, competitors and patients;

(8) Must comply with the terms of service of each social networking site used;
(9) Must not use the logo or trademarks of SJHS without the written consent of SJHS;

(10) Must avoid using unprofessional online personas;

(11) Must avoid engaging in arguments regarding negative postings about the Health System or related services;

   (a) Negative communications or posting are to be referred to the Community Relations or the Public Relations and Marketing Departments as appropriate;

(12) Must not disclose confidential and/or proprietary information of SJHS;

(13) Must protect PHI and maintain patient privacy in accordance with the HIPAA and related laws, regulations, policies and procedures;

(14) May not use information obtained from their duties and responsibilities with SJHS to, directly or indirectly, criticize, comment negatively or impune the character or reputation of any patient of SJHS;

(15) May not link any sites to those of SJHS without the express written approval of the Community Relations or the Public Relations and Marketing Departments as appropriate;

(16) Must refer all media inquiries to the Community Relations or the Public Relations and Marketing Departments as appropriate;

(17) Must submit all concerns or suggestions regarding SJHS operations, policies and procedures through official channels, such as the employee suggestion box or other methods available within the associate’s department, as the use of social media for this type of information is inappropriate; and
(18) Must comply with all laws, including but not limited to, copyright, fair use/and/or financial disclosure laws;

C. This policy is not intended to prohibit or restrict protected and/or concerted activities of associates under the National Labor Relations Act.

D. Assistance

1. Requests for assistance with the application of this policy may be directed to the Community Relations Department (SJHS), the Public Relations and Marketing Department (Jane Phillips Health Corporation), the Chief Information Officer, or the appropriate Compliance and Privacy Officer.

E. Violations

1. Violation of this policy and/or the restrictions set forth in this policy may result in disciplinary action, up to and including termination of employment.

IV. DEFINITIONS

A. Blogging – the practice of posting weblogs (blogs) to the Internet

B. Confidential information – includes all information prepared or generated by SJHS or entrusted to SJHS, of which dissemination outside the Health System is not anticipated or, if disseminated, is done in such a manner as to control access and further disclosure, often accomplished through the execution of a confidentiality agreement;

C. Proprietary information – includes all information that is exclusively owned, maintained or generated by SJHS, its associates, agents and contractors, for internal use only, the disclosure of which could result in adverse business and/or economic consequences or harm;

D. Protected health information (PHI) – consists of information which may reasonably be used, either individually or in combination, to identify a patient. Examples include: name; birth date; social security number; mailing address; e-mail address; telephone number; facsimile number; dates of service; health plan number; unique characteristic; etc.
Social Media

E. Social Media – Internet based tools for sharing and discussing information. Examples include:

   o St. John Health System YouTube Channel – share St. John Miracle Minutes, television commercials and other applicable television/online stories: http://www.youtube.com/StJohnHealthSystem;

   o St. John Health System Twitter account – (username: @stjohnhealthok) – share information about services, events, classes and seminars and engage with the public on a personal level and monitors commentary about St. John and its services;

   o SJHS presence on location-based social networking websites such as Foursquare.com, Gowalla.com – location-based social networking sites allow networks to connect and coordinate users with St. John locations which match their interest;

   o SJHS Facebook account – develop an organization page to share information about services, events, classes and seminars and to engage with the public on a personal level and monitor commentary about St. John and its services: www.facebook.com/stjohnhealthsystem;

       ▪ Wall and comment features of the SJHS organization page will be open, but closely monitored for appropriate content.

       ▪ Notification features will be limited to mitigate security and virus risks.

V. KEYWORDS

- Social media, facebook, Twitter, YouTube, MySpace, communication, Community Relations, staff, employees, associates, personal account, internet, post, blogs, blogging, confidential, proprietary, email
Customer Service
SJHS Service Theme

Medical Excellence. Compassionate Care

For 90 years, the St. John Health System has provided Tulsa and surrounding areas with “Medical Excellence and 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, 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 of the Poor, Reverence, Integrity, Wisdom, Creativity and Dedication have developed.
Connecting Compassionate Care and Customer Service

At St. John we make a promise to all those who come seeking help — we will provide medical excellence and compassionate care.

Each element of this promise is equally important in fulfilling our Mission to continue the healing ministry of Jesus Christ.

- Without medical excellence, there can be no healing.
- Without compassion, healing is an empty process.

We constantly strive to deliver both elements of our promise.

To achieve medical excellence, we study, train, practice, and purchase the most up to date machines and technology, and we track and measure a multitude of data points.

We provide compassionate care by connecting with each person we encounter. Connecting with another person requires us to:

- Choose a positive attitude
- Send the right signals by:
  - Looking people in the eye
  - Smiling
  - Using open body language
- Say “Hello”
Corporate Responsibility Officer
Kevin Steck
918-744-3072
kevin.steck@sjmc.org

Ascension Values Line
1-800-707-2198
www.ascensionhealthvaluesline.org

Corporate Responsibility Program/Standards of Conduct SOPs may be found in Documentum
(St. John Health System/SOP/Regulatory/Compliance)
Standards of Conduct - Corporate Responsibility Program

False Claims Act
Section 6032 of the Deficit Reduction Act of 2005

As recipients of federal health care program funds, including Medicare and Medicaid, St. John Health System (SJHS), sponsored by Ascension Health, is required by law to provide all associates, agents and contractors information regarding the federal False Claims Act (FCA), the federal Program Fraud Civil Remedies Act (PFCRA), and any applicable state laws intended to prevent and detect fraud, waste and abuse in federal health care programs.

What is the False Claims Act?
The FCA is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment. “Knowingly” includes having actual knowledge that a claim is false, or acting in “deliberate ignorance” or “reckless disregard” as to whether a claim is false. Examples of possible false claims include billing Medicare for services that were not provided, billing for a higher-level service than the service actually furnished (upcoding), or billing for services that were not ordered by a physician.

The FCA contains provisions that allow individuals with original information (i.e., information not already the subject of legal proceedings or activities that have already been publicly disclosed) concerning fraud involving government programs to file a lawsuit on behalf of the government and, if the lawsuit is successful, to receive a portion of recoveries received by the government.

Penalties for Violating the False Claims Act
Financial penalties to the organization for submitting a false claim can total as much as three times the amount of the claim plus fines of $5,500 to $11,000 per claim. In addition to fines and penalties, an individual or organization that violates the FCA is subject to exclusion from participation in federally funded healthcare programs.

Protections Under the False Claims Act
The federal FCA protects employees from being fired, demoted, threatened or harassed by their employer for filing an FCA lawsuit or providing information in good faith relative to a FCA investigation or lawsuit.

Program Fraud Civil Remedies Act
The PFCRA provides federal agencies, including the agencies responsible for federally funded health care programs, with administrative remedies against individuals and organizations that knowingly submit a false claim for payment, or knowingly make or use a false record or statement to obtain payment. The PFCRA is limited to situations where a false claim, or a group of related false claims, does not exceed $150,000. The PFCRA provides civil penalties up to $6,000 per false claim, plus an assessment equal to twice the amount of the false claim.

Oklahoma Medicaid False Claims Act
The Oklahoma Medicaid False Claims Act essentially mirrors the federal FCA with regard to the submission of false and fraudulent claims to the State of Oklahoma. For each violation, the civil penalty is between $5,000 to $10,000 per claim, plus three times the amount of damages sustained. Criminal penalties may also be imposed. The Act allows individuals with original information concerning fraud involving State programs to file a lawsuit on behalf of Oklahoma and, if the lawsuit is successful, to receive a portion of any recoveries received by the State.
Our Commitment to Corporate Responsibility

SJHS and Ascension Health are committed to fully complying with all laws and regulations that apply to health care and have established a strong and robust Corporate Responsibility Program (CRP) as evidence of our commitment to operating with the highest degree of integrity. The CRP includes Standards of Conduct, policies and procedures, training and education, auditing and monitoring, and mechanisms for individuals to raise issues and concerns without fear of retaliation. These materials are readily accessible upon your request.

In support of the above, we ask that you:

- Act with honesty and integrity in all your business activities
- Follow all laws and regulations that apply to your work activities, including requirements of the Medicare, Medicaid and other federal health care programs. These requirements generally include maintaining complete and accurate medical records, and submitting only complete and accurate claims for services provided
- Contact one of the following resources available within the SJHS or Ascension Health if you have knowledge or concern regarding a potential false claim:
  - SJHS Corporate Responsibility Officer – Vice President of Compliance and Integrity, phone (918) 744-3072.
  - Values Line – 1-800-707-2198 or www.AscensionHealthValuesLine.org. The Values Line is staffed 24 hours a day, seven days a week by an outside organization. You may choose to remain anonymous when filing a report.

SJHS and Ascension Health strictly prohibit retaliation, in any form, against an individual reporting an issue or concern in good faith. Please contact the SJHS Corporate Responsibility Officer if you have any questions.

Thank you in advance for your commitment to operating with integrity and the highest standards of ethical behavior.
The Standards of Conduct/Corporate Responsibility Program Policy, as well as the Corporate Responsibility Program handbook, may be found on MedWeb. Click on “Departments” then select “Corporate Compliance.” Select “Corporate Compliance,” again, then “Corporate Compliance Policies.”
A Mission based on Values and Ethics
CEO MESSAGE

Ascension Health System Office carries out its healthcare ministry consistent with the Ascension Health Mission, Vision and Values. Integrity is one of Ascension Health’s Core Values. The essence of integrity is a workplace in which we follow ethical and legal business practices.

The Standards of Conduct describe the behavior and conduct expected of Health Ministry associates; medical staff; Board and Board Committee members; and contractors. The Standards of Conduct are intended to help you respond to questions and situations you may encounter in your daily work. Please read it carefully and consider what it says.

No Standards of Conduct can anticipate every question or substitute for each individual’s sense of honesty and integrity. If you have questions about the Standards of Conduct or come across any situation which you believe violates the Standards, you should consult your Supervisor, your Health Ministry Corporate Responsibility Officer or the Values Line at 1.800.707.2198 or www.AscensionHealthValuesLine.org. There will be no retaliation for asking questions or reporting possible compliance issues in good faith.

Our commitment to corporate responsibility begins and ends with each individual. Thank you for joining us in our shared commitment to the Standards of Conduct.

Robert J. Henkel, FACHE
President / Chief Executive Officer
Standards of Conduct

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Standard of Conduct Definitions

The following words and phrases have the following meanings as used in the Standards of Conduct.

Contractors are third party organizations with which we do business, such as vendors that provide supplies and services.

Health Ministry is the organization in a regional or local area through which Ascension Health carries out its mission and in which Ascension Health serves as the sole or controlling member.

Model Community is our mutual commitment: Ascension Health’s organizational commitment to Associates for their full flourishing - personally and professionally - and Associates’ personal commitment to the Ministry and one another, all in service of our Mission.

Retaliation is a harmful action against an associate in response to the associate asking questions or reporting a concern.

Values Line is a confidential phone and internet web service for associates to report ethical and legal issues without providing their name.
Introduction

This booklet details the Mission, Vision and Values of Ascension Health; explains the Standards of Conduct we are responsible for practicing; and describes ways for associates to find help and report ethical and legal issues.

Responsibilities of Associates, Medical Staff, Leaders, Board and Board Committee Members and Contractors

The Standards of Conduct apply to all associates, medical staff members, Board and Board Committee members, and contractors. You are expected to:

- Review and follow the Standards of Conduct, paying particular attention to those Standards of Conduct that apply to your every day work responsibilities.
- Ask questions when you are uncertain what to do. See Page 13 on Where to Find Help.

Responsibilities of Leaders

Leaders have a role in receiving and responding to questions and concerns raised by associates and others you lead. How you respond to these questions and concerns is key to others having the trust and confidence to bring important matters to your attention.

You are expected to:

- Encourage others to raise issues and concerns so they can be addressed.
- Respond timely and appropriately to issues and concerns brought to your attention and forward concerns expressed by your staff to the Corporate Responsibility Officer, Human Resources or other appropriate leaders. See Section entitled Your Voice: Where to Find Help for additional information.
- Support our policy of non-retaliation for anyone who raises issues and concerns in good faith.
- Learn and follow applicable laws and regulations that affect your work.
- Ask for assistance when you are unsure how to respond to an issue or concern.

- Serve as a role model for our Mission, Vision and Values by carrying out your responsibilities with the highest degree of personal integrity.
- Clearly communicate to others your expectations for the highest standards of ethical behavior.
- Promote a culture of trust, open communication and respect.
- Hold those you lead accountable for behavior consistent with the Standards of Conduct.
Responsibilities of the Board and Board Committees

Members of the Board and Board Committees have a responsibility to be informed and exercise appropriate judgment to:

- Ensure that legal and ethical business practices expressed in the Standards of Conduct guide the decisions you make on behalf of the Health Ministry.
- Disclose any potential Conflicts of Interest and take appropriate actions to address any situations that may appear to interfere with independent judgment or the duty to serve in the best interest of the Health Ministry.
- Hold senior leadership accountable for effective policies, procedures and internal control systems that address compliance with laws and regulations and promotion of ethical business practices.
- Respond timely and appropriately to issues and concerns brought to your attention.

The following Standards of Conduct are a foundation for the behaviors that are expected from associates; the Medical Staff; Board and Board Committee Members and Contractors. Each Health Ministry may have additional policies and procedures related to specific expectations in the Standards of Conduct. Please consult your Health Ministry’s policies and procedures for additional information.
MISSION, VISION AND VALUES

Our Mission, Vision, and Values provide a strong foundation and guidance for the work we do in transforming healthcare in the United States. They serve as a framework that expresses our priorities in responding to the care of those most in need.

Mission
Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Vision
We envision a strong, vibrant Catholic health ministry in the United States which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. We will expand the role of laity, in both leadership and sponsorship, to ensure a Catholic health ministry of the future.

Values
We share a common vision and are called to act upon the following ideas and beliefs:

Service of the Poor
Generosity of spirit, especially for persons most in need

Reverence
Respect and compassion for the dignity and diversity of life

Integrity
Inspiring trust through personal leadership

Wisdom
Integrating excellence and stewardship

Creativity
Courageous innovation

Dedication
Affirming the hope and joy of our ministry.
STANDARDS OF CONDUCT

Follow the Ethical and Religious Directives for Catholic Health Care Services

The Ethical and Religious Directives for Catholic Health Care Services (Ethical and Religious Directives) express the Catholic Church’s teaching on the dignity of the human person and the common good. They are made up of principles that guide our response to ethical issues in health care.

These principles include:

• Promote the dignity of all, care for persons who are poor, and contribute to the good of the community
• Respect the sacredness of human life from the moment of conception to death
• Provide compassionate care and relief of pain and suffering for the dying
• Treat our patients with respect, trust, honesty and confidentiality

All Catholic health care organizations must adopt the Ethical and Religious Directives as policy and require associates and medical staff members to follow them. They also require Catholic health care organizations to provide education regarding the Ethical and Religious Directives. Your Health Ministry can provide you with a copy of the Ethical and Religious Directives and they are also available at:


What is Expected of Me?

• Follow the Ethical and Religious Directives while working within your Health Ministry.
• As appropriate, be familiar with the Ethical and Religious Directives and participate in ethics education programs your Health Ministry may offer.
• Talk to your Supervisor, the Health Ministry Ethics Committee or Vice President, Mission Integration, when you have a question about the Ethical and Religious Directives.
• Respect the Health Ministry’s religious identity and promote its commitment to the Catholic Church’s moral teaching.

I am not Catholic nor is my patient. Am I still required to abide by the Ethical and Religious Directives when treating my patient?

Yes. When a health care professional and patient use Catholic health care, they accept its public commitment to the Church’s understanding of the dignity of the human person. All physicians, nurses, staff and associates are required to abide by the Ethical and Religious Directives while working within the Health Ministry. The Ethical and Religious Directives do not require anyone to participate in an action, procedure or intervention that is contrary to their conscience or legal rights, or without their free and informed consent or, in the case of an emergency, their implied consent.

www.ascensionhealthvaluesline.org
STANDARDS OF CONDUCT

Foster a Model Community of Inspired Associates

Associates are at the core of our service as a Catholic health ministry.

Model Community is our mutual commitment: Ascension Health’s organizational commitment to Associates for their full flourishing - personally and professionally - and Associates’ personal commitment to the Ministry and one another, all in service of our Mission.

Model Community is rooted in the belief that associates deserve a respectful workplace in which their voice is heard and a clear view of how their work supports the mission. Safe, effective and reverent care can only be provided by inspired people who:

- have the required skills, knowledge and equipment to do their jobs,
- are focused on our Mission, and
- feel that they are safe, cared about, recognized and appreciated.

What is Expected of Me?

- Treat others fairly, honestly and with dignity.
- Treat others respectfully, without regard to race, religion, national origin, color, age, disability, marital status, sexual orientation, gender, genetic information, amnesty, status as a covered veteran or any other legally protected status in accordance with applicable federal, state, and local laws.
- Communicate with others openly, honestly and respectfully.
- Be supportive of others and work as a team.
- Be committed to ongoing learning, including training or educational opportunities.

I heard a co-worker making racially offensive jokes with other co-workers. It made me really uncomfortable. What should I do?

Immediately report the incident to your Supervisor, the Human Resources Department, your Corporate Responsibility Officer or the Values Line.

www.ascensionhealthvaluesline.org
STANDARDS OF CONDUCT

Be Honest and Fair in our Business Conduct

We are committed to ethical business conduct and integrity. We act in the best interest of the Health Ministry, protect the confidentiality of information and represent the Health Ministry honestly and accurately.

What is Expected of Me?

CONFLICTS OF INTEREST

- Follow your Health Ministry Conflicts of Interest Policy. Do not engage in any activity, practice or act that conflicts with the interests of the Health Ministry.
- Follow your Health Ministry Gifts Policy. Seek guidance before accepting gifts from vendors, patients or others.
- Do not make any decision or discussion affecting the Health Ministry that might represent a conflict of interest when serving as a member of an outside organization or Board.
- Do not accept employment or consulting arrangements outside of the Health Ministry, or make personal investments if they interfere with your job or unduly influence the decisions you are required to make on behalf of the Health Ministry.

CONFIDENTIALITY

- Do not access information, such as protected health information in patient medical records except when you have a legitimate need to know the information in order to perform your job.
- Do not disclose confidential information related to the Health Ministry to any outside unauthorized person or organization, or use such information for your personal benefit.
- Share confidential information about the operations of the Health Ministry with associates only when they have a legitimate need to know the information in order to perform their job.
- Maintain confidential information, including financial data and associate related information, in a confidential, secure manner according to Health Ministry policies and applicable law.

Q A

Before coming to work at the Health Ministry, I consulted for a competitor and obtained information that would help our hospital negotiate favorable contracts. Should I share this information with others in the organization?

No. Do not disclose confidential information learned through another job. It is unethical and possibly illegal to share confidential information you learn from your association with one employer with another employer should you leave the organization. Further, we will not be able to use this type of information in any business dealings.

Values Line 800.707.2198
**BUSINESS AND ETHICAL PRACTICES**

- Prepare all documents accurately and timely, including expense reports, time and attendance records, financial statements, and accounting records.
- Follow Health Ministry policies and procedures to keep internal financial controls.
- Deal with regulatory agencies, insurance companies and accrediting agencies honestly and accurately. This includes the submission of claims for only medically necessary services and supplies ordered by a physician and provided to the patient.
- Do not violate patents, trademarks, copyright and software licenses.
- Properly use and protect Health Ministry resources including supplies, equipment, associate time and financial assets.
- Follow Health Ministry policies when you access or send information electronically, including compliance with Health Ministry policy related to litigation holds.
- Act only within the scope of the authority granted with your job.
- Ensure that marketing and advertising practices, materials and announcements are truthful, informative and transparent.

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**Q A**

My sister-in-law is a health care consultant. Would it be a conflict if I recommended her to work on a project at my organization?

No, unless you do something to provide her with an advantage or special consideration or if you receive something of value in return. If you recommend your sister-in-law for the project, you should fully disclose your relationship. You should not participate in the selection decision. Also, you must not share information with your sister-in-law that other prospective vendors or consultants would not have.
STANDARDS OF CONDUCT

Comply with Laws and Regulations

Our policy is to comply with all applicable laws and regulations. These laws and regulations apply to many areas throughout the Health Ministry.

What is Expected of Me?

- Follow all laws and regulations that apply to your work and ask for assistance if you have questions about how they affect you.

The following are examples of laws and regulations that apply to the Health Ministry.

- Follow billing and coding requirements of the government (e.g., Medicare and Medicaid) and other third parties who pay for the healthcare services we provide.

- Ensure that physician arrangements comply with Stark and Anti-Kickback laws and regulations. Do not pay or offer to pay anyone for referrals of patients.

- Do not have relationships with individuals or entities that have been excluded from participation in federal and state healthcare programs. This includes associates, medical staff and contractors.

- Maintain the privacy and security of protected health information in keeping with HIPAA and the Health Information Technology for Economic and Clinical Health Act (HITECH). Do not access, use, disclose or discuss protected health information with others unless permitted to do so or required by law.

- Hire, train, promote, place, transfer, layoff, recall, pay and terminate associates based on an evaluation of work performance, their own achievements, experience and conduct without regard to race, religion, national origin, color, age, disability, marital status, sexual orientation, gender, genetic information, amnesty, status as a covered veteran or any other legally protected status in accordance with applicable federal, state, and local laws.
• Ensure that reports or other information required to be provided to any federal, state or local government agency, including Medicare and Medicaid cost reports, are filed accurately and timely to comply with applicable laws and regulations.

• Follow the Ascension Health System Procedure regarding political campaign activities.

• Do not participate in any activities that may harm our tax-exempt status, such as providing benefits to a private individual or organization for less than fair market value.

• Avoid discussions and collaborations with competitors about pricing, terms and other market information in compliance with Antitrust Laws.

• Follow the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing an emergency medical screening examination and stabilizing medical care to all patients who come to the hospital in an emergency medical condition, regardless of ability to pay.

• Follow Federal and State laws and regulations in any research, investigations and clinical trials conducted by our physicians and medical staff. Protect the rights and privacy of research subjects during research, investigations and clinical trials.

• Comply with applicable environmental laws, including the proper handling and disposal of hazardous and infectious waste.

• Follow Federal and State laws and regulations on the reporting and management of associate occupational injuries and illnesses including the ongoing completion of the Occupational Safety and Health Act (OSHA) Log of Work-Related Injuries and Illnesses and the annual OSHA Summary of Work-Related Injuries and Illnesses.
I am a coder. One of my co-workers told me that she always codes the Medicare “hospital acquired conditions” as being “present on admission” in order for the hospital to receive the higher payment. The physician documentation that the condition was present on admission is not always available; however, I’ve been told that I need to code the claims as quickly as possible and do not have time to go back to the physician and ask questions. What should I do?

Point out to your co-worker that it is illegal to submit false claims to the Medicare program, and that these coding practices are exposing your hospital to potential fines and penalties. You should also discuss the situation with your Supervisor.

My co-worker recently posted a notice on the associate bulletin board asking associates to join her in forming a group to support a candidate for city council. Is this allowed?

No. Using the Health Ministry’s resources to participate or encourage participation in political campaign activities is not allowed and could jeopardize our tax-exempt status.

What should I do if my laptop is stolen on a weekend or after business hours?

Contact your Supervisor, Health Ministry HIPAA Privacy and Security Officers and the Ascension Health Information Services Help Desk at 314.733.8144.

I witnessed a co-worker giving the personal health information of a patient to a patient’s relative who was not authorized to receive the information. What should I do?

Contact your Supervisor, Health Ministry HIPAA Privacy Officer or Corporate Responsibility Officer.

Dr. Smith sends patients to our hospital. He said he would send us more patients if we provide him with free or discounted office space. Can we do this?

The Anti-Kickback statute prohibits offering or receiving anything of value to induce a referral of federal health care program business. We must charge Dr. Smith fair market value for office space. Free or discounted lease arrangements may appear to be an incentive for referrals from Dr. Smith.
Your Voice: Where To Find Help

You may face circumstances that can leave you wondering which path to take, which choice to make and how to make it. This is particularly true when you are confronted with challenges to your ethical and legal standards.

As a responsible associate, it is your right and duty to find help and report situations that you believe may potentially violate laws, the Standards of Conduct or applicable policies. It is not a question of betraying confidence. It’s a question of the continued respect and viability of our organization and professional responsibilities. There are several ways in which you can ask a question or share a concern if you do not know whether a particular action would violate laws, the Standards of Conduct or harm the Health Ministry:

Your Supervisor or Manager
This is usually the best place to start in getting answers to your questions. Your supervisor or manager may have the information you need or be able to direct you to the right resource.

Higher-Level Manager
If you are not comfortable discussing a situation with your supervisor or manager or do not agree with the answer you receive, consider discussing the issue with a higher-level manager.

Medical Staff Affairs
If you are an employed physician or a physician on the medical staff, you are encouraged to contact your Health Ministry Medical Staff Affairs office, Chief Medical Officer or CEO about any issues or concerns.

Corporate Responsibility Officer
The Health Ministry Corporate Responsibility Officer is responsible for the Corporate Responsibility Program and can assist in addressing your questions and concerns.

Associates in the following departments may be able to assist with questions or concerns:
- Human Resources
  Employment-related concerns
- Mission/Ethics
  Patient rights or clinical ethical issues
- Risk Management and Quality/Safety Departments
  Patient care or workplace safety issues
- HIPAA Privacy and Security Officers
  Use and protection of patient health information

Values Line
We encourage you to use one of the resources above to address your questions and concerns. If you are not comfortable contacting any of these associates or if these associates have not fully resolved your concern, you can call the Values Line at 800.707.2198 or use the Values Line web site at www.AscensionHealthValuesLine.org. You do not need to provide your name when reporting concerns through the Values Line.
How do I use the Values Line? How do you protect the confidentiality of Values Line reports?

The Values Line is available 24 hours a day, seven days a week. Your call to the Values Line is answered by an outside company. Questions may be asked of you to gather additional information. At the close of the call, you will receive a unique identification number and a specific date to call back to check on the status of your concern. You do not need to provide your name. The calls are not recorded or traced.

The outside company prepares a confidential report based on the information you provide. The report is forwarded to your Corporate Responsibility Officer for review, investigation and, when appropriate, corrective action. The results of the investigation will be provided to the outside company so they may be given to you during your follow-up call.

If you use the web site, there are a series of screens that walk you through the process of preparing and submitting a report. After you submit a report, you will be provided a follow-up date, report number and Personal Identification Number.

If I report what I think is a violation of the Standards of Conduct, and no violation is found upon investigation, will I get in trouble?

There will be no action taken against you for reporting a suspected violation in good faith. You do not need to provide your name when calling the Values Line.
Standards Of Conduct Acknowledgement

Please sign, complete and return the Standards of Conduct form.

I will uphold the highest standard of ethical and legal business practices. I will not tolerate illegal or questionable activity and promise to identify, report and prevent such activity.

I have received my personal copy of the Standards of Conduct and agree to follow them. I understand that compliance with the Standards of Conduct is a condition of my continued employment or association with the Health Ministry.

Signature

Print Name

Name of Health Ministry

Date
APPENDIX A – FALSE CLAIMS ACT

The False Claims Act

As recipients of federal health care program funds, including Medicare and Medicaid, Health Ministries are required by law to include in their policies and provide all associates and contractors with information about the federal False Claims Act and applicable state laws intended to prevent and detect fraud, waste and abuse in federal health care programs.

WHAT IS THE FALSE CLAIMS ACT?

The False Claims Act is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment. The False Claims Act similarly prohibits any person or organization from knowingly concealing, or knowingly and improperly avoiding or decreasing, an obligation to pay or transmit money to the government. “Knowingly” includes having actual knowledge that a claim is false, or acting in “deliberate ignorance” or “reckless disregard” as to whether a claim is false. Examples of possible false claims include billing Medicare for services that were not provided, billing for services that were provided but were not medically necessary, and submitting inaccurate or misleading claims about the types of services provided, billing for a hospital service referred by a physician with whom the hospital has a compensation arrangement that violates the Stark or Anti-Kickback law, and failing to timely refund an identified known overpayment received from a federal health program.

The False Claims Act contains provisions that allow individuals with original information (i.e., information not already the subject of legal proceedings or activities that have already been publicly disclosed) concerning fraud involving government programs to file a lawsuit on behalf of the government and, if the lawsuit results in a recovery, to receive a portion of recoveries received by the government.

Financial penalties to the organization for submitting a false claim can total as much as three times the amount of the claim plus fines of $5,500 to $11,000 per claim. In addition to fines and penalties, an individual or organization that violates the False Claims Act is subject to exclusion from participation in federally funded healthcare programs.

State Laws

In addition to federal law, several states have adopted similar laws allowing individuals to file a lawsuit in state court for false claims that were filed with the state for payment, such as the Medicaid program.

Protections Under the False Claims Act

The federal False Claims Act protects employees from being fired, demoted, threatened or harassed by his or her employer for filing a False Claims Act lawsuit or providing information in good faith about a False Claims Act investigation or lawsuit.
Introduction:

The Act applies to “covered entities,” which includes health plans (HMOs, private health plans, Medicare/Medicaid), health care clearinghouses (billing services, repricing companies) and health care providers (hospitals, physician offices, home health agencies, pharmacies, etc.).

It imposes privacy and security protections for all forms of individually identifiable health information, often referred to as protected health information (PHI) (that which includes name, address, birth date, Social Security Number, and past, present, and future medical conditions and treatments). The Act strikes a balance between important uses of information and maintaining the privacy of those who seek care and treatment.

As this document is but a mere summary, the entire Act and additional helpful information may be found at http://www.hhs.gov/ocr/hipaa.

1. Privacy

A major purpose of the Act is to define and limit the circumstances under which an individual’s protected health information may be disclosed. To maintain patient privacy take appropriate precautions:

- Move to a private space to discuss a patient’s treatment;
- Close curtains and speak softly in semi-private rooms;
- Dispose of patient information properly by using the locked shred bins;
- Always keep patient information confidential and secure;
- Don’t leave patient records unattended and accessible;
- Don’t discuss patients in public areas, such as elevators and cafeterias; and
- Don’t assume that it is OK to talk about a patient to their relatives or friends.

Use and release the minimum information necessary to accomplish the purpose.

Access and use patient information only where there is a legitimate “need to know”:

- Nurses and doctors need to review patient records to provide care;
- Nurses and doctors do not need to look at records of co-workers,
- friends, neighbors, or celebrities — unless they are providing treatment or care;
- Do not look at your own records. Just like any other patient, make a request through Medical Records.

2. Security

The privacy of patient records is supported by the following security measures:
United States Mail – As mail is directed only to the patient or intended recipient and is safe, secure, and private, it is the preferred method of dissemination.

Computers and e-mail - Computers and e-mail have their own particular issues.

- Keep computer screens pointed away from the public;
- Don’t leave a computer logged on and unattended;
- Verify e-mail addresses and the intended recipients prior to sending;
- Use “-secure-“or “-phi-“in the subject line when sending required email outside SJHS.

Facsimiles – Misdirected faxes result in inappropriate disclosures:

- Verify the intended recipient’s fax number prior to sending
- Use the pre-programmed dialing feature when available
- Always use a cover sheet
- Follow reporting procedures for misdirected facsimiles

Business Associate Agreement – A business associate is a person or organization that performs certain functions or activities on behalf of SJHS. As our “agent” they must protect patient information as required by the Act and must sign an agreement acknowledging such.

3. Patient Rights

Patient rights and our obligations to protect their records are summarized in the St. John Health System “Joint Notice of Privacy Practices” and provided to all patients upon admission or treatment.

The Act gives patients the right to:

- See their own records after completing The Medical Release Form;
- Obtain a copy of their records for a fee;
- Request amendments to their records;
- Request limits on the use of their information;
- Request alternative means or a location for receiving information;
- Request an accounting of the disclosures of their information;

The accounting of disclosures must include every time information was released or provided to third parties, except in support of treatment, payment, healthcare operations or based upon a patient’s authorized release. The accounting is free and covers the prior six years.

As of January 2013, Final Omnibus Rule, HIPAA allows:

- Patients to ask for a copy of their electronic medical record in an electronic form;
- Patients to instruct their provider not to share information about their treatment with their health plan when they pay by cash;
- Reduces burden by streamlining individuals’ abilities to authorize the use of their health information for research purposes; and
• Clarifies that genetic information is protected under the HIPAA Privacy Rule and prohibits most health plans from using or disclosing genetic information for underwriting purposes.

4. **Disclosures for Treatment/Payment/Healthcare Operations**

It is OK to use and disseminate patient information for:

- **Treatment**: Physicians and nurses caring for patients, technicians performing tests, transcriptionists typing reports, consultations and referrals between providers, etc.
- **Payment**: Sending out bills and claims, coders applying codes to procedures, etc.
- **Healthcare Operations**: Performing quality assurance reviews, responding to JCAHO surveys, audits, risk management, etc.

With respect to psychotherapy notes, we must first obtain authorization from the patient prior to release of medical records for treatment, payment, or healthcare operations.

5. **Categories of Permitted Disclosures Without Patient Authorization**

The Act permits the use and disclosure of patient information without a patient authorization for 12 purposes. The attached chart provides additional information regarding each category.

- Required by law, i.e., statute, regulation or court order;
- Public Health Activities — to public agencies to prevent or control disease, report child abuse and neglect, the Food and Drug Administration (FDA) regarding adverse events and recalls, and to the Occupational Safety and Health Administration (OSHA);
- Adult Victims of Abuse, Neglect or Domestic Violence;
- Health Oversight Activities — i.e. to Oklahoma State Department of Health,
- Judicial and Administrative Proceedings;
- Law Enforcement Purposes;
- Decedents — i.e. funeral directors, coroners and medical examiners;
- Organ, Eye or Tissue Donation;
- Research;
- Serious Threat to Health or Safety — to lessen or prevent an imminent threat to a person or the public (see Public Health Activities above);
- Essential Government Functions;
- Worker’s Compensation — information to an employer as it relates only
- to the “on the job” injury

Absent an authorized release, we are required to maintain an accounting of the above disclosures.

6. **Patient Authorized Release**

Except for the categories listed above, a patient’s release is required prior to disseminating information.

Whenever possible, the authorization should be in writing. If oral, a notation should be placed in the patient’s medical file or records.
Since the patient has approved the release, we are not required to maintain an accounting of disclosures made pursuant to their authorization.

7. Miscellaneous Items

   Facility Directories – Patient’s may opt out of a facility’s directory, which otherwise provides to visitors the patient’s name, general condition, religious affiliation, and room number.

   Patient’s Family – One may rely on a patient’s informal permission to disclose patient information to the patient’s family or relatives. However, when unsure, it is best to ask the patient prior to disclosure.

   Personal Representative – Patient information may be provided to one who is legally authorized to make decisions on behalf of the patient.

   Parents/Minors – In most cases, parents are the personal representatives for their minor children.

8. Penalties

   • Civil Penalties – includes $100 fine per violation, up to $25,000 per year for multiple violations. Violations for willful neglect are $50,000 per violation up to $1,500,000 per calendar year.
   • Criminal Penalties – includes imprisonment up to 10 years and fines up to $250,000.
   • Compliance – The Department of Health and Human Services and/or the Office of Civil Rights may place an organization on a monitoring program and mandate training and other requirements to ensure compliance with the Act.
   • Civil Lawsuits – A wronged patient may bring a civil law suit against the culpable employee and SJHS.

9. Reporting Inadvertent Disclosures

In the event an inadvertent disclosure is made, a HIPAA Disclosure Accounting must be filed in RiskMaster to account for the improper disclosure.

In those instances involving more than a single inadvertent disclosure, please alert and consult with our Privacy Officer.

10. Final Tips

   • Be sure to know who your Privacy and Security Officials are and how to contact them for guidance and direction
   • When in doubt, don’t send it out!
   • Feel free to ask if you are not sure what is the right thing to do
   • Be sure to report any suspected privacy or security violations or breaches

For more information:

Contact a SJHS Privacy Officer. A complete listing of Privacy Officers can be found on the MedWeb, under Departments/HIPAA.

The United States Department of Health and Human Services provides additional information and guidance at their website, located at http://www.hhs.gov/hipaafaq.
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 inquiries to your preceptor or another St. John Health System associate. Please refer to the media policy in the safety section of this handbook for more information.
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 and Prevention 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 patient 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!

The protocol for any associate/patient encounter is:
- Wash in
- Always knock when entering
- Announce who you are by name and title
- Tell the patient the purpose of your visit
- Call the patient by name
- Before leaving, as the patient if you can do anything else for them
- Wash out
Mission, Values and Promise

The elements below provide the framework for our expected actions and standards of performance.

St. John Health System Mission Statement
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.

Ascension Mission Statement
Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Our Promise
Medical Excellence, Compassionate Care.

Our Values
Guided by our values of Service of the Poor, Reverence, Integrity, Wisdom, Creativity and Dedication, we fulfill our Mission every day with all 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.

Action
I will:

Service of the Poor
- Be an attentive voice for the poor, the suffering, the weak and the voiceless
- Challenge myself and fellow associates who suffer from a “poverty of compassion” to walk in the shoes of others
- Respond to people in need in a meaningful and personal way
- Participate in activities to benefit the poor and vulnerable
- Make eye contact, smile and give full attention to each person
- Be open to learning as I come in contact with those in need
- Assist anyone I see lost in our facilities

Reverence
- Treat every person as a precious, unique and sacred being, regardless of their stature, condition or abilities
- Pay full attention when listening to others
- Respect the dignity of others
- Guard personal information and protect privacy
- Be inclusive, recognizing and appreciating the different cultures and values of others
- Be mindful that each person is dealing with different life situations and their unique issues
- Be proactive in creating a Mission Culture by promoting a healing environment and spiritually uplifting workplace
Integrity
- Speak and act with respect to all those I encounter in person, by phone and electronically
- Act ethically with compassion, integrity and honesty
- Keep appropriate confidentiality in all encounters
- Encourage and support associates who express concerns or provide constructive ideas that will benefit our Mission
- Consider safety as a priority in all my actions; I will report all unsafe activity
- Follow through with the commitments I make to others and, when able, inform them of the reason
- Cultivate a culture of appreciation for each associate and build trusting relationships
- Dress appropriately, maintain cleanliness and neatness and an overall professional appearance
- Perform my duties as expected, and to the best of my abilities

Wisdom
- Use resources wisely and conservatively to further the Mission
- Share and seek knowledge and experience to advance the collective wisdom
- Be open-minded, proposing and considering new projects, programs and initiatives that will continue the healing Mission and Ministry of St. John Health System
- Strive to see the whole picture by putting myself in the position of others
- Ensure that complete and accurate information is communicated when I transfer responsibility for a patient’s care, a project or task

Creativity
- Constantly strive to identify and create solutions to problems
- Encourage the exchange of ideas, innovations and teamwork
- View challenges as an opportunity for resourcefulness and growth
- Encourage the sharing of ideas to promote a safer, more compassionate and efficient workplace

Dedication
- Understand and promote the SJHS Mission
- Work with others to further our Mission
- Come to work each day seeking to make a difference
- Support and offer assistance to my co-workers
- Demonstrate compassionate love and kindness to those I serve or encounter
- Recognize that my actions and words represent the health system at all times
- Treat each person the way I would like to be treated
- Foster a health ministry of hope and joy

Values in Action Acknowledgement

I have read and understand the listed actions and agree to exhibit the behaviors in my work life to help fulfill our Mission, Values and Promise. I understand that this list in not all-inclusive of desired behaviors; organization and department-specific policies, procedures and guidelines must also be followed.

________________________________________________________________________
Signature of Associate

________________________________________________________________________
Print Name

________________________________________________________________________
Associate ID# (if current associate)

________________________________________________________________________
Name of School
STATEMENT OF CONFIDENTIALITY

Through my association with the St. John Health System or its subsidiaries, as an associate, 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, INTERNET AND SOCIAL MEDIA 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 RESPONSIBILITY PROGRAM - STANDARDS OF CONDUCT
This is to acknowledge that I have received the St. John Health System, Inc. Standards of Conduct. I agree to comply with the standards contained in the Standards (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 the St. John Health System Standards. 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 Standards of Conduct, nor this acknowledgement, constitutes an associate 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.

NON-ASSOCIATE HANDBOOK ACKNOWLEDGEMENT
I have received the non-associate 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-Associate Handbook without notice to any person or associate. By signing this form, I acknowledge that I have read and understand the information provided to me in the Non-Associate Handbook and understand that the most current information is located in Documentum.

Print Name .................................................................................................................

Signature __________________________ Date __________________________

Name of School .........................................................................................
### (Discuss each of the following items on their first day and encourage questions)

<table>
<thead>
<tr>
<th>Initial each step as it is completed</th>
<th>Date</th>
<th>Manager Initial</th>
<th>Employee Initial</th>
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<tbody>
<tr>
<td><strong>1. Explain the Health System’s commitment to promoting a culture of safety:</strong></td>
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<tr>
<td>● <strong>Patient Safety</strong></td>
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<tr>
<td>a. Explain the National Patient Safety Goals.</td>
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<tr>
<td>b. Describe how staff helps support and enforce these goals being specific to those that apply to staff’s unit and duties.</td>
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<tr>
<td>● <strong>Environment of Care</strong></td>
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<tr>
<td>a. Safety (includes fire safety and fire plan, infection control, general safety, code blue protocol, etc.).</td>
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<tr>
<td>b. Security (including Workplace Aggression).</td>
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<tr>
<td>c. Hazardous materials and waste.</td>
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<tr>
<td>d. Emergency management.</td>
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<tr>
<td>e. Medical and/or laboratory equipment (patient equipment).</td>
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<td>f. Utility Management.</td>
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<tr>
<td>g. Location/content of safety manuals - Safety, Infection Control, MSDS (Area Specific).</td>
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<tr>
<td>h. Other safety requirements specific to department (ex: use of lift equipment, safety needles, personal protective equipment, etc.)</td>
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<tr>
<td>● <strong>Employee can describe or demonstrate the following for both patient safety and environment of care (Code of Conduct):</strong></td>
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<tr>
<td>a. Risks within the environment (Code of Conduct).</td>
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<tr>
<td>b. Actions to eliminate, minimize, or report risks.</td>
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<td>c. Procedures to follow in the event of an incident.</td>
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<td>d. Reporting processes for common problems, failures and user errors.</td>
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<tr>
<td>e. Review procedures for reporting patient safety concerns</td>
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<tr>
<td><strong>2. Explain the department’s organizational structure and policies and procedures:</strong></td>
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<tr>
<td>a. Explain department organizational chart.</td>
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<td>b. Tobacco free environment.</td>
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<td>c. Dress Code (include department-specific information).</td>
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<td>d. Explain procedure for variance reporting/incident.</td>
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<tr>
<td>e. Necessity for reporting job-related injuries promptly.</td>
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<tr>
<td><strong>3. Explain conveniences and location available to the staff in the department and in the Medical Center (Area Specific):</strong></td>
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<tr>
<td>a. Location of restrooms/lockers/lounge.</td>
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<td>b. Discuss department specific Corporate Compliance issues.</td>
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<td>c. Discuss HIPPA regulations as related to department specific expectations.</td>
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<td><strong>4. Required for file:</strong></td>
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<td>a. Signed confidentiality statement.</td>
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<tr>
<td>b. Signed Values in Action.</td>
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<tr>
<td>c. Signed Non-Employee Orientation Checklist.</td>
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<tr>
<td>d. Competencies verified and signed as competent.</td>
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</table>

**Employee’s Signature**

**Date**

**Manager’s Signature**

**Date**

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3785NS (9/08) ©
Admissions/dismissals .................................................... First floor, J.A. Chapman Tower
Airbridges ........................................................................ Three airbridges located on the second floor of the main hospital connect with the Bernsen, Williams, Holliman and Kaiser buildings, and the Mary K. Chapman Health Plaza.
Cafeteria ................................................................. Second floor, J.A. Chapman Tower
Caffe Latte ...................................................................... Second floor, Heyman Building
Chapel of Peace ............................................................. First floor, Heyman Building
Gift Shop ......................................................................... First floor, J.A. Chapman Tower
Health Plaza Café .......................................................... First floor, Mary K. Chapman Health Plaza
Information Desk ............................................................. First floor lobby, Heyman Building
Milann H. Siegfried, RN, Emergency Center ....................... First floor, Siegfried Tower
Pre-admission Testing ......................................................... First floor, Heyman Building
Security (lost and found) .................................................... First floor, J.A. Chapman Tower
Surgery Check-in .............................................................. Third floor, Siegfried Tower

Wayfinding and information stations located throughout the campus.