

Observation Orientation



An introduction to Franciscan Alliance and resources to prepare you for your student experience.

About Franciscan Alliance

Franciscan Alliance is one of the largest Catholic health care systems in the Midwest, which includes Franciscan Health, Franciscan Physician Network, Franciscan ACO, Franciscan Health Foundation, Franciscan Insurance Services, Franciscan Home Care, Tonn & Blank, LLC, Hills Insurance, Inc., and Franciscan Corporate Services.

Franciscan Alliance employs nearly 20,000 healthcare professionals to provide quality, compassionate care to a service area of 3.7 million people. Founded in 1875 by the Sisters of St. Francis of Perpetual Adoration, Franciscan Alliance is devoted to providing care that reflects our Mission and Values of Respect for Life, Fidelity to Our Mission, Compassionate Concern, Joyful Service and Christian Stewardship.

About this Observation Program Packet

This Observation packet has been prepared to acquaint you with Franciscan Alliance and your responsibilities as a student. It is vital that you take time to read this packet thoroughly and complete the necessary requirements before your observation experience.

This packet is presented as a matter of information only. It contains brief descriptions of procedures and important aspects of being in a health care facility. The procedures, practices and policies described here may be modified or discontinued from time to time. Your department contact will provide you any additional information or changes that are relative to policy and or procedure changes.

Thank you for choosing Franciscan Alliance

We wish to extend a warm welcome to you complete your student experience with Franciscan Alliance, Inc. We are pleased you have chosen to visit our healthcare team!

A trusted leader in providing faith-based, integrated healthcare, Franciscan Alliance brings together the latest technology, innovative procedures and the brightest, most compassionate people to serve our patients in Indiana, Illinois and Michigan. Throughout our 14 hospitals and over 500 points of care, we offer a number of nationally recognized Centers of Healthcare Excellence.

For more than 140 years, Franciscan Alliance has stayed true to our founding mission to care for everyone who comes through our doors. We treat our patients with the best possible care by following our Franciscan values embodied by our founding congregation, the Sisters of St. Francis of Perpetual Adoration. Always mindful of our Christian stewardship to the Roman Catholic Church, we minister with joy and compassionate concern according to the ideals of St. Francis of Assisi and our foundress, Blessed Maria Theresia Bonzel.

Our Franciscan Alliance team of over 20,000 talented coworkers is focused on providing quality health care to our patients. We recognize our staff is our biggest asset and a critical component to ensuring exceptional patient care. We offer a strong family atmosphere where you will feel valued and have the opportunity to collaborate, learn and grow in your profession alongside like-minded coworkers who are passionate about what they do.

It is our desire to maintain the kind of culture that makes Franciscan Alliance an exceptional place to work. We hope that your experience with Franciscan Alliance will be enjoyable and rewarding and that you experience the satisfaction that comes with a ministry in healthcare.

Thank you for choosing Franciscan Alliance
for your observation experience!



Sister Jane Marie Klein, OSF
Chairwoman of the Board

Kevin D. Leahy
President and CEO



“The Spirit of St. Francis” by sculptor Sufi Ahmad,
University of Saint Francis, Fort Wayne, IN

The Peace Prayer

Lord, make me an instrument of your peace.

Where there is hatred, let me sow love;

Where there is injury, pardon;

Where there is doubt, faith;

Where there is despair, hope;

Where there is darkness, light;

And where there is sadness, joy.

O divine Master, grant that I may not so much seek
to be consoled as to console; to be understood as
to understand; to be loved as to love. For it is in
giving that we receive, it is in pardoning that we
are pardoned, and it is in dying that we are
born to eternal life.

Amen

Observation Program Checklist

Task

Completion Date

Thoroughly review the Student Orientation Learning Packet	_____
Complete the Student Orientation Test (you must score 100%)	_____
If score is less than 100% review missed questions and retake	_____
Review and Sign the “Acknowledgement of Department Safety Information”	_____
Review and Sign the “Franciscan Alliance Workforce Confidentiality Agreement”	_____
Review and Sign the “Waiver and Release”	_____
Prepare any questions to be answered by your department contact	_____

IF YOU HAVE ANY ADDITIONAL QUESTIONS, PLEASE CONTACT:

Contact Name Amy Bova	Title Program Manager, Medical Education	Phone Number 317-528-8641	
Contact Address 5230 E Stop 11 Rd #250	City Indianapolis	State IN	Zip Code 46237

PLEASE ELECTRONICALLY SUBMIT COMPLETED & SIGNED DOCUMENTS ONE WEEK PRIOR TO OBSERVATION DATE

Please submit via the Forté Orthopedic Research Institute website.	
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Thank you and we look forward to creating a meaningful and memorable observation experience.

Who We Are

Our Mission

Continuing Christ's Ministry in Our Franciscan Tradition.

Each day, we commit ourselves to practicing the words of our mission in how we care for our patients. We model our lives and our work after Jesus Christ, a caring teacher and a gentle healer. We embrace our Franciscan Tradition by walking in the footsteps of St. Francis, who left behind his worldly possessions to care for all of those in need. In whatever our capacity, we carry out our mission in every day's work.

Our Franciscan Values

RESPECT FOR LIFE

The gift of life is so valued that each person is cared for with such joy, respect, dignity, fairness, and compassion that he or she is consciously aware of being loved.

FIDELITY TO OUR MISSION

Loyalty to and pride in Franciscan Alliance are exemplified by members of the Franciscan Alliance family through their joy and respect in empathetically ministering to patients, visitors and co-workers.

COMPASSIONATE CONCERN

In openness and concern for the welfare of the patients, especially the aged, the poor, and disabled, the staff works with select associations and organizations to provide a continuum of care commensurate with the individual's needs.

JOYFUL SERVICE

The witness of Franciscan presence throughout the institution encompasses, but is not limited to, joyful availability, compassionate respectful care, and dynamic stewardship in the service of the Church.

CHRISTIAN STEWARDSHIP

Christian stewardship is evidenced by just and fair allocation of human, spiritual, physical and financial resources in a manner respectful of the individual, responsive to the needs of society, and consistent with Church teachings.

Ethical & Religious Directives

As a health center, our entire team is responsible to act in a manner consistent with our Mission, Religious Directives, Standards of Care, and supporting policies. Our Mission is "who we are" and Ethics is "how we are."

We have an ethical code that guides our actions. The *Ethical and Religious Directives for Catholic Health Care Services*, are also known as the *ERDs*, provide ethical guidance and are a reference guide for important aspects of Catholic healthcare. Topics addressed in the ERDs include the social responsibility of Catholic healthcare, the pastoral and spiritual responsibility we have to our patients in the Catholic healthcare setting, the relationship between the healthcare provider and our patients, issues at the beginning and end of life, and what to do when Catholic healthcare organizations form business partnerships with other organizations.

If you have an ethical concern or feel that a patient's rights have been violated, you may contact the supervisor, an ethics committee member at your local facility, or the Compliance Hotline.

Corporate Hotline: 844-833-8240

FPN/SPI: 844-899-1380

Spiritual Care

Spiritual care is fundamental to our identity, a visible expression of our Mission and Values, a trademark of Catholic healthcare and a foundation to holistic care, which treats body, mind, heart and spirit. Spiritual care is available to all patients, families, physicians, nurses, staff and volunteers, regardless of one's faith or religious practice.

Patient Experience

The experience we provide those we serve is rooted in our Franciscan Values. These Values show us the way to act and how to be consistent. Our Values must be the heart and soul of our ministry.

AIDET

AIDET is an acronym that stands for **A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation, and **T**hank You. AIDET is not a script, it is a set of five fundamental objectives to be met in the context of our interaction with others.

ACKNOWLEDGE

Greet people with a positive attitude, a smile and use their names if you know them. Attitude is everything. Create a lasting impression.

INTRODUCE

Introduce yourself to others politely. Tell them who you are and how you are going to help them. Manage up yourself and others and your service.

DURATION

Keep in touch to ease waiting times. Let others know if there is a delay and how long it will be. Make it better and apply service recovery methods when necessary.

EXPLANATION

Advise others what you are doing, how procedures work and whom to contact if they need assistance. Communicate any steps they may need to take. Make words work. Talk, listen and learn. Make time to help. Ask, "Is there anything else I can do for you?"

THANK YOU

Thank somebody. Foster an attitude of gratitude. Thank people for their patronage, help or assistance. Use reward and recognition tools.

Compliance

Patient Rights

We are responsible to be respectful of our Patient Rights. The goal of our organization is to care for each person that walks through our doors with respect and dignity, regardless of ability to pay, gender, ethnic background or religious affiliation. Our patients have certain rights, including privacy, safety, confidentiality of records, advance directives, participation in plan care, and use of restraints. We make those we serve aware of their rights through signage posted throughout our facilities and printed copies are available to patients. Also, there are mechanisms in place to resolve potential, or actual, issues arising in supporting patient's rights.

Communication Devices

We are prepared to assist customers who may require specific communication techniques. Examples include: qualified interpreters for those with hearing impairments, translators for those with non-English speaking languages, and other specific equipment to assist in meeting specific communication needs.

Privacy and Security

We are responsible to protect the privacy of the information we manage. It is our policy to provide an environment where information is shared and used only to the extent necessary to conduct healthcare and business operations. We need to protect information that includes patient, employee, physician, and confidential company information.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Federal HIPAA law addresses the security and privacy of protected health information (PHI) in all formats – paper, electronic, and verbal – and establishes standards for electronic healthcare claims and reimbursement transactions. Franciscan Alliance cannot use or disclose protected health information (PHI) for any purpose other than treatment, payment or healthcare operations without the authorization of the patient.

As an Observer, it is expected that you will respect the privacy of our patients at all times. Confidential health center, business and patient information is secured and should never be accessed. Secure (confidential) information should never be discussed inappropriately during the Observation period and **must never be communicated outside our health centers either verbally or by use of any form of social media.**

If you have any questions or feel there has been a potential HIPAA, Protected Health Information (PHI), or Confidentiality violation, please contact the facilities' Privacy Officer. These violations can result in a person's removal from our facilities, hefty fines, and criminal penalties.

Corporate Compliance

Corporate Compliance exists to assure that we operate in an environment of honesty, integrity, and always seek to maintain moral, ethical and legal standards.

Violations and unresolved, suspected violations of any laws, regulations, and/or the Code of Conduct must be reported to your immediate instructor, the Compliance Officer or through the Compliance Hotline.

Our policies, the False Claims Act, and other state and federal laws provide protection from retribution or retaliation against any workforce member for reporting actual or suspected violations. Anonymous reporting is available through the Compliance Hotlines:

Corporate Hotline: 844-833-8240

FPN/SPI Hotline: 844-899-1380

Quality Standards

We continuously implement new methods to improve quality patient care delivery. Our facilities are accredited through the Healthcare Facilities Accreditation Programs (HFAP) and are reviewed by Federal, State and local regulatory bodies.

We monitor our practices to make sure we are following laws, rules and regulations that apply to all our business practices. We monitor patient satisfaction through the following survey tools and agency feedback:

- Press Ganey – a consulting firm that surveys a selection of patients about the care they received
- HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems)
- CMS (Centers for Medicare and Medicaid Services)

We are constantly enhancing our services based upon patient and coworker feedback. If you have any concerns in regards to services we are providing to our patients, please speak with your assigned staff member or the Patient Experience/Quality Department at the facility.

Performance Improvement

Lean Six Sigma is our organization's performance improvement approach.

- Define the problem
- Where are we currently operating?
- Find the Root Cause
- Determine the Best Solution
- Where are we operating now?
- Problem fixed
- Control the process

Within Lean Six Sigma, we use many problem solving methodologies used, such as:

DMAIC

Define, **M**easure, **A**nalyze, **I**mprove, **C**ontrol

PDCA

Plan, **D**o, **C**heck, **A**ct

PDSA

Plan, **D**o, **S**tudy, **A**ct

Our focus is on high risk, high volume, high cost, problem prone areas, and safety issues. This methodology assists us in an attempt to prioritize what needs to be done for improvement.

Infection Control

Anyone working in our health care facilities must present evidence of being in good health, free of infection and up to date on all immunizations. More detail will be given in your assigned department.

Bloodborne Pathogens

We follow OSHA Bloodborne Pathogen Standards. Standard Precautions (Universal Precautions) are used with all patients to minimize exposure to source of infection (body fluids). There are many bloodborne pathogens that exist, but the most common are Hepatitis B, Hepatitis C, and HIV. Individuals infected with bloodborne disease may not show any signs or symptoms of the disease, but they still can transmit the disease to others through needle sticks or other cuts or punctures, open skin body fluid or contact of mucous membranes. We treat all human blood and bodily fluids as though it may contain these viruses.

Standard Precautions

PROPER HANDWASHING

Hand washing is the best way to prevent transmission of infections and should be done frequently. The five steps to proper handwashing are: Wet, Lather, Scrub, Rinse, Dry.

Alcohol based hand sanitizer gel is another option to prevent the spread of germs. The steps to follow are: Apply hand sanitizer; rub hands together, covering all surfaces of your hands and fingers, continue to rub until your hands are dry.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal Protective Equipment (PPE) must be used if coming in direct contact with blood or body fluids (mask, gown, gloves, goggles, etc.).

TRANSMISSION BASED PRECAUTIONS

Transmission Based Precautions (Airborne, Droplet and Contact) are required with certain diseases. Special signage is used on doors for patients with these precautions. Do not enter these rooms without receiving specific training.

NOTE: Observers are not allowed in Isolation Rooms under any circumstance.

Safety

Our organization is committed to promoting a culture of safety and providing resources to address safety concerns.

Hazardous Materials

We use specific chemicals, medications, and diagnostic materials that require special training for proper use and disposal. (Ex: cleaning agents, chemotherapy, and radioactive materials.)

If you find a chemical spill, secure the area and contact the safety officer or supervisor.

We maintain Safety Data Sheets (SDS) which provides need-to-know information on these products. These are located on our intranet site (FRANC).

All medical waste including items with blood/body fluids, needles, chemicals, radioactive agents, require special disposal. We use special bio hazardous containers.

Radiation Safety

Do not enter radiation treatment areas without approval.

Reporting Incidents

Please report any unusual incidents, suspicious activity, accidents, and/or injuries involving yourself or that you witness of others present in our facility promptly to your assigned staff member.

Security Information & Weapons

No weapons are permitted inside the facilities with the exception of law enforcement officers. If there is a disturbance, call your facility's emergency number or 911.

Emergency Codes – All Franciscan Facilities

Please check with your instructor or on-site manager for additional information on response to codes.

CODE	SITUATION/EMERGENCY
Code Red	Fire or smoke
Code Blue	Medical Emergency
Amber Alert	Missing infant or child
Missing Person	A person has wandered off due to disorientation or mental disability
External Emergency Watch	Potential increase in patients due to emergency in community
External Emergency Warning	An increase in patients will be received due to an emergency
Evacuation	Emergency has caused the need to evacuate a department, floor or facility
Weather Watch	National Weather Service has issued a watch for thunderstorm, tornado or winter storm
Weather Warning	National Weather Service has issued a warning for thunderstorm, tornado or winter storm
Utility Failure	A failure of a utility system in a facility (phone, water, network)
Unsafe Condition	An unsafe condition exists within the facility

Emergency Codes – Northern Indiana Hospital Facilities Only:

CODE	SITUATION/EMERGENCY
Unsafe Condition Code Orange	A hazardous materials spill has occurred within the facility
Unsafe Condition Code Purple	Agitated or combative person

Unsafe Condition Code Silver A person with weapon is in the facility

Fire Safety - Code Red

All departments have fire alarm boxes and fire-fighting equipment. Please discuss the location of the fire alarm box and evacuation procedure with the department once you arrive.

RACE	PASS
If you find a fire – remember this acronym	How to use a fire extinguisher:
R emove all individuals from immediate danger	P ull the pin
A ctivate the alarm box, call the facility emergency number	A im towards the base (underneath the fire)
C ontain the fire (close doors, use available equipment)	S queeze the handle
E xtinguish the fire using fire-fighting equipment (if possible)	S weep back and forth

EXPECTATIONS

Patient Contact

Physical patient contact is strictly prohibited. At no time is the Observer to be left alone with a patient or family member. The Observer must stay with the person that they are assigned to during the entire shift. Even if asked, you are prohibited from touching patients.

Attendance and Tardy Rules

You must notify the department if you are unable to attend your scheduled observation. If you are late or absent more than twice, you may be removed from the Observation Program.

Dress Code & Personal Appearance Policy

Dress, grooming and personal cleanliness standards contribute to the morale of all coworkers and affect the business image we present to the community and fellow staff members. During business hours, you are expected to practice rules of good grooming and personal hygiene and wear clothing appropriate to presenting a professional appearance.

Permitted*

- ✓ Business casual slacks/pants
- ✓ Business casual plain top/shirt
- ✓ Dress or Skirt
(hem lines no shorter than just at/above the knee)
- ✓ Closed-toed, comfortable low heel dress shoes or plain colored tennis shoes (*Socks, nylons or footies must be worn*)

Not Permitted

- ☒ Tight fitting pants, jean style pants, demin material, leggings, capri pants, shorts, sweat pants, jogging pants, bib overalls
- ☒ Tops that are tight fitting, low cut, revealing or showing undergarments, sleeveless tops, spaghetti straps, t-shirts, tank tops, beach attire, sweatshirts/hoodies, hooded tops, down vests, outdoor wear
- ☒ Tight fitting or short skirts/dresses
- ☒ Sandals, flip-flops, or foot apparel with flannel, fleece or fur-like material

- ✓ Jewelry or perfume scents kept to a minimum or not worn Facial hardware (nose, mouth piercings) or visible tattoos

* You may need to wear certain clothing based on the location you are observing. Scrubs (unless issued by the observation department) and lab coats **are not permitted**.

Identification Badges

Students are required to always wear their university/college issued badge above the waist. Any other type of badge is not permitted.

Tobacco-Free Environment Policy

In compliance with state no smoking laws and in keeping with Franciscan Alliance's intent to provide a safe and comfortable working environment for all, Franciscan Alliance promotes 'tobacco-free' campuses. Therefore, tobacco (including non-smoking tobacco) and the non-tobacco products (electronic cigarettes) are prohibited anywhere on Franciscan-owned or leased property and is discouraged on adjacent neighboring property.

Parking

We have designated parking locations. Please contact your assigned staff member where you will be observing, or the Security Department or Human Resources, for approved parking locations.

Electronic Devices

Observers will not be allowed to bring any electronic devices or cameras into the hospital/medical practice.

- Cell Phones
- Bluetooth Devices
- iPads
- iPods
- Smart Watches
- Surface Boards
- Computers

Student Orientation Test

Please grade your own Post-Test with the answer key provided on the next page. If you missed any, please review the information and re-take. Thank You.

Question	1 st Attempt		2 nd Attempt	
	TRUE	FALSE	TRUE	FALSE
1. Confidential business or patient health information can be accessed by an Observer and shared on social media.	TRUE	FALSE	TRUE	FALSE
2. Not following HIPAA guidelines or protecting patient confidentiality can result in removal from our facilities, hefty fines, and criminal penalties.	TRUE	FALSE	TRUE	FALSE
3. Handwashing is the best way to prevent transmission of infections and should be done frequently.	TRUE	FALSE	TRUE	FALSE
4. Hazardous Communication Standards (Right to Know) Safety Data Sheets (SDS) are in place to assist employees in how to identify products that may be hazardous in the workplace.	TRUE	FALSE	TRUE	FALSE
5. If you are present in our facility and notice suspicious activity of any type, you should report it immediately to your assigned staff member.	TRUE	FALSE	TRUE	FALSE
6. Weather Watch and Weather Warning are safety codes identifying there is a tornado watch or warning, and you should follow the direction of an employee to assure safety in the environment.	TRUE	FALSE	TRUE	FALSE
7. An Unsafe Condition emergency code identifies that an unsafe condition exists within the facility and you should follow the direction of an employee to assure safety in the environment.	TRUE	FALSE	TRUE	FALSE
8. In case of a fire, Code Red, all those present in our facility are expected to follow the acronyms of R.A.C.E. and P.A.S.S.	TRUE	FALSE	TRUE	FALSE
9. Students may be left alone with patients and may assist with procedures.	TRUE	FALSE	TRUE	FALSE
10. Students are expected to dress professionally during the observation experience and may not show visible tattoos or facial piercings.	TRUE	FALSE	TRUE	FALSE
11. All student must always wear their university/college issued badge.	TRUE	FALSE	TRUE	FALSE
12. Students may bring in and use personal electronic devices such as cell phones, iPads or computers during their observation experience.	TRUE	FALSE	TRUE	FALSE

Please complete and turn in with all the other required paperwork.

I have read and understood the Mandatory Education Review.

Printed Name: _____

Signature: _____

Date: _____

Student Orientation Test Answer Key

Question	Correct Answer	Reference Page
1. Confidential business or patient health information can be accessed by an Observer and shared on social media.	FALSE	7
2. Not following HIPAA guidelines or protecting patient confidentiality can result in removal from our facilities, hefty fines, and criminal penalties.	TRUE	7
3. Handwashing is the best way to prevent transmission of infections and should be done frequently.	TRUE	9
4. Hazardous Communication Standards (Right to Know) Safety Data Sheets (SDS) are in place to assist employees in how to identify products that may be hazardous in the workplace.	TRUE	9
5. If you are present in our facility and notice suspicious activity of any type you should report it immediately to your assigned staff member.	TRUE	10
6. Weather Watch and Weather Warning are safety codes identifying there is a tornado watch or warning, and you should follow the direction of an employee to assure safety in the environment.	TRUE	10
7. An Unsafe Condition emergency code identifies that an unsafe condition exists within the facility and you should follow the direction of an employee to assure safety in the environment.	TRUE	10
8. In case of a fire, Code Red, all those present in our facility are expected to follow the acronyms of R.A.C.E. and P.A.S.S.	TRUE	11
9. Students may be left alone with patients and may assist with procedures.	FALSE	11
10. Students are expected to dress professionally during the observation experience and may not show visible tattoos or facial piercings.	TRUE	11
11. All Students must always wear their university/college issued badge.	TRUE	12
12. Students may bring in and use personal electronic devices such as cell phones, iPads or computers during their observation experience.	FALSE	12



**ACKNOWLEDGMENT OF
DEPARTMENT SAFETY INFORMATION**

Individuals completing a Student Experience should scan and submit this form along with the required Workforce Agreement and Student Waiver and any required health documentation. (Current negative Tb test -within 12 months, Current Influenza vaccine -in season and current immunization record) All paperwork is required returned to the contact listed before the student experience.

I acknowledge that I have received information on the following:

SECURITY

- ◆ Reporting security issues
- ◆ Identification

SAFETY/RISK MANAGEMENT

- ◆ Basic safety information
 - ◆ Reporting safety issues
 - ◆ Confidentiality
 - ◆ HIPAA

EMERGENCY PREPAREDNESS

- ◆ Communication Codes/Initial Response

LIFE SAFETY

- ◆ Emergency response
- ◆ Fire-fighting equipment use
- ◆ Fire Doors

INFECTION CONTROL

- ◆ Standard Precautions/Transmission Based Precautions
- ◆ Reporting

HAZARDOUS COMMUNICATION/UTILITIES MANAGEMENT/EQUIPMENT USE

- ◆ Hazardous materials/spill information
- ◆ General equipment use/repairs
- ◆ Utility management plan

Observer Printed Name	Signature	Date

RETURN COMPLETED PAPERWORK TO: Please submit via the Forté Orthopedic Research Institute website.

PRINT FULL NAME OF WORKFORCE MEMBER (OBSERVER) HERE: _____

1. **Definitions.** For purposes of this Franciscan Alliance, Inc. ("Franciscan Alliance") Workforce Confidentiality Agreement ("Agreement"), the following capitalized terms are defined as follows:
 - a. **Access** means the acquisition and the ability or the means necessary to read, write, modify, communicate, transmit, store, destroy or otherwise have access to Confidential Company Information or otherwise make use of any source, in any form or medium, that contains Confidential Company Information. In addition Access means the modification or disabling of any security control without management authorization.
 - b. **Applicable Requirements** means all applicable laws, regulations, intellectual property rights, copyrights, and the then-current policies, procedures, standards and other requirements of Franciscan Alliance.
 - c. **Confidential Company Information** means any and all confidential, proprietary, privileged or otherwise protected information that has a special and unique nature and value to Franciscan Alliance. This Confidential Information shall include, but not be limited to, oral, observed, written, or electronic information, including, but not limited to, protected health information, personal information, computerized information systems, systems software, intellectual property, copyright information, and the use of electronic media, portable computing devices, access cards, credit cards, equipment and information that is created, received, used for or on behalf of Franciscan Alliance, their customers, or external vendors. This Confidential Company Information also includes, but is not limited to, information related to design, programming techniques, security techniques, flow charts, source codes, object code, software, documentation, patient lists, or any other hospital, business, patient, physician, or employee data. Any work products in any form that I create in the course of my job responsibilities, becomes the intellectual property of Franciscan Alliance, and is subject to all the same requirements and restrictions as Confidential Company Information. Confidential Company Information also includes any third-party confidential information entrusted to Franciscan Alliance through contractual or business associate agreements, entered into by Franciscan Alliance.
 - d. **Workforce** means any employee, leased employee, agency staff, Medical Director, Licensed Health Professional, student, volunteer or other person whose conduct, in the performance of their duties, would be under the direct supervision and control of Franciscan Alliance, whether compensated or not. *Workforce excludes any individual who qualifies as Medical Staff and who is not otherwise employed by Franciscan Alliance, a Business Associate or a Business Visitor of Franciscan Alliance.*
2. **Access to Confidential Information.** I, the above named member of the Workforce, hereby acknowledge that in and as a result of my relationship to Franciscan Alliance:
 - a. I may have Access to certain Confidential Information but only for legitimate business purposes;
 - b. My information access in no way conveys or implies a right to transmit Confidential Company Information to non-Franciscan Alliance electronic devices or physical locations of any kind without the express authorization of Franciscan Alliance management.
 - c. I may use Franciscan Alliance Internet, e-mail and other technology services for legitimate business purposes with only minimal personal use; and
 - d. I grant Franciscan Alliance the right to review any such Access or use under this Section 2(a) and 2(b) at any time and agree that any such inappropriate or unauthorized Access or use could cause substantial harm to the resources, relationships and reputation of Franciscan Alliance, including patients, for which I would be ultimately responsible.
 - e. I understand that by signing this Agreement, I must only use and access information that is the minimum necessary to perform my job duties, and inappropriate use or disclosure of company information on my part may result in legal action, including personal liability. Notwithstanding this requirement, I may access certain personal health information by participating in MyChart. I may only obtain medical information of family member's by following the required procedures of Franciscan Alliance.

- 3. General Covenants and Conditions.** At all times, I agree to conduct myself and perform all of my assigned duties, responsibilities and related services in a manner which supports the philosophy of Franciscan Alliance at all times. I further agree that I will not, at any time, during or following the term of my Franciscan Alliance relationship, directly or indirectly, Access any such Confidential Information without the prior express written consent of an authorized Franciscan Alliance representative, except to the extent permitted by law, regulation and Franciscan Alliance policies, procedures, standards and other applicable requirements (“Applicable Requirements”). All questions concerning the validity or construction of this Agreement shall be determined in accordance with all Applicable Requirements as defined above. By signing this Agreement, I hereby agree that, both during or following the term of my Franciscan Alliance relationship, my obligations shall include, but are not limited to, the following:
- a. Accessing any and all Confidential Company Information of Franciscan Alliance only for legitimate business purposes in accordance with Applicable Requirements;
 - b. Using Franciscan Alliance Internet, e-mail and other technology only for legitimate business purposes and for minimal personal use in accordance with Applicable Requirements;
 - c. Abiding by Franciscan Alliance general security standards, logical and physical, that safeguards Confidential Company Information from any inappropriate or unauthorized Access or unauthorized distribution of any kind;
 - d. Informing Franciscan Alliance's Vice President of Medical Affairs, Privacy Officer, Corporate Information Security Officer, or any combination of these individuals, if I have reason to believe that any person may have inappropriate or unauthorized Access to Confidential Information;
 - e. Granting Franciscan Alliance the right to review my Access to Confidential Company Information or other use of Franciscan Alliance Internet and other technology services; and
 - f. Returning immediately any and all Confidential Information in my possession to Franciscan Alliance upon any termination or other expiration of my relationship with Franciscan Alliance. This includes all Confidential Company Information stored on non-Franciscan Alliance electronic equipment or at non-Franciscan Alliance properties whether authorized or unauthorized.
- 4. Violations.** I acknowledge that any inappropriate or unauthorized Access to Confidential Company Information is a serious violation and shall result in prompt investigation and sanctions, including but not limited to termination of my Franciscan Alliance relationship and initiation of any and all possible civil and/or criminal penalties or remedies in accordance with Applicable Requirements. All such sanctions shall be implemented at the sole discretion of Franciscan Alliance.
- 5. Effective Dates; Amendments.** This Agreement shall remain in effect both during and following any termination or other expiration of my Franciscan Alliance relationship, for any reason, in order to safeguard all Confidential Company Information and to protect the resources, relationships and reputation of Franciscan Alliance.

I have been provided with a copy of this Agreement which I have read, understood, signed and agreed to comply with in all respects and at all times.

Signature _____ Date _____

Printed Name _____ Middle Initial _____

Job Title/Position ___ Observer _____

Department ___ any with permission _____

Employee ID _____ NA _____

Last 4 numbers of Social Security Number: _____

Home Street Address _____

City _____

State _____ Zip _____

Phone Number (____) _____ - _____

Date of Birth (mm\dd\yyyy) ____________

(If applicable) Company Name _____

Address _____

City _____ State: _____ Zip Code: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Number: _____

Relationship: _____

PRINT FULL NAME OF WORKFORCE MEMBER HERE: _____

1. **Definitions:** For purposes of this Franciscan Orthopedic Surgery Center, LLC. (" FOSC ") Workforce Confidentiality Agreement ("Agreement"), the following capitalized terms are defined as follows:
 - a. **Access** means the acquisition and the ability or the means necessary to read, write, modify, communicate, transmit, store, destroy or otherwise have access to Confidential Company Information or otherwise make use of any source, in any form or medium, that contains Confidential Company Information. In addition, Access means the modification or disabling of any security control without management authorization.
 - b. **Applicable Requirements** means all applicable laws, regulations, intellectual property rights, copyrights, and the then-current policies, procedures, standards and other requirements of FOSC Franciscan Alliance.
 - c. **Confidential Company Information** means any and all confidential, proprietary, privileged or otherwise protected information that has a special and unique nature and value to FOSC. This Confidential Information shall include, but not be limited to, oral, observed, written, or electronic information, including, but not limited to, protected health information, personal information, computerized information systems, systems software, intellectual property, copyright information, and the use of electronic media, portable computing devices, access cards, credit cards, equipment and information that is created, received, used for or on behalf of FOSC , their customers, or external vendors. This Confidential Company Information also includes, but is not limited to, information related to design, programming techniques, security techniques, flow charts, source codes, object code, software, documentation, patient lists, or any other hospital, business, patient, physician, or employee data. Any work products in any form that I create in the course of my job responsibilities, becomes the intellectual property of FOSC and is subject to all the same requirements and restrictions as Confidential Company Information. Confidential Company Information also includes any third-party confidential information entrusted to Franciscan Alliance through contractual or business associate agreements, entered into by FOSC.
 - d. **Workforce** means any employee, leased employee, agency staff, Medical Director, Licensed Health Professional student, volunteer or other person whose conduct, in the performance of their duties, would be under the direct supervision and control of FOSC, whether compensated or not. *Workforce excludes any individual who qualifies as Medical Staff and who is not otherwise employed by FOSC, a Business Associate or a Business Visitor of FOSC.*
2. **Access to Confidential Information.** I, the above-named member of the Workforce, hereby acknowledge that in and as a result of my relationship to FOSC:
 - a. I may have Access to certain Confidential Information but only for legitimate business purposes;
 - b. My information access in no way conveys or implies a right to transmit Confidential Company Information to non-FOSC electronic devices or physical locations of any kind without the express authorization of FOSC management.
 - c. I may use FOSC Internet, e-mail and other technology services for legitimate business purposes with only minimal personal use; and
 - d. I grant FOSC the right to review any such Access or use under this Section 2(a) and 2(b) at any time and agree that any such inappropriate or unauthorized Access or use could cause substantial harm to the resources, relationships and reputation of FOSC, including patients, for which I would be ultimately responsible.
 - e. I understand that by signing this Agreement, I must only use and access information that is the minimum necessary to perform my job duties, and inappropriate use or disclosure of company information on my part may result in legal action, including personal liability. Notwithstanding this requirement, I may access certain personal health information by participating in MyChart. I may only obtain medical information of family member's by following the required procedures of FOSC.
3. **General Covenants and Conditions.** At all times, I agree to conduct myself and perform all of my assigned duties, responsibilities and related services in a manner which supports the philosophy of FOSC at all times. I further agree

that I will not, at any time, during or following the term of my FOSC relationship, directly or indirectly, access any such Confidential Information without the prior express written consent of an authorized FOSC representative, except to the extent permitted by law, regulation and FOSC policies, procedures, standards and other applicable requirements ("Applicable Requirements"). All questions concerning the validity or construction of this Agreement shall be determined in accordance with all Applicable Requirements as defined above. By signing this Agreement, I hereby agree that, both during or following the term of my FOSC relationship, my obligations shall include, but are not limited to, the following:

- a. Accessing any and all Confidential Company Information of FOSC only for legitimate business purposes in accordance with Applicable Requirements;
 - b. Using FOSC Internet, e-mail and other technology only for legitimate business purposes and for minimal personal use in accordance with Applicable Requirements;
 - c. Abiding by FOSC general security standards, logical and physical, that safeguards Confidential Company Information from any inappropriate or unauthorized Access or unauthorized distribution of any kind;
 - d. Informing FOSC, Privacy Officer, Corporate Information Security Officer, or any combination of these individuals, if I have reason to believe that any person may have inappropriate or unauthorized Access to Confidential Information;
 - e. Granting FOSC the right to review my Access to Confidential Company Information or other use of FOSC Internet and other technology services; and
 - f. Returning immediately any and all Confidential Information in my possession to FOSC upon any termination or other expiration of my relationship with FOSC. This includes all Confidential Company Information stored on non-FOSC electronic equipment or at non-FOSC properties whether authorized or unauthorized.
4. **Violations.** I acknowledge that any inappropriate or unauthorized Access to Confidential Company Information is a serious violation and shall result in prompt investigation and sanctions, including but not limited to termination of my FOSC relationship and initiation of any and all possible civil and/or criminal penalties or remedies in accordance with Applicable Requirements. All such sanctions shall be implemented at the sole discretion of FOSC.
5. **Effective Dates; Amendments.** This Agreement shall remain in effect both during and following any termination or other expiration of my FOSC relationship, for any reason, in order to safeguard all Confidential Company Information and to protect the resources, relationships and reputation of FOSC.

I have been provided with a copy of this Agreement which I have read, understood, signed and agreed to comply with in all respects and at all times

Signature

Date

Printed Name

Middle Initial

Job Title Position

Department

Employee ID

Last 4 Numbers of Social Security Number

Home Street Address

City

State

Zip Code

Home Phone Number ()

Date of Birth (mm dd yyyy)

(If applicable) Company Name

City

State

Zip Code

I, _____, (Observer) hereby execute this Waiver and Release in order to induce Franciscan Alliance, Inc. an Indiana nonprofit corporation (“Franciscan”) to permit me to enter and remain upon its premises (including physician offices, hospitals, facilities, parking lots, garages and outside walkways) located within the Franciscan Alliance, (“Franciscan Premises”) for the purpose of continuing my medical-related studies or experience at Franciscan. I agree that my entry upon the Franciscan Premises is primarily for my own educational benefit and that I am doing so at my own risk. This includes, without limitation, my entry into any patient rooms, treatment rooms, diagnostic areas, waiting rooms, operating rooms, emergency departments, public areas, restrooms, cafeterias, employee break rooms, locker rooms or other areas, parking areas, sidewalks or any other area on or connected with the Franciscan Premises.

I agree that I am voluntarily entering the Franciscan Premises to further my educational pursuits and assume all risk of injury, illness, disease, damage or loss to me or my property that might result, including, without limitation, any loss, theft of or damage to any personal property. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge Franciscan Alliance, Inc., and all of its past and present owners, officers, directors, insurers, employees, representatives, successors, assigns, affiliated entities, groups and divisions (all of which are referred to collectively herein as “Releasee”) from any and all claims or causes of action (known or unknown) arising out of Releasee’s negligence or other fault. This Waiver and Release of liability includes, without limitation, injuries which are alleged to have resulted from Releasee’s negligence or other fault or which may occur as a result of or in connection with (a) my use of any medical equipment or facilities which may malfunction or break; (b) my interaction with any patient or visitor on the Franciscan Premises; (c) Releasee’s alleged improper maintenance of or failure to maintain any equipment or facilities, (d) Releasee’s alleged failure to maintain appropriate security, (e) Releasee’s alleged negligent instruction or supervision, or (f) my slipping, tripping or falling while on the Franciscan Premises.

I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a complete release of all liability of Releasee. I understand that I am waiving any right that I may have to file a law suit to assert a claim against Releasee even for such Releasee’s own negligence or other fault for any personal injuries or property damage that I might suffer while on or about the Franciscan Premises. I agree to indemnify Releasee for all reasonable attorneys’ fees and costs incurred in enforcing this Waiver and Release in the event that I do sue Releasee. The provisions of this Waiver and Release shall survive for so long as any claim, cause of action or alleged claim or cause of action of mine against Releasee exists. I understand that this Waiver and Release does not affect any legal rights I might have as a patient of Releasee.

If Observer is under the age of 18 years, this Waiver and Release must be signed on behalf of the Observer by the Observer’s parent or legal guardian.

OBSERVER

Signature of Observer

Signature of Observer’s Parent or Legal Guardian (if applicable)

Printed Name

Printed Name

Date

Date



Current Status: Active

PolicyStat ID: 9325426



Franciscan
ALLIANCE

Original: 3/5/2021
 Last Reviewed: 3/5/2021
 Last Revised: 3/5/2021
 Next Review: 3/4/2024
 Owner: Elaine Sister Brothers: VP
 Education System
 Document Area: Education Services
 Tags: Policy
 Applicability: Franciscan Alliance System
 Wide - Hospitals & FPN

Franciscan Observation Policy

See Entity Listing or Hospital Listing for Franciscan Alliance hospital facilities' current and previous names.

Applies to: All Franciscan Alliance Hospitals & FPN (See [Entity Listing](#))

Policy Statement:

It is the policy of Franciscan Health that all individuals requesting observation (shadowing) time at our health center whether with an employee or medical staff member, shall obtain authorization and complete required prerequisite documents including orientation requirements as outlined in Franciscan Observation Procedure.

Scope:

Those authorized for observation placement(s) include the following (note that participants may not shadow their own family members unless administrative approval is attained):

1. Students (Health Related Field and/or Medical Student/Resident/Fellow) who want to observe in specific hospital departments independent of required college course requirements.
2. Paramedic and EMT.
3. High school students interested in health careers who are over the age of sixteen (16).
 - a. Students age sixteen to eighteen require written parental approval/signature.
4. Observational students require administrative or managerial approval at the facility level

See Procedure:

[Franciscan Observation Procedure](#)

Additional Documents:

[1003.02 Dress & Personal Appearance Policy](#)

[1003.02P Dress Code & Personal Appearance Procedure](#)

Printed copies are for reference only. Refer to PolicyStat for most current version.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Format Review by:	Lethia Marie Sister Leveille: Corporate Secretary	3/5/2021
Approved by Senior Vice President COO Inpatient Services:	Bob Brody: Senior VP COO Inpatient Svcs	3/5/2021
Approved by Vice President Education:	Elaine Sister Brothers: VP Education System	2/22/2021

Applicability

Franciscan Alliance Corporate & System Wide , Franciscan Health Crawfordsville, Franciscan Health Crown Point , Franciscan Health Dyer, Franciscan Health Hammond, Franciscan Health Indianapolis, Franciscan Health Indianapolis at Carmel, Franciscan Health Lafayette Central, Franciscan Health Lafayette East, Franciscan Health Michigan City, Franciscan Health Mooresville, Franciscan Health Munster, Franciscan Health Olympia Fields, Franciscan Physician Network

COPY



Current Status: Active

PolicyStat ID: 9325433



Franciscan
ALLIANCE

Original: 3/5/2021
 Last Reviewed: 3/5/2021
 Last Revised: 3/5/2021
 Next Review: 3/4/2024
 Owner: Elaine Sister Brothers: VP
 Education System
 Document Area: Education Services
 Tags: Procedure
 Applicability: Franciscan Alliance System
 Wide - Hospitals & FPN

Franciscan Observation Procedure

See Entity Listing or Hospital Listing for Franciscan Alliance hospital facilities' current and previous names.

Applies to: All Franciscan Alliance Hospitals & FPN (See [Entity Listing](#))

Procedure Statement:

The document is to define the types of clinical experiences and the requirements of individuals wishing to be on site with an employee or a medical staff member and to delineate the parties responsible for obtaining and maintaining the required information.

Those authorized for observation placement(s) include the following (note that participants may not shadow their own family members unless administrative approval is attained):

- A. Students (Health Related Field and/or Medical Student/Resident/Fellow) who want to observe in specific hospital departments independent of required college course requirements.
- B. Paramedic and EMT.
- C. High school students interested in health careers who are over the age of sixteen (16).
 - 1. Students age sixteen to eighteen require written parental approval/signature.
- D. Observational students require administrative or managerial approval at the facility level

Definitions:

Observations are defined as a strict observation-only experience. **The person observing will not be allowed to have direct physical contact with any patient during the Observation episode.** Observation restrictions may apply to specialty areas such as Perinatal, Behavioral Health and Emergency Departments. Requests will be reviewed on a case by case basis in these areas.

Observation experiences are to last no longer than 24 hours, unless Administrative approval for more hours is granted.

Procedure:

- A. Observation/Shadow students must complete the Student Observation Application in full to be considered for an observation experience.
- B. The Observation Request Document includes assurance that the student and/or guardian are responsible for insuring the student has documentation of Immunization status (varicella, rubella, and hepatitis; a negative TB Test (within 12 months) and Influenza Vaccine.
 - 1. Proof of these screenings must be turned in to the Education or Human Resources Department.
 - 2. Personal medical insurance. If the student develops a sudden illness or injury, the health care facility shall provide necessary emergency care, however the cost of such is to be the responsibility of the student and/or guardian.
- C. The student will be required to complete an Orientation Section within the application with posttest and read education regarding the Standards for Privacy of Individually Identifiable Health Information as required under the Health Insurance Portability and Accountability Act (HIPAA). All students are required to complete and sign the Franciscan Alliance Workforce Confidentiality Agreement and the Franciscan Student Waiver.
- D. If the student is age 16-18 the parent/guardian are required to sign the required document(s).
- E. Student placements may be limited due to departmental/facility factors.
- F. The manager/director will input the observational hours in the CBISA system for their respective department(s).

Equipment/Forms:

The following are required forms:

- A. Observation Application Packet (see attached) which includes
 - 1. Observation Application Information and Instructions
 - 2. Application form
 - 3. Student Agreement
 - 4. Student Orientation and Post Test
 - 5. Franciscan Alliance Workforce Confidentiality Agreement
 - 6. Acknowledgement of Safety Information
 - 7. Observational Experience Signature page
 - 8. Student Waiver
- B. Student Observation requests require facility signature through the Education or Human Resources department.
- C. The Education or Human Resources department reviews that all appropriate documents have been completed/submitted.
- D. All Student Observation forms will be kept on file within Education or Human Resources per the Corporate Record Retention standards.
- E. Students completing an Observation experience are to wear their school student ID or obtain a temporary

Student ID from the Human Resources Department. The facility badge must be returned to Human Resources at the conclusion of their observation/shadow experience.

- F. Students approved for an observational experience will be required to follow the specific dress code guidelines of the department they will be observing in.
1. Scrubs may need to be worn at the request of the department manager.
 2. If hospital owned scrubs are worn they must be returned to the department from which they were obtained before leaving the facility.
- G. Student may wear dress pants, plain colored tops with a white lab coat with hosiery or socks and clean tennis or low-heeled closed dress shoes as approved from the dept. manager.
1. No jeans, tank tops, printed tops, open toe shoes will be allowed.
 2. Jewelry should be kept to a minimum.
 3. No jewelry in piercings other than the ear lobes. No hoop earrings in the ears.
 4. Tattoos should not be visible.
- H. If the student needs to cancel their observation experience for any reason, they should contact the department manager in the area that the observation was to take place.
- I. Any incidents involving the student must be reported immediately to the manager of the department where the incident occurred. The manager and/or hospital supervisor/director will pursue, following specific hospital policies related to occurrence reporting.
- J. Any patient has the right to refuse a student's presence observing his/her care.
- K. The student may observe other specific procedures with the approval of the licensed health care professional and the patient.

See Policy:

[Franciscan Observation Policy](#)

Additional Documents:

[1003.02 Dress & Personal Appearance Policy](#)

[1003.02P Dress Code & Personal Appearance Procedure](#)

See Attachment:

Observation Orientation Packet with WFA and waiver 02-2021

Printed copies are for reference only. Refer to PolicyStat for most current version.

Attachments

[Observation Orientation Packet with WFA and waiver 02-2021](#)

Approval Signatures

Step Description	Approver	Date
Format Review by:	Lethia Marie Sister Leveille: Corporate Secretary	3/5/2021
Approved by Senior Vice President COO Inpatient Services:	Bob Brody: Senior VP COO Inpatient Svcs	3/5/2021
Approved by Vice President Education:	Elaine Sister Brothers: VP Education System	2/22/2021

Applicability

Franciscan Alliance Corporate & System Wide , Franciscan Health Crawfordsville, Franciscan Health Crown Point , Franciscan Health Dyer, Franciscan Health Hammond, Franciscan Health Indianapolis, Franciscan Health Indianapolis at Carmel, Franciscan Health Lafayette Central, Franciscan Health Lafayette East, Franciscan Health Michigan City, Franciscan Health Mooresville, Franciscan Health Munster, Franciscan Health Olympia Fields, Franciscan Physician Network

COPY

Attachment A Observation Requirements Checklist

FOR:

- A. Students (Health Related Field and/or Medical Student/Resident/Fellow) who want to observe in a specific procedure(s) independent of required college course requirements.
- B. Paramedic and EMT.
- C. High school students interested in health careers who are over the age of sixteen (16). **Note:** *Students under eighteen (18) years of age require written parental approval and signature.*
- D. *Observational students require administrative or managerial approval at the facility level.*

RESTRICTIONS:

- A. May not follow own family members unless approved by administration.
- B. May not have physical contact with the patient.
- C. Observation time is no longer than 24 hours.

REQUIREMENTS (CHECK-LIST)

- _____ Student/Observation Orientation Packet with Instructions.
- _____ Student/Observation Agreement/Waiver Form. (Pg. 16 – 19)
- _____ Student Orientation Posttest. (Pg. 13)
- _____ Signed Acknowledgement of Safety Information. (Pg. 15)
- _____ Signed FOSC Workforce Confidentiality Agreement.
- _____ A Copy of their Driver's License.
- _____ Immunizations: COVID, Flu, Hepatitis, Titters for Mumps, Rubella, Rubeola, Varicella, and Negative TB Test within 12 Months.
- _____ Fill out the Emergency Contact Information Form.
- _____ For observers/students aged 16-17, the parent or guardian must sign the Parental/Guardian Signature Form.
- _____ Required to wear school ID or obtain a temporary ID from Security or FOSC Reception Desk, worn above the waist.
- _____ Observers will not be allowed to bring any electronic devices or cameras into the area they are observing (Cell phones, Bluetooth devices, iPads, iPods, Smart Watches, Surface Boards, Computers).