

## General Orientation

# Contingent Workforce *in a Business Facility*

Peaks Region Edition  
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# Introduction

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## Intermountain Health

- Headquartered in Utah with locations in six primary states and additional operations across the western U.S., Intermountain Health is a nonprofit system of 33 hospitals, 400 clinics, a medical group of nearly 5,000 employed physicians and advanced care providers, a health plan division called Select Health with more than one million members, and other health services.
- With more than 66,000 caregivers on a mission to help people live the healthiest lives possible, Intermountain is committed to improving community health, and is widely recognized as a leader in transforming healthcare. We strive to be a model health system by taking full clinical and financial accountability for the health of more people, partnering to proactively keep people well, and coordinating and providing the best possible care.
- Many hospitals in our network continue the legacy of faith-based healthcare. Our Catholic health ministry and mission is entrusted to us to honor the sacred dignity of human life and the inherent worth of every person and are aligned with our common values. Our Catholic entities foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.
- As part of a nonprofit system, Intermountain's facilities provide care to all those with a medical need, regardless of their ability to pay. Intermountain Health employees, volunteers, students, and contingent workers are expected to exhibit behaviors consistent with the Mission, Vision, and Values of the organization.

## Mission, Vision and Values

### Our MISSION

Helping people live the healthiest lives possible.

### Our VISION

Be a model health system by providing extraordinary care and superior service at an affordable cost.

### Our VALUES



# Contingent Worker Requirements

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## Read the Contingent Workforce Orientation Booklet

This orientation booklet provides a list of responsibilities for contingent workers at Intermountain Health facilities. Contingent workers are subject to the general rules, policies, and regulations of Intermountain specified herein.

Contingent workers will be provided department-specific (also referred to as "environment of care") orientation independent of this booklet.

## Complete Contingent Worker Compliance Forms

Along with this booklet, workers should receive a contingent workforce forms packet (or clinical instructor forms packet if applicable). This packet must be completed before services are provided.

## Identification Badge

Once the forms packet is completed, workers can obtain an ID name badge. The ID badge must be worn at all times when on-site at an Intermountain facility. At the end of the work assignment, the badge must be returned to the department supervisor or Security. With few exceptions, contingent workers are not provided with security access on their ID badges.

# Campus Conditions

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## Tobacco Free

To promote public health and safety and reduce the health and safety risks associated with smoke and tobacco products, Intermountain Health maintains smoke and tobacco-free facilities. Tobacco products include cigarettes, cigars, pipes, smokeless tobacco (chew), marijuana, and any lighted or heated plant product intended for inhalation such as hookah, e-cigarettes, vapor cigarettes, or other electronic devices.

## Parking

All workers must follow facility-specific parking guidelines. Check with your manager for facility specific instructions. These guidelines ensure parking is available for all who need access to Intermountain facilities. Obtain vehicle parking identification where required and park only in lots and marked parking spaces designated for employees. Parking in patient/visitor parking is prohibited and is subject to facility specific enforcement, which may include notices, citations, and towing.

# Roles & Responsibilities

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## Intermountain Facility Role / Responsibility

The Intermountain facility will:

- Accept any contingent worker otherwise qualified without discrimination on the basis of any protected class under state or federal law.
- Orient contingent worker to Intermountain's mission, philosophy, and general physical structure. Inform worker of facility rules, policies, and regulations with which they are expected to comply.

## Contingent Workforce Role / Responsibility

Contingent worker will:

- Act professionally and refrain from making comments, gestures, or acting in any manner, which can be construed as harassment towards other employees, patients, or guests.

- Wear an appropriate ID badge, which identifies the worker's employer.
- Refrain from soliciting employees, patients, or visitors for products, memberships, or any other reason, nor may they distribute literature for any purpose. (See Intermountain's *Solicitation and Distribution Policy* for additional information.)
- Adhere to general rules, policies, and regulations of Intermountain.

#### **Lost or Stolen Items**

Intermountain is not responsible for personal items lost or stolen. Workers are encouraged to lock up all personal items necessary to have on site during their work assignment.

## **Professional Image**

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Intermountain employees and contingent workers create and present a professional image which helps our patients and visitors feel safe, confident, and comfortable during their hospital experience.

#### **Personal Identification**

An Intermountain contingent workforce name badge must be worn with an appropriate badge reel or lanyard in a visible location on the upper torso area at all times while at work. ID badges are to be free of pins, stickers, or any other material that might interfere with the viability of the photo or the identification of the person wearing the badge.

#### **Personal Appearance**

Employees and contingent workers are expected to support and model a safe, professional, and business-like appearance at all times.

- Workers manage personal hygiene to ensure cleanliness and avoid offensive body odors and bad breath.
- Do not use strong perfume, cologne, scented lotions, or essential oils.
- Hair must be clean, well-groomed and appropriately restrained so not to come in contact with others.
- Facial hair must be well-groomed.
- Fingernails should be clean and maintained.
- Leadership reserves the right to require any "objectionable" tattoos to be covered while at work. This would include but is not limited to, tattoos that depict nudity, profanity, violence, or any message that could have a negative effect on patients, families, or the work environment.

#### **Attire**

- Workers must dress appropriately for their role, taking into consideration their interactions with patients, members, clients, and visitors. Clothing must not be faded or torn. Appropriate undergarments must be worn and must not be visible through clothing.
- If standard department attire is required (e.g., color-coded scrubs, lab coats, uniforms, etc.), workers are expected to meet set standards.
- Attire should meet set safety standards, including appropriate footwear to avoid slips, trips and falls.

#### **Jewelry**

- Jewelry and accessories are to be minimal, appropriate, safe, and must not impair the ability to perform job functions, interfere with work assignments, or interfere with patient care.
- Jewelry and accessories must not create a safety hazard with other employees, patients, machinery, equipment, or the work area.

# Patient Respect and Dignity

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Intermountain is committed to treating patients, members and caregivers in a dignified and respectful manner and this includes respecting their cultural and personal values, beliefs, and preferences.

## Cultural Competency

Consider these questions and practices in the context of your interactions with others.

- Who are my customers?
- How can I learn about them?
- What are my beliefs about them?

Acquire basic knowledge of the cultural values, beliefs and practices of customers or patients served:

- Ask questions
- Listen
- Account for language issues
- Be aware of communication styles

Be sensitive to personal beliefs and practices

- Body language. Is there cultural significance for:
  - Eye contact
  - Touching
  - Personal space
  - Privacy / modesty
- Religious / Spiritual beliefs. Are there sensitivities / beliefs associated with:
  - Prayer, medication, and worship
  - Food preparation, clothing, special objects, and gender practices
- Other cultural factors to consider:
  - Gender
  - Wealth or social status
  - Presence of a disability
  - Sexual orientation

# Environmental Safety

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## Safety is Everyone's Concern

Workers should call Security when they:

- See any criminal activity
- Need to report visitor accidents or visitor needs
- See any suspicious circumstances
- Need escort or vehicle assistance
- Need to access lost and found items

## Emergency Code Response

When an emergency occurs, it is critical that all providers, caregiver, patients, and visitors are informed and can take appropriate action to ensure their own safety and the safety of others.

Colorado and Montana facilities use “plain language” in all care sites (instead of color-coded language) when communicating an emergency. Plain language emergency codes use a phrase to identify the type of emergency, the alert itself and the location of the emergency and/or actions to take. The format will use the following format “Alert Type” – “Event Type” – “Additional Information.” For example “Facility Alert: Fire Alarm, Room 1100.”

There are five types of emergency notification:

- **Facility Alert** — notifies caregivers, patients and visitors of an event that may affect all or part of the facility.
- **Medical Alert** — notifies various response teams of a medical emergency that requires specialized support.
- **Security Alert** — notifies caregivers, patients and visitors of a security situation that is occurring within the facility or campus.
- **Technology Alert** — notifies caregivers of a technology application that is not fully operational.
- **Weather Alert** — notifies caregivers, patients, and visitors of a significant weather event that requires monitoring or sheltering.

Approved Plain Language Emergency Event Types are summarized in the table below

Alert Type	Event Type	Detailed Meaning
Facility Alert	Fire	Confirmed fire
Facility Alert	Fire Alarm	Fire alarm or reported fire
Facility Alert	Hazardous Materials Spill	Hazardous Materials spill Additional detail: <ul style="list-style-type: none"><li>- Internal</li><li>- External (Community)</li></ul>
Facility Alert	Incident Command Center Activation	Incident Management Team (IMT) activation
Facility Alert	Incident Command Center Briefing	Site briefing by the IMT
Medical Alert	Cardiac Alert	Myocardial infarction / Cath Lab Activation
Medical Alert	Hemorrhage	Emergency bleeding event
Medical Alert	OB Emergency	Emergency OB event
Medical Alert	OB Hemorrhage	Post-Partum Hemorrhage
Medical Alert	Rapid Response Team	Emergency patient care event Additional Detail: <ul style="list-style-type: none"><li>- Adult</li><li>- Pediatric</li><li>- Neonatal</li></ul>
Medical Alert	Resuscitation	Cardiac/Respiratory Arrest Additional Detail: <ul style="list-style-type: none"><li>- Adult</li><li>- Pediatric</li><li>- Neonatal</li></ul>
Medical Alert	Stroke Alert	Stroke Additional Detail: <ul style="list-style-type: none"><li>- Brain Bleed Confirmed</li><li>- LVO/Neuro IA</li></ul>
Medical Alert	Sepsis Alert	For patients who meet criteria for sepsis per the Electronic Health Record
Medical Alert	Trauma Team Activation	Trauma patient meeting activation criteria Additional Detail: <ul style="list-style-type: none"><li>- Full</li><li>- Limited</li></ul>

Security Alert	Active Threat	Any situation that poses an immediate threat to persons or property
Security Alert	BEST Alert	Behavior Health Intervention
Security Alert	Code Pink	For incidents involving missing or abducted children, ages 17 years and younger, including infants, children, and all pediatric populations
Security Alert	Missing Person	For incidents involving missing or at-risk individuals age 18 years and older
Security Alert	Search Plan	(Bomb threat) When a threat of a device (bomb) is received, based on the information, initiate the search for the device, and response plan. Isolate and evacuate as needed
Security Alert	Secure Campus	When restricted access measures are implemented due to a potential external threat
Security Alert	Security Assist	Any situation requiring an immediate Security response
Security Alert	Suspicious Package	Any package causing concern as to its content because of its appearance or labeling. Avoid the area
Technology Alert	N/A	An event impacting technology applications or systems
Weather Alert	Severe Thunderstorm Warning	Confirmed Severe Thunderstorm Warning for the site
Weather Alert	Tornado Warning	Confirmed Tornado Warning for the site
Weather Alert	{event} Watch or Warning	Other weather events may be communicated as necessary. However, generally they should be at the watch or warning level.

## Fire Prevention and Response

Workers can apply simple safety measures that will help prevent fires:

- Properly store and dispose of combustible materials.
- Comply with electrical equipment policies.
- Report any defective wiring (frayed cords, brown fuses, etc.)
- Enforce Intermountain's smoking policy.
- Find out when and who should turn off medical gas valves.
- Learn your department evacuation plan.
- Maintain clear and unobstructed hallways, doorways, and aisles.

Intermountain facilities are designed to contain a fire behind closed doors for a period of time to allow fire-fighting efforts to occur. Closed fire doors allow areas of the facility away from the fire to remain functional. Do not block or prop doors open in any way.

### Fire Alerts

The alert used to describe a confirmed fire is "Facility Alert – Fire." "Facility Alert – Fire Alarm" is the term used for a possible fire. The location of the fire will be announced with the overhead paging alert.

### RACE

**R** – Rescue:

Rescue anyone (including patients, visitors, employees, and yourself) in immediate danger from flames or smoke.

NOTE: Many patients are connected to oxygen tanks and monitoring equipment. These items need to be moved with the patient whenever possible.

#### A – Alarm

Activate the nearest fire alarm pull box and call your facility emergency number. Take the time before a fire emergency to locate the fire alarm pull boxes in immediate work area.

#### C – Contain

Keep the smoke and fire from spreading to other locations within the facility by closing any open doors or windows. If the fire is in a patient's room, turn off the oxygen flow meter and remove from the wall.

#### E – Extinguish

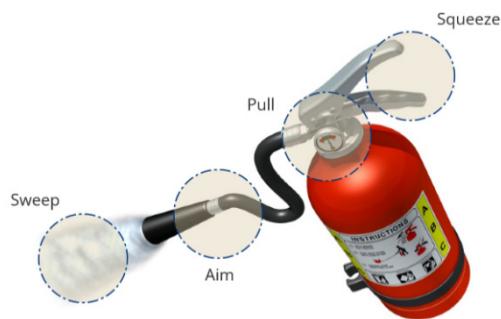
Take time before an emergency to locate the fire extinguishers in the area. If a fire is small and manageable, use the nearest fire extinguisher. Follow the steps in *PASS* to help you properly extinguish a fire.

**P** – Pull the pin

**A** – Aim the nozzle

**S** – Squeeze the handle

**S** – Sweep at the base of the fire



Follow the facility's evacuation procedure and move everyone to a safe location. Use an evacuation route that leads way from the fire. Do not use elevators! Departments within the facility may also have specific evacuation routes and plans. Workers will be provided with department-specific information.

## Active Threat

An active threat is defined as an individual who is brandishing (displaying in a threatening manner) a firearm or is actively engaged in using the firearm to kill or injure people in the hospital, clinic or grounds. This also includes the use of an edged weapon such as a knife. When an active threat is within the facility, employees must make rapid decisions and take immediate steps to reduce or eliminate further injuries or death. Give the following information when reporting an active threat. (Note: do not delay an escape. Report as soon as possible after establishing a safe or secure location.)

- Type of incident
- Number of potential or active shooters, if known
- Number of people involved, etc.
- Last known location of the shooter
- Name of caller

Hospital operators will announce overhead "Security Alert - Active Threat" and give the locations. Employees will implement the Run-Hide-Fight Plan. All workers should participate and assist as instructed.

## Run-Hide-Fight Plan

- **Run - get away!** If possible, quickly exit the area and the building to a safe location. Take the closest safe exit route. Do not worry about personal belongings. If patients are ambulatory or in wheelchairs, encourage them, along with guests and co-workers, to accompany you. Do not stay behind if they refuse to come.
- **Hide - lock or barricade!** If possible, relocate guests, patients, and other staff members behind closed doors. Lock or barricade doors using any means possible. Turn off the lights, computer screens and silence cell phones and other audible devices. Hide behind a thick wall, furniture or other items and remain quiet. Lay down on the floor if possible. Do not come out until told to do so by police or after the *all clear* is given.
- **Fight - be quick, be forceful, be aggressive!** This is the very last option and last resort. Where possible, gather a group and plan an attack together. Improvise a weapon from means possible. Confront the shooter and take an aggressive attitude, use violent force of action. Fight for your life, do not give up.

- **Shelter In Place – seek safety where you are!** Do not attempt to evacuate, as you may move into the active threat area. Follow the “Hide” principles. Shelter in place if located on a higher floor than the threat, or if an active threat situation is just outside your facility.

If confronted by law enforcement, participants in the event should ALWAYS keep hands visible, empty and fingers spread. Follow policy instructions immediately without question. Police will be concerned about locating and eliminating the shooter before any attention is given to victim injuries.

# Employee Health

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## Infection Prevention and Control

The purpose of an infection prevention and control program is to prevent the transmission of infections within a healthcare facility. Workers in a business environment can protect themselves and others by adhering to basic infection prevention and control principles. Wash hands with soap and water before and after using the restroom and preparing food. Utilize an alcohol-based hand rub routinely to minimize the spread of infection with co-workers and guests. If you have a fever or feel sick, please stay at home.

## Ergonomics

Ergonomics focuses on creating an environment in which workers would not experience physical problems associated with their work assignment. Examples of work design that may lead to physical stress include:

- Poor work-station layout.
- Improper work methods, such as poor posture.

Improper work design can cause repetitive force or movement of the body without an adequate rest period for tissues to recover. Over time, this may lead to damage of tendons, bones, nerves or muscles, typically in the hands, elbows, shoulders, neck and back. An example would be tendonitis progressing to carpal tunnel syndrome.

Certain workers are more at risk for developing problems than others. Examples include those who:

- Perform repetitive tasks for a long time period
- Use forceful hand motion
- Must stay in a fixed position for extended periods
- Work in awkward positions
- Use excessive bending or twisting motions of the wrist
- Have continuous contact with the edge of a work surface
- Experience temperature extremes
- Use inappropriate hand tools
- Have improper sitting position

Symptoms that may appear include pain, swelling, numbness, tingling, restricted range of motion, or weakness in the affected body part, with varying degrees of severity.

Obesity, pregnancy, recent weight gain, smoking, lack of general physical condition, and emotional stress may contribute to the development of these disorders. Additionally, activities and hobbies at home can contribute to these symptoms.

At the first sign of discomfort, the worker should discuss medical treatment options with his/her family care provider.

## Back Safety

Even the simplest activity, if done incorrectly, can strain a back and cause permanent injury. Some of these injuries lead to permanent loss of work. Prevent injuries by following these simple safety guidelines.

## Lifting

- Feet should be kept apart, with one foot next to the object being lifted and one foot slightly behind. This gives greater stability and upward thrust.
- Let your legs do the work, not your back. Backs should be straight with knees bent, keeping the knees in line with your feet.
- Use your entire hand when lifting. Fingers alone have very little strength. Wrap fingers around the object, with firm pressure from the palm.
- Bring the load in close to the body with arms and elbows tucked in close.
- Position your body so that weight is distributed inside the feet. This gives better lifting strength and better balance. Lift by using the strength of the legs and not the back.
- Never twist your body from side to side when lifting or transferring. This is a major cause of back injuries. Move your feet if a change of direction is needed.
- Don't lift or carry objects above shoulder level.

## Reaching

Do not bend your back when reaching. Decrease the distance between you and the object you are reaching as much as possible. If you can't keep your back straight, you are reaching too far. Reach with your arms and legs, not your back. If you can't comfortably reach something above you, then use a ladder or stool.

## Standing

Standing properly is important for your back. Stand straight with knees slightly bent, hips slightly flexed, pelvis tilted forward. If standing for long periods, ease some of the back strain by putting one foot on a low stool or box.

## Sitting

Sit straight in a chair that supports your lower back. Keep both feet on the floor and, if possible, position knees slightly below your hips. Avoid slouching in chairs as slouching increases back strain. Situate your workstation to prevent frequent twisting of your back.

## Injury / Illness Reporting

All on-the-job injuries, illnesses, or exposures must be reported immediately to the department manager and your employer. If you have an exposure event, follow the protocols established per your employer for assessment, potential treatment and follow up. If a life-threatening or serious injury occurs, report to an Intermountain Emergency Department ("ED") for initial treatment. The ED will assess injuries and determine the risk level, treatment options, and medical services required. You and/or your employer will be responsible for follow-up care and to pay for services provided.

# Hazardous Materials

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Contingent workers are expected to fully comply with all OSHA standards. Workers should know the hazardous materials within their work area. Report the spill of any of these materials.

# Corporate Compliance

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## Compliance with Applicable Laws

Intermountain Health is committed to comply with federal, state, and local laws, rules, and regulations. These laws protect the patient, our organization, and our employees. All workforce are accountable to ensure that all activity by or in behalf of the organization is in compliance with applicable laws.

## High Ethical Standards

Intermountain expects its workers to maintain high standards in the performance of their responsibilities. Workers commit to the following core principles and to the specific guidelines that govern their work and responsibilities:

- We are committed to a healing experience
- We perform our jobs with honesty and integrity
- We know and abide by all laws, and we know and understand the details of the policies and procedures that apply to our jobs
- We speak up with concerns about compliance and ethics issues
- We report observed and suspected violations of laws or policies. We agree to report any requests to do things that we believe may be violations
- We cooperate with any investigations of potential violations.

## Reporting Requirements

Each of us is responsible for reporting concerns and suspected misconduct that could violate federal or state laws, Intermountain's Code of Conduct, or Intermountain policy. Workers should report any and all suspected compliance violations. Workers who report concerns will be protected from retaliation and intimidation. There are multiple options for reporting suspected violations, asking questions, or discussing concerns. These are:

- Contact your department supervisor, manager, or director
- Contact your local compliance officer
- Call the Compliance team at 800-442-4845
- E-mail the Compliance team at [ContactCompliance@mail.org](mailto:ContactCompliance@mail.org)
- Report Online at [ComplianceResources.com/hotline](http://ComplianceResources.com/hotline)

# Privacy & Security of Health Information

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HIPAA (the Health Insurance Portability and Accountability Act) is an important federal law that protects the privacy and security of patient and member health information. Everyone who performs work or services for a Covered Entity including caregivers, volunteers, and Business Associates must follow HIPAA rules on how we use, share, and protect health information.

## HIPAA Privacy Rule

The HIPAA Privacy Rule defines what health information must be protected and outlines the rights patients and members have regarding their Protected Health Information (PHI). PHI is any identifiable health data used or shared by healthcare entities. HIPAA requires us to protect 18 identifiers which include:

<ul style="list-style-type: none"><li>• Name</li><li>• Address</li><li>• Dates</li><li>• Telephone numbers</li><li>• Fax numbers</li><li>• Email address</li><li>• Social Security numbers</li><li>• Medical record numbers</li><li>• Health Plan number</li><li>• Account numbers</li></ul>	<ul style="list-style-type: none"><li>• License number</li><li>• Vehicle identifiers, including license plate numbers</li><li>• Device identifiers and serial numbers</li><li>• Web Universal Resource Locators (URLs)</li><li>• Internet Protocol (IP) address numbers</li><li>• Biometric identifier, including finger and voice prints</li><li>• Photo/Videos</li><li>• Any other unique identifying characteristic including clothing or tattoo or other physical feature.</li></ul>
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PHI can be found almost everywhere you may work – it can appear in everyday situations. For example, PHI may be found in conversations with patients, families, visitors, or co-workers; printed documents; patient or member records; screens, printers, or fax machines; photos or videos.

## **Other Protected Information**

While this section primarily addresses the requirements of the *HIPAA Privacy Rule*, additional protections and requirements may apply to certain types of sensitive information, such as substance abuse records, genetic test results, social security numbers and credit card numbers. If your work assignment includes accessing or disclosing these types of information, ask the department manager for relevant policies and procedures.

### **Additional steps to protect a patient's privacy**

- Safeguard medical records by not leaving client or patient records unattended in an area where the public can view or access the record. Avoid discussions about patients in public areas.
- If you have logged into a computer system to view or chart on an electronic medical record, make sure to log off once you are finished. Do not allow others to use your computer under your access code and password.
- Do not share your Intermountain computer systems access code or password with anyone. Prevent others from learning your system's access code and password, and do not allow others to use your computer under your access code and password.
- Watch for fraudulent attempts to obtain patient or worker personal information. Suspicious e-mails and texts often appeal to emotions through promises, strict deadlines, rewards, or problems with your account. Do not click suspicious links and report suspicious activity by using the report suspicious button atop emails or contacting [cybersecurity@mail.org](mailto:cybersecurity@mail.org).
- Ransomware remains a significant threat to healthcare, impacting patient care. Promptly report any suspicious activity to [cybersecurity@mail.org](mailto:cybersecurity@mail.org).
- Do not access systems you are not authorized to access. Access only information needed to do your job.
- Before discarding any client or patient-identifiable information, make sure it is properly shredded, discard in a locked bin designated for destruction of Protected Health Information, or locked in a secure bin to be destroyed later. Do not leave information intact in a trashcan or discard any Protected Health Information in a recycle bin.
- Workers, including contingent clinical staff and medical residents, may convey medical information, which includes transmission of Protected Health Information, in a secured email if relevant to one's job and patient treatment. Include "PHI" in the subject line of the email. This will enable encryption of the Protected Health Information for proper HIPAA compliance transmission.
- Do not use cell phones or other electronic devices to take or send photographic images and audio/video recordings of work areas, patients and/or medical information. Identifiable images/recording are considered PHI and may only be disclosed according to HIPAA and/or Intermountain policies and procedures.
- Do not publish or post medical information, photo images or audio/video recordings of employees, patients, visitors, members or facilities on websites, blogs, chat rooms, networking or social media sites unless the posting is approved through Intermountain Public Relations/Communications and is done in compliance with the HIPAA Privacy Rule and State Law. This includes de-identified and "virtually" identifiable information.
- Always assume that anything posted on social media can be viewed by a fellow student, colleague, supervisor, partner, supplier, competitor, board member, patient, or potential patient. Workforce members are personally responsible for their posts on social media platforms.
- If you identify your affiliation with Intermountain Health, make it clear that you are speaking for yourself and not on behalf of Intermountain Health. Your social media activities should be consistent with Intermountain Health standards of professional conduct.

## Accounting for Disclosures

Privacy regulations grant the patient the right to receive a summary of certain disclosures by Intermountain. Therefore, Intermountain must account for certain releases of information outside of its operating units. Specifically, releases made for reasons other than treatment, payment, healthcare operations, or without the patient's written authorization.

Healthcare operations are business activities undertaken by Intermountain, such as quality improvement studies, peer review, credentialing, medical reviews, and fraud and abuse investigations.

For more information about the disclosures which must be documented and how to record them, see the *Protected Health Information Disclosure Accounting procedure*.

## Notice of Privacy Practices

The *HIPAA Privacy Rule* gives patients the right to be informed of the privacy practices of Intermountain Health, as well as to be informed of their privacy rights with respect to their personal health information. Intermountain's Notice of Privacy Practices is generally distributed to patients on the first day of treatment. Intermountain is required to attempt to obtain written acknowledgment that the patient was offered a copy of the notice.

## Privacy & Patient Care

Treatment of patients should be essentially unobstructed by the Privacy Rule. For some purposes (such as providing treatment, obtaining payment, and healthcare operations), the Privacy Rule permits Intermountain to use and disclose health information without the patient's permission and with only a few restrictions. Intermountain may disclose, without the patient's permission, information necessary for the treatment or payment activities of another healthcare physician or provider if both entities have a relationship with the patient.

Examples of permitted uses and disclosures include:

- When sending a specimen to a lab for testing, the physician's office may send the laboratory the patient's health plan information so that the laboratory may be reimbursed by the patient's health plan for services rendered.
- A physician's office may send health information to another physician's office for the treatment of a patient. As long as both have a relationship with the patient, physicians and other providers may share health information as needed for treatment purposes.
- A physician's office may send health information to a pharmacy so that pharmacy may fill a prescription for a patient. The physician's office may also send the patient's health plan information so that the pharmacy may be reimbursed for filling the prescription.
- A health plan may share certain member information with another health plan to coordinate benefits.
- A health plan may collect data directly from paneled physicians' medical charts for purposes such as completing HEDIS performance measures or other Quality Improvement studies.
- A hospital's Quality Management department may abstract data from charts at the facility to conduct a study designed to improve patient care.

## Disclosures to Patients' Family & Friends

Only Intermountain employees may disclose health information to a family member, other relative, close personal friend of the patient or any other person identified by the patient.

## Information Privacy and Security Incidents

If a situation arises where patient health information has been shared with the wrong person, or the privacy and/or security of patient health information has been compromised in any way and regardless of whether it was intentional or accidental, immediately report the situation to your supervisor/preceptor or call the Intermountain Compliance team (800-442-4845).

# Always Safe

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At Intermountain Health, we are known for our commitment to evidence-based care and safety. Our endeavor to ensure that every patient is safe in our care is called Always Safe and helps us improve patient safety by consistently applying best practices across the system. These best practices are based on the science of high reliability and have been demonstrated to improve safety in other high-risk industries.

## High Reliability

Put simply, reliability is the likelihood that an individual, system, or team will work the way it's expected to over time. You can also think of reliability as excellent performance minus the error rate. Intermountain Health, like other high reliability organizations, is working hard to reduce errors in order to become even more reliable.

To gauge our success, Intermountain Health focuses on data and metrics. This is how high reliability organizations determine their level of reliability. We track clinical and operational performance data over time to avoid any event that can cause harm.

## Serious Safety Events

Serious Safety Events occur when an individual or team in a high-risk situation or environment practices high-risk behavior. Examples of high-risk situations include complex environments, distractions, and high workloads. Examples of high-risk behaviors include bypassing safety devices or recommendations, taking shortcuts and proceeding in the face of uncertainty. You can't always control the environment that you're in, but you *can* control your behavior.

Serious Safety Events are usually not the result of just a single person's error. They almost always happen because of multiple personnel and system failures. Intermountain Health has redundant safeguards built into systems and processes that should, ideally, stop an error from reaching a patient. But sometimes all of those barriers are breached.

Intermountain's cultural approach focuses on the people in all areas of our organization. It is the combination of psychological safety, mutual respect, behavioral expectations, communication skills, and encouragement to speak up to prevent safety events.

## Psychological Safety and Mutual Respect

When a person feels psychologically unsafe, they are reluctant to admit that they made a mistake. They see mistakes as shameful or a sign of incompetence. This leads to inaccurate or less frequent reporting. It means the culture is not transparent or truly open to finding and fixing problems. Remember, we are humans first and experts second. The following behaviors and attitudes encourage a psychologically safe environment:

- Frame problems or mistakes as learning opportunities
- Recognize and admit your own fallibility
- Model curiosity and ask lots of questions
- Show appreciation to others for asking questions

## Behavioral Expectations

Another cultural strategy is the behavioral expectation of safety, including the following commitments to safety:

- "I speak up for safety"
- "I have respectful, timely, and accurate verbal and written communication"
- "I 'think it through' and ensure that my actions are the best."
- "I focus on the task at hand to avoid unintentional slips or lapses."

## Error Prevention Techniques

In order to follow through on our safety commitments, four specific phrases are used. They support effective communication, awareness, and further promote a psychologically safe environment. These phrases are helpful in any

situation, especially high-risk work environments. You will see Intermountain employees use these phrases in day-to-day interactions. A brief summary of each Common Language of Safety is included below.

- **“I have a clarifying question.”**

We ask respectful, problem-focused questions.

- Our questions aim to understand the issues, not to find fault
- Asking one or two questions provides reassurance

- **“I have a concern.”**

We speak up with safety concerns and follow the chain of command when needed.

- Ask a question, Request a change, voice a Concern, follow Chain of command.
- Listen up when questions and concerns are raised.

- **“I Stop, Reflect, and Resolve.”**

We stop, reflect, and resolve – then proceed when we understand the correct course of action.

- Take time to pause and be fully present.
- Questioning Attitude, Critical Thinking and situational awareness.
- Complete double checks where appropriate.

- **“I Repeat Back, Read Back and Teach Back.”**

We ensure clear and complete communication.

- Confirm repeat backs by saying, “That’s correct”
- Use the phonetic alphabet as needed
- Write it down, don’t rely on your memory for crucial information
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## Harassment-Free

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Treating individuals with mutual respect is one of Intermountain Health’s core values. A key component of this value is ensuring all workers are treated in a way each individual’s unique talents and perspective are valued and providing a work environment in which they feel safe.

Harassment also includes sexual harassment, which is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to or rejection of this conduct affects an individual’s work performance or creates an intimidating, hostile or offensive work environment.

Examples of harassment or inappropriate behavior may include:

- Oral or written communications that contain offensive name-calling, inappropriate sexual connotations, jokes, slurs, negative stereotyping, or threats including those that target individual groups based on age, disability, gender, national origin, ethnicity, race or color, religion, sexual orientation or veteran status.
- Nonverbal conduct, such as staring or leering, giving inappropriate gifts.
- Physical conduct, such as assault or unwanted touching.
- Visual images, such as derogatory or offensive pictures, cartoons, drawings, or gestures.

## How to Report Harassment

Call or email AskHR. Phone number is: 801-442-7547; email is: [askhr@imail.org](mailto:askhr@imail.org)

AskHR will forward all issues to Employee Relations. All investigations surrounding incidents of harassment will be conducted confidentially to the extent reasonably possible. Only individuals with a “need to know” will have access to confidential communications resulting from the receipt and investigation of a complaint.

# Event Reports / Incident Reports

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An incident is any event that is not consistent with the normal, routine operation of a department, which may result in or have potential for injury and/or property damage. The person discovering the incident should report the event via the electronic event reporting system. This report should be submitted within 24 hours of the event.

Event reports are used for the improvement of the quality of patient care and the reduction of any circumstances, which might cause the event to be repeated.

## Report Facts

- The event report is used as a means of gathering data to identify repeated events, possible preventative actions, and educational needs. Event Reports are to be filled out electronically.
- Event reports are confidential documents and are protected from disclosure..
- According to the *Safe Medical Devices Act*, event reports must be filled out if there is a malfunction of a piece of medical equipment. The FDA requires healthcare facilities to report when circumstances “reasonably suggest” that a medical device has caused or contributed to the death, serious injury, or serious illness of a patient. This type of event must be reported to the manufacturer and/or the FDA.

# Reporting Workplace Violence

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Workplace violence is conduct which is sufficiently severe, offensive, intimidating, or disruptive to cause an individual to reasonably fear for his/her personal safety or the safety of his/her family, friends or property. Intermountain has several measures in place to help keep employees and patients safe from workplace violence (e.g., emergency phones in parking lots, reinforce visitation policy, etc.). Workers can assist by learning:

- To recognize the warning signs.
- How to respond appropriately.
- What to do to prevent workplace violence.
- How to report offenders.

## Recognizing the Warning Signs

Workplace violence and its warning signs can take many forms.

- Emotional: Paranoia, manic behavior, disorientation, excitability.
- Physical: Frequent change of posture, pacing, easily startled, clenching fist, aggressive behavior.
- Verbal: Claims of past violent acts, loud forceful speech, arguing, making unwanted sexual comments, swearing, threatening to hurt others, refusing to cooperate or obey policies.

A person with any of the following could also be a potential threat:

- Psychiatric or neurological impairments.
- History of threats or violence.
- Loss of power or control.
- Strong anxiety or grief.
- Alcohol or substance abuse.

## Responding to Situations that could become Violent

- Don't reject all demands outright.
- Don't make false statements of promise.
- Don't bargain, threaten, dare, or criticize.

- Don't act impatient.
- Don't make threatening movements.
- Do respect personal space.
- Do keep a relaxed but attentive posture.
- Do manage wait times.
- Do listen with care and concern.
- Do offer choices to provide a sense of control.
- Do avoid being alone.
- Do ask security or police to stand-by (an officer nearby can provide a quick response if needed, or may stop the misbehavior altogether.).

## Preventing Workplace Violence

By simply avoiding situations that are potentially unsafe, workers can decrease the occurrences of workplace violence.

### Always

- Walk to cars in groups or call security for an escort.
- Have car keys ready before leaving the building.
- Check around, under and inside the car.
- Secure belongings.

### Never

- Go in deserted departments or dark hallways.
- Share personal information with strangers.

## When Prevention Does Not Work

Remember these important points:

- Remain calm.
- Secure personal safety.
- Call security and/or nursing supervisor so they can follow up.
- Cooperate fully with security and law enforcement.
- Inform security and law enforcement of restraining orders.

## Patient Care Areas

- Set limits and boundaries.
- Limit the number of visitors and define visiting hours.
- Define staff space versus visitor space.
- Contact security if someone is becoming worrisome.
- When confrontation is necessary, kindly ask the offending person to "please come talk with me out here"—then step out of the room to a more public place.

## Reporting Workplace Violence

Report all workplace violence incidents no matter how insignificant they may seem. Record the event via the electronic event reporting system or call the Compliance team at 800-442-4845.