
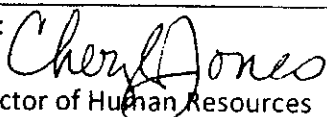


BAPTIST ST. ANTHONY'S HEALTH SYSTEM POLICY

DEPARTMENT: HR; All Clinical Depts	POLICY #: HR-620
SUBJECT: OBSERVATION/JOB SHADOWING	
DISTRIBUTION: BSANet	PAGE: 1 OF
APPROVAL:  President & CEO	APPROVAL:  Director of Human Resources
EFFECTIVE DATE: 01/2013	REVIEWED/REVISED:

I. Policy:

A standardized process to deal with requests for clinical and non-clinical observation will be implemented in order to safeguard the patient's right to safety, privacy, and confidentiality. Observation is defined as admission of an individual to view or observe a clinical procedure or work environment at BSA Health System (BSA) for educational/experiential reasons who is not a part of the patient's health care team. An observer is someone who is not a BSA employee, a current student in a school affiliated with BSA, a member of Volunteer Services, i.e. Junior Volunteer, or a vendor. Timeframe of observation is to be at the discretion of department director.

II. Guidelines:

- A. All requests for observation will be forwarded to and approved by the appropriate department director or designee.
- B. The department director /designee will conduct an observer orientation and obtain appropriate signatures from the observer. Observer signatures are to be obtained on:
 1. Attachment A, Observer Orientation
 2. Attachment B, Confidentiality Agreement for Health Care Observers
 3. If observer is under age 18, Attachment C Observer Parental Consent Form, signed in advance of observation by the parent/legal guardian and the observer
- C. Observers must be at least 16 years of age or classified as a Junior in high school.
 1. The department director/designee will verify the identity of the observer by photocopying his/her driver's license, passport, and/or in the case of minors, school identification card.
- D. Observers are required to abide by all BSA policies and procedures, including BSA Personal Appearance policy (HR-430).
- E. Observers will be issued an observer badge by HR upon submission of completed paperwork (Attachment A, Attachment B or C, photocopy of ID, proof of immunizations). The badge should be retained by the department director at the conclusion of each day, and returned to HR at the conclusion of the observation period.
- F. Observers must provide proof of current immunizations prior to beginning an observation.

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- G. Observers are to be accompanied at all times by a member of the BSA staff.
 - 1. Observers will have no access to medical records.
 - 2. Observers will have no direct patient contact and will not provide direct patient care.
 - 3. The observer's sponsor/proctor must sign Attachment D and return to Human Resources before allowing the observation to begin.
 - H. The observation may be terminated at any time by BSA.



ATTACHMENT A – OBSERVER ORIENTATION

Note: For the protection of our patients, if you are experiencing any contagious illness symptoms (fever, new rash, cough, diarrhea), you will not be permitted to observe.

OBSERVER RULES:

1. As an observer, you may not participate, in any manner, in the care of the patient.
2. You should be accompanied by a BSA staff member at all times and you should follow your guide's instructions and the instructions of any of the health care providers at BSA.
3. Wash your hands before and after you observe any procedure.
4. No food or drinks are allowed in patient care areas.
5. Tobacco use is not allowed on any BSA campus.
6. Return the observer badge to your department director at the end of each day.
7. You are expected to comply with all BSA policies, including the Personal Appearance policy, and patient confidentiality.
8. You will not have access to medical records.

BSA HEALTH SYSTEM GENERAL/SAFETY INFORMATION:

Mission: To provide quality healthcare in Christian love, service and dignity.

Vision: #1. A great place for patients. #2. A great place to work. #3. The financial strength to accomplish both.

Emergency Codes—If any of these codes are announced overhead, report to your BSA guide for direction:

Code Red – Fire	Code Grey – Computer failure
Code 99 – Cardiac arrest/medical emergency	Weather Alert I – Severe weather watch
Code Yellow – Infant/child cardiac arrest	Weather Alert II – Severe weather warning
Code Black – Disaster	Weather Alert III – Severe weather in immediate area
Code Pink – Infant abduction	

I understand that I have been oriented on the Clinical Observer policy of BSA Health System. I agree to follow all guidelines pertaining to the policy. I hereby agree to defend, indemnify and hold harmless BSA Health System, its board of trustees, employees, agents and representatives, from and against all claims, demands, causes of action, judgments, costs and expenses, and reasonable attorney's fees, that arise out of or are related to my participation in the Clinical Observation Program, including any personal injury, illness, death, property loss or damage.

Observer Printed Name: _____

Observer Date of Birth: _____ Contact Phone #: _____

Department of Observation: _____

Observer Signature: _____ Date: _____



ATTACHMENT B – OBSERVER CONFIDENTIALITY AGREEMENT

I, _____, acknowledge that during my observation experience at BSA Health System, I agree to keep all information in strict confidence and will not disclose or disseminate any confidential information that I may be exposed to. I understand that I am obligated to maintain patient confidentiality at all times, both at the facility and when away.

I understand that all the medical information/records regarding a patient are confidential. This information will not be given to other individuals, unless proper authorization is obtained. I understand that it is not appropriate to discuss any patient's care and treatment in public places or with people who have not been involved in the care nor have reason to know details of the patient's health care. I also agree that I will not share conversations I hold with any healthcare provider during the course of the observation experience. I further agree that I will not take pictures or share information on any social network website or in emails or text messages.

I understand that any deviation from the above could result in legal action against the organization and me. I further understand that any breach of confidentiality, intentional or unintentional, may result in immediate termination of my shadow/observation experience and deny any future opportunities.

My signature below affirms that all of the above confidentiality considerations have been explained to me and I was afforded the opportunity to ask and have answered my questions.

Signature of

Observer _____ Date _____

BSA

Representative _____ Date _____



ATTACHMENT C – OBSERVATION BY A MINOR PARENTAL CONSENT

My signature below indicates that I am aware of and have given consent for
_____ to participate in observation at

(Legal first and last name of child)

BSA Health System. I attest that the named individual is at least 16 years of age, or classified as a Junior in high school. I understand that at no time will the person named above be allowed to provide direct patient care. I am also aware that due to the nature of healthcare settings the above mentioned person may be exposed to hazardous materials and infectious diseases.

The undersigned, in consideration for allowing my child to participate in the Observation Program, do hereby agree to defend, indemnify and hold harmless BSA Health System, its board of trustees, employees, agents and representatives, from and against all claims, demands, causes of action, judgments, costs and expenses, and reasonable attorney's fees, that arise out of or are related to my child's participation in the Observation Program, including any personal injury, illness, death, property loss or damage.

Signature of Parent or Legal Guardian

Date

Signature of Observer

Date



ATTACHMENT D – BSA OBSERVER/JOB SHADOW SUPERVISOR STATEMENT OF RESPONSIBILITY
and HR CHECKLIST

(For purposes of the BSA Observation/Job Shadowing policy, a supervisor is any health care employee of BSA, either clinical or non-clinical, in a position to sponsor/proctor an observer. This definition can include physician, RN, LVN, director, manager, supervisor and others as applicable.)

AS THE SPONSOR/PROCTOR FOR _____
I AGREE TO TAKE RESPONSIBILITY FOR PROVIDING CONTINUOUS SUPERVISION TO THIS
OBSERVER. I AGREE THAT I HAVE ORIENTED THE OBSERVER AS REFLECTED IN ATTACHMENT A,
AND THAT I HAVE OBTAINED AND VERIFIED ALL THE REQUIRED DOCUMENTS AND SIGNATURES
BEFORE ALLOWING THE OBSERVATION PERIOD TO BEGIN. I AGREE TO COLLECT THE
OBSERVER'S ID BADGE AT THE END OF EACH OBSERVATION DAY, AND TO RETURN THE BADGE
TO HUMAN RESOURCES UPON THE CONCLUSION OF THE OBSERVATION PERIOD. I AGREE TO
REPRESENT THE BSA MISSION, VISION AND THE BSA WAY WHILE SUPERVISING THE OBSERVER
AND I AGREE TO REPORT ANY PROBLEMS WITH THE OBSERVATION TO HUMAN RESOURCES
IMMEDIATELY.

Signed _____ Date _____
Print Name _____

HR Checklist:

- ____ Copy of ID
- ____ Signed orientation sheet
- ____ Signed confidentiality agreement
- ____ Proof of immunizations
- ____ Signed parental consent, if applicable
- ____ Signed supervisor statement of responsibility

Badge # _____
Checked out date _____
Checked in date _____

HR Representative _____