I have reviewed the guide and understand how to access the policy links to review policies. I am aware of the duties and responsibilities of my job. I understand that policies are established to promote quality patient care and to ensure the health and safety of patients and staff in addition to meeting regulatory requirements.
Orientation

All Swedish employees, faculty, residents, contractors, students and volunteers in the Swedish Family Medicine Residency Clinic Department should review a copy of the department orientation guide. The guide serves as a formal orientation to the clinic.

Swedish Employees should also review the Employee Handbook for employees of the HCA Continental Division located on the HRAnswers website.

The guide will be updated electronically as new or revised information is developed. The orientation guide works in conjunction with Swedish Family Medicine Residency, Swedish Medical Center, HealthOne and HCA policies and procedures.

Policy and Procedure Links:

**HCA Policies**

http://atlas2.medcity.net/portal/site/ethics/menuitem.51ebf8e8c1f86b9cccce13bc01a1a0/

**HealthOne Policies**

http://healthone.pho.medcity.net/shared/policies/index.html

**Swedish Medical Center Policies**

http://smcintranet.medcity.net/sites/Policies/SitePages/Home.aspx

**Swedish Family Medicine Residency Clinic Workflows, Policies and Information**

My Computer
Network Drive “S”
SFMR
Swedish Family Medicine All Share
S\SFMR\Swedish Family Medicine All Share

**Swedish Family Medicine Clinic Patient Website**

http://www.swedishhospital.com/conditions-we-treat/swedish-family-medicine/about.htm

**Swedish Medical Center Home Page**

http://smcintranet.medcity.net/SitePages/Home.aspx
Clinic Structure

We have a great team of partners that work together to create a patient centered clinic that supports resident education and provides patient care to our community.

Physician Program Director:
Physicians and Midlevels, employed by Swedish Family Medicine Professional Corporation, Residents, University of Wyoming pharmacists and Colorado Health Foundation staff report to the physician program director.

Administrative Director:
Swedish Medical Center staff report to the Administrative Director. Direct reports are the Office Manager, Charge RN, Referral staff and Coders. Front office staff, schedulers, billers, receptionists, medical assistants and nurses report to the Office Manager.
Swedish Medical Center

Mission Statement

The Mission of Swedish Medical Center is to provide compassionate, high-quality patient care that meets the caring and cost effective expectations of our patients, physicians, employees and volunteers, and to preserve and strengthen the Swedish tradition of community service.

The Vision of Swedish Medical Center is to become the provider of choice for healthcare services for our community. We will differentiate ourselves through our centers of excellence.

Live the Values and Standards of Swedish

I CARE

I- Integrity

C- Compassion
A- Accountability
R- Respect
E- Excellence

Every Patient. Every Time
I. MISSION
The mission of Swedish Medical Center is to provide compassionate, high quality patient care that meets the caring and cost effective expectations of our patients, physicians, employees and volunteers, and to preserve and strengthen the Swedish tradition of community service.

The Swedish Family Medicine Residency staff mission is to support the mission of Swedish Medical Center and to support resident training.

II. GOALS
To provide the operational support to achieve high quality patient care while educating Family Medicine residents.

III. CUSTOMERS
The customers of the Family Medicine Residency include patients and families, students, physicians and patient care providers, departments within Swedish Medical Center and HCA and external business partners.

IV. ADMISSION/DISCHARGE/TRANSFER CRITERIA
Family Medicine Residency clinic patients are outpatients and are discharged to their previous level of care unless a higher level of care is indicated by the attending physician. Referrals are accepted from the Swedish Medical Center emergency department, Doctors Care and other sources.

V. KEY FUNCTIONS/SERVICES
The key service of the Family Medicine Residency is to provide high quality patient care, resident training and the business practices required to provide this care while maintaining compliance with regulatory agencies and accrediting bodies. Patient satisfaction surveys are performed periodically and the clinic participates in the Swedish Memorable Care/Studer Service Excellence Group.

VI. HOURS OF OPERATION
The Family Medicine Residency Center is open for patient care Monday, Tuesday, Wednesday and Friday from 8:00 a.m. until 5:00 p.m. and Thursday from 8:00 a.m. until 3:00 p.m. The office is closed daily for lunch from 12:00 p.m. until 1:00 p.m.

VII. STAFFING GUIDELINES
In times of high census, overtime and supplemental staff are utilized as necessary. When census decreases, staff is budgeted as required.
VIII. **STAFF COMPETENCIES**
RN and LPN staff are required to maintain a state license. Medical Assistants must be graduates of a recognized medical assistant program. Coders are credentialed though a nationally recognized association. All staff receives annual hospital required training. Topic specific training is provided periodically.

IX. **PERFORMANCE IMPROVEMENT (PI) ACTIVITIES**
Hand hygiene observations and waived lab quality testing is reported monthly. Medical record review chart audits are performed monthly. Staff, residents and faculty participate in maintaining NCQA Level 3 Patient Centered Medical Home recognition. The clinic participates in the CMS Meaningful Use and Physician Quality Reporting System programs through the use of the electronic health record.

X. **INTERDEPARTMENTAL RELATIONSHIPS**
Communication and collaboration with other hospital departments, such as finance, health information management, medical staff, administration and quality management is maintained on a periodic basis. Family Medicine residency staff participates in the Swedish Memorable Care/Culture of Excellence Group, and the Employee Activities Committee.
Clinic Medical Record Access After Hours:

7/17/12 and later Clinic Records are electronic and maintained in EClinicalWorks.

The faculty and residents have electronic access to eClinicalWorks via their tablets or designated hospital PC’s.

7/16/12 and earlier Clinic Records are paper.

The faculty or resident on call have access to the clinic medical records department and can retrieve certain clinic paper records as needed for patient care. The clinic currently maintains paper clinic records on site for approximately one year. The remainder of the clinic paper medical records are available through the HealthOne Record Center. The Center is an off-site storage facility providing 24 hours a day, seven days a week coverage for delivering medical records. Please call 720-279-6500 or fax a request to 720-279-6555.

Intra-Department Communication

There are various methods for communication within the Family Medicine Residency, such as email, overhead paging, bulletin boards and phones. It is each individual’s responsibility to be familiar with these methodologies and to utilize them in a routine manner.

Bulletin Boards:
There is a bulletin board and a white board in the Family Medicine Medical Records department for hospital information.

Non-business communication may be posted only on the second and third floor kitchen bulletin boards.

Email:
All who work in the Family Medicine clinic have an individual Healtheone e-mail address. All are expected to read their e-mails on a daily basis. Some job responsibilities require more frequent review of email. All are encouraged to use e-mail to communicate within the department for business purposes.

Swedish Office Staff Meetings:
The Family Medicine Residency staff generally meets a few times per month. Attendance at monthly department meetings and periodic hospital employee forums is expected along with periodic clinic wide meetings and Patient Centered Medical Home Quality Improvement meetings.
We also have periodic in-services and small group meetings. Staff input and open communication is encouraged.
Overtime
Employees must not use overtime without supervisor approval.

Faculty and Resident Meetings
Information located in the separate manual specific to residency requirements.

Name tags
All are required to wear Swedish name tags in the clinic at all times.

Holidays
Swedish Family Medicine Residency is closed on the official holidays.

Holidays are:  
New Years  
Memorial Day  
Fourth of July  
Labor Day  
Thanksgiving Day  
Christmas Day

The clinic is also closed on the day after Thanksgiving and Christmas Eve.

Refreshments in the Work Place

Front Office: Beverages must be in a covered container. Food may be stored in a desk drawer but **must** be kept out of patient view. Employees may not eat or drink while assisting physicians, patients or guests or while using the telephone.

Nurse’s stations: Beverages must be in a covered container, not visible to patients and stored in an area designated for personal beverages. Food may only be stored and consumed in the 2nd or 3rd floor kitchens.

Exam Rooms: No food or beverages.

Private offices and preceptor room: Beverages and food are allowed. Covered containers for beverages are preferred.

All beverages and food must be disposed of properly each day. Individuals are responsible to clean up dishes and tables. A dishwasher is available in the third floor kitchen.

Small electrical appliances, such as toasters, coffeemakers, and microwaves can be the source of small fires. Employees who use any small heating appliance need to have them approved by hospital safety/facilities management department and staff will be held accountable for the safe use of these appliances.
# Hospital Orientation Requirements

For all who work or study in the Family Medicine Residency Clinic

## Content of Training - Completed by Reviewing this information

<table>
<thead>
<tr>
<th>During departmental orientation the employee will:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Life Safety:</strong></td>
</tr>
<tr>
<td>1. Locate all the fire alarm pull boxes, fire extinguishers, and evacuation routes in the area you are assigned to work.</td>
</tr>
<tr>
<td>2. SEE ATTACHED TABLE</td>
</tr>
<tr>
<td><strong>Closest Fire Alarm Pull Box:</strong></td>
</tr>
<tr>
<td><strong>Closest Fire Extinguisher</strong></td>
</tr>
<tr>
<td><strong>Evacuation Routes</strong></td>
</tr>
<tr>
<td><strong>Flashlight: Located in work areas.</strong></td>
</tr>
<tr>
<td><strong>Hazardous Materials and Waste Management</strong></td>
</tr>
<tr>
<td>1. Locate the Hazard Communication manual (Yellow Binder)</td>
</tr>
<tr>
<td>a. Locate the main Hazard Communication program book that is located in the department in a yellow binder. Family Medicine: Stored in the Front Desk work area in a labeled cupboard.</td>
</tr>
<tr>
<td>2. Locate the list of hazardous chemicals for your work area, and the corresponding SDS, which can be found in the yellow Hazard Communication binder or by using the Hazsoft link under Web Aps on the Swedish Home page.</td>
</tr>
<tr>
<td>a. Identify two hazardous chemicals in your department's chemical inventory.</td>
</tr>
<tr>
<td>b. Locate the respective SDS in the Hazard Communications Manual. (The electronic versions may also be accessed from a Swedish desktop by using the Hazsoft icon.)</td>
</tr>
<tr>
<td>c. Read and interpret the basic information found in the SDS.</td>
</tr>
<tr>
<td>d. Read and interpret the basic information found in the SDS. Read and interpret the product label and warnings on the containers of the hazardous chemicals.</td>
</tr>
<tr>
<td>e. See a supervisor for additional questions about how to discard a hazardous chemical or an outdated or unknown chemical that may be potentially hazardous.</td>
</tr>
<tr>
<td>f. Locate the black bucket in the Biohazard closet. This is only for disposal of toxic material and packaging such as nicotine or phentynl patches.</td>
</tr>
<tr>
<td>g. We do not accept patient generated waste such as diabetic syringes or unused medications. Please see eCW for patient information sheets in regard to disposal.</td>
</tr>
<tr>
<td>3. Identify and locate PPE (personal protective equipment) found in your department for chemical hazards, standard precautions and TB protection. Demonstrate how to correctly wear, decontaminate and store the protective equipment.</td>
</tr>
<tr>
<td>The Personal Protective Equipment items used in the Family Medicine Residency are masks, gowns, gloves, ambubags and universal fit respirators. These items are stored in supply closets.</td>
</tr>
<tr>
<td><strong>Safety Management</strong></td>
</tr>
<tr>
<td>1. Locate your Safety Disaster Manual. The RED Safety Disaster Notebook is located at the Front Desk work area in a labeled cupboard.</td>
</tr>
<tr>
<td>2. Locate your department specific safety policies and procedures.</td>
</tr>
<tr>
<td>3. <strong>Family Medicine Residency Clinic calls 911.</strong></td>
</tr>
<tr>
<td><strong>Utilities Management</strong></td>
</tr>
<tr>
<td>1. Locate your oxygen shut-off valve and describe under what circumstances you would shut it off (for Clinical</td>
</tr>
</tbody>
</table>
### Areas Only

*Not applicable to Family Medicine Residency.*

### Infection Control/Blood borne Pathogen Standard (OSHA)

1. Locate the proper disposal containers for infectious waste material found in your area of work.
2. Sharps containers are conveniently located throughout the clinic. Biohazard waste is stored in the 3rd floor biohazard closet.

3. Identify the correct Personal Protective Equipment required in the following situations (as appropriate to your area of work)
   - a. handling of body fluids
   - b. spraying or splashing of body fluids
   - c. CPR
   - d. contact with blood or blood soaked materials
   - e. venipuncture
   - f. removing or finding soiled dressings
   - g. broken skin or sores on hands with possible exposure to body fluids or other infectious waste suctioning
   - h. Complete the hospital orientation and annual infection control competency.

### Risk Management

1. *Employees who identify a potential occurrence to be reported must refer this to their supervisor immediately.* At the clinic, use the paper Occurrence Report form to report these incidents to your supervisor.

2. **Review State Health Department Reporting requirements.** *Policy & Procedure 8711.925 entitled “Occurrence Reporting to Colorado Department of Public Health and Environment” describes what events are reportable.*

### Quality Management

1. *Employees are required to be familiar with the department specific PI initiatives and improvements that are discussed at staff meetings.* Employees are required to know the Performance Improvement models used at Swedish Medical Center:
   - F = Find
   - O = Organize a Team
   - C = Clarify Current Knowledge
   - U = Understand
   - S = Select an Improvement
   - P = Plan
   - D = Do
   - C = Check
   - A = Act

   *Ongoing performance improvement activities that are reported monthly for the Family Medicine Residency are Hand Hygiene observations and the audit for completion of the “Time Out” form for certain clinic procedures.*

### Job Information

1. Review job description and HCA Continental Division Handbook. *The Family Medicine Orientation guide must be reviewed. SMC, HealthOne and HCA policies are on the SMC intranet for review. Job description will be distributed and signed by the Swedish employees.*

2. Access to all policies is available on the SMC intranet. *Please see your supervisor if there is a problem with access.*

## Safety Locations You Should Know

### Closest Fire Pull Box
1. 1st Floor on the left side of the hallway near the north glass door OR the left side of the hallway near the south glass door as you are exiting between the east and west buildings.
2. 1st Floor on the right side of the vestibule, near the glass doors as you are exiting the building on the west end on the first floor.

### Closest Fire Extinguisher
1. Family Medicine 3rd floor near the reception room door leading to exam rooms, AND across from the south side nurses station AND near the center scale on the north side.
2. Family Medicine 2nd floor on the wall to the left of the elevator.
3. Family Medicine 1st floor on the wall to the left of the elevator.

### Evacuation Route
6. Family Medicine 2nd or 3rd floors, exit to the west stairwell, descend the stairs to the first floor and make a U turn to exit the west glass doors to the parking lot OR exit to the east stairwell, descend the stairs, make a U turn and exit to either the north OR south glass doors to the parking areas.
7. Family Medicine 1st floor, follow the hallway west and exit the west door to the parking lot or follow the hallway east and exit the north OR south glass doors to the parking areas.
8. Supervisors sweep the floors before exiting. Patients will be directed to use the stairs to exit.

### Flash Lights
1. 3rd floor - reception area, work station drawers, supervisor office, both nurses station counters,
2. 2nd floor - medical records, kitchen, residency administrative office.

### Red Disaster Manual
1. Behind 3rd floor front desk in labeled cupboard.

### Yellow Hazardous Communications MSDS Manual
1. Behind 3rd floor front desk in labeled cupboard.

**PRIMARY EMERGENCY NUMBER: 911**

### Other Emergency Contacts
- Littleton Police 303-794-1551
- Littleton Fire and Paramedics 303-794-1555
- Swedish Medical Center Security 303-788-8000
What to do in case of a Fire

R  Rescue
A  Alarm
C  Contain
E  Extinguish

Fire Extinguisher Use

P  Pull Pin
A  Aim at base of fire
S  Squeeze
S  Sweep side to side

There is a "stair chair" in the clinic to evacuate patients that cannot utilize the stairs. It is stored in the wall large cabinet located between the supply room and the procedure room. Instructions are on the chair.

Security Cameras are located on the second and third floors of our building.

Weather Service
The clinic subscribes to a weather call service to alert our specific location by phone of tornado warnings and watches. We also have a weather radio that is located in the front desk area.

Door Codes
PLEASE do not share the external or internal door codes with others.
SECURITY DURESS ALARMS (Panic Buttons)

Initiated December, 2011

A duress alarm system has been installed in the clinic. The system is active 24 hours a day, 7 days per week.
However,

**our first response is still to call 911 in an emergency**

*if any one of us can do so safely.* Otherwise it is appropriate to use the duress alarm for security. The duress alarm is not for medical emergencies. If there is a medical emergency call 911.

We have 1 wall mounted alarm in the front office in the center of the window wall and 4 portable pager size alarms. The alarms are silent.

**The Front Office** wall mounted alarm will go off if anyone tampers with the cover or pushes the button for several seconds. Emergency responders would go to the third floor.

**4 portable alarms**, (black rectangle shape approx. 1x2 inches) are linked to specific locations as follows:

- **#545588** is assigned to the north side nurses station- it is stored under the counter and kept in place by Velcro. Users could take the button with them to other locations on the **third floor**, i.e. an exam room. Emergency responders would go to the third floor if this particular numbered alarm device is utilized.

- **#545616** is assigned to the south side nurses station- it is stored under the counter and kept in place by Velcro. Users could take the button with them to other locations on the **third floor**, i.e. the preceptor room. Emergency responders would go to the third floor if this particular numbered alarm device is utilized.

- **#545523** is assigned to the second floor- it is stored at the reception desk. Emergency responders would first sweep the **third floor and then come to the second floor**.

- **#545689** is assigned to second floor medical records- it is stored on the wall next to the thermostat.

**Push the button firmly for SEVERAL seconds to activate the alarm.** The alarms are silent.

The duress alarm goes directly to (HSS) Hospital Shared Services Security since Littleton Police Department will not accept a direct link from the alarm system. HSS calls the Littleton Police. Department and Swedish Security. The Office Manager and Administrative Director would also be contacted.

**The response time is usually 4-5 minutes** and is handled as a priority emergency. To cancel a false alarm, go to the IT closet near the south side nurses station. There is a label below the
metal box on the west wall that states “To silence the alarm, push 123456 and the button labeled ENT.”

Department Policies

**Personal Communication:**
Personal communication should be conducted during breaks and lunch. Emergency calls or contacts may be made and received during normal working hours. Abuse of this privilege may result in disciplinary action. Examples of abuse would be disturbing coworkers or reduced productivity or quality of work. Individuals should make arrangements to use a more private location in the department for special circumstances. Personal communication should not be conducted in the presence of patients.

**Personal Visitors:**
When visitors come into the clinic, employees are expected to be courteous to fellow employees by talking quietly and conducting the visit in an area away from patient care and records. If the visit is to take more than a few minutes, check with your supervisor to see if you can take one of your breaks at this time.

**Music:**
Any employee who wishes to have music in their work environment must have this approved by their supervisor. The music is not to interfere with the work of others or the professionalism in the department.

**Swedish Staff Absenteeism:**

- The staff member **must call a supervisor.** Please call the supervisors office number or cell phone number. If they are not available, please leave a message.
- If you did not speak directly to a supervisor and had to leave a message, you must call an on duty coworker in the department to notify them of your absence.
- **Do not send a text message unless the steps above are completed.**
- Employees should call a supervisor a minimum of two hours prior to the scheduled shift.
- **Follow Time Away from Work Policy**
- Please follow the same procedure for emergency absenteeism during a work shift.

**Ordering Supplies:**
If you are the last one to take supplies, you must notify:

Front Office Supervisor or designee for **Office Supplies**
Nurse Coordinator or designee for **Medical or Pharmaceutical Supplies**
VFC- Vaccines for Children

The Vaccines For Children (VFC) program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. Children who are eligible for VFC vaccines are entitled to receive pediatric vaccines that are recommended by the Advisory Committee on Immunization Practices.

VFC Eligibility

**Who is eligible to receive VFC vaccines?**

Children, from birth through 18 years of age, who meet at least one of the following criteria:

- Underinsured
- American Indian/Alaskan Native, or
- **Underinsured – These patients can ONLY receive VFC vaccines at federally qualified health centers (FQHCs) or rural health clinics (RHCs).**

**Who is NOT eligible to receive VFC vaccine?**

Children from birth through age 18 years of age, who meet at least one of the following criteria:

- Underinsured children seen in a private physician’s office (these children should be referred to either a public health clinic or a federally qualified health center to receive vaccinations);
- Children covered by the Colorado Child Health Plan Plus (CHP+);
- Children who have health insurance but whose insurance covers only a percent of the cost of one or more vaccines are still considered insured and therefore not eligible for VFC vaccines

**What is the definition of Underinsured as it applies to the VFC Program? New 2013**

Underinsured means your patient has health insurance, but:

- The coverage doesn’t include vaccines;
- The coverage only covers selected vaccines.

For example, if insurance covers 100% of the cost of MMR but only 50% of the cost of HPV, the child is actually considered FULLY INSURED for both MMR and HPV. If the insurance covers MMR at 100% but does **not** cover HPV, the child is considered underinsured for HPV. Co-payments and unmet deductibles (i.e., parent must pay $500 in medical expenses before insurance kicks in) do NOT meet the definition of underinsured.

**Do I have to screen for VFC eligibility every time a child comes in to the office?**

Yes. VFC eligibility needs to be determined and documented at each immunization encounter.

I thought underinsured children could also receive VFC vaccines? Is that correct?

Yes. Refer to the question on VFC eligibility, above. Underinsured children can receive VFC vaccines **only** at Federally Qualified Health Centers (FQHCs) or at Rural Health Clinics (RHCs).

**Are children who have Medicaid as a secondary insurance eligible to receive VFC vaccine?**

Yes. All children who have Medicaid as a secondary insurance are eligible for VFC vaccines.

The Colorado
Medicaid Program will pay the claim for the administration fee and seek reimbursement from the primary insurance carrier.

**Are children enrolled in the Colorado Child Health Plan Plus (CHP+) eligible to receive VFC vaccines?**

**No.** Children enrolled in the Colorado CHP+ program are considered fully insured and are **NOT** eligible to receive VFC vaccines. In Colorado, the Title XXI Children’s Health Insurance Program (CHP+) is a separate program and not a Medicaid expansion program.

**Are children covered by the Colorado Indigent Care Program (CICP) eligible to receive VFC vaccines?**

**Yes.** The VFC Program considers these children to be uninsured.

**Are children enrolled in a Medicaid managed care plan (such as Colorado Access, Rocky Mountain Health Plan, Denver Health, etc) eligible to receive VFC vaccines?**

**Yes.** However, they must be in the plan because they are enrolled in Medicaid and **NOT** CHP+.

**Can juveniles who are incarcerated and lose access to their health insurance be considered uninsured and receive VFC vaccines?**

**Yes,** an individual (under age 19) who loses access to benefits under his/her health insurance while incarcerated is considered uninsured for purposes of the VFC program.

**If a VFC-eligible child who is uninsured, American Indian/Alaskan Native, or underinsured (FQHCs and RHCs only) starts a vaccine series (such as hepatitis B or HPV vaccine) at age 18, can VFC vaccine be used to complete the series after the child turns 19?** VFC FAQ’s Rev. 01/03/2013

**No.** Children are eligible to receive VFC vaccines only through age 18 regardless of the individual's immunization status (series completed or series not-completed). They **are not** eligible once they turn age 19.

**I thought we could also give CDPHE-supplied vaccines to 19 and 20 year-old individuals enrolled in Medicaid. Is that correct?**

**No.** Starting January 2013, the CDPHE Immunization Program no longer supplies vaccines to 19 and 20 year olds enrolled in Medicaid. Immunizations are a covered benefit for Medicaid enrolled individuals beginning at age 19, and are reimbursed at a higher rate than VFC vaccines. Check the current Medicaid bulletin for more information.

**Administration Fees**

**Are we allowed to charge for the VFC vaccines?**

**No.** You cannot charge your patients for the cost of the VFC vaccines, since you received them from the VFC Program at no cost. To do so is considered fraud and an abuse of the VFC Program.

**Can we charge for administering VFC vaccines to our patients?**

**Yes.** You are allowed to charge an Administration fee for administering VFC vaccines to eligible patients.

Providers **CANNOT REFUSE** to administer a VFC vaccine to a VFC-eligible child in their practice.
Receiving, storage and temperature monitoring of vaccines is CRITICAL. Please notify a supervisor immediately if there are any concerns!

**Swedish Staff PTO Requests**

**Procedure:**

1. PTO requests must be made to the employee’s supervisor by a written request or by email.

2. PTO requests are submitted according to the schedule. Supervisors should respond to requests within 7 workdays.

3. When more than one employee, in a work group, requests the same vacation time, the decision about granting time off will be made by the supervisor meeting with those employees to try to negotiate the adjustment of the requested time with the employees. If a consensus cannot be reached, the supervisor will make the decision based on the previous vacations of each employee and the staffing needs of the department. The calendar weeks of Christmas and New Years may be rotated based on start date with HealthOne. There are two work groups, clinical staff and non-clinical staff. No more than one clinical staff and two non-clinical staff should be scheduled for PTO per day.

4. Employees must submit requests for vacation time. Paid Time Off requests will be considered as they are received. The current vacation schedule may be used as a reference to determine which other work group members are already scheduled for vacation or other time out of the office.

5. Departmental staffing needs are of primary concern when determining vacation schedules. Exceptions may be made at the discretion of the supervisor.

6. Requests for more than two consecutive weeks of vacation time require approval from the director of the department in addition to the supervisor’s approval.

7. It is the employee’s responsibility to monitor the amount of PTO time accumulated. Each employee must plan ahead to ensure that PTO time is not lost due to an excessive number of hours in his/her PTO bank. Please refer to the Employee Benefits Handbook for details. An employee should have enough PTO hours in his/her bank to cover time off. Employees are encouraged to retain enough PTO hours to cover illness.

8. Employees are responsible for keeping the vacation calendar updated with all approved PTO requests.
PTO Request Form

Please complete this form and turn in to your supervisor for requests greater than one hour.

Employee Name:______________________________

PTO Request from _______________ through _____________________

(Return to work on ___________)

Employee Signature ___________________________ Date of Request ___________________________

Approved: _____Yes _____No

(Approvals must be recorded on the department calendar.)

Supervisor Signature __________________________ Date __________________________

Director Signature __________________________ Date __________________________

(Required for more than 2 weeks)
Family Medicine Competencies for Swedish Staff

All staff of Swedish Medical Center must participate in formal, hospital-wide education inservice processes that have been established. These processes include:

1. **New Hire and Transfer Orientation**: All new hires/transfers to Swedish Medical Center must attend a New Hire Hospital Orientation prior to beginning work. The supervisor for the new hire/transfer will schedule and coordinate the New Hire Orientation for the employee.

2. **Annual Mandatory Education Requirements**: All staff of Swedish Medical Center are required to participate in annual mandatory education classes. It is the staff members’ responsibility to ensure that the annual education and competencies are completed. All annual competencies should be completed prior to your performance evaluation.

   According to Human Resources Policy it is the employee’s responsibility to make certain their mandatory education requirements are completed on or before their performance appraisal due date. Employee’s who are in excess of 60 days late in completing their mandatory education requirements will be subject to progressive disciplinary action up to and including termination. Retro-active pay increases will not be allowed if the performance appraisal is held for this reason.

2. **Family Medicine Residency Competencies**: Specific job related competencies. General competencies include the following:

   A. Able to proficiently use all computer software related to job duties.
   B. Able to access policies and procedures
   c. Able to proficiently use the language line phone.

3. **Review of Joint Commission Preparation Handbook sections pertinent to Swedish Family Medicine. Please see your supervisor for the handbook and any questions.**

4. **All Annual Code of Conduct Refresher and any other assigned classes. Most classes are in Healthstream.**

5. **eCW Training Manual**

   Patient scheduling involves a large number of variables. Patients and providers may have last minute changes. The Schedulers top priority is to care for our patients.

   Schedulers try to prioritize filling resident schedules first. Schedulers attempt to meet continuity with the PCP first, with the team second and then other providers if necessary. Patients are not always willing to share the reasons for their visit when scheduling an appointment. Providers are encouraged to prioritize care and reschedule patients for another visit if necessary. Please see the policies for late and “wave” patients in the eCW work flows section of the department All Share.

6. **Patient Satisfaction Surveys** are completed periodically and encourage feedback about staff, providers care and other issues.

7. **Swedish Medical Center leases our space. It is managed through an external Property Management Company. Depending on the issue, some maintenance is**
performed by the property management company and some maintenance is performed by the Facilities Department at Swedish Medical Center. Please report concerns or issue to a supervisor.

8. Language Line Phones
   There is a Language Line phone in each exam room. Please close the door to the exam room prior to initiating the call on speaker phone to maintain patient confidentiality. The directions for using the language line phones are in the exam room. Please let staff know if you need any help with the phones or locating the directions for the phones.

9. Communication with Deaf and Hard of Hearing Patients and Companions
   Please review note that we have specific laptop and other tools dedicated to our patients and companions that are deaf and hard of hearing.