

WWAMI Student Rotation Credentialing Checklist

The following information must be provided to Bozeman Deaconess Medical Education Coordinator in the Education Department, Dawn 585-5018, for students who are requesting rotations with Medical Staff members prior to beginning their rotation. All items below are required.

Date: _____

Name of Student: _____

Phone: _____ Email: _____

School Name: _____

Name of Doctor/Group for Rotation: _____

Dates of Rotation: _____

All documents must be submitted and approved before student may be allowed to be in the Hospital or its' Clinic for their rotation.

- Copy of Driver's license or Passport
- Curriculum Vitae
- Immunization Record & current TB within one year
- Signed copy of Confidentiality Agreement
- Signed copy of Computer Security Agreement - (No need for Manager to sign-Dawn will sign)
- 2013 BDHS Specific Guidelines for Temporary and Non-Employees PowerPoint and 2013 Exam.
- Copy of Affiliation Agreement with BDHS. All non-employed physicians a copy of the Agreement between the Medical Staff member and the school indicating dates of rotation.
- Documentation that the student is covered by the school's Professional Liability Insurance, including amounts of coverage.
- BDHS Photo I.D. Badge (required)

NOTE: The supervising Medical Staff member must be present with the student during their rotation.

- Proof of surgical rotation, if completed or documentation of training in sterile technique and scrubbing for surgery. *The Visitor is required to contact the Surgical Services Educator Rachel 522-1689 within a timely period prior to the visit. (Not applicable if not going into O.R.)*

Signature of Administration

Date

**Bozeman Deaconess Hospital Employee Health
Immunization History**
Corrina Tel: 406.556.5566 Fax: 406.556.5561

Name:		Birth Date:	Social Security#
Dept:	<input type="checkbox"/> New Employee	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Student
Emergency Contact:		Emergency Contact Phone Number:	

Please complete the immunization history to the best of your knowledge. If you know that you have had the vaccine, but do not remember when, mark yes and indicate the approximate date. If you have not received the Hepatitis B series please contact Employee Health. Due to the fact that you work in an area where you could be exposed to potentially infectious materials, it is your right to receive the Hepatitis B series at no cost to you. Attach any immunization and or TB records to this record.

Vaccine	History	Date of Immunization
Hepatitis B	<input type="checkbox"/> I have not received the Hepatitis B vaccination series See consent and declination below <input type="checkbox"/> I have received the Hepatitis B vaccination series <input type="checkbox"/> I have proof of vaccination or positive titer (please submit) Titer Results _____	#1 _____ #2 _____ #3 _____
Varicella Or Chicken Pox	<input type="checkbox"/> I have not had Varicella (Chicken Pox) <input type="checkbox"/> I do not know if I have had Varicella (Chicken Pox) <input type="checkbox"/> I have had Varicella (Chicken Pox) <input type="checkbox"/> I have proof of Vaccination or positive titer (please submit)	Year _____ Date _____
Hepatitis A	<input type="checkbox"/> I have not received the Hepatitis A vaccination series <input type="checkbox"/> I have received the Hepatitis A vaccination series	#1 _____ #2 _____
MMR	<input type="checkbox"/> I have not received the MMR vaccination series <input type="checkbox"/> I have received the MMR vaccination series	Year _____ Year _____
Tetanus Diphtheria Pertussis		Date _____ Date _____
Other	<input type="checkbox"/> _____ <input type="checkbox"/> _____	Date _____ Date _____

Hepatitis B Consent/Declination

- I Decline:** My signature below acknowledges that I have been given the opportunity to be vaccinated for hepatitis B, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future if I want to be vaccinated with hepatitis B vaccine and I am still employed with BDH, I can receive the vaccination series at no charge to me.

- I Consent:** As a healthcare professional having exposure to blood or other potentially infectious materials, which includes the risk of acquiring Hepatitis B virus (HBV) infection, I have been informed about and offered the opportunity to receive the Hepatitis B vaccine (to be paid for by my Bozeman Deaconess Hospital). I understand that I must have 3 doses of vaccine to develop immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience any adverse side effect from the vaccine. I accept the offer at this time.

Employee Signature

Date

**Bozeman Deaconess Hospital Employee Health
Tuberculin Skin Test**

Corrina Tel: 406.556.5566 Fax: 406.556.5561

Name:		Birth Date:	Social Security#
Dept:	<input type="checkbox"/> New Employee	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Student

All employees and volunteers are enrolled in the Tuberculosis Surveillance Program. This means that all new employees and volunteers will need to have a 2-step skin test unless they have documentation of negative TB test in the past year. If so, please bring this documentation to Employee Health.

A Bozeman Deaconess Hospital clinician must read the test 48 to 72 hours after it is placed. You may walk-in between 8am and 4pm or you may call ahead at 556-5565. Evening and Night employees may go directly to the Emergency Department to have their tests placed and read. Please return a copy of the results to Employee Health.

1st PPD Skin Test

Date Administered	Administered by	Manufacturer: Parkdale PPD 5 TU 0.1 ml ID	
Lot #	Expiration date	Site:	
		<input type="checkbox"/> L Forearm	<input type="checkbox"/> R Forearm
Date Read	Induration	Read by	

2nd PPD Skin Test

Date Administered	Administered by	Manufacturer: Parkdale PPD 5 TU 0.1 ml ID	
Lot #	Expiration date	Site:	
		<input type="checkbox"/> L Forearm	<input type="checkbox"/> R Forearm
Date Read	Induration	Read by	



Bozeman Deaconess
HOSPITAL

CONFIDENTIALITY COMMITMENT

As a Bozeman Deaconess Hospital (BDH) employee, volunteer, committee member, or visitor, I recognize that assuring confidentiality is an ethical, moral and legal responsibility. Patients, employees, and business associates of BDH have the right to expect that confidential information of all kinds—medical, personnel, business and financial (verbal, written or computerized)—will be safeguarded. Such information may be accessed, used, and discussed only by those with an authorized need to know, and may not be released or disclosed, except in accordance with BDH policies and agreements.

I recognize that due to the nature of my involvement with BDH, I agree to be obligated to follow BDH policies that protect confidentiality. These policies protect the confidentiality of patient health care information and of strategic business and financial information. Furthermore, I understand that these policies may be amended and new policies may be issued that protect the confidentiality of information, and I agree to follow such new policies as they are issued. Furthermore, I understand that, under special circumstances, BDH will enter agreements to share confidential business, financial or patient-related information with outside persons or organizations, with the obligation to hold such information in confidence. I agree to abide by such agreements.

I understand that failure to protect the confidentiality of information may be grounds for civil penalties under the Montana Health Information Act or the Health Insurance Portability and Accountability Act (HIPAA) and violation of BDH policies and agreements that protect the confidentiality of information will result in disciplinary action, which may include termination.

If I have a question or concern about BDH policies and expectations regarding confidentiality, I will ask my supervisor, department manager, a member of senior leadership, or the Compliance Officer. If I know of a breach or possible breach of confidentiality, I also recognize that I am obligated to report that breach to my supervisor, department manager, or the Compliance Officer.

Signature

Department/Position

Date

Print Name Here



Bozeman Deaconess
HOSPITAL

COMPUTER SECURITY AGREEMENT FOR NON EMPLOYEES/STUDENT

Date Access should Begin ____/____/____ Date Access should End ____/____/____

Name of Department or Group (s) _____

Last Name _____ First Name _____ MI: _____ Phone# _____

- New User
- Student: BDH Sponsor Name _____ Have you been employed/student here before? _____
- Change of Position – Prior Title: _____
- Menu Change: _____
- Other: _____

REQUIRED! This person should be set up the same as: _____

*(Name of existing staff member that this person's setup should emulate)
Keep in mind that this person will receive all the same access unless noted otherwise
(locums and students will not go on the BDGH email list unless approved by Dr. James Loeffelholz)*

NO ONE SHOULD BE AUTHORIZED TO USE PCI (Patient Care Inquiry Module) AT ANY LEVEL ABOVE AND BEYOND WHAT IS ABSOLUTELY NECESSARY TO PERFORM JOB FUNCTIONS!

Is PCI access necessary? Yes _____ No _____ If so, at what level of security?
Restricted to Non-confidential patients only? _____
Restricted to assigned provider's patients only? _____

- MSM PACS MEDITECH NEXTGEN ALLSCRIPTS
- OTHER (please list) _____

Computerized information systems are an important asset of Bozeman Deaconess Hospital. The privacy of our patients depends on the protections of this information against theft, destruction, or disclosure to outside interests. Therefore, I agree to the following provisions:

- ✓ Not to operate computer equipment or demonstrate the operation of computer equipment without specific authorization.
- ✓ To maintain assigned passwords that allows access to computer systems and equipment in **complete confidence and not disclose a password to anyone, at any time, for any reason.**
- ✓ To only access computer systems, equipment, and functions **as required for the performance of my responsibilities.**
- ✓ To contact information systems personnel immediately and request a new password(s) if mine has been accidentally revealed.
- ✓ Not to disclose any portion of a patient's record except to a recipient or medical practice designated by the patient or to a recipient authorized by BDHS who has a need-to-know in order to provide for the continuing care of the patient.
- ✓ To refrain from making any changes of any type to the personal computer(s) supplied by the hospital in cases where a PC is supplied.
- ✓ To report any activity contrary to this agreement to BDHS Information Systems personnel.
- ✓ I understand if my PC is connected to the BDHS network that confidential information on my PC may be susceptible to exposure unless precautions are taken on the part of my office to set up a firewall.
- ✓ I understand that failure to comply with the above policies may result in formal disciplinary action, up to and possibly including termination or cancellation of agreements.

Computer Access User Signature: _____ Date: _____

Computer Access User Printed Name: _____

Manager Printed Name: _____ Manager Signature _____

Information Systems Use Only

Sign Off Kim _____ Shawna _____ Dustin _____ Jon _____ Leon _____ Julie _____ Chris _____

VISITOR to the O.R. ORIENTATION CHECKLIST

1/11 RP

All visitors to the BDHS Operating Rooms need to complete an Orientation. The content will be based on the visitor's experience level, as established by the Surgical Services Educator and/or Validator. The Visitor is required to contact the Surgical Services Educator (Rachel 522-1689) within a timely period prior to the visit.

(place checks in either one column or the other)

Competency *Cross off items N/A to visit	Visitor has Sufficient Prior Experience	Competency Demonstrated & Validated
Personal Safety – what to do if you feel uneasy or faint		
Patient Awareness – discuss patients' various levels of consciousness; keep your voice lowered		
O.R. Attire – 1. Universal Precautions – gloves, eye protection 2. Scrubs, hair covers, shoe covers, jewelry		
Handwashing – wash hands between patients		
O.R. Traffic Patterns 1. Limit in/out of rooms; route to use 2. Restricted vs. Semi restricted		
Basic Aseptic Technique – 1. limit contact of contaminated gloves with surfaces 2. sterile boundaries – distance from & awareness of sterile field		
Surgical Handwash and Gloving – 1. Counted Scrub vs Timed Scrub 2. Toweling of arms/hands 3. Closed vs Open gloving 4. Retraction of glove past cuff/replacement of glove 5. Double-gloving		
Gowning – 1. Independent 2. Assisted 3. Sterile areas of gown		
Removal of Attire - 1. Disrobing of Gowns 2. Gloves/Shoe Covers before leaving room 3. Change Mask between patients/ leaving area 4. Return of Scrubs to Laundry		

This form acknowledges that the parties involved have reviewed the basic criteria to establish an acceptable level of competency required as a visitor to the O.R. environment, based on the nature of their intended role.

Printed Name: _____ Visitor Signature: _____

Validator: _____ Date: _____

BOZEMAN DEACONESS HOSPITAL**Test: 2013 * BDHS Specific Guidelines for Temporary and Non-Employees**

1. A Bozeman Deaconess employee used the internet at their work station during a lunch break to look up travel information. According to Bozeman Deaconess policy, this use:
 - a. breaks confidentiality.
 - b. is approved by written policy.
 - c. requires final approval from the manager.
 - d. will be charged to the employee's paycheck.

2. All incidents involving patients, visitors, or employees are primarily reported using online forms (Quantros) for the ultimate goal of:
 - a. filing a complaint.
 - b. reducing billing errors.
 - c. identifying safety issues.
 - d. avoiding the PPI Process.

3. As a responsibility of every Bozeman Deaconess employee, the most effective and easiest way to reduce transmission of microorganisms is:
 - a. use of red garbage bags.
 - b. use of proper hand hygiene.
 - c. reminding others to use hand gel.
 - d. proper disposal of syringes and needles.

4. Bozeman Deaconess defines inclusiveness as:
 - a. treating everyone the same.
 - b. valuing everyone's diverse characteristics.
 - c. recognizing changes in patient conditions.
 - d. promoting improvement in communication.

5. Bozeman Deaconess does not tolerate:
 - a. latex allergies, drug abuse, or sharing of passwords
 - b. internet use, broken equipment, or cumulative trauma.
 - c. breaks in patient privacy, use of tobacco, or harassment.
 - d. inclusiveness, muscle overload, or work place violence.

6. Bozeman Deaconess's mission statement is:
 - a. provide health care to the Gallatin Valley.
 - b. improve community health and quality of life.
 - c. coordinate healthcare delivery for all age groups.
 - d. build more facilities in the southwest region of Montana.

7. If you believe that you are a victim of harassment in your work, and it is coming from your supervisor or manager, you would immediately:

- a. complete an incident report.
- b. contact Human Resources staff.
- c. talk it over with your best friend.
- d. visit with your supervisor or manager.

8. If you encounter a fire, whether small or large, **your best first action** is to:

- a. pull all the area red alarms.
- b. pick up the phone and dial 5555.
- c. find the nearest area supervisor.
- d. try to smother the fire with a blanket.

9. If you heard an overhead code announcement, **your correct first action** would be to:

- a. leave the building as quickly as possible.
- b. go to location of code to see how you can assist.
- c. go immediately to wherever you see the security officers go and ask if you can assist.
- d. look at code card attached to your employee badge to identify what type of code is being called.

10. If you notice a piece of broken equipment, you should do all of the following **EXCEPT**:

- a. move equipment to a place where it won't be used.
- b. notify Environmental Services to clean the equipment.
- c. send a work order to Engineering by calling ext. 2580.
- d. put a sign on the broken item informing others not to use.

11. If you unexpectedly come in contact with any patient's blood or body fluids, such as secretions (sweat not included) or excretions, your **best first action** would be to:

- a. contact your area supervisor.
- b. clean area of contact with soap, water, and friction.
- c. use waterless hand gel to disinfect the contact area.
- d. leave the situation and go to the Emergency Department.

12. Improving the safety of using medication, properly identifying patients prior to administering care and keeping patients safe who are suicidal are:

- a. elements of the Bozeman Deaconess general safety guidelines.
- b. National and Bozeman Deaconess goals to provide safe care for patients.
- c. minor ways for employees to provide the ultimate patient/customer service.
- d. areas of concern associated specifically with patient confidentiality and privacy.

13. In courteously helping patients and visitors reach their destinations:

- a. send them to the nearest Information Desk for assistance.
- b. call an escort to come with a wheelchair to transport the patient.
- c. as appropriate, connect them with another employee going in the same direction.
- d. point them in the correct direction then go on your way to where you need to be.

14. In the past week, a Bozeman Deaconess employee has noticed a co-worker arriving late to work and sometimes smelling of alcohol. The co-worker has confided about having difficulties at home and using alcohol to cope. The **best first action** of the observing employee is to:

- a. give your co-worker a few more days to see if the home issues subside and drinking stops.
- b. compassionately console the co-worker and assure that things will get better at home with time.
- c. immediately discuss with manager your observations of the co-worker and your concern for work quality and safety.
- d. refer the co-worker to Human Resources and mental health workers to receive counseling as needed.

15. Packaged radioactive materials delivered to or found at Bozeman Deaconess must go directly and immediately to the Nuclear Medicine Department. This statement is:

- a. True
- b. False

16. The potential consequences of disclosing protected and confidential patient information are all but:

- a. immediate dismissal.
- b. no criminal penalties.
- c. suspension without pay.
- d. written reprimand initially.

17. The Progressive Performance Improvement Process (PIPP) policy and Good Cause Process Policy can be found in the Bozeman Deaconess:

- a. Human Resources section of the Organization Policy and Procedure Manual.
- b. Employee Handbook received by new employees from Human Resources
- c. Disaster and Safety and Infection Control Manual
- d. both a and b

18. The purpose of the regulation protecting client information in a confidential way is to:

- a. treat each person respectfully and courteously.
- b. protect each patient's right to privacy per the law.
- c. allow healthcare agencies to understand its clients.
- d. keep correct records and phone and computer information.

19. To avoid injuries from muscle repetitions in your work, you can:

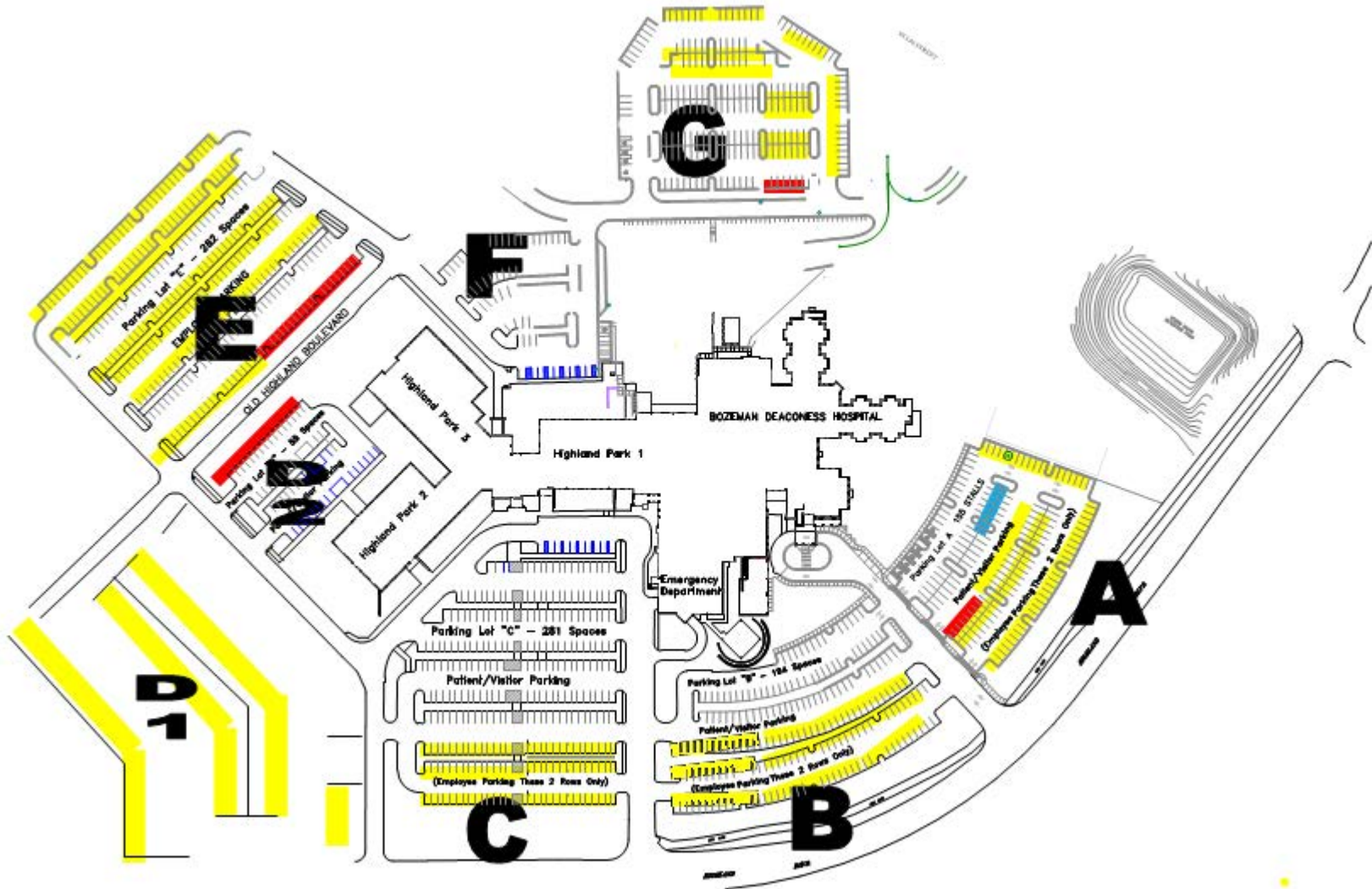
- a. frequently move or change positions.
- b. stay in the same position as long as possible.
- c. keep arms low and elbows close to your body if working at a desk.
- d. Both A & C.

20. To restore dissatisfied patients' trust and confidence in the organization, which **policy** would you follow?

- a. HIPAA.
- b. Quantros.
- c. Service Recovery.
- d. Tobacco-free environment.

21. Volunteers and employees can **best** show Respect overall, as the "R" in SPIRIT and Commitment to Excellence by:

- a. stopping and greeting strangers in the halls.
- b. pointing the directions that people need to go.
- c. treating each person as unique and with courtesy.
- d. using clear and courteous language in interactions.



RED

Doctor Parking

BLUE

IN & OUT Employee Parking 9 spaces SHORT TERM PARKING ONLY

YELLOW

Employee Parking