

# SERVICE EXCELLENCE IMAGE

Policy No: 5.03

Effective: 7/22/91

Revised: 4/20/96, 11/10/97, 8/1/99, 12/20/00,  
6/1/01, 2/1/02, 7/30/02, 2/9/05, 1/12/06, 4/5/07**Policy:**

First impressions are considered lasting impressions. The goal of NEMC is to present a professional image to the public at all times, both in person and on the telephone. Whether interacting with internal or external guests, employees convey the reputation of NEMC; therefore, maintaining a professional, businesslike appearance and behaving in a mature, professional manner is very important to our overall success. NEMC employees are expected to exhibit a positive attitude, along with a willingness and eagerness to assist others, recognizing needs before requests are made.

Because of the diversity of duties and activities performed at NEMC, dress requirements and uniforms may differ among various departments. (Consequently, each department may have its own set of guidelines if it is necessary to deviate from this policy.) Departmental policies must be approved by the applicable Vice President and the Vice President, Human Resources; a final copy must also be forwarded to Human Resources. Any deviation to the policy must be approved by applicable VP and VP of Human Resources. Accommodations will be made for employees with medical conditions and/or religious beliefs that require special clothing, jewelry, shoes, etc.

Offices and other work environments are expected to be neat and clean. Organized workspaces convey pride in our facility and that employees are efficient and in control of responsibilities.

**Guidelines:****A. CLOTHING – APPROPRIATE ATTIRE**

1. Clothing must be clean, neat, pressed, non-tattered, and the appropriate size.
2. Shirts and blouses designed with shirrtails must be tucked in. Dress shirts/blouses should have no more than one button from the top (collar) unbuttoned.
3. Business attire may be required due to level of public visibility, public representation, and/or job duties. When required, business attire must be conservative. Examples include dress slacks, dress skirts, dress shoes, ties, business suits, blazers with coordinating skirt/pants or business dresses.
4. Uniforms and dresses/skirts must be a professional length (no more than two inches above the knee). All pants/slacks must be a professional length (must meet the top of the shoes).
5. A clean, neat natural hairstyle is an essential part of a well-groomed appearance. Employees should select conservative styles that will not fall forward over the face while performing normal job duties. Extremes in hair styles such as cutouts or mohawks or unnatural colors are not acceptable. If required for infection control standards, hair nets or other hair covering must be worn.
6. Cleanliness of body and good dental hygiene are to be observed at all times.
7. Shoes must be clean and in good repair and for safety reasons, no more than three inches in height. Also for safety reasons open toe shoes and sandals are not allowed in patient care areas. Athletic shoes are acceptable when appropriate for the type of work performed and their primary color should be white, black or coordinate with the uniform/scrub color.
8. No visible body piercing or ornamentation (tattooing) is allowed other than earrings. Earrings should not exceed one and one-half inches (1½") in diameter and there should be no more than two (2) earrings per ear. Earrings should not extend more than (1") below the bottom of the ear.
9. Any reasonable clothing or shoes may be worn into or from the organization by employees who

change into uniforms on-site or who attend meetings or educational programs on or off site. Dress code must be followed by any employee attending NEMC sponsored meetings or educational programs.

## **B. CLOTHING – INAPPROPRIATE ATTIRE**

1. Soiled, stained, wrinkled or torn clothing.
2. Blue jeans, warm-up suits, sweatshirts/pants, t-shirts, leggings, tank tops, bib overalls.
3. Transparent, see-through, low-cut, or revealing clothing. (i.e. revealing v-neck scrub tops should be worn with a crew neck undershirt. No midriff tops).
4. Tight-fitting clothing.
5. Shorts, skorts (i.e. golf skirt), cullottes, capri pants, crop pants, gauchos.
6. Hats or other head coverings except as required as part of a uniform or for religious purposes.
7. Apparel with advertising for other businesses. (This does not include clothing with brand emblems, such as those with polo players, alligators, etc. Those are acceptable.)
8. Visible pierced accessories other than earrings.
9. Athletic socks and shoes with business attire. (These are acceptable when coming into/leaving the organization or walking on a break period.)
10. Open toe shoes are prohibited in clinical areas. Sandals, flip-flops or thong sandals are not appropriate business attire.
11. Undergarments that are visible.

## **C. I.D. BADGES**

I.D. badges must be worn above the waist with picture and name visible at all times.

## **D. MAKE-UP/FRAGRANCES/JEWELRY**

1. Make-up must be conservative and tasteful.
2. Jewelry must be appropriate and safe based on the area in which the employee is working. Excessive jewelry must be avoided.
3. Fingernails must be kept clean and well groomed and not to exceed one-fourth inch ( $\frac{1}{4}$ " ) beyond the fingertip. Artificial nails may not be worn by any employee who provides direct patient care (anyone who has potential for direct patient contact). Polish must be neat and unchipped if worn.
4. Only light scents of cologne, perfumes, and other toiletries are allowed in non-clinical areas. In clinical areas, no scents are allowed.

## **E. UNIFORMS/SCRUBS**

In general, it is the responsibility of each employee to purchase required uniforms at his/her expense. The department manager and applicable Vice President approve uniform styles and colors (Please refer to Nursing Policy–Filing No: 02-01-99 for specifics regarding nursing uniforms).

1. Using the Service Excellence Image policy, each department manager must develop specific uniform/scrub color and style guidelines for his/her department to be approved by the respective Vice President. Copies of guidelines should be sent to Human Resources.

2. NEMC provides scrub apparel for all employees assigned to areas where scrubs are mandated by infection control policies. Those areas include OR, Cardiac Cath, Respiratory Care in Special Care Nursery, Labor & Delivery, Interventional Radiology, Pathology assistants, SPD staff and any employee who has experienced contamination of personal clothing with blood and/or body fluids. Employees who are authorized to wear scrubs must wear street clothes to work and change into scrubs in the department. Scrub apparel may not be worn outside NEMC and must be laundered by the hospital approved service. Removal of scrub apparel from NEMC will be considered theft and may result in disciplinary action.

#### **F. EMPLOYEE COMMUNICATIONS**

1. Telephones are to be answered as follows:  
"Department Name, this is Your Full Name and title if applicable (i.e. RN, Unit Secretary)."
2. Voice mail is used selectively. Telephones are answered by a live voice whenever possible.
3. Employees speak in a calm, courteous, professional manner.
4. Employees respond to phone calls and e-mail requests within 24 hours, unless there is an exceptional reason for the delay. Voice messages and e-mail automatic responses are programmed to indicate when employees are out of the office for an extended period of time (8 hours or more); an alternate reference number is provided for assistance.
5. When interacting with guests, staff are expected to introduce themselves.

#### **G. SERVICE EXCELLENCE CHARACTERISTICS AT NEMC**

##### **We at NEMC:**

1. smile and greet those we meet.
2. take time to help others; we work as a team.
3. respect privacy and maintain confidentiality.
4. anticipate others' needs and follow through.
5. listen and keep others informed.
6. are aggressively friendly.
7. show pride in how we look and work.

#### **H. OFFICE/WORK ENVIRONMENT**

1. Offices/work environments are kept neat, organized and clean. An organized work area gives the perception that the employee is efficient and in control of responsibilities.
2. Employees use good judgement when selecting personal items to display in their work environments. Items must be professional and non-offensive, including but not limited to posters and pictures.
3. Floors are kept free of trash, paper, books, etc.
4. Live plants are kept in good health and appearance.
5. No handwritten paper signs are displayed on walls and doors, only on memo boards in non-public areas.

#### **I. VIOLATING THIS POLICY**

It is each employee's responsibility to adhere to this policy. Violations may result in disciplinary action in accordance with the Disciplinary Process policy.

Any deviation from this policy requires the approval of the Vice President for Human Resources, Executive Vice President or President in writing.



**Policy on Retaliation for Complaints**

DEPARTMENT: Administration FILING NO: XI-004  
ADMINISTRATIVE APPROVAL AND DATE:  
ORINATION DATE: 02/2003  
LATEST REVISION DATE:  
LATEST REVIEW DATE:

**Policy:**

NorthEast Medical Center ("NEMC") understands that all individuals have a right to participate in legal proceedings regarding the use and disclosure of PHI, whether they are a patient or a member of the workforce of NEMC.

It shall be the policy of NEMC that it shall not intimidate, threaten, coerce, discriminate against or take retaliatory action against any individual for any of the following:

1. Filing a complaint with the Secretary of the Department of Health and Human Services ("DHHS").
2. Testifying, assisting, or participating in an investigation, compliance review, proceeding or legal hearing.
3. Opposing any act or practice that they believe to be unlawful under the Health Insurance Portability and Accountability Act ("HIPAA") if:
  - a. They are acting in good faith; and
  - b. They are acting in a reasonable manner; and
  - c. They are not disclosing any protected health information that would violate HIPAA.

NEMC cannot require a patient to waive their right to file a complaint with the Secretary of DHHS as a condition to receiving health care treatment or receiving payment for their medical treatment.

**References**

45 C.F.R. §164.530(g)  
45 C.F.R. §164.530(h)

## Use and Disclosure of Protected Health Information for Research

DEPARTMENT: Administration	FILING NO:	XI-011
ADMINISTRATIVE APPROVAL AND DATE:		
ORINATION DATE:	01/2003	
LATEST REVISION DATE:	04/2003	
LATEST REVIEW DATE:	04/2003	

### Policy:

It is the policy of NorthEast Medical Center ("NEMC") to use and disclose protected health information ("PHI") for research purposes in accordance with all applicable laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

### Procedure:

#### A. Summary of Use and Disclosure Categories

PHI may be used and disclosed in research activities in the following circumstances:

1. The patient has signed an authorization permitting the release of PHI for research purposes.
2. The PHI has been "de-identified."
3. The PHI is included in a limited data set and the use or disclosure is made pursuant to a data use agreement.
4. The PHI is to be used for research on deceased patients.
5. An Institutional Review Board ("IRB") or Privacy Board has approved an alteration to or waiver of authorization.
6. The PHI is to be used to prepare a research protocol or for similar purposes preparatory to research.

#### B. Use and Disclosure of PHI With An Authorization

1. PHI may be used or disclosed for research purposes if the patient signs the Authorization for Release of Information.
2. The proper research organization to which the PHI will be disclosed or by which the PHI will be used shall be listed on the Authorization.
3. The Authorization for Release of Information may be combined with another type of written permission for the same research study, including another authorization for the use or disclosure of PHI for the research or a consent to participate in the research.

#### C. Use and Disclosure of PHI Without An Authorization

PHI may be used and disclosed without patient authorization in the following circumstances:

1. De-Identification: The patient information has been de-identified prior to use or disclosure in accordance with NEMC's Policy and Procedure on De-Identifying and Re-Identifying Protected Health Information.
2. Limited Data Set: The patient information has been screened to exclude the following identifiers:
  - Names;
  - Postal address information, other than town or city, state, and zip code;
  - Telephone numbers;
  - Fax numbers;
  - Electronic mail addresses;
  - Social security numbers;

- Medical record numbers;
- Health plan beneficiary numbers;
- Account numbers;
- Certificate/license numbers;
- Vehicle identifiers and serial numbers, including license plate numbers;
- Device identifiers and serial numbers;
- Web Universal Resource Locators (URLs);
- Internet Protocol (IP) address numbers;
- Biometric identifiers, including finger and voice prints; and
- Full face photographic images and any comparable images.
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Before the information can be disclosed to the research entity, the parties must enter into a Data Use Agreement, available upon request from the legal affairs department. A Data Use Agreement must:

- Establish the permitted uses and disclosures of such information by the research entity. The agreement may not authorize the research entity to use or further disclose the information in violation of HIPAA, if done by the covered entity;
- Establish who is permitted to use or receive the limited data set; and
- Provide that the research entity will: a) not use or further disclose the information other than as permitted by the Data Use Agreement or as otherwise required by law; b) use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the data use agreement; c) report to NEMC any use or disclosure of the information not provided for by its Data Use Agreement of which it becomes aware; d) ensure that any agents, including a subcontractor, to whom it provides the limited data set agrees to the same restrictions and conditions that apply to the limited data set recipient with respect to such information; and e) not identify the information or contact the individuals.

The minimum necessary standard shall apply to all information released under the Data Use Agreement. No further authorization or approval is required if the parties enter into a Data Use Agreement and the patient information is properly converted into a limited data set. The accounting does not need to include disclosures made as part of a limited data set.

3. Release of PHI on Deceased Patients. Prior to releasing PHI on deceased patients for research purposes, NEMC must obtain written representations from the researcher that:
  - a. The use or disclosure sought is solely for research on the PHI of deceased patients.
  - b. The PHI for which use or disclosure is sought is necessary for the research purposes.

NEMC must obtain documentation from the researcher of the death of each patient for which PHI is sought and put such documentation in the file.

#### D. Release of PHI Pursuant to an Alteration to or Waiver of Authorization.

1. PHI can be used or disclosed for research purposes if an IRB or Privacy Board has approved a Waiver of Authorization. (Note: The IRB or Privacy Board does not have to be affiliated with NEMC.)
2. If the Waiver of Authorization is approved by a the IRB or Privacy Board, the IRB or Privacy Board must (1) have members with varying backgrounds and appropriate professional competency as necessary to review the effect of the research protocol on the individual's privacy rights and related interests; (2) include at least one member who is not affiliated with NEMC, not affiliated with any entity conducting or sponsoring the research, and not related to any person who is affiliated with any of such entities; and (3) does not have any member participating in a review of any project in which the member has a conflict of interest.
3. The documentation for a Waiver of Authorization must include all of the following:
  - a. A statement identifying the IRB or Privacy Board and the date on which the Waiver of Authorization was approved.
  - b. A statement that the IRB or Privacy Board determined that the Waiver of Authorization satisfies the following criteria:
    1. The use or disclosure of protected health information involves no more than minimal



risk to the privacy of individuals, based on, at least, the presence of the following criteria: (1) an adequate plan to protect the identifiers from improper use and disclosure; (2) an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; (3) adequate written assurances that the PHI will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of PHI would be permitted.

2. The research could not practicably be conducted without the Waiver.
  3. The research could not practicably be conducted without access to and use of the PHI.
- c. A brief description of the PHI for which use or access has been determined to be necessary by the IRB or Privacy Board.
- d. A statement that the Waiver of Authorization has been reviewed and approved under either normal or expedited review procedures, as follows:
1. An IRB must follow the requirements of the Common Rule, including the normal review procedures or the expedited review procedures.
  2. An IRB or Privacy Board must review the proposed research at convened meetings at which a majority of the IRB or Privacy Board members are present, including at least one member who is not affiliated with the NEMC, not affiliated with any entity conducting or sponsoring the research, and not related to any person who is affiliated with any such entities, and the Waiver of Authorization must be approved by the majority of the IRB or Privacy Board members present at the meeting after quorum is established, unless the IRB or Privacy Board elects to use an expedited review procedure.
  3. An IRB or Privacy Board may use an expedited review procedure if the research involves no more than minimal risk to the privacy of the individuals who are the subject of the PHI for which use or disclosure is being sought. If the IRB or Privacy Board elects to use an expedited review procedure, the review and approval of the alteration or Waiver of Authorization may be carried out by the chair of the IRB or Privacy Board, or by one or more members of the Privacy Board as designated by the chair.
- e. The documentation of the Waiver of Authorization must be signed by the chair or other member, as designated by the chair, of the IRB or the Privacy Board, as applicable.
4. Documentation. NEMC must retain the IRB's or Privacy Board's documentation for at least six (6) years from when the Waiver of Authorization is obtained.

#### E. Release of PHI in Preparation of Research.

1. Prior to releasing PHI for purposes preparatory to research, NEMC must obtain written representations from the researcher that:
  - a. Use or disclosure is sought solely to review PHI as necessary to prepare a research protocol or for similar purposes preparatory to research.
  - b. No PHI will be removed from NEMC in the course of the review.
  - c. The PHI for which use or access is sought is necessary for the research purposes.
2. No PHI may be removed from NEMC by the researcher in the course of the review.

#### F. Accounting of Disclosures.

1. Unless the disclosure was made pursuant to an Authorization, or involved de-identified or limited data set information, the accounting must include disclosures made for research, even if the disclosure is made pursuant to a Waiver of Authorization by an IRB or Privacy Board.
2. If NEMC has made disclosures of PHI for a particular research purpose for 50 or more individuals, the content of the accounting may be different.
3. See NEMC's Policy and Procedure on Accounting of Disclosures of Protected Health Information.

G. Access to PHI.

1. A patient can be prohibited from accessing his or her designated record set if they are participating in research which includes treatment and have agreed not to access the PHI while the research is in progress. However, the patient may be given access to the PHI when the research is completed.
2. See NEMC's Policy and Procedure on Patient Right To Access And Receive Protected Health Information

**References:**

- 45 C.F.R. § 164.508(c)
- 45 C.F.R. § 164.512(i)
- 45 C.F.R. § 164.514(e)