

TITLE: Medical Staff Policy – Foreign Physician Observers

Effective: 5/21/13

MSO use only – or notified via e-mail ('SHMC Sur NM/ANM/Ed')
HFH – call to OR desk

Policy:

Active Staff physicians may request foreign physicians to observe their practice within the hospital; requests are approved by the applicable Division Chief. If request is for more than three days, then the physician's group president must also endorse the request.

This process is not designed for foreign physicians who require clinical experience to meet program requirements, and no confirmations of the experience will be provided by the hospital to an educational institution.

Procedure:

1. Requests must come from an Active Medical Staff member to Medical Staff Services. The hospital will not match foreign physicians with a sponsoring physician.
2. The requesting Active Medical Staff member must review this policy and permission form and provide it to the requesting physician.
3. The foreign physician will complete the permission form and attach the required documentation.
4. The requesting physician will sign the permission form, indicating his/her complete responsibility for the physician.
5. Required documentation must be received by Medical Staff Services a minimum of two weeks prior to the beginning date of observation.
6. A temporary physician observer badge will be obtained through Medical Staff Services. This is to be returned at the end of the observation.
7. Physicians will normally accompany their physician sponsor at all times. Any exceptions to this must be noted and approved by a Division Chief.
8. The visiting physician will be instructed by their physician sponsor and hospital staff to adhere to hospital policy, especially in sterile procedure areas.
9. The Chief Medical Executive or Division Chief has the authority to immediately remove a physician observer if there is any noncompliance with the agreement or hospital policy.
10. Foreign physician observer paperwork will be filed in the credentials file of the physician sponsor.

Approval of this policy is given jointly between the Medical Executive Committee and PHC-Urban Administration. The attached forms must be completed in their entirety and returned to Medical Staff Services a minimum of two weeks before the observation.

Providence Sacred Heart Medical Center fax – 509-474-3351

Providence Holy Family Hospital fax – 509-482-2133

Providence

Sacred Heart Medical Center (PSHMC) and Holy Family Hospital (PHFH), Spokane, Washington

Permission for Foreign Physician Observer

Qualifications: Active Staff Physicians may request that foreign physicians be allowed to observe their practice within the facility. This process is not designed for physicians who require clinical experience to meet program requirements, and no confirmations of the experience will be provided by the hospital to an educational institution.

Request and agreement by observer:

I request permission to accompany my sponsoring physician, _____, to observe patient care for the following date/s: _____ at Sacred Heart

Holy Family

- I have attached a copy of my foreign medical license.
- My current status at a University or hospital may be confirmed as noted:

(name of institution)

(e-mail contact)

(name of institution)

(e-mail contact)

- I understand I am limited to observation only.
- I understand my observation must be in the presence of my **physician sponsor** at all times. If any exception to this is proposed by my physician sponsor, s/he must note this below.
- I agree to follow the direction of my physician sponsor and the direction of other hospital staff in adhering to all hospital policies.
- **If observing in surgery or a sterile procedure area**, I will follow instruction from hospital nursing staff in addition to my physician sponsor regarding the sterile field.
- If observing in surgery, I will check in and out at the main desk.
- I have received training (attached) including the need to protect patient dignity, privacy, and confidentiality and am attaching this documentation.
- I understand that any access, use or disclosures of information, or violation of any policies and procedures related to confidentiality or use of information shall terminate my observer status and may result in civil and monetary penalties as directed by state and federal law.
- I understand that I will not use any computer while in the facility.
- If I am injured or exposed to infectious disease during this experience, I understand that I may receive health care services at the hospital but I will be responsible for all expenses associated with treatment.
- I will obtain a temporary visitor/observer badge and wear it at all times I am in the facility.

Physician Observer Name: *(please print)*: _____ Date: _____

Signature/Physician Observer: _____

e-mail: _____ Phone: _____

Obligation of physician sponsor:

- I have reviewed this policy and process in detail.
- I take full responsibility to directly supervise this observer at all times while he or she is in the hospital. Any requested exceptions to this requirement are as noted: _____
- Supervision will include instruction and observance of all infection control and patient safety policies of the hospital, with particular observance of handwashing.
- I will obtain permission from patients for the observer to be present in all patient care areas. If the patient objects, the observer will not be allowed in the area.
- If observing a procedure requiring informed consent, the observer will be listed on the informed consent.

- I understand that I am financially and legally responsible for all actions of the observer while in the hospital.

This observer will will not observe in the OR or procedural area.

Signature/Active Staff Physician Sponsor: _____ **Date:** _____

Please also print name:

If observation more than three days, group president must also approve:

Signature/Group President: _____ **Date:** _____

Please also print name:

Division Chief Approval: _____ **Date:** _____

CMO Approval: _____ **- Date:** _____

Removal of Observer: The Chief Medical Officer (CMO) or Division Chief has the authority to immediately remove an observer if there is any noncompliance with this agreement.

2017 – added that if over 3 days the group president must approve.

An Orientation to Integrity and Compliance (as an observer, you will not be given computer access; however, it is important for you to understand these Providence policies and the need for integrity, privacy and security of information)

INTEGRITY

Integrity includes the Providence Code of Conduct, Compliance, HIPAA Privacy and Security, and how we hold ourselves accountable in our daily work. Integrity means:

- ▶ Protecting Providence assets from misuse and abuse
- ▶ Making decisions and taking action consistent with our core values
- ▶ Understanding and complying with policies and standards
- ▶ Asking questions when we are unclear about something

Integrity is a commitment expected of each member of the Providence workforce.

HIPAA PRIVACY AND SECURITY



HIPAA regulations give patients more access to and control over who accesses their healthcare information.

Access to protected health information (PHI) is a privilege, and is restricted on a need to know basis. If given permission to access PHI, you are only allowed to look at that information required to do your job. Viewing your own PHI or the records of family members and friends is prohibited unless you need the information to do your job or you have an appropriate authorization.

Limit your use or disclosure of healthcare information to the minimum necessary.

HIPAA also requires us to safeguard all healthcare information stored or communicated in any manner – oral, written, or electronic.

The following are examples of best practices:

- ▶ Do not leave patient data on computer screens
- ▶ Do not leave charts open on desks or counters
- ▶ Shred printed documents with patient data when you are done with them
- ▶ Avoid patient related discussions in public areas
- ▶ Avoid informal or casual discussions of patient situations which are not directly related to care.
- ▶ Do not leave voicemails or phone messages containing sensitive information
- ▶ Do not leave PHI in and around copier or fax machines
- ▶ Avoid inadvertent disclosures and take special care in semi-private situations
- ▶ Follow e-mail and fax policies for transmitting PHI to those with a need to know

COMPUTER NETWORK SECURITY

Protecting the security of our computer networks is a key part of protecting patient privacy. Computer networks include portable laptops and other devices which may contain confidential information. Best practices include:

- ▶ Keeping your computer and voicemail passwords private
- ▶ Locking your PC when unattended (Ctrl Alt Delete | K)
- ▶ Installing a privacy guard to prevent others from seeing your computer screen
- ▶ Never downloading confidential information onto a home or non-Providence PC
- ▶ Storing portable devices and electronic media in a secure location
- ▶ Encrypting confidential data so data is not accessible if your laptop is lost or stolen

GIFTS

Providence workforce members are expected to keep relationships with vendors and other third parties impartial, and to avoid acceptance of gifts or other items that do not comply with Providence gift standards. Gifts may be anything of value, including, but not limited to:

- ▶ Cash, gift certificates and gift cards
- ▶ Meals, tips and gratuities
- ▶ Tickets to events
- ▶ Special favors
- ▶ Discounts
- ▶ Free Services



Cash, gift certificates, gift cards, and any gift that is intended to influence your judgment and action may never be accepted. Accept gifts only when:

- ▶ They are of minimal value (under \$10) and are offered on an infrequent basis, or
- ▶ They provide a benefit to Providence, patients, or have legitimate education value.

Gifts should not exceed \$100 per person in value in a calendar year. This limit does not apply to gifts given to you from a Providence ministry.

When in doubt, direct the person offering the gift to a Providence foundation.

FRAUD AND ABUSE PREVENTION AND DETECTION

Providence expects that those involved with creating and filing claims for payment for Providence services will only use true, complete and accurate information to make the claim.

Under the 2005 Deficit Reduction Act (DRA), an inaccurate Medicare, Medicaid, VA, Federal Employee Health Plan or Workers' Compensation claim could become a false claim. Examples of possible false claims include situations where someone knowingly:

- ▶ Bills for services that were not provided
- ▶ Bills for services that were not ordered by a physician
- ▶ Bills more than once for the same goods or services

“Knowingly” means a person:

- ▶ Knows the record or claim is false, or
- ▶ Seeks payment while ignoring whether or not the record or claim is false, or
- ▶ Seeks payment recklessly without caring whether or not the record or claim is false

A person with knowledge of a false claim can file a lawsuit in federal court and, in some cases, may receive a reward for bringing original information about a violation to the government's attention.

Penalties are severe for violating the False Claims Act –up to three times the value of the false claim, plus from \$5,500 to \$11,000 in fines per claim.

REPORTING FALSE CLAIMS, ISSUES AND CONCERNS

Providence expects that concerns and issues that may be illegal or otherwise inappropriate will be reported promptly and that employees, agents, volunteers and contractors will be familiar with how to report.

Report incidents that can significantly impact licensure, certification for reimbursement or accreditation, may lead to a major legal claim, or can carry significant sanctions or fines in accordance with Providence's *Early Reporting Policy*.

Otherwise, use the Providence four-step reporting process:

1. Discuss with your immediate supervisor
2. Discuss with the next higher level manager
3. Contact the facility Integrity coordinator or Compliance and Privacy staff
4. Call the 24/7 Providence Integrity Line at (888) 294-8455

Retaliation for good faith reporting is prohibited under Providence's *Non-Retaliation Policy*.

Policies are available on the Providence intranet under "System Integrity" or by contacting a local or regional integrity or compliance resource



Acknowledgement of Receipt and Understanding of Providence policy on

- **Integrity**
- **HIPAA Privacy and Security**
- **Computer Security**
- **Gifts**
- **Fraud and Abuse Prevention and Detection**
- **Reporting False Claims, Issues and Concerns**

I have received information on **Providence policies** for the above items. I agree to comply fully with these policies. In the event I become aware of any potential instances of policy violations, I agree to immediately notify my supervisor, his or her manager, or call the Providence Integrity Line.

I understand that compliance with the above **Providence policies** is a condition of my association with Providence Health and Services.

Name (please print)

Signature

Date

Physician sponsor

A copy of this acknowledgment will be retained in the sponsor's credentials file and will be available for review upon request.