

	POLICY TITLE: Non-Affiliated Observers (Provider Shadowing)
MANUAL NAME: Compliance & Business Practices	POLICY NUMBER: <input type="checkbox"/> Addendum to Corporate Policy <input type="checkbox"/> Form Available In I-REPP System
SECTION (as applicable): Compliance & Business Practices	POLICY OWNER: Corporate Compliance Committee Chief Compliance Officer
ORIGINATION DATE: 09/27/2010	FINAL APPROVAL DATE: May 7, 2013

POLICY:

IASIS Healthcare LLC and its facilities (hereinafter referred to as “IASIS” or “IASIS Facilities”) shall establish requirements for those individuals who wish to be non-affiliated observers (hereinafter referred to as “Observer”). This policy shall set forth the minimum requirements for a non-affiliated individual to shadow or make rounds with a Medical Staff Member.

SCOPE:

Company-wide

DEFINITIONS:

Not Applicable

PROCEDURE:

1. In those circumstances in which a request for observation is received from a nonaffiliated individual, IASIS or an IASIS Facility will follow these procedures as the minimum basis for approving such requests. This policy and procedure is not intended to automatically approve all requests of a non-affiliated observer, but rather provide IASIS or the IASIS Facility with the minimum requirements to be followed in those cases in which IASIS or the IASIS Facility wishes to accommodate such request.
2. Non-affiliated shall be defined as any person who is not affiliated with IASIS or an IASIS facility through means of employment or other documented and approved contractual arrangement (i.e., affiliation agreement, approved medical training program, etc.).

3. The Observer shall:
 - a. be at least sixteen (16) years of age
 - b. receive HIPAA Privacy education (see Observer Experience Training.ppt) and sign a Confidentiality & Security Agreement
 - c. complete and sign a Non-Affiliated Observation and Release Agreement
 - d. complete and sign an Infection Control Acknowledgement Form
 - e. wear a clean lab coat with facility issued picture identification noting his/her name and the title "OBSERVER"
 - f. not portray his/her presence in the facility as medical or clinical training
 - g. not obtain copies of, or remove, any patient information from the facility
 - h. adhere to all infection prevention practices and protocols (i.e., handwashing, etc.), including not making rounds with the provider if the Observer is ill/sick
 - i. abide by all other facility practices, processes and procedures while onsite

4. The Provider shall:
 - a. obtain verbal permission from each patient or patient's representative *prior* to the Observer entering the patient's room (the Regional Compliance & Privacy Officer may provide guidance regarding this aspect, as needed)
 - i. if the patient agrees to allow the Observer to observe the Provider's interactions/treatment, this must be documented in the patient's medical record
 - ii. should the patient refuse, the Observer shall not be allowed to be present in the patient's room or review/discuss the patient's medical record, treatment, etc. – doing so will be considered a breach of the patient's privacy by the Provider
 - b. not allow the Observer to obtain copies of, or document in, any patient's medical record
 - c. not allow the Observer to view the medical record of, or be involved in discussions of, other patients within the facility without permission by each patient

5. A copy of this policy and procedure will be provided to each individual seeking access to the facility as a non-affiliated observer, and the Acknowledgement form provided at the conclusion of this policy and procedure shall be completed and retained in the IASIS Facility's files as will the signed Confidentiality & Security Agreement.

6. Any requests to deviate from the processes outlined above must have the formal, written approval of the Regional Compliance & Privacy Officer or other appropriate individual within the Corporate Compliance Department.

FORM REFERENCES:

Non-Affiliated Observer Acknowledgement Form
Non-Affiliated Observation and Release Agreement
Infection Control Acknowledgement Form
Confidentiality and Security Agreement

REFERENCES:

Not Applicable

Review/Revised Date:	Title:	Description of Change or Location of Change in Document:
05/07/2013	Chief Compliance Officer	Annual review; reformatting to ISO Policy Template; change "Chief" to "Corporate" Compliance Officer
06/25/2013	Chief Compliance Officer	Change "Corporate" to Chief Compliance Officer (2); SCOPE: Change "Corporate" to Company-wide
02/28/2017	Chief Compliance Officer	Revise policy; add Non-Affiliated Observation and Release Agreement; add Infection Control Acknowledgement Form

ACKNOWLEDGEMENT FORM

By signing below, I acknowledge that the conditions set forth will be strictly adhered to, and that any deviation from the guidelines noted above will be grounds for the Regional Compliance & Privacy Officer to immediately revoke the approval for the Observer to shadow or make rounds with the Provider listed below.

Observer Signature	Printed Name	Date
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By signing below, I acknowledge that the conditions set forth above will be strictly adhered to, and that any deviation from the guidelines noted above will be grounds for the Regional Compliance & Privacy Officer to immediately revoke the approval for the Observer to shadow or make rounds with me or any other Provider. Also, during the timeframe in which the Observer listed above shall shadow or make rounds with me in the facility, I will be responsible for his/her actions.

Provider	Printed Name	Date
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By signing below, I acknowledge that the conditions set forth above have been provided to and discussed with the noted Observer and Provider, and I acknowledge approval of the request for observation.

Regional Compliance & Privacy Officer Signature	Printed Name	Date
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INFECTION CONTROL ACKNOWLEDGEMENT

It is possible to acquire infections such as HIV, Hepatitis B and Hepatitis C through contact with blood and body fluids. While measures are in place to provide a safe hospital environment, you should always be on the alert for items such as contaminated needles or dressings. If you see a potentially contaminated item, notify a healthcare worker so it can be disposed of properly. Do not handle it yourself.

Hand hygiene is the most important way to prevent the spread of germs. Wash your hands promptly and thoroughly when they are soiled, between patient contacts, after touching potentially contaminated surfaces, after using the restroom, and before eating. When your hands are visibly clean, alcohol-based handrub is an effective alternative to soap and water.

Patients may be placed in isolation for a variety of reasons. Depending on the type of isolation, there are protective measures the healthcare worker must take. For the patient's and your safety please do NOT enter these rooms with the caregiver.

It is important to protect patients from infections. Please do not participate in your observation activities if you have an infectious disease that could be spread to others (i.e., fever, purulent drainage, unexplained rash, productive cough, etc.).

Thank you for following these instructions. Please contact the Hospital's Infection Control Department with any questions.

I have read and agree to comply with the practices described above.

Observer Printed Name

Provider Name

Signature

Date

(Signature of parent/guardian if Observer is a minor)