HENRY FORD HEALTH

# MA Extern Competency Assessment

| Student Name: | Start Date | Site: |
|---|---|---|

- Keep this tool with you through your externship
- Indicate N/A if the item listed is NOT something you will encounter at your site
- This form is to be managed by YOUR preceptor
- Discuss criteria with your preceptor if you are unable to demonstrate competency
- Preceptor will check "competent" if they have seen task performed with minimal assistance

STUDENT ASSESSMENT
INTINAL LEVEL OR PROFEICIENCY:
C = Competent
ND = Needs Development

METHOD OF EVALUATION:
O = Observation of Daily Work
P = Policy/Procedure Review
R = Returned Demonstration
V = Verbal Review (Policy/Procedure)
ST = Structured Training (Class, Test, University)

EVALUATION:
C = Competent
NYDC = Not Yet Deemed Competent
N/A = Not Applicable

| Student self assess: Initial level of proficiency (see key) | Competency Area | Method of Evaluation | Evaluation | Date | Verifers Initials | |
|---|---|---|---|---|---|---|
| **Clinic Introduction and Policies** | | | | | | |
| | Building Tour | | | | | |
| | Parking | | | | | |
| | Locker Room | | | | | |
| | Bathrooms | | | | | |
| | RN Offices | | | | | |
| | Clean Utility Room | | | | | |
| | Spoiled Utility Room | | | | | |
| | O2 Tank Storage | | | | | |
| | Huddle Boards | | | | | |
| | Security locations | | | | | |
| | Emergency Phone Numbers | | | | | |
| | Call-In procedures | | | | | |
| | Specialty Referral Sheets | | | | | |
| | Intranet Resource Pages | | | | | |
| | University Log In | | | | | |
| | Screeing Tools | | | | | |
| **Policies:** | | | | | | |
| | Attendance | | | | | Attendance Policy |
| | Cellphone | | | | | Mobile Device |
| | Personal Appearance | | | | | Personal Appearance |
| | HIPPA | | | | | HIPPA |
| | Privacy | | | | | Privacy & Security |
| **Student self assess: Initial level of proficiency (see key)** | **Competency Area** | **Method of Evaluation** | **Evaluation** | **Date** | **Verifers Initials** | |
| **Rooming-Practices steps laid out in HFH Ambualtory Rooming workflow** | | | | | | Standard Rooming Workflow |
| | Anticipates equipment needed for specific types of patient examinations and prepares exam room accordingly | | | | | |
| | Anticipates appropriate testing & screening based on patient age and type of exam, and initiates action per protocol (hearing, vision testing) | | | | | |
| | Introduces self & role to each patient, and consistently checks 2 patient identifiers (e.g. name, DOB) | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Demonstrates knowledge of rooming criteria, generates intake and records basic information about presenting and previous conditions. Completes all require intake data (medication rec, allergies) | | | | | | |
| **Demonstrates Competence in obtaining patient's vital signs** | | | | | | | |
| **Student self assess: Initial level of proficiency (see key)** | **Competency Area** | | **Method of Evaluation** | **Evaluation** | **Date** | **Verifers Initials** | |
| | General: | Verbalizes understanding of normal age-appropriate ranges for each vital sign (based on clinical setting/patient population) and actions required if abnormal results obtained | | | | | |
| | Height/Length: | Demonstrates correct use of age-appropriate measurement devices | | | | | |
| | Weight: | • Correct use of electronic and manual scales<br>• Monitors for abnormal weight gains/losses | | | | | |
| | Temperature: | Correct use of oral, axillary, tympanic and rectal thermometers | | | | | |
| | BP: | • Obtains accurate BP, including appropriate cuff size selection<br>• Obtains accurate orthostatic BP reading<br>• Rechecks all abnormal BP readings (AOBP if appropriate) | | | | | |
| | Pulse: | • Obtains accurate apical and radial pulses<br>• Demonstrates ability to recognize irregular rhythm | | | | | |
| | Respiratory: | • Obtains correct respiratory rate for adults<br>• Ability to recognize labored versus non-labored breathing<br>• Obtains accurate pulse oximetry for adult patients | | | | | |
| Clinic Support: | | | | | | | |
| | Screens in-coming patient phone calls appropriately, directs calls appropriately, determine visit length and schedule appointments per office protocol | | | | | | |
| | Maintains patient's rights, confidentiality, dignity and well being | | | | | | |
| | Effectively communicates w/all customers in-person and via phone, including greeting, identifying self by name and role, retrieving and returning calls in a timely manner | | | | | | |
| | Appropriate customer service behaviors, including use of AIDET model when needed | | | | | | |
| | Establishes and maintains effective work relationships w/ providers, peers, manager and patients | | | | | | |
| | Demonstrates basic work organization and prioritization skills | | | | | | |
| | Correctly performs simple patient check-out | | | | | | |
| **Diagnostic Tests and Treatments:** | | | | | | | |
| **Student self assess: Initial level of proficiency (see key)** | **Competency Area** | | **Method of Evaluation** | **Evaluation** | **Date** | **Verifers Initials** | |
| ECG (Standard 12-lead) | | | | | | | |
| | Demonstrates proper technique and lead placement | | | | | | |
| | Demonstrates proper use of machine (set-up, run, troubleshooting, printing) | | | | | | EKG Competency |
| | Correctly reports documents and results | | | | | | |
| Vision Screen | | | | | | | |
| | Correctly performs age appropriate testing (Snellen) | | | | | | Visual Competency |
| | Accurately reports and documents results | | | | | | |
| Asepsis/Sterility/Precautions | | | | | | | |
| | Verbalizes signs of compromised sterility of instruments | | | | | | Sterile Field Set Up |
| | Demonstrates understanding of transmission-based precautions | | | | | | |

| Point of Care Testing | **OBSERVATION ONLY** | | | | | |
|---|---|---|---|---|---|---|
| | Glucometer | | | | | |
| | Pregnancy | | | | | |
| | Strep Screen/Throat Swab | | | | | |
| | Urinalysis collection | | | | | |
| **Medication Adults only** | | | | | | |
| MA extern MUST remain under direct supervsion from their preceptor at all times! | MA Extern must observe a minimum of 5 injections by RN/MA/LPN in order to complete comptency. Once competency is completed MA extern may give injections under direct supervsion. Preceptor must remain in room from point of Medication preperation through final documentation. | | | | | |
| **Student self assess: Initial level of proficiency (see key)** | **Competency Area** | **Method of Evaluation** | **Evaluation** | **Date** | **Verifers Initials** | |
| | Verifies correct provider order in EMR | | | | | general Med competency |
| | Follows 6 "Medication Rights", checks allergies and reason for administration prior to providing medication to patient | | | | | |
| | Checks medication label/dosing 3 times prior to administration- in medication room before preparing (utilizes Barcode Scanning if appropriate), after preparing medication, and at the bedside in patient room | | | | | |
| | Provides medication education to patient/family (reason for medication, expected response, signs/symptoms of adverse reaction and appropriate follow-up care) | | | | | |
| | Demonstrates correct documentation in EMR | | | | | |
| | Verbalizes understanding of proper labeling, management and expiration of multi-dose medication products | | | | | |
| | Verifies extern observed 5 injections (enter 5 injection dates) | | | | | |

**Reviewed and Approved by MA Council**

Date Approved Review Date

2/25/2025 8/26/2025

Rita Devaull

Chanel Ash

Take to CNO Executive Council

Date Approve Review Date

Status **Active** PolicyStat ID **19777130**

| | |
|---|---|
| Last Approved | 1/28/2026 |
| Effective | 2/1/2026 |
| Next Review | 1/27/2029 |
| Owner | Bilal Dabaja: Consultant- HR Svc&Governance |
| Area | Human Resources |
| Applicability | Henry Ford Health Enterprise Wide +HAP |
| Document Types | Enterprise, Policy |

# Attendance Policy

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## Applicability

Henry Ford Health Enterprise Wide + Health Alliance Plan (HAP)

## Scope

This policy applies to all team members across Henry Ford Health's business units and corporate offices. It does not apply to Senior Staff physicians or Bioscientific Staff governed by the Henry Ford Medical Group (HFMG) Bylaws. Additionally, Residents and Fellows are subject to the standards set by the Accreditation Council for Graduate Medical Education (ACGME).

Team members serving within their introductory period are excluded from the provisions of this policy. During the introductory period, a high standard of attendance is expected, as consistent presence is critical for successful integration into the team and comprehensive understanding of job responsibilities. Reliable attendance during this phase ensures adequate training, fosters professional relationships, and demonstrates dependability.

Furthermore, contingent team members are not subject to this policy.

The policy and procedures enumerated below shall apply unless such policy or procedures are otherwise specified in a contract to which Henry Ford Health, or a covered operating unit, is a signatory. In such cases, the terms of the contract shall govern for team members covered by that contract, and such terms will take precedence over this policy. Union team members should refer to their Collective Bargaining Agreement (CBA).

The interpretation, administration, and monitoring for compliance of this policy shall be the responsibility of the Executive Vice President, Chief People Officer or his/her designee.

# Background

Henry Ford Health recognizes the need to balance team members' unforeseen personal and medical situations along with the operational needs of Henry Ford Health. The purpose of this policy is to establish and communicate guidelines for attendance and tardiness in order to provide quality service to Henry Ford Health patients, customers, members, and others. To this end, Henry Ford Health facilities and offices must be adequately staffed during all hours of operation. Regular and consistent attendance at work is required for employment with Henry Ford Health.

# Policy

The purpose of this policy is to formally establish and communicate the standards, expectations, and procedures governing attendance and punctuality for all Henry Ford Health team members. These requirements are essential to ensuring the consistent delivery of high-quality service to patients, customers, members, and the broader community.

Henry Ford Health facilities and offices must remain appropriately and reliably staffed during all operational hours. To support this operational necessity, all team members are required to report for duty as scheduled and to begin work promptly at their designated start times. Regular, dependable attendance is considered a fundamental condition of employment.

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# Procedure

## No-Fault Policy

To balance the health care and business needs of Henry Ford Health and the personal needs of team members, Henry Ford Health practices a no-fault attendance and tardiness policy. This practice assumes that all unscheduled absences and tardies are for important reasons; however, when their amount and/or frequency becomes excessive, the attendance or tardiness concerns for non-leadership team members will be addressed through progressive corrective action, up to and including termination of employment. Leadership team members with excessive absence or tardiness issues will be addressed outside of the corrective action process.

The following types of time off will not be considered for corrective action purposes, provided that appropriate reporting requirements have been met:

- Bereavement
- Approved CTO/PTO
- Jury duty or court time
- Military leave
- Work-related injury
- Family Medical Leave Act (FMLA) time

- Approved leaves of absence (Personal and Medical Leaves Non-FMLA Eligible)
- Approved ADA accommodations related to attendance
- Earned Sick Time Act (ESTA)

# Definition of an Attendance Occurrence

An employee who does not report to work as scheduled for one (1) or more working days will receive an occurrence for each day's absence outside of Earned Sick Time Act (ESTA) and/or FMLA provisions. Please reference Leave of Absence **and** Earned Sick Time Act (ESTA) policies.

# Definition of a Tardiness Occurrence

An employee is considered tardy when he/she is not at their assigned work area, ready to work at the start of their scheduled shift. This also applies to leaving early or returning late from lunch or breaks. Henry Ford Health does not provide for grace periods.

| Attendance Issue | Occurrence |
|---|---|
| Absence | 1.0 |
| Tardy or Leaving Work Early 30 Minutes or more | 1.0 |
| Tardy or Leaving Work Early Less Than 30 Minutes | 0.5 |

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# Absence on Weekends/Holidays

Henry Ford Health is committed to safe staffing operations and services on a 24/7 basis. Unscheduled absences on weekends and holidays are extremely difficult to replace and place an increased burden on team members. Therefore, leadership may require the team member who has an unscheduled absence on a weekend or holiday to make up the missed shift(s) on an alternative weekend or holiday, in accordance with departmental staffing guidelines.

# Administration of Corrective Action

Attendance and tardiness occurrences are combined for the purpose of counting of occurrences. In addition, all corrective action, including corrective action initiated for performance issues, are on one (1) track. If an employee has received corrective action for an issue in the last year (rolling calendar), attendance/tardy occurrences will be addressed at the next level of corrective action.

Each Corrective Action shall remain valid for twelve (12) months from the date of the discipline. Once an employee has received a corrective action at one step, if another incident necessitating progressive corrective action occurs within twelve (12) months, it shall be applied at the next higher step.

# Attendance and Tardiness Resulting in Corrective Action

For the purpose of attendance, an occurrence is a single day. For purposes of tardiness, an occurrence is

a single event. The initial number of absences and tardies that are subject to the corrective action process in a rolling calendar is as follows:

| Corrective Action | Weight Occurrences |
|---|---|
| Documented Counseling or next step of corrective action | 4.0 occurrences within rolling 12 months |
| Written Warning or next step of corrective action | 3.0 **more** occurrences within rolling 12 months |
| Written Warning w/ Suspension or next step of corrective action | 2.0 **more** occurrences within rolling 12 months |
| Termination | 2.0 **more** occurrences within rolling 12 months |

If a leader documents a pattern of unscheduled absences and tardiness (such as absences that are consistently in conjunction with scheduled days off, holidays, weekends, etc., the leader may, in consultation with Human Resources, initiate corrective action at the appropriate step, even though the employee's attendance or tardiness record may not otherwise warrant corrective action.

Team members who are in violation of the attendance and tardiness standards will receive corrective action as outlined in the Corrective Action Program policy.

Team members unable to work or perform their assigned duties for more than three (3) consecutive days must contact NYL at 888-842-4462 or online at www.mynylgbs.com to request a leave of absence. Failure to contact NYL after the third (3rd) day of absence will result in corrective action up to and including termination.

Team members on unauthorized leave are subject to corrective action up to and including termination.

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# Employee Notification of an Absence

Each department shall develop and communicate the process for call-ins. In addition, each department shall determine the appropriate notification timeframe for an absence. If the employee fails to call in and fails to attend work, it shall constitute a no call/no show. Please see "No Call/No Show" policy.

Failure to call-in within the established notification timeframe will constitute a "late call" and is subject to corrective action.

# CTO/PTO Approval

Each department shall develop and communicate the process for scheduled CTO/PTO approval. Paid time off shall be counted as occurrences if the departmental approval process is not followed.

# Overstaying Break Time

Returning late from a break for a period greater than one (1) hour will be considered to be a serious impediment to appropriate staffing levels and may be cause for immediate corrective action. Returning from break less than one (1) hour tardy will result in an occurrence of tardiness.

# Henry Ford Health Discretion to Modify Policy

Henry Ford Health periodically reviews and revises its policies, and this policy, as with all others, is subject to change at Henry Ford Health discretion without prior notice. This policy supersedes all prior written policies on this subject.

The provisions in this policy furthermore do not in any way modify the at- will employment relationship. Employment at Henry Ford Health is at-will and without assurance of continuation. Employment can therefore be terminated either by the employee or by Henry Ford Health, with or without cause and with or without notice at any time.

Notwithstanding any express statements by the President and Chief Executive Officer of Henry Ford Health to the contrary, progressive corrective action is not required, and these standards do not modify the at-will employment relationship stated herein. The nature of this at-will employment relationship cannot be modified or altered except by a written document signed by the President and Chief Executive Officer of the Corporation. See also Employment Statement Policy.

# Related Documents

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Bereavement
Corrective Action Program
Combined Time Off (CTO) Program
Earned Sick Time Act (ESTA)
Employment Statement
Holiday Observance
Introductory Period
Leave of Absence
"No Call/No Show"
Paid Time Off (PTO) Program

# References/External Regulations

None

## All Revision Dates

1/28/2026, 3/10/2025, 10/16/2023, 11/3/2020, 1/1/2017

## Approval Signatures

| Step Description | Approver | Date |
|---|---|---|

| | | |
|---|---|---|
| Human Resources Executive Team (HRET) | Antonina Ramsey: EVP & Chief People Officer [BD] | 1/28/2026 |
| System Policy Management Office | System Policy Management Offic | 1/28/2026 |
| Document Owner | Bilal Dabaja: Consultant- HR Svc&Governance | 1/28/2026 |

## Applicability

Ascension SE Michigan, HF Ambulatory Services, HF Behavioral Health Services, HF Brighton Center for Recovery, HF Community Care Services, HF Genesys Hospital, HF Hospital, HF Jackson Hospital, HF Macomb Hospital, HF Madison Heights-Warren Hospital, HF Providence Novi-Southfield Hospital, HF River District Hospital, HF Rochester Hospital, HF St. John Hospital, HF West Bloomfield Hospital, HF Wyandotte Hospital, Health Alliance Plan, Henry Ford Health, Legacy Ascension Laboratory Services, System Search Engine

## Standards

No standards are associated with this document

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Status **Active** PolicyStat ID **16470147**

| | |
|---|---|
| Last Approved | 9/9/2024 |
| Effective | 9/9/2024 |
| Next Review | 9/9/2027 |

| | |
|---|---|
| Owner | Randy Sutton: Dir- IT Client Service Support |
| Area | Information Technology |
| Applicability | Legacy Henry Ford Health System-wide w/ HAP |
| Document Types | Local, Policy and Procedure |

# Mobile Device Authorization

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## Applicability

Henry Ford Health and Health Alliance Plan (HAP)

## Scope

Applicable to all workforce members at all business units within the Henry Ford Health, Organized Health Care Arrangement, including Health Alliance Plan/HAP Midwest and its subsidiaries, Business associates, contractors, and vendors.

## Background

The policy and procedures enumerated below shall apply unless such policy or procedures are otherwise specified in a contract to which Henry Ford Health, or a covered business unit, is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy.

The purpose of this policy is to establish the authorization of mobile devices, business sponsored or personal, where the workforce member has access to the Henry Ford Health or affiliate networks. Such access, wired or wireless, enables the workforce member to send and receive work related e-mail messages, access electronic confidential or protected health information, and conduct other company business.


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Additionally, this policy promotes a professional and productive work environment for employees, patients and their families while maintaining highest service excellence standards at Henry Ford Health. Secondly, it provides guidance to employees, who by nature of their work, are required to be accessible by a mobile device regardless of the time of day, day of the week, or geographical location. Lastly, it provides guidance for procurement, possession, and appropriate use of business owned mobile device.

The trend from mobile carriers is to provide plans that have unlimited voice, texting and data has eliminated the requirement that staff separate personal and work-related calls on personal bills for reimbursement.  Given this trend and the significant adoption of personal devices, we anticipate that company provided mobile devices will be on an exception basis.

# Definitions

**Access** is the ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any system resource. (This definition applies to "access" as used in the Health Insurance Portability & Accountability Act (HIPAA) Security rule, not as used in the Privacy rule).

**Henry Ford Health/Affiliate Networks** is the privately maintained interconnection of wired and wireless networking equipment and transmission media owned by Henry Ford Health or its affiliates for the purpose of delivering information services and communications to authorized persons

**Mobile Device** is a business sponsored or personally owned smart phone which is compact, lightweight, and typically found with a stable battery power source such as a lithium battery.

**Mobile Device Management (MDM)** Software is an application used to manage mobile devices, as defined by this policy.

**Organized Health Care Arrangement (OHCA)** is an arrangement or relationship, recognized in the HIPAA privacy rules, that allows two or more CEs who participate in joint activities to share PHI about their patients or members to manage and benefit their joint operations. In order to qualify as an OHCA, the legally separate CE's must be clinically or operationally integrated and share PHI for the joint management and operation of the arrangement.

**Protected Health Information (PHI)** is medical information included in a health file that is protected under HIPAA and not available to unauthorized parties. This also includes information that the patient or member provided for specific purposes whether it be electronically, orally, or via written documentation.

**Technical Safeguards** are the technology, policies and procedures that protect ePHI and controls access to it.

**Smartphone:** A mobile phone that performs many of the functions of a computer, typically having a touchscreen interface, internet access and an operating system capable of running downloaded applications.

**Soft phone** refers to a non-hardware specific technology or service that simulates a physical device allowing a Henry Ford provided number and voicemail to be integrated separately from a device's native functionality.

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**Workforce Members** are Senior Staff Physicians (employed and non-employed), private practice physicians and their staff members, employees, volunteers, residents, fellows, trainees, contractors, students, any individuals requesting electronic or manual access to Henry Ford Health computer systems and other persons whose conduct, in the performance of work for Henry Ford Health, is under the direct control of Henry Ford Health, whether or not paid by Henry Ford Health.

# Policy

Mobile devices (personal or business) and other communications devices are to be used in a manner consistent with the provisions of this policy and in line with the System service excellence standards and policies.

Workforce Members are required to observe appropriate telephone and conversation etiquette in public, corporate and private hospital areas. This includes but is not limited to, cafeterias, hallways, patient rooms, etc. Communication devices are not to be used in restricted areas, near medical equipment (3 feet)

1. In limited cases business unit sponsored mobile devices may be deployed upon approval from the system approval committee and are allowed for the following groups:
    - Henry Ford Medical Group Physicians
    - Employed Physicians (Only if a contract requirement)
    - Henry Ford Medical Group Advanced Practice Practitioners (Certified Registered Nurse Anesthetists, Physician Assistant, or Nurse Practitioners)
    - Community Hospital Mid-Level Providers/Advanced Practice Practitioners (Certified Registered Nurse Anesthetists, Physician Assistant, or Nurse Practitioners)
    - In Home Patient Care Providers & Staff
    - Facilities Administration or Staff
    - Teams utilizing an on-call rotator phone (E.g., Henry Ford Health Concierge Team, etc.).
    - Inpatient nursing see Appendix A
2. Grant funded devices can be deployed for the duration of the grant. Upon completion of a research study, exhaustion of a grant, or other instances where external funding ends devices will be subject to the eligibility criteria in this policy
3. Authorized workforce members are prohibited from submitting expense reports requesting reimbursement related to mobile device usage for business purposes.
4. Business unit leaders may authorize workforce members to use mobile devices, business sponsored or personally owned, for business purposes.
5. Workforce members not authorized to use a mobile device for business purposes may be eligible for an approved alternative device (i.e., ASCOM or flip phone, etc.) for on premise communications or off premise accessibility after work hours.
6. Workforce members authorized to use a mobile device, business sponsored or personally owned, must adhere to System policies ensuring workforce members, patients, and members'

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safety.

7. Workforce members are prohibited from sending or receiving sensitive data over text messages. Any sensitive data must be sent through a secure process.
8. Business Unit leadership may revoke or reduce mobile device usage at their discretion.

# Use of Business Sponsored Mobile Devices

Mobile devices are intended to be used for official business-related reasons. It is recognized that it is impractical to limit the use of business sponsored mobile devices to 100% business use. For example, employees cannot always control incoming phone calls, given that the determination of whether a specific call is business-related or personal can be open to interpretation based upon specific facts and circumstances. Most calling plans also provide for free or unlimited calls during specific times of the week. Therefore, personal use is not prohibited; however, employees are expected to exercise prudent judgment in keeping their personal calls to a minimum.

Employees in possession of company equipment are expected to protect the equipment from loss, damage, or theft. Upon resignation or termination of employment, or at any time upon request, the employee may be asked to produce the equipment for return or inspection. Employees unable to present the equipment in good working condition within the time period requested (i.e. 24 hours) may be expected to bear the cost of replacement. Employees are responsible for returning equipment to their managers upon separation or leaving a department. Managers assume the responsibility of the mobile device and service deactivation/continuation upon transition of staff.

Employees who separate from employment with outstanding debts for equipment loss or unauthorized charges will be considered to have left employment on unsatisfactory terms may be subject to legal action for recovery of loss.

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# Personal Communication Devices

While at work, employees are expected to exercise discretion in utilizing personal mobile devices. Unless directed otherwise by their department, employees should keep to a minimum the amount of personal phone calls or text messages on work time. Employees may make or receive cellular calls on non-work time (i.e. breaks) in designated non-patient care/non-public areas.

Note: Henry Ford Health employees are, at all times, ambassadors of the System. In particular, employees who are wearing their badge or uniform and are having a conversation on a mobile device may provide visitors and/or patients with the perception that they are on a personal call and not providing appropriate customer service excellence. It is recommended that hands free ear pieces not be used in public facing areas unless specifically job related.

# Camera-Equipped Mobile Device

Camera-equipped communication devices are NOT permitted to be activated in patient care and designated research areas, at any time, without prior authorization of department leadership. Mobile devices with a picture or recording function may also not be activated/utilized in any restroom, exercise


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area, or shower facility.

In order to protect the privacy of patients and guests, photographs may not be taken in patient exam or patient rooms without leadership approval. Business sponsored mobile devices are the property of the organization and as such can be removed from the employee's possession at the discretion of leadership at any time and for any reason. Secondly, employees who abuse this policy will be required to turn in their company business device. Lastly, business units have the automatic right to cancel business mobile devices collectively or individually for fiscal reasons.

## User Safety – Mobile Devices

Employees whose job responsibilities include regular or occasional driving and who are issued a mobile device for business use are expected to refrain from using their device for text messaging or e-mailing while driving. Hands free devices are encouraged in automobiles. Safety is of paramount importance and employees are strongly encouraged to pull off to the side of the road and safely stop their vehicle before placing or accepting a call. Employees who are charged with traffic violations resulting from the use of their mobile device while driving will be solely responsible for all liabilities that result from such actions.

Increase patient safety by limiting electromagnetic interference (EMI) in medical devices used throughout Henry Ford Health caused by electromagnetic energy emitted by mobile devices, two way radios and other radio frequency communication devices. The policy applies to both incoming and outgoing cellular calls.

Electromagnetic energy, continuously emitted by mobile devices, two-way radios and other radio frequency communication devices, may cause electromagnetic interference (EMI), and cause medical devices (both visible and implanted) to malfunction. To provide for the safety of all patients, within Henry Ford Health facilities, "powered up" communication devices are not to be brought within 36 inches of visible medical devices, or patients who may have implanted devices.

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# Procedure

## Procedural Links

Identity and Access Management

## Forms & Guides Links

Enterprise Personally Owned Mobile Device

## Responsibility & Audits

Development of this policy is the responsibility of the Information Technology department in conjunction with subject matter experts through the Enterprise Mobility Executive Sponsors, Information Technology removal of the device or application of the Henry Ford Health Corrective Action Program policy. Leadership Team, Information Privacy & Security Office, and Human Resources. Application of this policy to operations and ongoing monitoring for compliance is the responsibility of operational leadership in


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conjunction with the Information Technology department. Periodic auditing for compliance is the responsibility of the Internal Audit Department at the direction of the Chief Risk & Audit Officer, Henry Ford Health. Inappropriate usage of company sponsored mobile devices may lead to corrective action, including

# Related Documents

Corrective Action Program

Electronic Business Communications

Confidentiality and Information Security

Hybrid/Remote Work

Cleaning, Disinfection and Sterilization of Patient Care Equipment

Identity and Access Management

Enterprise Personally Owned Mobile Device

# References/External Regulations

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HS-002 Glossary of HIPAA Security Terms

HIPAA Security Rule, 45 CFR 164.306(a)(1); 164.312(d)

NCQA (2012) RR5, Elements A.6 and B.3

Smartphone education and materials can be found on the HFH Clinical Informatics webpage

# Appendices

## Appendix A: Smartphone Use for Clinical Staff

Applicable to all team members that utilize deployed smartphone mobile devices for the purpose of providing patient care.

- Smartphones function as computers and provide use cases beyond voice communication.
- Smartphones (personal or business) and other communication devices are to be used in a manner consistent with this policy.

### Procurement/Management of Phones

- Depending on the care setting and role, team members may use a shared or individually assigned smartphone.
- Department leader will assign phones as appropriate. Each department will have shared phones for use.
- Phones are the property of Henry Ford Health and employees are responsible for returning


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equipment to their managers upon separation or leaving a department. Managers assume the responsibility of the mobile device and service deactivation/continuation upon transition of staff.

- For technical concerns, staff will place a ticket for assistance and notify their department leader. If phone is not operational, the team members will utilize a shared smartphone.

## Patient Care Team Member Responsibilities

- Team members will safeguard the smartphone and patient information in the same way they manage security on a desktop/laptop computer, protecting the Henry Ford Health smartphones and network with safe practice around email, websites, and application downloads.
- Responsible to secure their smartphone while in their possession. The phone should remain in the protective case issued to the employee with the phone.
- Ensure their smartphone device is on, charged and working during their worked shift.
- Log in and log out of required applications: Webex for voice calls, Secure messaging, Epic Rover, and alarm management software.
- Patient pictures (ex. Wounds) should only be done from within the Epic Electronic Health Record using Rover, Haiku or Cantu applications. No pictures should be taken or saved on the smartphone.
- Report any loss or breakage to your department leader as soon as possible.
- Install software updates for the smartphone operating system at regular intervals.

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## Individually Assigned Phone Users (single person use)

- Ensure that your phone is always secure and utilizes password or facial recognition to protect content.
- Phone must be charged and present for each shift (recommended that phone is kept secured at your work location between shifts).
- Upon allocation of phone, appropriately sets up and maintains their phone based on Henry Ford Health standards.

## Shared Phones Users

- Staff will utilize and return department specific smartphones to the assigned unit.
- Notify care team of assigned smartphone number at start of shift.
- Log in and log out of required applications: Webex for voice calls, Secure messaging, Epic Rover, and alarm management software.
- Ensure that smartphone is charged and ready for use for next team member's use.
- If a smartphone has been taken home accidentally, contact your department leader and return it within 24 hours.


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## All Revision Dates

9/9/2024, 5/23/2024, 11/3/2022, 5/10/2021, 10/21/2020

## Approval Signatures

| Step Description | Approver | Date |
|---|---|---|
| Chief Technology Officer | Brian Day: Chief Technology Officer | 9/9/2024 |
| Director Client Services | Stephen Manning: Dir- Client Services | 8/27/2024 |
| System Policy Management Office | System Policy Management Offic | 8/27/2024 |
| document owner | Randy Sutton: Mgr-Information Systems | 8/27/2024 |

## Applicability

HF Ambulatory Services, HF Behavioral Health Services, HF Community Care Services, HF Hospital, HF Jackson Hospital, HF Macomb Hospital, HF West Bloomfield Hospital, HF Wyandotte Hospital, Health Alliance Plan, Henry Ford Health

COPY

## Standards

No standards are associated with this document


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Status **Active** PolicyStat ID **18747862**

| | |
|---|---|
| Last Approved | 8/19/2025 |
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| | |
|---|---|
| Owner | Bilal Dabaja: Consultant- HR Svc&Governance |
| Area | Human Resources |
| Applicability | Henry Ford Health Enterprise Wide +HAP |
| Document Types | Enterprise, Policy and Procedure |

# Personal Appearance Standards

COPY

## Applicability

Henry Ford Enterprise-Wide, including HAP

## Scope

This policy applies to all team members, students, volunteers, contractors, vendors and others during workdays, weekends, and off hours who work at all Henry Ford Health operating units and locations when they are in their role as a team member of Henry Ford Health. Team members who are required to wear a uniform must comply with their approved policy as established by their local operating unit/department.

The implementation, administration and management of this policy shall be the responsibility of Henry Ford Health operational leadership. Additionally each team member is responsible for complying with this policy.

## Background

A key component of promoting "The Henry Ford Experience" is for team members to embrace a diverse environment that takes pride in personal appearance reflecting an image of competence and professionalism. These qualities are essential for the proper, effective, and efficient administration of healthcare services and may contribute to the healing process. Further, the management of Henry Ford Health asks you to support the compliance in relation to infection control/safety protocols and other regulatory requirements of Henry Ford Health. As such, this policy has been established in an effort to engage team members in creating a healthy environment focusing on Patient Care.


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# Definitions

None

# Policy

Henry Ford Health team members are expected to maintain proper hygiene and observe standards of appropriate professional and service excellence focused attire. All Henry Ford Health team members shall present themselves well-groomed, and appropriately dressed at all times while on premises in consideration of the nature of their work, the patients, visitors they serve or interact with, and the team members whom they work with. An operating unit or department (i.e. patient care areas) may choose to implement more restrictive requirements based upon infection control standards and other regulatory or safety requirements. Team members should wear attire appropriate to their work responsibilities and their work environment while presenting a professional appearance to the patients, co-workers, and communities we serve.

The Henry Ford Health workplace personal appearance standards policy can be summarized in two words: "Dress Appropriately"

# Procedure

Listed herein are some general guidelines to assist leaders and team members:

| Appearance Standards Item | Acceptable Guidelines |
|---|---|
| Clothing | Clean, neat, pressed, in good repair and appropriate size |
| Nametags/Patient Call Light System Sensors: (See Employee Identification Program policy) | • Worn and visible at all times when at work<br>• Name and picture must be visible.<br>• Badges should be worn above the waistband<br>• Patient Call Light System sensors (at applicable locations) worn at all times when at work. The sensor must be worn in a manner that does not obstruct the signal from the call light system above the waist and not in front of or behind the ID badge. |
| Hair | • Neat, clean and groomed style.<br>• Beards, sideburns and mustaches will be neatly trimmed.<br>• Hats / baseball caps and sunglasses are prohibited. Hair/ head coverings should be professional. Henry Ford logo is permitted.<br>• Direct patient care and food service areas:<br>◦ Hair longer than shoulder length should be confined so it will not interfere with customer service or patient care.<br>◦ Hairnets required to be worn in food services areas. |

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| Appearance Standards Item | Acceptable Guidelines |
|---|---|
| Nails | • Healthcare workers providing direct care should have clean and trimmed nails that do not exceed 1/4 inch beyond the fingertip.<br>• Artificial nails (acrylic, gel tips, wraps, tapes, bonds, rhinestones, and/or appliqués) are not permitted for those who provide direct patient care in any Henry Ford Health facility. Note: See Hand Hygiene and Hand Care policy.<br>• Food and Nutrition Service workers should have clean and trimmed nails and may not wear fingernail polish or artificial nails unless wearing intact gloves when working with food. Note: See Infection Control/HACCP Program policy. |
| Scent | • Use of deodorant & light, mild perfume or after-shave, light scented mouth wash<br>• Cologne, perfume and scented lotions should be avoided in patient care areas.<br>• All clothing worn during the shift must be free of the odor of tobacco and/or marijuana.<br>• Breath, skin, and hair must also be free from any scent of tobacco and/or marijuana |
| Jewelry | • Earrings should be complimentary to the clothing; not excessive. Jewelry should be minimal in patient care areas. Patient care areas refer to Infection Control protocols. Safety is our guide. |
| Shoes | • Style appropriate as defined by department dress code and safety needs.<br>• Shoes should complement the clothing<br>• Open-toed shoes/sandals are permitted in non-clinical office settings provided the team member has no direct contact with patients.<br>• Shoes referred to as “flip-flops” are not permitted. Crocs are required to have back straps and perforated shoes are not permitted due to safety concerns. |
| Makeup | • Complimentary to natural features |
| Pants/Slacks | • In non-clinical business settings and during non-work hour weekends, denim, including jeans, can be worn for Henry Ford Health sponsored team member engagement and/or fundraising activities provided they are in good condition, appropriately fitted, hole/slit free and paired with appropriate |

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| Appearance Standards Item | Acceptable Guidelines |
| --- | --- |
| | business casual attire. |
| Skirts/Dresses | • Sleeveless dresses without jackets are permitted in non-clinical settings provided the team member has no direct contact with patients. |
| Shirts/Blouses | • Neat, clean, pressed shirts, blouses or sweaters.<br>• Henry Ford Health approved image apparel.<br>• Approved uniform policy if applicable.<br>• Sleeveless tops without jackets are permitted in non-clinical settings provided the team member has no direct contact with patients. |
| Tattoos | • Tattoos are allowed as long as the verbiage and images are aligned with Henry Ford Health Mission and Values. |
| Electronics | • Non-Henry Ford Health electrical devices, headphones, ear buds or Bluetooth devices may not be worn while completing job responsibilities in patient care areas. |

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## Uniform Standardization Color Chart

Henry Ford Health Operating Units have a uniform colors standardization. The following chart details position, uniform color, picture of color, and general guidelines to ensure uniform standardization across Henry Ford Health.


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# Uniform and Scrub Standardization Color Chart

The following chart details position, uniform color, picture of color, and general guidelines to ensure uniform standardization across HFH.

| Position | Scrub Color | Picture of Color |
|---|---|---|
| CAT/NA/MA/ER Techs/Paramedic (IP) | Burgundy |  |
| Food & Nutrition Services Staff | Emerald Green / Black slacks |  |
| Housekeeper | Olive Green |  |
| Patient Transporter | Royal Blue |  |
| Sitter | Khaki/Tan |  |
| Lab | Hunter Green w/approved jacket |  |
| Imaging | Gray (Pewter) |  |
| LPN | Caribbean Blue |  |
| Mammography Technologist | Pink |  |
| Nurse Extern | Plum |  |
| Occupational Therapy | Ceil Blue |  |
| Pharmacy | Navy Blue w/approved jacket |  |
| Physical Therapy | Ceil Blue |  |
| Plant Operations/Facilities including skilled trades, electricians, engineers, painters, plumbers, life safety, etc. | Medium blue shirt with Henry Ford Health logo on one pocket and "Plant Operations" on the other. Black slacks.<br>Painters will have the above logo but wear the traditional painter's shirt & trousers. |  |
| Registered Nurse | Navy Blue |  |
| Respiratory Therapist (RT)/Express | Black |  |
| Supply Chain (Shipping/Receiving/Distribution) | Black |  |
| Surgery/Procedural (Cath, Endo, etc.) | Misty Green (Facility supplied) |  |
| Valet Staff | Henry Ford Health blue shirt, black cargo pants, dark blue winter jacket. |  |
| Health Unit Coordinator (HUC) / Unit Secretary / Medical Office Assistant (MOA) | Steel Gray |  |
| Patient Advocate / Staffing Coordinator | Business Casual Attire | |

**Note:** Color reproduction varies by computer monitor and printer. If you have questions about your uniform color, contact your manager or supervisor.

### General guidelines

- Scrubs or uniforms must be approved color. Scrub top, bottoms, or scrub dress must be solid.
- White or color coordinated scrub jacket or warm-up jacket made of fleece or cotton blend may be worn. A print scrub jacket will be a majority of the scrub color.
- A solid color or white or black short or long sleeve or turtleneck shirt may be worn under a scrub top or scrub jacket.

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# General Guidelines

*(Position)* Uniform Standard (Female/Male)

A. Scrubs or uniforms must be approved color of *(color)*. Scrub top, bottoms, or scrub dress must be solid *(color)*.

B. White, *(color of scrubs)*, or color coordinated non-hooded jacket/top made of fleece or cotton blend may be worn. A print scrub jacket will be a majority of the scrub color.

C. A solid *(color of scrub)* or white or black short or long sleeve or turtleneck shirt may be worn under a scrub top or scrub jacket.

D. Hospital laundered scrubs are supplied to staff working in procedure areas, such as the OR, Cath Lab, Interventional Radiology and Labor and Delivery. Other areas using hospital laundered scrubs may be identified by each Operating Unit. Hospital laundered scrubs are expected to be returned to the designated dirty scrub location at the end of each shift. In the case of a Covid-19 or other infectious disease surge, the use of hospital laundered scrubs may expand to those caring for affected patients as identified at the discretion of the Operating Unit or the Incident Command Center, i.e. ICU, Converted Units, ED, EVS, RT, etc.

E. ORs wears misty green. For the OR iMRI room we have bright green to differentiate as they have no pockets. That is a safety strategy to keep people from entering the restricted space with anything in their pockets (metal).

COPY

# Smoking Cessation Assistance

Any team member who wishes to receive information and/or assistance to quit smoking can contact the Center for Health Promotion and Disease Prevention at (313) 874-1885.

# General Assumptions/Exceptions

- Dress to show respect for Henry Ford Health customers, patients, colleagues and oneself.
- Take the extra steps to represent oneself to others in a manner that states: "We dress this way because we respect you."
- Be sensible. Review the impact of the specific duties of the department when deciding uniform standards.
- Henry Ford Health has adopted the position for infection control reasons; artificial nails (i.e. acrylic, gel tips & overlays) will not be permitted in any Henry Ford Health facility where patient care is delivered. Acrylic nails that meet length restrictions and appearance standards are permitted only in non-clinical settings.
- In non-clinical business settings and during non-work hour weekends, denim, including jeans, can be worn for Henry Ford Health sponsored team member engagement and/or fundraising activities provided they are in good condition, appropriately fitted, hole/slit free and paired with appropriate business casual attire.
- Henry Ford facilities where direct patient care is not delivered include:
    - Community Care Services – Bingham Farms Office
    - Contact Center
    - Health Alliance Plan (HAP)


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- Northfield
- One Ford Place (except Behavioral Health, Research Labs or other patient areas)
- One Jackson Square
- Piquette Medical Records Facility
- Rochester Hills Data Center
- Any Henry Ford Health hospital, medical center, clinic or other facility where there are predominantly patient care services offered is considered a clinical setting

# Policy Violations

Team members who fail to comply with the personal appearance code will be sent home to change outfit and expected to return to work in proper attire. Team members will be charged with unscheduled CTO. Team members who are found to be in violation of this policy may also be subject to corrective action, up to and including termination. See Corrective Action Program policy.

# Related Documents

Corrective Action Program

Drug-Free Workplace

Employee Identification Program

Hand Hygiene and Hand Care

Infection Control/HACCP Program

Smoke-Free Environment

Operating Unit/Departmental Policies

COPY

# References/External Regulations

None

## All Revision Dates

8/19/2025, 6/19/2025, 2/20/2025, 12/3/2024, 9/23/2024, 8/16/2023, 9/9/2022, 8/29/2022, 5/25/2022, 4/6/2021, 8/13/2020, 6/1/2018

## Attachments

Attachment A: Uniform and Scrub Standardization Color Chart


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## Approval Signatures

| Step Description | Approver | Date |
|---|---|---|
| Human Resources Executive Team (HRET) | Antonina Ramsey: EVP & Chief People Officer [BD] | 8/19/2025 |
| System Policy Management Office | System Policy Management Offic | 8/19/2025 |
| Document Owner | Bilal Dabaja: Consultant- HR Svc&Governance | 8/18/2025 |

## Applicability

Ascension SE Michigan, HF Ambulatory Services, HF Behavioral Health Services, HF Brighton Center for Recovery, HF Community Care Services, HF Genesys Hospital, HF Hospital, HF Jackson Hospital, HF Macomb Hospital, HF Madison Heights-Warren Hospital, HF Providence Novi-Southfield Hospital, HF River District Hospital, HF Rochester Hospital, HF St. John Hospital, HF West Bloomfield Hospital, HF Wyandotte Hospital, Health Alliance Plan, Henry Ford Health, Legacy Ascension Laboratory Services, System Search Engine

COPY

## Standards

No standards are associated with this document


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Status **Active** PolicyStat ID **15962315**

| | |
|---|---|
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| Owner | Bilal Dabaja: Consultant- HR Svc&Governance |
| Area | Human Resources |
| Applicability | Henry Ford Health Enterprise Wide +HAP |
| Document Types | Enterprise, Policy and Procedure |

# Confidentiality and Information Security

COPY

## Applicability

Henry Ford Health Enterprise Wide + HAP

## Scope

This policy applies to all employees, medical staff, students, volunteers and contractors at all business units and corporate offices of Henry Ford Heath.

The policy and procedures enumerated below shall apply unless such policy or procedures are otherwise specified in a contract to which Henry Ford Health, or a covered operating unit, is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy.

The interpretation, administration and monitoring for compliance of this policy shall be the responsibility of the Executive Vice President, Chief Human Resources Officer and or his/her designee.

## Background

Henry Ford Health, due to the nature of service provided, is entrusted with confidential information regarding patients, employees and customers. Numerous federal and state laws protect people's privacy and the confidentiality of certain information. Every effort is made to safeguard and protect such information from unauthorized access, use and disclosure. This policy is designed to inform all

employees of the necessity for confidentiality in Henry Ford Heath business affairs and the penalty of corrective action up to and including termination and criminal prosecution for any policy violation.

# Definitions

None

# Policy

## Confidential Information

Unauthorized use or disclosure of confidential or privileged information of any nature regarding patients, employees (other than wages and other terms and conditions of employment), partners, customers, or the organization is prohibited.

Examples of confidential information include, but are not limited to the following confidential non-public information:

- all current and past patient and medical service provider information;
- all current and former employee personnel files;
- any information and/or identification regarding individual subscribers, physicians, or providers and information related to prospective employer groups and trade associations;
- any data or information regarding policies, practices in place or hereafter developed by Henry Ford Heath employees;
- marketing campaigns and strategies and customer lists developed by Henry Ford Heath employees;
- data or information regarding Henry Ford Heath employees, including but not limited to medical condition, diagnoses, medical history, social security numbers and/or personnel records (other than employee wages and other terms and condition of employment); and
- all correspondence of any nature and in any medium;
- employee, patient, volunteers', medical staff, students' and contractors' social security numbers.

Improper conduct includes, but is not limited to:

- unauthorized access to, disclosure, dissemination or copying of any confidential information described above;
- using or attempting to use or obtain another person's ID and password or security code, or allowing the use of one's user ID and password or security code by another;
- unauthorized modification of confidential information or database structure;
- unauthorized access, whether internally or from or to a remote location;
- unauthorized use or release of Henry Ford Heath proprietary information; and
- removing information from Henry Ford Heath premises;

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This policy does not restrict employees from discussing their wages and terms and conditions of employment with fellow employees.

Inappropriate access to, modification, destruction, or disclosure of confidential information as described above in any format (e.g., electronic, print, audio or video media) is prohibited.

# Electronic Media

It is the intent of Henry Ford Heath to maintain and secure the integrity of records kept on electronic media, including personal computers, local area network servers, departmental systems, mainframe systems and electronic mail systems. Information stored on electronic media remains the property of Henry Ford Heath which retains the right to full access to the data at any time. It is the intention of Henry Ford Heath to access electronic mail data for legitimate business reasons, and it is recommended that employees do not keep highly personal or confidential data on the electronic mail system. See also Electronic Business Communications policy.

Corporate data (information in the corporate databases, whether in PC's or the mainframe) is confidential. Software developed by Henry Ford Heath employees is the sole property of Henry Ford Heath. Software developed and/or purchased by Henry Ford Heath or its operating units is protected by copyright laws and is restricted to business use only. Violation of copyright laws is punishable by fines and/or imprisonment.

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Henry Ford Heath prohibits any type of electronic recording (i.e. audio, video etc.) by an employee, volunteer, student, agency personnel, and contractors without prior expressed consent of all parties involved. Employees, volunteers, students, agency, or contractors who engage in any electronic surveillance, eavesdropping, unauthorized or secret recording of any communications or meetings while on Henry Ford Heath premises will be subject to corrective action. *See also* Electronic Business Communications policy.

Henry Ford Heath expressly prohibits the following as well:

- personal and/or commercial use of hardware, software or corporate information;
- making copies of software for personal and/or commercial use;
- using unauthorized software;
- relocating computer hardware without proper authorization;
- transferring software from one PC to another; and
- taking computer hardware or software off-site without proper authorization.

# Intellectual Property

All information created, generated or received by Henry Ford Health employees becomes, and is, the sole property of Henry Ford Health.

# Procedure

Employees are responsible for knowledge of and adherence to all security policies, standards and

procedures when accessing and utilizing confidential information. All current and future pertinent Human Resources, Corporate and Business Unit policies apply. It is the responsibility of leadership to promote employee education and awareness regarding access to, and utilization of confidential information.

Violation of this policy may result in corrective action up to and including termination and criminal prosecution. Patient Safety Events involving employees are governed under separate guidelines as outlined in the system Tier 1: Response to Safety Events – Just Culture policy

# Related Documents

Corrective Action Program

Electronic Business Communications

Response to Safety Events – Just Culture

# References/External Regulations

None

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## All Revision Dates

6/4/2024, 5/20/2021, 3/1/2018

## Approval Signatures

| Step Description | Approver | Date |
|---|---|---|
| Human Resources Executive Team (HRET) | Antonina Ramsey: EVP, Chief Human Res Officer [BD] | 6/4/2024 |
| System Policy Management Office | System Policy Management Offic | 6/4/2024 |
| Document Owner | Bilal Dabaja: Consultant- HR Svc&Governance | 6/4/2024 |

## Applicability

Ascension SE Michigan, HF Ambulatory Services, HF Behavioral Health Services, HF Brighton Center for Recovery, HF Community Care Services, HF Genesys Hospital, HF Hospital, HF Jackson Hospital, HF Macomb Hospital, HF Madison Heights-Warren Hospital, HF Providence Novi-Southfield Hospital, HF River District Hospital, HF Rochester Hospital, HF St. John Hospital, HF West Bloomfield Hospital, HF

Wyandotte Hospital, Health Alliance Plan, Henry Ford Health, Legacy Ascension Laboratory Services, System Search Engine

## Standards

Standard Body: IM.02.01.01 EP03

Chapter: Information Management (IM)

COPY

Status **Active** PolicyStat ID **17222130**

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|---|---|
| Last Approved | 12/17/2024 |
| Effective | 12/17/2024 |
| Next Review | 12/17/2025 |
| Owner | Johanna Skolnik: Dir- Information Privacy |
| Area | Information Privacy |
| Applicability | Henry Ford Health Enterprise Wide |
| Document Types | Enterprise, Policy and Procedure |

# Workforce Members Responsibilities Regarding Use and Disclosure of PHI

COPY

## Applicability

Henry Ford Health Enterprise Wide

## Scope

Applicable to all workforce members at all business units and departments within the Henry Ford Health and its affiliates who are part of the Organized Healthcare Arrangement (OHCA) excluding Health Alliance Plan and its subsidiaries. Also applicable to Business Associates, contractors, vendors, volunteers, and students that access, use, or disclose any information assets created, managed and maintained by Henry Ford Health or on behalf of Henry Ford Health.

## Background

This policy summarizes workforce members responsibilities for protecting PHI.

## Definitions

See HIPAA Uses and Disclosures of Protected Health Information – General Terms/ Definitions

# Policy

It is the policy of Henry Ford Health to define its Workforce Members responsibilities regarding HIPAA regulations, compliance and protection of the privacy of PHI.

# Procedure

A. All members of the Workforce may only use or disclose PHI as permitted or required by HIPAA and Henry Ford Health policies and procedures.

B. All members of the Workforce are responsible for safeguarding the privacy of patient PHI.

C. All Workforce Members must use and disclose PHI only as authorized by their job description or as authorized by a supervisor and consistently with all applicable HIPAA policies and procedures.

D. Verbal discussions of PHI with other Workforce Members or with patients and family members should be conducted in a manner that limits the possibility of inadvertent disclosures.

E. All Workforce Members are required to complete privacy training upon entering Henry Ford Health's workforce and yearly thereafter.

F. Other Workforce Member responsibilities include:

1. Report suspected violations of the policies and procedures.
2. Reporting suspected violations of a Business Associates' contractual obligations.

G. Reporting suspected violations

1. Contact the Information Privacy & Security Office (IPSO) at (313) 876-9561 or email IPSO@hfhs.org;
2. *Call the Henry Ford Health Compliance Line (888) 434-3044;
3. Contact your local Privacy Representative

- You have the option to anonymous when calling the Henry Ford Compliance Hotline

Questions about this policy should be directed to the Information Privacy & Security Office at (313) 874-9561 or email IPSO@Henry Ford Health.org

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# Related Documents

Uses and Disclosures of Protected Health Information – General Terms/ Definitions

# References/ External Regulations

System i-Comply Training

## All Revision Dates

12/17/2024, 12/5/2023, 12/19/2022, 5/5/2021, 4/15/2019

## Approval Signatures

| Step Description | Approver | Date |
|---|---|---|
| VP, Chief Information Privacy and Security Officer | Christine Wheaton: VP,Chief Privacy,Sec&ITOfficer | 12/17/2024 |
| System Policy Management Office | System Policy Management Offic | 12/13/2024 |
| Document Owner | Johanna Skolnik: Dir-Information Privacy | 12/13/2024 |

## Applicability

Ascension SE Michigan, HF Ambulatory Services, HF Behavioral Health Services, HF Brighton Center for Recovery, HF Community Care Services, HF Genesys Hospital, HF Hospital, HF Jackson Hospital, HF Macomb Hospital, HF Madison Heights-Warren Hospital, HF Providence Novi-Southfield Hospital, HF River District Hospital, HF Rochester Hospital, HF St. John Hospital, HF West Bloomfield Hospital, HF Wyandotte Hospital, Henry Ford Health, Legacy Ascension Laboratory Services, System Search Engine

## Standards

No standards are associated with this document

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# Code of Conduct

## Compliance Department

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# Table of contents



# Henry Ford Health is:

- Community Care Services
- Corporate Services
- Health Alliance Plan
- Henry Ford Behavioral Services
- Henry Ford Genesys Hospital
- Henry Ford Hospital
- Henry Ford Hospitals and Health Networks
- Henry Ford Jackson Hospital
- Henry Ford Macomb Hospital
- Henry Ford Madison Heights Hospital
- Henry Ford Medical Group
- Henry Ford Providence Novi Hospital
- Henry Ford Providence Southfield Hospital
- Henry Ford River District Hospital
- Henry Ford Rochester Hospital
- Henry Ford St. John Hospital
- Henry Ford Warren Hospital
- Henry Ford West Bloomfield Hospital
- Henry Ford Wyandotte Hospital

# Strategic Plan

2024–2026

**Our mission:**
To improve people's lives through excellence in the science and art of health care and healing.

**Our vision:**
We will be the trusted partner in health, leading the nation in superior care and value.

## Engage

### To drive loyalty

**Consumers:**
Deliver a consistent, easy, accessible, and convenient experience that delights unexpectedly.

**Team members:**
Be the premier destination for Education and Talent, by providing a safe and inclusive work environment and enabling the development of extraordinary careers.

## Innovate

### To transform

**Clinical care:**
To improve outcomes to develop and scale breakthroughs in prevention, early detection, and state-of-the-art treatment through research and redesign efforts.

**Operations:**
To reduce cost and improve quality and reliability through the utilization of technology and redesign care models and business functions.

## Grow

### To increase impact

**Lives served:**
Provide superior value and increase our patients and members use of our full suite of health care coverage, products and services.

**Destination care:**
Harness the power of academic medicine to be the most preferred destination for complex care.

Our success outcomes:

**Exceptional experience**

**Compassionate, committed people**

**Safest care & best outcomes**

**Affordable, efficient care**

**Lives & share**

**Net operating income**

Dear Team:

As we continue our bold journey toward the Future of Health, we take great pride in serving southeast Michigan and beyond with world-class care and an unmatched patient experience delivered by the best team in healthcare.

For more than 100 years, Henry Ford Health has maintained a strong reputation as leaders in the communities we serve by living our values of compassion, innovation, respect, and results. With an expanded organization and many new team members, we are excited for that reputation to grow.

That would mean nothing, however, if our reputation were not also built on an unbreakable foundation of honesty and integrity. This, our Code of Conduct, provides instruction on how we conduct business at Henry Ford Health, and outlines the behaviors expected of each of us, including our vendors, board members and volunteers.

This document, along with our Compliance Program, will assist you in understanding and following the laws, regulations, professional standards, and ethical commitments that apply to our work. It is a resource for you when you have questions or need further assistance. More importantly, it also details your duty to report, without fear of retaliation, any activities you believe may be a violation of our Code of Conduct.

We have built a sacred trust with the communities we serve, a trust that must never be broken. To maintain it requires all of us to be committed to holding each other to the highest standards.

After more than 40 years working across this outstanding organization, I'm confident that we will continue to hold true to the standards we have set, and I look forward to working with you as we continue to build on our vision of being a trusted partner in health.

Thank you for your dedication and commitment.

Sincerely,

**Bob Riney**
*President and CEO, Henry Ford Health*

As Henry Ford Health (HFH) workforce members [1], we must support and practice the HFH vision, "We will be the trusted partner in health, leading the nation in superior care and value – one person at a time."

## Each patient is an individual with unique health care needs. We must provide the best possible care focused on these needs and recognize that effective quality and safe medical care requires a cooperative effort with the patient (or designated representative). This principle is carried out by:

- Providing the quality of care and comfort we want for our families and ourselves.
- Treating patients, families, guests and each other with respect and dignity.
- Courteously and sincerely smiling and greeting everyone, using their name when known.
- Using appropriate vocabulary when communicating with others, directly, by telephone or in writing.
- Satisfying each patient's needs, providing genuine care and comfort, concentrating, in turn, on each patient's welfare, and fulfilling even unexpressed wishes and needs.
- Providing personal service, identifying patient preferences, and tailoring service to those preferences.
- Contributing to a proper atmosphere for patients and visitors through careful attention to personal appearance and the appearance of our facilities.

- Collaborating with coworkers, physician, patients, family members, outside agencies, etc. as a team to collectively satisfy all patient needs.
- Receiving complaints and concerns non-defensively and communicating them to the appropriate person, ensuring the patient or family member receives a timely response.
- Providing all patients a level of care based on their diagnosis, treatment needs, care planning and other aspects of patient care.
- Examining and stabilizing patients who request emergency service without regard to ability to pay and only transferring the patient when the medical advantages outweigh the risks as determined by the physician or upon patient request.
- Basing all admissions on patient need, our ability to provide care at the admitting facility, and our contractual obligations to the patient's health plan.
- Encouraging patient to participate in their own care, inquire about their medical care plan and provide advanced directives. We will provide appropriate information to patients so they can consent to treatment on an informed basis, and we will honor their decisions.
- Planning discharges in the best interest of the patient and developing these in collaboration with the patient/ family/ caregiver and the multidisciplinary health care team.
- Provide care that is consistent with Ethical and Religious Directives for Catholic Health Care Services ("ERDs"), as applicable. Consult your leader if you have questions regarding how the ERDs apply to your work.

[1]Workforce members include all full-time and part-time employees, contingents that work an average of 16 hours a week, volunteers, medical staff members, students, scientists, officers, trustees, contractors, and agents.

**As HFH workforce, we must refrain from outside work activities or personal interests that result in or appear to be in a conflict of interest with HFH and we must maintain the highest standards of business ethics.**

## Conflict of interest

We must refrain from participating in outside activities or having financial interests that influence or appear to influence our ability to make objective decisions for patient care and HFH. We must never use our official position or influence to gain an improper advantage, economic or non-economic, for ourselves or our family members, vendors, patients, customers, or associates. (Note: unless otherwise stated, "family members" include parents, spouses, children, siblings, and domestic partners).

Whenever we are involved in any situation that is or might appear to be a conflict of interest, we must disclose it to HFH management. This includes disclosures in response to routine annual disclosure requests, which occur annually for trustees and selected workforce members, and in addition, disclosure of any new situation that is or might appear to be a conflict of interest. If a conflict exists, HFH will work with the workforce member to resolve it. If the conflict cannot be resolved, HFH will take appropriate action such as ending a vendor relationship or terminating employment, depending on the circumstances and nature of the conflict. Advice on handling potential conflicts of interest may be obtained by contacting the Compliance department.

### Guidelines for specific types of business conduct and conflict of interest:

**Gifts:** No gifts of any type or amount, may be accepted by the HFH workforce from Non-Henry Ford Health entities. This includes but is not limited to, companies currently engaged in or under consideration to do business with HFH. We never accept anything of value in exchange for referrals or other business. A gift is any item of value (including but not limited to marketing items, gift cards or food items), if the recipient is not expected to pay for the item.

Gifts received from patients are not permitted. We may not accept or solicit gifts from patients in any form. Additionally, free health care items or services of any value purchased for or provided to patients or physicians unless specifically permitted by a HFH policy – including waiving of charges for professional services as "professional courtesy."

We recognize that certain items are appropriate and do not present a risk of influencing our decisions. We must communicate to vendors, physicians, patients, and others that our values restrict what we can give and receive because we want our services and business relationships to stand on their own. When on-site, our vendor relations policy prohibits us from accepting personal gifts of any kind.

**Business entertainment:** We may accept occasional invitations from vendors to off-site social activities provided that we are accompanied by the vendor, and it is clear to all concerned that acceptance facilitates the business purpose of the relationship and in no way influences our decision-making on behalf of HFH.

**A representative from a supplier we frequently do business with wants to bring lunch for our department. What should we do?**

In general, gifts or take-out food delivered to HFH locations from vendors is prohibited. (See HFH Supplier Code of Conduct). When such meetings need to be held off-site, the meeting may include food under the following circumstances: (1) the choice of location served to promote the overall business purpose of the meeting and any food provided is appropriate and reasonable; (2) only those individuals necessary to conduct the business purpose of the meeting should be in attendance; and (3) such off-site meetings should be infrequent.

**Support is available:** The best 'thank you' any vendor can give is to provide excellent service at a reasonable price.

**Donations:** Donations, gifts, or bequests to HFH are encouraged. They must be freely given, intended to further the mission of the System, not intended to personally benefit an individual workforce member, and not linked to a contractual obligation or other HFH business activity. All donations should be coordinated through the Development department.

**Expert testimony:** We are prohibited from serving as an expert witness if our testimony conflicts or could appear to conflict with the best interest of HFH, or if payment for such services could in any way appear to influence our decision-making on behalf of HFH. Expert testimony must be performed outside of work hours, not use any HFH resources, and should be approved by your manager or department chair.

**Loans:** We may not accept loans from vendors of either a personal or business nature unless the vendor is a commercial lender, and the loan is based on prevailing market terms.

**Nepotism:** It is against HFH policy for an employee to be supervised by a relative, domestic partner, or significant other.

**Consulting:** We and our family members are prohibited from consulting relationships (including speeches, presentation, written articles, etc.) with a vendor if this could appear to influence our decision-making on behalf of HFH. If we wish to participate in a consulting relationship that does not influence our decision-making on behalf of HFH, we need to follow this: (1) should be approved by your manager or department chair; (2) must be conducted outside of work hours and not conflict with our HFH job responsibilities or the best interests of HFH; (3) must not use HFH resources or be conducted on HFH property; (4) must not utilize the services of any subordinate; and (5) must be documented in writing and paid accordance with fair market value. It will not be an inducement or reward for referrals or prescribing patterns. (Note: compensation for participation in marketing activities on behalf of Industry is prohibited).

**Outside employment:** Workforce members must obtain leadership approval and as applicable Human Resources approval prior to engaging in any arrangement with Non-Henry Ford Health entities. Leadership approval must be consistent with the conflict-of-interest policy, HFMG Charter, and HFMG Patient Care Activities policy.

**Physician relationships:** We must structure all business arrangements with physicians to ensure compliance with legal requirements. Such arrangements must be in writing, at fair market value, and approved by the HFH Legal department. Verbal arrangements are prohibited.

**Prizes or awards:** If we receive a prize or award from a vendor, we must disclose this by requesting and submitting a completed conflict of interest disclosure form and abide by any decisions made as to the ultimate disposition of the prize or award.

**Discounts from vendors:** Discounted purchases of goods or services from a vendor for personal use are only permitted if they are part of the HFH workforce member discount program.

**Referrals:** We must never compensate anyone in any way for patient referrals nor can we accept compensation for referrals we make.

**Serving on Boards:** If we sit on the board of directors or advisory board of an organization that has a relationship or does business with HFH, we must obtain approval from our immediate supervisor, abstain from decisions that impact or appear to impact the relationship between the organization and HFH. If attendance at outside board activities is during HFH time, compensation should not be offered or accepted. Any involvement on the board of an organization must be disclosed to HFH.

**Sponsorships:** All solicitation of Non-Henry Ford Health entities for sponsorship, CME activities, department activities, functions, events, fundraisers must be conducted by Henry Ford Development Department to ensure that the philanthropic support is unrelated to any business relationship. Business discussions and philanthropic activities must be separate. Vendor sponsorship of an outside function which personally benefits any employee or family member is prohibited.

All payments received from non-Henry Ford entities must be for a bona fide business purpose documented in writing and shall not be for the purpose of access. All philanthropic payments must be sent to the Development Department who will receive, record, deposit to the appropriate account, and acknowledge the donation.

**Vendor funded travel:** All vendor sponsored travel must not be paid for unless it fulfills a bona fide educational, research, or consultative purpose and must directly benefit HFH. This must be disclosed to HFH.

**Vendor relationships:** The value of goods and services supplied by vendors must be judged by their utility, quality, and pricing, not on the ability of the vendor to influence us in any other way. At HFH we:

- Restrict and monitor vendor access to our facilities, particularly to patient care areas.
- Educate vendor representatives as to the conduct expected of them while on our premises and certify them as qualified to visit these facilities.
- Communicate the strict guidelines as to what "donations" may be accepted from a vendor and by what process.
- We must not conduct business on behalf of HFH with a family member, other relative, or with a company of which are an officer, director, principal, employee, or agent without first advising the Compliance department so that appropriate advance approval can be sought, and management plans put into place.

**Waiving of charges:** To comply with private insurance and government regulations, we, as health care professionals, may not waive charges for services as a "professional courtesy."

# As HFH workforce members, we must know, understand and comply with all laws, regulations and professional organization requirements that apply to our jobs.

## The False Claims Act

As a recipient of federal health care program funds, including Medicare and Medicaid, HFH is required by law to include in its policies and provide to all workforce members, students, agents and contractors, detailed information regarding the federal False Claims Act and applicable state, civil and criminal laws intended to prevent and detect fraud, waste and abuse in federal health care programs.

## What is the False Claims Act?

The False Claims Act is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim regarding any federal health care program, which includes any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government or any State health care program. "Knowingly" includes having actual knowledge that a claim is false or acting with "reckless disregard" as to whether a claim is false. Examples of potential false claims include knowingly billing Medicare for services that were not provided, submitting inaccurate or misleading claims for actual services provided, or making false statements to obtain payment for services.

The False Claims Act contains provisions that allow individuals with original information concerning fraud involving government health care programs to file a lawsuit on behalf of the government and, if the lawsuit is successful, to receive a portion of recoveries received by the government.

## State laws

In most states it is a crime to obtain something (i.e., such as a Medicaid payment or benefit) based on false information. In addition to the federal law, Michigan has adopted similar laws allowing individuals to file a lawsuit in state court for false claims that were filed with the state for payment, such as the Medicaid program.

## Penalties for violating the False Claims Act

There are significant penalties for violating the federal False Claims Act. Financial penalties to an organization that submits a false claim can total as much as three times the amount of the claim, plus fines of $13,946 - $27,894 per claim, adjusted per inflation. In addition to fines and penalties, the courts can impose criminal penalties against individuals and organizations for willful violations of the False Claims Act. The false claims law adopted in Michigan also carries up to 10 years in prison and a $50,000 fine per claim.

## Protections under the False Claims Act

The federal False Claims Act protects anyone who files a lawsuit under the Act from being fired, demoted, threatened, or harassed by his or her employer as a result of filing a False Claims Act lawsuit. Similar protections are also provided to individuals under the state False Claims Act laws adopted in Michigan.

## What is fraud and abuse?

**Fraud and abuse laws generally prohibit the following:**

- Submitting inaccurate or misleading claims for services provided.
- Submitting claims for services not provided.
- Submitting claims that don't meet payer requirements (e.g., coverage for services).
- Making false statements or representations to obtain payment for services or to gain participation in a program.
- The offer or payment of money, goods, or anything of value in return for the referral of patients to a health care provider.
- Offering or giving something of value to patients to encourage them to use or purchase health care services.

## Antitrust matters

Antitrust laws forbid companies from doing business in a way that gives them too much control in the marketplace. The purpose of these laws is to preserve competition. These laws could affect your dealings with patients, doctors, payers, suppliers, and competitors of HFH. The antitrust laws are violated if competitors agree to:

- Fix prices or pricing methods.
- Allocate patients, payer contracts or regions.
- Boycott or refuse to do business with a payer, physician, provider, or other party.

## Billing for services

We take great care to ensure that all billings are for services that are medically necessary and supported in the medical record. Bills must accurately reflect the services provided and comply with all applicable federal and state laws and regulations. We must provide an explanation of charges with the bill and provide a means of answering patient questions and resolving differences.

## Copyright and patent

We comply with all copyright and patent laws. We must not:

- Share software with more people than are allowed under the license agreement.
- Duplicate copyright materials without proper permission.

## Political contributions and lobbying

We do not engage in activities that may jeopardize the tax-exempt status of HFH, including a variety of lobbying and political activities. If we, as individuals, support a candidate for political office, a political party, an organization, or political action committee, support must be conducted on our own behalf, time, and expense. HFH may not contribute money, property, or services to any political candidate, party, organization, committee or individual. All HFH contacts with government bodies and officials must be conducted in an honest and ethical manner, without an attempt to influence by the offer of any improper benefit. Requests or demands by a governmental representative for any improper benefit should be immediately reported to the Legal department.

## Taxes

As a nonprofit tax-exempt entity, HFH has a legal and ethical obligation to act in compliance with applicable laws, engage in activities in furtherance of its charitable purpose, and ensure that its resources are used in a manner which furthers the public good rather than the private or personal interests of any individual. Consequently, HFH and its employees must avoid compensation arrangements in excess of fair market value, accurately report payments to appropriate taxing authorities, and file all tax returns in a manner consistent with applicable laws.

## Research

HFH is committed to high standards of ethics and integrity when engaging in research. Any dishonesty, misconduct, fraud, or harm to research subjects may damage the reputation and credibility of searches, the communities we serve and HFH. Researchers must be knowledgeable about applicable laws and regulations and HFH policies and procedures regarding compliance with research activities. Contact Research Administration or the Compliance Department regarding questions related to the Research requirements or the specific department referenced in a section.

## Grant and contract management

HFH may receive money in the form of grants and contracts to conduct specific research studies. The grant/contract awarding organization may be a state or federal government agency or a non-profit company. Effective grant/contract management requires HFH to demonstrate accountability with federally funded research and industry sponsored funds and comply with specific terms and conditions of contracts and grants. Proper processes must be in place to ensure compliance with all federal, state, and agency rules and regulations as well as HFH policies and procedures related to research and grant management. Understanding these requirements prior to accepting an award is also important because this information as well as additional approvals may be necessary for the application and award acceptance processes.

## Human subjects research

All human subjects research at HFH shall have Institutional Review Board (IRB) approval or determination of exemption from IRB oversight. The IRBs also perform Privacy Board responsibilities as required under HIPAA. It is important to determine if a project is classified as research or another activity, such as performance improvement, quality assurance or program evaluation.

## Data research and biorepositories

Human subjects research includes obtaining information or biospecimens through intervention or interaction with an individual and using, studying or analyzing the information or biospecimens; or obtaining, using, studying, analyzing or generating identifiable private information or identifiable biospecimens. IRB approval is required for creation of a biorepository or database if one purpose of the biorepository/database is for research, even if it is not the primary purpose. Individuals shall obtain IRB approval or a determination of exemption from IRB oversight before accessing any tissue or other biospecimens; or data including patient information for systematic analysis.

## Clinical research billing compliance

Clinical research tests and procedures may be paid for by the sponsor of the study or may be reimbursable by a federal, state or private payer subject to coverage criteria. Determining how each research test and procedure will be paid and accurately communicating the coverage to the research subject and billing department is essential to ensure accurate billing occurs. For questions or assistance with research billing, contact the Clinical Trials Office.

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## Animal subjects research

All vertebrate animal research shall be approved by a HFH-designated Institutional Animal Care and Use Committee (IACUC). Researchers are responsible for proper animal care and handling of animals used in their studies, in accordance with applicable federal and state regulations, and HFH policies and procedures.

## Conflict of interest management

Potential conflicts of interest shall be identified and managed to promote objectivity and eliminate bias or the appearance of bias in research. A research conflict of interest may exist when a researcher's personal financial, intellectual or equity interest could directly and significantly affect the design, conduct or reporting of the research. Researchers shall report personal interests related to their institutional responsibilities as required by federal and state regulations, and HFH policies and procedures. The Compliance Department oversees conflict of interest for HFH and collaborates closely with the Institutional Review Board (IRB) to ensure compliance with the federal, state, and agency rules..

## Research misconduct

Federal regulations prohibit misconduct in research, which includes intentional fabrication, falsification, or plagiarism in proposing, conducting, reviewing or reporting research results. Honest errors or differences of opinion do not constitute research misconduct. Formal research misconduct inquiry and investigation procedures are followed to determine if research misconduct occurred and protect the rights of all individuals involved. Anyone who suspects research misconduct should immediately contact the Research Integrity Officer to discuss concerns. The Research Integrity Officer can be contacted by reaching out to Research Administration or contacting the Compliance Hotline.

**As HFH workforce members, we must comply with all HFH policies and procedures designed to ensure proper and legal employment practice or appropriate standards of workplace environment.**

## Employment policy and practice

**Equal opportunity employment:** HFH does not discriminate in the recruitment, hiring, promotion, termination or any other condition of employment or career development based on race, religion, national origin, sex, age, marital status, sexual orientation, height, weight, disability, citizenship, or veteran status. Unlawful discrimination includes harassment of individuals based on any of these factors.

**Sanctioned individuals:** HFH screens for and does not employ individuals or entities ineligible to participate in federal or state health care programs.

**License and Certification renewals:** If we are required by law to be licensed, certified, or otherwise credentialed to perform our services, we must keep our licenses/certifications current and report all status changes in license/certification as soon as possible following the change.

**Employment of family members:** Though employment of our family members is acceptable, relatives must not work together in a supervisor/subordinate relationship (Note: for employment purposes, family member is defined as first cousin or closer, naturally, by law or by marriage).

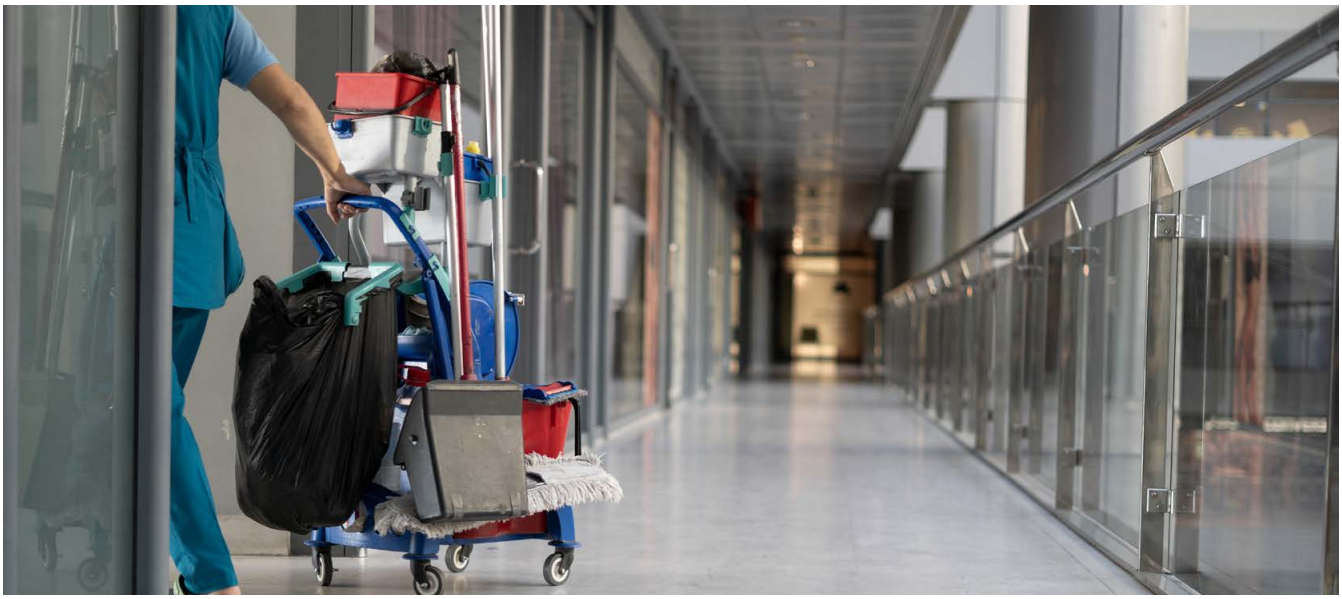
## Workplace environment

**Environment health and safety:** Keeping the workplace clean and safe helps everyone. We must learn the health and safety rules relating to our job and make sure we always follow them.

**Alcohol and drug abuse:** When we report to work and while at work or on HFH property, we must remain free from the effects of alcohol and drugs that could adversely affect our ability to perform our job.

**Harassment | Sexual harassment:** We must avoid behavior that might result in harassment of other employees, patients, or visitors. Harassment includes but is not limited to verbal abuse, suggestive comments, inappropriate gestures, and physical contact.

**Workplace threats and violence:** HFH intends to provide a safe and non-violent environment for its employees and customers. Threatening, harassing, intimidating, physically or verbally abusing or coercing HFH employees, patients, guests, visitors, or supervisory personnel is considered a serious offense. Employee conduct of this nature will be promptly investigated with immediate and appropriate corrective action taken, up to and including termination.



## As HFH workforce members, we must preserve and protect institutional assets by making prudent and effective use of resources and accurately reporting their use.

### Employment policy and practice

**Work ethic:** While at work, we must be personally accountable and responsible for the work we do, realizing that compensated time spent non-productively wastes HFH resources.

**Theft and waste:** We must protect HFH equipment and supplies from theft and waste. We are in violation of System policy if we steal or misuse money, information, equipment, or supplies, or falsify time sheets. We must spend HFH assets as carefully as we would our own. Any employee who steals or misuses HFH property, regardless of value, can be discharged and/or be subject to criminal prosecution.

**Internal controls:** HFH has established control standards and procedures to ensure that assets are protected and properly used, and that financial records and reports are accurate and reliable. We all share responsibility for maintaining and complying with internal controls.

**Financial reporting:** All financial reports, cost reports, accounting records, research reports, audits, expense accounts, time sheets and other documents must be accurate and clearly represent the relevant facts. Improper or fraudulent accounting, documentation or financial reporting is contrary to the policy of HFH and may be in violation of applicable laws. All transactions conducted in the name of HFH are subject to established authorization and recording procedures.

**Travel and entertainment:** Travel and entertainment expenses should be consistent with job responsibility and HFH needs and resources. We must comply with all HFH and business unit policies relating to travel and entertainment.

**Marketing and advertising:** HFH does not allow the creation of marketing or advertising campaigns including media purchase and placement of advertising by staff outside the HFH Marketing department. All marketing content, images, audio, and video or like materials used by HFH are the exclusive property of HFH. Content cannot be used or duplicated without the express written consent of the HFH Marketing department.

It is our policy for marketing materials to reflect only services available, and the level of license and accreditation held.

**Corporate identity:** The HFH trademark is the equity of the System and is what distinguishes the HFH name in the mind of the consumer. The HFH trademark is a corporate asset, registered with the Patent and Trademark Office. The HFH logo must always be presented consistently, and its integrity must always be maintained in accordance with the HFH Corporate Identity Standard Guidelines.

**Actions or behaviors that jeopardize the privacy and security of personal health information or other confidential business information can result in disciplinary action.**

### Question:

I think that my co-worker is violating a provision of the Code of Conduct and HFH's policy, but I don't want to get her in trouble.

### Answer:

Wanting to protect your colleague is understandable, but you have an obligation to report all potential violation of HFH's policy to an appropriate person or resource. If you believe your colleague has violated a policy, this Code of Conduct or any law or regulation, you should contact your manager or the Compliance Department immediately.

**As HFH workforce, we must comply with all policies and procedures designed to ensure proper recording, retention, transmission, confidentiality and security of all clinical and business information.**

## Information privacy and security

Protecting patient and other sensitive information is key to maintaining patient and co-worker trust. The Information Privacy & Security Program includes oversight for various sets of data including patient, member, employee, financial and business information. Workforce members are required to access, use, and transmit sensitive information in accordance with HFH policies and procedures and support a "culture of confidentiality."

**Patient information:** All patient information is confidential and must never be shared with anyone unless there is a legitimate need to know, or the disclosure is authorized by the patient or permitted by applicable law.

**Business information:** All information used daily to conduct HFH business is confidential and should only be shared internally with persons whose job requires it.

**HFH business strategies and operations:** Sensitive information about HFH business strategies and operations is a valuable asset. We all have an obligation to treat information about business operations and projects as confidential and proprietary. We maintain confidentiality and do not share information with third parties or the public. We share confidential and proprietary information internally only with designated individuals who have a need to know the information. If our relationship with HFH ends for any reason, we are still bound to maintain the confidentiality of sensitive information obtained during employment.

## Devices and electronic media

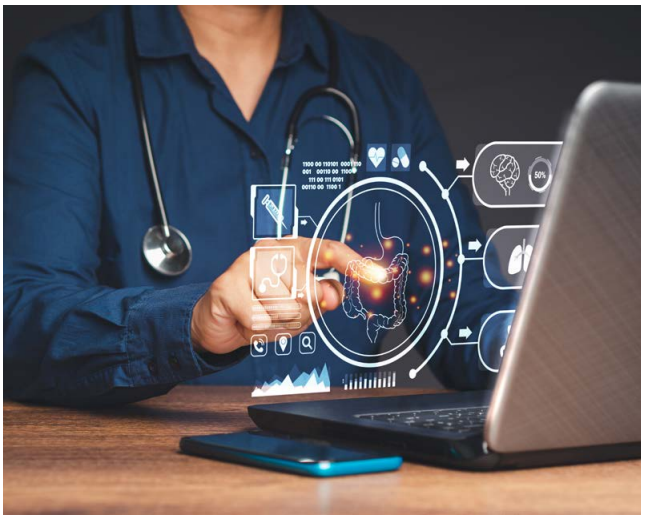
All electronic media, issued by HFH, such as laptops/computers, tablets, flash drives, telephones, voicemails, Internet access and electronic mail (e-mail) are provided to workforce members solely to facilitate appropriate business communications. In addition, personal devices used for HFH business purposes should only be used in accordance with policies ensuring the security of electronic media. The content is the property of HFH and HFH maintains the right to monitor and retrieve all such communications.

## Electronic threats and scams

The Information Technology department works diligently to protect our electronic perimeter but some scams involving electronic mail may make it to your inbox. One consistent trend targets email communication because it can reach the maximum number of users who may be unaware of the danger. Be aware that authentic-looking emails may attempt to get victims to reveal personal information and use it to distribute viruses or used for identity fraud. If you receive such an email, never provide your User ID or Password, for Our Information Technology department will not request your credentials via email. Immediately use the 'Report Phish' button in your email for proper containment.

## Web policy

HFH leaders recognize the value of web technology, but do not allow the creation of websites or services either in or outside the Henry Ford networks, without the review and approval of the Web Services, Marketing, and Information Technology departments. Online and electronic content, images, video and other like collateral material used on any of the HFH web properties are the exclusive property of HFH and cannot be used on other properties without the expressed written consent of Web Services, Marketing, or Information Technology departments.



**As HFH workforce members, we must promptly report any observed conduct that violates this code of conduct, a law, regulation, professional organization requirement or HFH policy or procedure.**

## Your role in reporting issues

Compliance with the Code of Conduct is the responsibility of all workforce members. The trust of the entire community, HFH patients and other customers depend on our honesty and integrity. Any HFH employee who fails to follow the standards of the Code of Conduct or other legal requirements, or engages in unethical business practices, must be reported. Once reported, appropriate investigation, enforcement and remedial action must occur.

**Non-retaliation:** HFH maintains an open environment, in which employees at every level of the organization understand that their good faith report of possible non-compliance will be taken seriously, that HFH will not tolerate retaliation, and that if an investigation confirms impropriety, it will be appropriately addressed. HFH encourages all employees to promptly notify management of any known or suspected fraud or insurance abuse, other violations of the law, or non-compliance with work related conduct standards by employees, students, volunteers, contractors, or agents. If your immediate supervisor is not available, there are other options, including talking with another member of management, your Human Resources Business Partner, Compliance Team, or Privacy Lead via the web at www.henryfordhealth.ethicspoint.com.

**Henry Ford Health Compliance Department:** The HFH Compliance Department led by Sue Crysler, Henry Ford's Chief Compliance Officer, promotes open communication without retaliation. While you are encouraged to report concerns directly to your manager, the Compliance Hotline is an objective resource that is available 24 hours, 365 days a year:

- **By phone: 1.888.434.3044**
- **By email: Compliance@hfhs.org**
- **Online: www.henryfordhealth.ethicspoint.com**

## Final points to remember

- Violation of the Code of Conduct and related policies may lead to corrective action, up to and including termination and criminal prosecution.
- Each of us has a sense of what is right and wrong that guides our daily life. If we experience anything that does not seem to be included in or prohibited by the Code but is "not right," we must report any suspected violation of this code of conduct.
- Our HFH Code of Conduct, like all such sets of standards, cannot cover all possible relevant topics and, from time to time, must be revised. Please contact the Compliance Department with any ideas as to how our Code can be more complete or effective. The most up-to-date version of the Code can always be viewed on the HFH intranet site, directly or through a link from the HAP intranet site.

HENRY FORD HEALTH®

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HENRY FORD HEALTH

# Emergency alerts

| Emergency | New: Plain Language | Old: Color Codes |
|---|---|---|
| Adult/pediatric medical emergency | Attention, this is a Code Blue Alert (Location). Attention, this a Code White Alert (Location). | CODE BLUE / CODE WHITE |
| Bomb threat | Attention, this is a Security Alert. Security assistance needed for a suspicious package (Location). Avoid area. | CODE YELLOW |
| Combative person | Attention, this is a Security Alert. Security assistance needed (Location). | CODE GRAY |
| Fire | Attention, this is a Facility Alert. Fire alarm (Location). | CODE RED |
| Hazardous material spill/release | Attention, this is a Materials Spill Alert. Service response needed (Location). Avoid area. | CODE ORANGE |
| Internal/external disaster | Attention, this is an Internal/External Alert. Give brief description (i.e., water leak in Location, lost power in Location). Staff is to follow your department plan. | CODE TRIAGE |
| Missing person or child/infant abduction | Attention, this is a Security Alert. A person is reported missing from (Location) matching this description (gender, clothing). Staff, please monitor doors, stairs and elevators. If located, call (your Security dispatch). | CODE GREEN / CODE PURPLE / PINK |
| Severe Weather | Attention, this is a Severe Weather Alert for (Location). Give instructions if necessary. | CODE BLACK |
| Weapon/hostage situation | Attention, this is a Security Alert. Security assistance needed for a person with a weapon (Location). Avoid area. Staff is to follow your department plan. (Further instructions if necessary). | CODE SILVER |

## FIRE SAFETY

**R**escue
**A**larm
**C**ontain
**E**xtinguish

**P**ull
**A**im
**S**queeze
**S**weep

## INTERPRETER SERVICES

313.916.1896

## EMERGENCY NUMBERS

These are internal phone numbers unless otherwise noted.

| | |
|---|---|
| **Henry Ford Hospital:** | 16.1111 |
| **Allegiance:** | 7000 |
| **Macomb:** | 4114 |
| **West Bloomfield:** | 25.3333 |
| **Wyandotte:** | 70.2222 |
| **Kingswood:** | 911 |

| | |
|---|---|
| **Brownstown:** | 70.2222 |
| **Cottage:** | 16.1111 |
| **Fairlane:** | 3111 |
| **Lakeside:** | 606.911 |
| **Sterling Heights:** | 601.911 |

**One Ford Place:**
Medical emergency: 911
All other emergencies: 16.1111

**HAP Detroit Building:** 911
**All Other HF Sites:** 911

## EMERGENCY STEPS

- Protect yourself and your patients.
- Assess situation.
- Be alert to your surroundings.
- Communicate with your staff and manager.
- Refer to your department/unit/site/hospital emergency plan.

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