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Behavior and Performance Expectations

HR.HH.1.2605

Purpose:

Hendrick Health and affiliates ("Hendrick") reserves the right to define acceptable employee behavior and performance expectations, and the consequences should an employee fail to comply with such expectations.

Scope:

All Hendrick affiliated facilities, including, but not limited to, hospitals, ambulatory surgery centers, outpatient imaging centers, outpatient ancillary services, hospital outpatient provider-based departments (HOPD), rural health clinics, outpatient clinics and physician practices, and all divisions, services and post-acute care services.

Key Words:

Attendance, Coaching, Compliance Matters, Cultural, Ethical, and Religious Conflict, Decision Making Leave (DML), Demotion, Drug and Alcohol Testing, Drug Free Workplace, Electronic Communication, Employee Competency Requirements, Fair Treatment, Fatigue Management, For Cause Drug Testing, HIPAA Progressive Discipline, Illegal Drugs and Intoxicants, Individually Identifiable Health Information (IIHI), Just Culture, Lateral Violence, Legal Drug, Medical Review Officer, Nondiscrimination, Non-Patient Identification, Personal Computer Equipment, Personal Email, Instant Messaging, or Social Networking, Privacy/Security Violation, Professional Appearance, Progressive Discipline, Protected Health Information (PHI), Random Drug Testing, Reasonable Accommodation, Reminder, Retaliation, Scrubs, Sexual Harassment, Social Media, Suspension Pending Investigation, Tardiness, Termination, Unscheduled Absence, Warning, Workforce, Workplace Bullying, Workplace Harassment, Workplace

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Definitions

Illegal Drug	An illegal drug is defined, for the purposes of this policy, as:
	a. any drug which is not legally obtainable;
	b. any drug which is legally obtainable but has not been legally obtained;

	c. prescribed drugs, not legally obtained or prescribed drugs legally obtained but not being used as prescribed;																						
	d. any substance which a person offers to another as an illegal drug; or,																						
	e. possession of an abusable glue or aerosol paint with the intent to inhale, ingest, apply or use in a manner contrary to directions for use, cautions, or warnings, appearing on a label of a container of the glue or paint.																						
Individually Identifiable Health Information (IIHI)	Health information that either identifies an individual or provides a reasonable basis for identifying an individual, by virtue of containing one or more of the following identifiers. Examples are listed below:																						
	<table border="1"> <tr> <td>a. Name</td> <td>l. Names of Relatives</td> </tr> <tr> <td>b. Street Name</td> <td>m. Names of Employees</td> </tr> <tr> <td>c. City</td> <td>n. Date of Birth</td> </tr> <tr> <td>d. County</td> <td>o. Telephone Numbers</td> </tr> <tr> <td>e. ZIP Code</td> <td>p. Fax Numbers</td> </tr> <tr> <td>f. Equivalent Geocodes</td> <td>q. E-mail Addresses</td> </tr> <tr> <td>g. Social Security Number</td> <td>r. Medical Record Number</td> </tr> <tr> <td>h. Health Plan Number</td> <td>s. Account Number</td> </tr> <tr> <td>i. Certificate/License Number</td> <td>t. Vehicle or Device Serial Number</td> </tr> <tr> <td>j. Finger and Voice Prints</td> <td>u. Internet Protocol (IP) Address</td> </tr> <tr> <td>k. Photo Images</td> <td></td> </tr> </table>	a. Name	l. Names of Relatives	b. Street Name	m. Names of Employees	c. City	n. Date of Birth	d. County	o. Telephone Numbers	e. ZIP Code	p. Fax Numbers	f. Equivalent Geocodes	q. E-mail Addresses	g. Social Security Number	r. Medical Record Number	h. Health Plan Number	s. Account Number	i. Certificate/License Number	t. Vehicle or Device Serial Number	j. Finger and Voice Prints	u. Internet Protocol (IP) Address	k. Photo Images	
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h. Health Plan Number	s. Account Number																						
i. Certificate/License Number	t. Vehicle or Device Serial Number																						
j. Finger and Voice Prints	u. Internet Protocol (IP) Address																						
k. Photo Images																							
Instant Messaging	Instant Messaging is defined as Instant Messaging programs that are not affiliated with or hosted by Hendrick Health and affiliates.																						
Legal Drug	A legal drug is defined as prescribed drugs and over-the-counter drugs which have been legally obtained and are being used for the purpose for which they were prescribed and manufactured.																						
Personal Computer Equipment	Any desktop or laptop computer that has not been purchased, installed and managed exclusively by Hendrick Information Systems, or any computer peripheral device such as flash drives, personal data assistants, or mobile phones that connect to a computer.																						
Personal Email	Personal Email is defined as an email or electronic messaging service not affiliated with or hosted by Hendrick Health and affiliates.																						
Privacy/Security Violation:	Any inappropriate access, use, disclosure, destruction or other misuse of PHI, failure to comply with Hendrick Health's privacy and																						

	<p>security policies, or any violation of federal or state privacy and security regulations. A violation may involve, but is not necessarily limited to, verbal communications, paper medical records, electronic health records, or any other medium used to create, maintain, or transmit PHI. A violation of patient privacy through access to electronic patient health information applications and systems is both a Privacy and Security violation. It is not a violation to disclose PHI in a confidential medical peer review process or in a privileged communication to attorneys representing Hendrick Medical Center.</p>
Progressive Discipline	<p>The process for dealing with job-related behavior that does not meet expected and communicated performance and behavior standards. Each violation is typically addressed through increasingly severe measures, although Hendrick reserves the right to advance to any stage in the process when violations are severe.</p>
Protected Health Information (PHI)	<p>Individually identifiable health information that is created by or received by Hendrick Health, including demographic information that identifies an individual, or provides a reasonable basis to believe the information can be used to identify an individual, and relates to:</p> <ul style="list-style-type: none"> a. Past, present or future physical or mental health or condition of an individual; b. The provision of health care to an individual; or c. The past, present, or future payment for the provision of health care to an individual.
Social Media	<p>Social Media includes, but is not limited to, electronic communications such as, blogging, micro-blogging, participation in online social networks (<i>FaceBook, MySpace, Twitter, Snapchat, LinkedIn, Friendster, TikTok etc.</i>), message boards, podcasts, video and photo sharing (<i>YouTube, Instagram, etc.</i>), and any other existing and emerging electronic communication modalities that are intended to be viewed by groups of known or unknown individuals.</p>
Social Networking	<p>Social Networking Web Sites are defined as websites where users register an identity and contribute comments, pictures, opinions, play games, share information, share files, engage in online discussions that are not associated with Hendrick Health and affiliates and do not pertain to a jobs requirements.</p>
Whistleblower	<p>A person who informs on a person or organization engaged in illegal or unethical activities.</p>
Workforce	<p>Under HIPAA, the workforce is defined to include employees, medical staff members, volunteers, students and other persons</p>

	whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.
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Standards

HR.01.04.01	The hospital provides orientation to staff.
HR.01.05.03	Staff participates in ongoing education and training.
HR.01.06.01	Staff is competent to perform their responsibilities.
HR.01.07.01	The hospital evaluates staff performance.

References

Federal and State Laws and Regulations	Fair Labor Standards Act
	45 CFR, Parts 160-164, HIPAA Privacy and Security Rules
	Texas common law doctrine
	Texas Commission on Human Rights Act
	Texas Occupations Code Chapter 303 (§303.005)
	Title VII of the Civil Rights Act of 1964
	Civil Rights Act of 1991
	Age Discrimination in Employment Act
	Pregnancy Discrimination Act
	Americans with Disabilities Act and ADA Amendments Act
	Genetic Information Nondiscrimination Act
	Lilly Ledbetter Fair Pay Act
	Uniform Guidelines on Employee Selection Procedures
	Immigration and Nationality Act
Immigration Reform and Control Act	
Hendrick Policies	Nursing Policy Controlled Substance Wastage
	Nursing Policy Nursing Peer Review Committee
	Pharmacy Policy Controlled Substances
	Employee Benefits Program 4.4352
	Employment Eligibility 4.4353
	Material Management Policy Vendor Representative Guidelines

Progressive Discipline (Just Culture)

Purpose: Hendrick Health and affiliates ("Hendrick") is committed to a fair and consistent process for managing risk and accountability. Hendrick recognizes that humans are fallible and, as such, will make errors and drift away from their obligations. When this happens, an event investigation using the Just Culture philosophy will be conducted to better understand the risk, the behavioral choices and any system shaping factors in a way which balances individual and system accountability in support of safety and our values.

Definitions:

A. At-Risk Behavior: a behavioral choice that increases risk where risk is not recognized, or is mistakenly believed to be justified.

B. Coaching: a values-supportive discussion with the employee on the need to engage in better behavioral choices.

C. Consoling: a values-supportive discussion that acknowledges the event and the emotions of the person, and seeks to provide an appropriate comforting response.

D. Disciplinary Action: actions beyond remedial, up to and including corrective action or termination.

Levels of Disciplinary Actions include:

1. Reminder: The supervisor will formally address the employee's poor performance and/or inappropriate behavior.

2. Warning: The supervisor will again formally confront the employee's poor performance and/or inappropriate behavior. The supervisor and employee will come to a mutual understanding of expectations for improvement and consequences should the employee fail to improve behavior/performance within a specified time frame.

3. Decision Making Leave: The supervisor, with the approval of the Department Director and Human Resources, will notify the employee that he/she is being put on Decision Making Leave status; thus giving the employee the rest of the present day and the entire following day off with pay to review the previous discussions regarding his/her poor behavior/performance. The employee will not be charged CTO for this time off. The supervisor will advise the employee that, while on Decision Making Leave status, he/she must return to work on a specified date and time with a decision to either improve his/her behavior/performance or resign in good standing.

4. Demotion: The supervisor may, with the approval of the Department Director and Human Resources and final approval of the Vice President, in certain circumstances, as an alternative to discharge, demote (reduce salary and change accountabilities) the employee for unsatisfactory job performance/behavior.

5. Termination: The supervisor may, with approval from the Department Director and Human Resources Director or Vice President, terminate the employee for serious violation of policy or if the progressive discipline actions did not successfully improve the inappropriate employee behavior/performance. Termination may occur following a coaching, reminder, warning, or Decision Making Leave, but in some cases of serious infraction, could occur without going through any or all of the phases.

- E. Human Error: inadvertently doing other than what was intended; a slip, lapse, or mistake.
- F. Just Culture: a framework used to ensure consistency in how breaches of duty are addressed in a supportive, just and ethical environment. The Just Culture supports honest reporting of breaches of duty with the goal of continuous improvement in the organization.
- G. Just Culture Champions: a group of certified Hendrick employees who will review investigations and evaluate each breach through the Just Culture algorithms to determine the appropriate course of action.
- H. Reckless Behavior: a behavioral choice to consciously disregard a substantial and unjustifiable risk.
- I. Remedial Action: actions taken to aid employees including education, training, and/or reassignment to task appropriate to knowledge and skill.
- J. System Performance Shaping Factors: attributes of a work system that seem to impact, positively or negatively, on the likelihood of human errors or behavioral drift.
- K. Personal Performance Shaping Factors: aspects of human behavior and the context (or environment) that can impact, positively or negatively, on the likelihood of human errors or behavioral drift.

Rules:

- A. It is the responsibility of the supervisor to provide ongoing feedback, both positive and negative, to employees.
- B. Disciplinary action for employees will normally be progressive; however, serious infractions may require foregoing the customary progressive procedures up to and including termination.
- C. All disciplinary actions will be documented on the Performance Report Form.
- D. The supervisor, with the approval of the Department Director and Human Resources, may suspend an employee, pending investigation of the alleged inappropriate behavior/ performance. Following an investigation, a decision will be made regarding payment of time away from work. Payment decisions will be made in accordance with the Fair Labor Standards Act (for exempt and non-exempt employees).
- E. Examples of inappropriate behavior include, but are not limited to, the following:
 - 1. Falsifying employment or other company records;
 - 2. Violating a Hendrick policy;
 - 3. Soliciting or accepting gratuities, gifts, or honorariums from patients, patient's families, vendors or customers;
 - 4. Excessive absenteeism or tardiness;
 - 5. Unauthorized use of company supplies, equipment or facilities;
 - 6. Reporting to work intoxicated or under the influence of any substance which impairs ability to perform job functions in a safe and productive manner;
 - 7. The unlawful manufacture, sale, distribution, dispensing, diversion, possession or use of any substance;
 - 8. Fighting or using obscene, abusive or threatening language or gestures;

9. Theft of property from co-workers, patients, or Hendrick;
10. Theft of Time;
11. Unauthorized possession of weapons on Hendrick premises or while on company business;
12. Disregarding safety or security regulations;
13. Insubordination, or the failure to carry out instructions as directed;
14. Failing to maintain the confidentiality of Hendrick patient or client information, contract details, or financial information. Taking pictures of patients or their information using a personal cell phone and/or posting patient information on social networking sites is prohibited;
15. Destruction of Hendrick property;
16. Forging, altering or deliberately falsifying official documents, authorization or records;
17. Gambling;
18. Sleeping while on the job;
19. Endangering a patient, co-worker or any person on Hendrick premises;
20. Abandonment of work station;
21. Violation of the Commitments to Excellence; or,
22. Any other conduct which is detrimental to the mission of Hendrick;

F. The majority of the examples of inappropriate behavior mentioned in Rule E relate to conduct in the workplace. However, employees should be aware that conduct outside of work or the workplace that adversely affects Hendrick's reputation, business interests, or the employee's ability to perform their job may also be subject to disciplinary action.

G. At any time, Hendrick may terminate an employee "at-will" in accordance with Texas Common Law doctrine concerning employment at will.

Procedure:

All employees are accountable for three workplace duties:

Duty to Produce an Outcome. This applies when employees are responsible for meeting professional obligations, whether expressly stated or implied, but have the authority to determine how best to do this. Examples include, but are not limited to, arriving for work on time, maintaining a professional appearance, and the obligation to complete job tasks.

Duty to Follow a Procedural Rule. This applies when employees are responsible for adhering to rules prescribed by Hendrick. Examples include, but are not limited to, complying with department specific procedures, following proper hand hygiene, and donning appropriate personal protective equipment (PPE) in accordance with infection control precautions.

Duty to Avoid Causing Unjustifiable Risk or Harm. At all times, employees are responsible for avoiding causing unjustifiable risk or harm to themselves, other employees, patients, volunteers, visitors, and to

the organization. Examples include, but are not limited to, intentionally undermining another employee's work performance, bullying behavior, destroying hospital property, and intentional breach of HIPAA privacy.

Should management believe a breach of duty has occurred, he/she shall carry out an event investigation. Management will determine the form of the investigation based on the severity of the behavior using objective criteria to guide this decision. Setting the severity of the outcome aside, management will embark on an inquiry to understand what happened, what normally happens, what the procedure required, why it happened, and how the organization was managing the risk. The purpose of the investigation is to determine the facts in a transparent way. This process will enable management to uncover the root-cause, and to determine the nature of the behavioral choices that contributed to the adverse event. Management's analysis will be guided by the subjective and objective standards existing in the organization at the time of the event. To determine these standards, management may consult with Human Resources, Patient Safety, professional authorities, the Just Culture Champions, and external agencies as they deem necessary.

Hendrick prohibits any form of retaliation against any employee for making a report or participating in an investigation under this policy. Any employee who experiences or witnesses retaliation must promptly report the incident. Hendrick will take appropriate disciplinary action against anyone participating in such retaliation.

Once the behavioral choices have been identified, management will utilize the Just Culture algorithm to identify which course of corrective action is most appropriate in the circumstances. Where more than one duty has been simultaneously breached, each event will be subjected to the Just Culture algorithm independently.

Following the investigation:

- Where the employee's behavior is considered to have been human error cause by system performance shaping factors, management will investigate the system performance shaping factors and shall console the employee.
- Where the employee's behavior is considered human error caused by personal performance shaping factors, management shall console the employee in how to address personal performance shaping factors. However, where the employee's behavior is considered to have been repetitive human error, remedial and/or disciplinary action shall be taken.
- Where the employee's behavior is considered at-risk, management shall coach the employee and investigate any system performance shaping factors, if applicable. However, where the employee's behavior is considered repetitive at-risk behavior, remedial and/or disciplinary action shall be taken.
- Where the employee's behavior is considered reckless behavior, remedial and/or disciplinary action, up to and including termination, shall be taken.
- Where the employee knowingly caused unjustifiable harm, and/or had the purpose to cause harm, disciplinary action, up to and including termination, will be taken.
- Where the employee's behavior is considered justified in achieving a greater social benefit or in avoiding greater harm, management shall support the employee.

- Responsibilities of Employees:

Employees are responsible to behave in a manner consistent with the Mission, Vision, Core Values, and Patient-Centered Pledge, and in accordance with applicable policies, procedures, rules, and state and federal law.

Moreover, employees are responsible for:

- Following rules/expectation, completing their duties to the best of their ability, and for avoiding behavior(s) that could harm others (including the organization);
- Bringing forward any concerns about the appropriateness of a rule or expectation to their immediate supervisor for discussion;
- Cooperating with the event investigation process;
- Reporting potential and/or actual errors, at-risk events and reckless behavior.
- Participate in any proposed remedial action;
- Addressing any performance shaping factors, as appropriate.

Responsibilities of Management:

In consultation with Human Resources, Management is responsible for consoling, coaching, remedial action, and disciplinary action. Management is also responsible for the following where applicable:

- Conducting an event investigation of the behavior pursuant to the Just Culture algorithm with assistance from Human Resources or other Just Culture Champions, when staff do not comply with the rules, fail to achieve outcomes, or cause harm;
- Applying the principles of Just Culture to the scenario and using the algorithm to determine the most appropriate course of action with assistance from Human Resources or Just Culture Champions, where appropriate;
- Investigating system shaping factors and modifying same as appropriate with assistance and guidance from the Performance Improvement department, if necessary;
- Consoling, coaching, disciplining, or supporting staff, as appropriate;
- Addressing performance and system shaping factors;
- Explaining the breach of duty that occurred and the evidence-based rationale for deciding on the course of action;
- Clearly indicating what action is being taken;
- Clarifying expectations for future behavior;
- Clearly advising the employee that further breaches of duty may result in discipline, up to and including termination, where applicable, and;
- Sharing with Performance Improvement, Human Resources, various professional practice committees, and any other relevant stakeholders all lessons learned, including any advice and guidance on modifications to system performance shaping factors.

Responsibilities of Human Resources:

Human Resources shall provide support, consultation and guidance, where appropriate, to managers

throughout the Just Culture process to ensure that the organization's approach to corrective action remains just and consistent.

Human Resources shall be contacted prior to taking disciplinary action. Human Resources will support Management throughout this process by:

- Assisting in determining the proper level of remedial or disciplinary action pursuant to the principles and processes of Just Culture, and:
- Assisting in drafting supporting documentation, where required.
- Sharing with the relevant stakeholders all lessons learned, including and modifications to system performance shaping factors, as appropriate.

Responsibilities of the Performance Improvement Department:

The Performance Improvement Department shall provide support, consultation and guidance to Management to ensure continuous system improvement, where applicable.

The Performance Improvement Department shall support Management throughout this process by:

- Assisting Management in investigation of system shaping factors and modifications to same;
- Sharing with relevant stakeholders all lessons learned, including any advice and guidance on modifications to system performance shaping factors.

All documentation issues to the employee generated by this process is to be kept in the employee's personnel file.

HIPAA Progressive Discipline

PURPOSE

To provide guidelines for addressing the appropriate progressive discipline and corrective action for violations of patient privacy and security by a workforce member.

SCOPE

Hendrick Health facilities and departments including, but not limited to, hospitals, outpatient services, rehabilitation services, ambulatory surgery centers, home health agencies, rural health clinic, physician practices, and appropriate Business Associates.

DEFINITIONS

Breach: The acquisition, access, use or disclosure of (1) PHI in a manner which compromises the security or privacy of the PHI or (2) other personal information or Individual Identifiable Health Information (IIHI) within the meaning of applicable Texas state law in a manner which compromises the security or privacy of such information and as defined by 45 CFR § 164.402 federal HIPAA privacy law.

Privacy/Security Violation: Any inappropriate access, use, disclosure, destruction or other misuse of PHI/IIHI, failure to comply with Hendrick privacy and security policies, or any violation of federal or state

privacy and security regulations. A violation may involve, but is not necessarily limited to, verbal communications, paper medical records, electronic health records, or any other medium used to create, maintain, or transmit PHI or IIHI. A violation of patient privacy through access to electronic patient health information applications and systems is both a Privacy and Security violation. It is not a violation to disclose PHI or IIHI in a confidential medical peer review process or in a privileged communication to attorneys representing Hendrick.

Protected Health Information (PHI): Individually identifiable health information defined in 45 CFR § 160.103 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or health information received by Hendrick, including demographic information that identifies an individual, or provides a reasonable basis to believe the information can be used to identify an individual, and relates to:

- A. Past, present or future physical or mental health or condition of an individual;
- B. The provision of health care to an individual; or
- C. The past, present, or future payment for the provision of health care to an individual.

Individually Identifiable Health Information (IIHI): Health information that either identifies an individual or provides a reasonable basis for identifying an individual.

Workforce: Under HIPAA, the workforce is defined to include employees, medical staff members, volunteers, students, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.

POLICY

Upon notification of an alleged patient Privacy and/or Security violation by a workforce member, Hendrick will carry out an investigation in accordance with established policies and procedures. If it has been determined that a violation has occurred, the Compliance and Integrity Department will work collaboratively with Human Resources to evaluate the appropriate progressive discipline and associated corrective action based on this HIPAA Progressive Discipline policy and the Behavior and Performance Expectations policy with the following considerations:

- A. What was the intent of the workforce member's actions that resulted in a violation?
- B. What is the potential organizational risk associated with the violation?
- C. What is the history of the workforce member's performance?
- D. What is the status of the workforce member's training and education on patient privacy and security expectations?
- E. What is the history of Hendrick's progressive discipline and corrective actions for like occurrences?

PROCEDURE

Patient HIPAA Privacy and/or Security violations are divided into the following four (4) levels with recommended corresponding progressive discipline and corrective action for each. If the workforce member has a history of previous violations, then the subsequent corrective action should be applied in

a progressive manner as agreed upon by the Human Resource Department. Disciplinary action for employees will normally be progressive; however, serious infractions may require foregoing the customary progressive procedures up to and including termination.

LEVEL 1 - Accidental or inadvertent violation: This is an unintentional violation of privacy or security policies that may be caused by inattentiveness, lack of understanding, lack of training, or other human error. [HIPAA Progressive Discipline Policy and Detailed Levels of Discipline](#)

Examples include but are not limited to:

- A. PHI or IIHI sent via mail, e-mail or fax to the wrong party;
- B. Incorrectly typing a patient's medical record number and viewing the incorrect patient's PHI or IIHI.

Corrective action may include, but not limited to the following progressive discipline recommendations:

- A. 1st Offense: Documented formal verbal counseling and mandatory HIPAA Privacy and Security Education.
- B. 2nd Offense: Documented written warning and mandatory HIPAA Privacy and Security Education.
- C. 3rd Offense: DML, depending on the circumstances and mandatory HIPAA Privacy and Security Education.
- D. 4th Offense: Termination of employment.

LEVEL 2 - Failure to follow established privacy and security policies and procedures: This level of offense typically is indicative of unsatisfactory job performance or lack of performance improvement. [HIPAA Progressive Discipline Policy and Detailed Levels of Discipline](#)

Examples include but are not limited to:

- A. Release of PHI or IIHI without proper patient authorization.
- B. Leaving detailed PHI or IIHI on an answering machine.
- C. Failure to report privacy and security violations.
- D. Improper disposal of PHI or IIHI.
- E. Failure to properly sign off from or lock computer when leaving a workstation.
- F. Failure to properly safeguard password or username.
- G. Sharing passwords or usernames with others.
- H. Using another workforce member's password or username.
 - I. Failure to safeguard portable devices from loss or theft.
- J. Transmission of PHI or IIHI using an unsecured method.
- K. Discussing confidential information in a public area.

- L. Repeat of Level 1 HIPAA Privacy or Security Violation.

Corrective action may include, but not limited to the following progressive discipline recommendations:

- A. **1st Offense:** Documented written warning and HIPAA Privacy and Security Education.
- B. **2nd Offense:** DML, depending on the circumstances and mandatory HIPAA Privacy and Security Education.
- C. **3rd Offense:** Termination.

LEVEL 3 - Unauthorized use and/or misuse of PHI or IIHI or records: This level of breach occurs when a workforce member intentionally accesses or discloses PHI or IIHI in a manner that is inconsistent with policies and procedures, but for reasons unrelated to personal gain. [HIPAA Progressive Discipline Policy and Detailed Levels of Discipline](#)

Examples include but are not limited to:

- A. Accessing information that one does not need to know to do his or her job (Unauthorized access or medical record snooping).
- B. Looking up a co-worker's address from medical records to send a sympathy card.
- C. Informing an individual that you saw a family member at Hendrick's health care facilities.
- D. Reviewing a public official or celebrity's PHI or IIHI.
- E. Reviewing the medical record of a co-worker, family member or acquaintance.
- F. Circumventing established procedures for handling of PHI or IIHI in order to perform a designated task more quickly or efficiently.
- G. Storing PHI on an unencrypted device.
- H. Failing to cooperate with an investigation by the organizational Integrity Department and/or Security Officer.
- I. Repeat of Level 2 HIPAA Privacy and Security Violation.

Corrective action may include, but not limited to the following progressive discipline recommendations:

- A. **1st Offense:** Documented written warning and HIPAA Privacy and Security Education.
- B. **2nd Offense:** DML, depending on the circumstances and mandatory HIPAA Privacy and Security Education.
- C. **3rd Offense:** Termination.

LEVEL 4 – Willful and/or intentional disclosure of PHI or IIHI records: This level of violation occurs when a workforce member accesses, reviews or discloses PHI or IIHI for personal gain or with malicious intent. Examples include, but are not limited to: [HIPAA Progressive Discipline Policy and Detailed Levels of Discipline](#)

- A. Medical Record Snooping.

- B. Reviewing a record to use information in a personal relationship.
- C. Compiling a mailing list for personal use or to be sold.
- D. Posting PHI or IIHI to social media Web sites.
- E. Disclosing a celebrity, VIP or public official's PHI or IIHI to the media for personal gain.
- F. Repeat of Level 3 HIPAA Privacy and Security Violation.

Corrective action may include, but not limited to the following recommendations:

1st Offense: Termination

Mitigating Circumstances

Mitigating circumstances may include conditions that would support reducing the progressive discipline recommendations and corrective action in the interest of fairness and objectivity. Hendrick may mitigate or lessen the recommendations for progressive discipline and corrective response, to the extent practical, based on the harmful effect that is known to be the result of the violation.

A person who knowingly obtains or discloses individually identifiable health information in violation of HIPAA Privacy and Security requirements may face criminal and civil penalties under federal and state law. Privacy and security violations which are significant and may result in harm to a patient and/or Hendrick, criminal activity, external exposure, or the potential for sanctioning by licensing or accrediting agencies shall be reported to the Compliance and Integrity department.

Hendrick will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against a workforce member who:

- A. Exercises his/her rights or participates in the internal complaint process; or
- B. Files a complaint with the Secretary of Health and Human Services; or
- C. Testifies, assists, or participates in an investigation, compliance review, proceeding, or hearing conducted by a regulatory agency; or
- D. Opposes any act or practice unlawful under state and federal regulations, provided that the individual acted in good faith believing that the practice was unlawful, the manner of opposition was reasonable, and did not involve disclosure of PHI or IIHI in violation of regulations.

Workplace Harassment and Workplace Violence

Purpose: Workplace harassment or workplace violence will not be tolerated on Hendrick Health, its affiliate properties or through electronic means. The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as "violent acts (including physical assaults and threats of assaults) directed towards persons at work or on duty."

- A. There will be zero tolerance of any acts of workplace harassment or workplace violence committed by persons on Hendrick Medical Center, its affiliate properties or through electronic means. Workplace violence or harassment of or by employees, patients, medical staff, contractors, volunteers, visitors or others is prohibited.

- B. Acts constituting "workplace violence and workplace harassment" include, but are not limited to:
1. Assaults (physical or sexual);
 2. Terroristic threats;
 3. Family violence;
 4. Sexual harassment;
 5. Deadly conduct;
 6. Aggressive behavior;
 7. Verbal abuse;
 8. Hostile work environment
 9. Cyberbullying or,
 10. Any other conduct which causes harm, or fear of injury to another person.
- C. Sexual harassment includes, but is not limited to, offensive comments, jokes, innuendos, and other sexually oriented statements; unwelcome sexual advances; sexually suggestive items, including pictures, print or electronic materials; and other verbal and physical conduct directed at a person's sex or gender, where:
1. Submission to or rejection of the conduct is used, or is threatened to be used, as a condition of employment or as the basis for employment decisions; or
 2. The conduct unreasonably interferes with an individual's job performance, or creates a work environment that is intimidating, hostile, or offensive.
- D. Harassment based on race, color, religion, national origin, age, disability, sexual orientation, gender identity, genetic information or any other basis protected by law is also prohibited conduct. These forms of harassment include, but are not limited to, offensive comments, jokes and innuendoes; discriminatory intimidation or ridicule involving statements, pictures, print or electronic materials; and other verbal and physical conduct directed at a person's race, color, religion, national origin, age, disability, sexual orientation, gender identity or other protected status, where:
1. Submission to or rejection of the conduct is used, or is threatened to be used, as a condition of employment or as the basis for employment decisions; or
 2. The conduct unreasonably interferes with an individual's job performance, or creates a work environment that is intimidating, hostile, or offensive.
- E. Hendrick recognizes that workplace bullying, sometimes known as lateral violence, is harmful to morale and productivity. Employees must report abusive, threatening, humiliating or intimidating behavior even if it does not constitute unlawful harassment. Such reports will be investigated in accordance with this policy.
- F. Hendrick relies on its employees to create and maintain a workplace free of unlawful harassment or violence. Anyone who experiences or witnesses any workplace harassment or workplace violence must promptly report the incident to one of the following: a supervisor, Department Director, the Director of Human Resources, or the Vice President of Human Resources. The report will be investigated promptly, and will be kept as confidential as

possible. Employees will not be penalized in any way for reporting a harassment problem. If possible, the report should include:

1. The date and time of the incident;
2. The name of the alleged harasser;
3. The name of the subject of the harassment;
4. A factual, objective description of the incident; and
5. The names of other individuals who may have witnessed the incident.

G. Investigation:

1. Management responsibility: Any supervisor or Department Director who receives a report of workplace harassment or workplace violence must immediately notify the Director or Vice President of Human Resources. Upon receiving a report of harassment, the Director or Vice President of Human Resources, or designee, will promptly investigate the allegations.
2. Employee/witness responsibility: Persons who are interviewed during a workplace harassment or violence investigation are expected to provide accurate and complete information. This information will be kept confidential to the extent possible. Anyone who intentionally provides false information or misleading information during a workplace harassment, violence, or bullying investigation will be subject to disciplinary action.

H. Based on the results of the investigation, Hendrick will take prompt and appropriate remedial action.

1. Any employee committing an act of violence while on duty, or representing HMC and its affiliates, or while on HMC and its affiliate properties, will be subject to disciplinary action up to and including termination. All decisions regarding employee discipline under this policy will be made by the Vice President of Human Resources, with the consultation of the appropriate manager
2. All decisions regarding discipline of the medical staff under this policy shall be made by the President and the Chief of the Medical Staff, in accordance with the Medical Staff Bylaws. This includes medical staff who are Hendrick employees.
3. Remedial action involving patients, contractors, volunteers, visitors or others on Hendrick premises will be determined on a case-by-case basis with the approval of the President.

- I. Hendrick prohibits any form of retaliation against any employee for making a report or participating in an investigation under this policy. Any employee who experiences or witnesses retaliation must promptly report the incident. Hendrick will take appropriate disciplinary action against anyone participating in such retaliation.

Allegation of a Patient Assault by Healthcare Worker

Purpose: Hendrick Health and affiliates (**Hendrick**) will investigate all patient assault allegation that are

brought to their attention.

- A. When a patient makes an allegation that they were assaulted by a Hendrick employee, the following procedure will be followed:
 1. Staff notifies department manager immediately
 2. Manager notifies:
 - a. Department Director
 - b. Security Manager
 - c. Director of Risk & Compliance or the Risk Manager
 3. Department Manager and Security Manager will interview claimant and take their statement
 4. Department Manager will enter the allegation in the event management system under "Feedback" as a grievance
 5. Risk Management will notify Employee Relations Manager or Human Resources Director and the Administrator on Call (If deemed necessary)
 6. Named employee will be interviewed as soon as possible/practicable by:
 - a. Employee Relations Manager (or other HR representative)
 - b. Risk Management Personnel
 - c. Security Manager
 7. Determination will be made whether employee should be sent home pending further investigation as soon as possible/practicable.
 8. Upon completion of the investigation the following will meet to determine necessary actions:
 - a. Vice President of Human Resources
 - b. Director and Manager of named employee
 - c. Director and Manager of department of alleged occurrence
 - d. Employee Relations Manager and HR Director
 - e. Director of Risk Management
 - f. Security Manager
 9. Patient Relations will prepare written response to claimant upon completion of investigation or if patient is still admitted, the occurrence may be changed to a complaint and follow-up will occur in-person as appropriate
- B. Investigation:
 1. Management responsibility: Any supervisor or Department Director who receives a report of workplace harassment or workplace violence must immediately notify the Director or Vice President of Human Resources. Upon receiving a report of harassment, the Director or Vice President of Human Resources, or designee, will promptly investigate the allegations.

2. Employee/witness responsibility: Persons who are interviewed during a workplace harassment or violence investigation are expected to provide accurate and complete information. This information will be kept confidential to the extent possible. Anyone who intentionally provides false information or misleading information during a workplace harassment, violence, or bullying investigation will be subject to disciplinary action.
- C. Based on the results of the investigation, Hendrick will take prompt and appropriate remedial action.
1. Any employee committing an act of violence while on duty, or representing HMC and its affiliates, or while on HMC and its affiliate properties, will be subject to disciplinary action up to and including termination. All decisions regarding employee discipline under this policy will be made by the Vice President of Human Resources, with the consultation of the appropriate manager
 2. All decisions regarding discipline of the medical staff under this policy shall be made by the President and the Chief of the Medical Staff, in accordance with the Medical Staff Bylaws. This includes medical staff who are Hendrick employees.
 3. Remedial action involving patients, contractors, volunteers, visitors or others on Hendrick premises will be determined on a case-by-case basis with the approval of the President.

Nondiscrimination

Purpose: Hendrick Health and affiliates (**Hendrick**) is an equal opportunity employer and does not exclude, deny benefits to or otherwise discriminate in any aspect of its operation against any person or group on the basis of race, color, national origin, religion, sex, disability, military status, age, pregnancy status, sexual orientation, gender identity or expression, genetic information, or any other legally protected status.

- A. An individual who believes that he or she has been subjected to discrimination or harassment in violation of this Policy should report the circumstances to any Hendrick administrator or supervisor and/or to the Director of Human Resources.
- B. Each Hendrick administrator, supervisor and the Director of Human Resources is responsible for promptly notifying the Vice President of Human Resources of reported incidents of discrimination and harassment in violation of this Policy.
- C. Hendrick will follow personnel and credentialing procedures that recognize and promote equal opportunity for all individuals and groups.
- D. Hendrick will make reasonable accommodations wherever necessary for employees or applicants with permanent or temporary disabilities (including impairments related to pregnancy), provided that the individual is otherwise qualified to safely perform the duties and assignments connected with the job and provided that any accommodations made do not require undue hardship on the organization.
- E. The Vice President of Human Resources, in consultation with the Director of Human Resources, will review any employment or credentialing action which may constitute unlawful discrimination, will make determinations regarding reasonable accommodations, and will take

corrective action if warranted.

- F. The Director of Human Resources will comply with applicable state and federal law, including the Americans with Disabilities Act, to ensure the types of recruitment materials used do not screen out qualified disabled persons.
- G. Hendrick will take reasonable steps to achieve understanding and acceptance of this policy by employees, staff and the Hendrick community.

Attendance

Purpose: Hendrick Health requires regular attendance by all employees. Regular and punctual attendance contributes directly to quality patient care and affects department productivity, efficiency and morale.

- A. All employees are required to begin work promptly at the beginning of the assigned shift and complete each scheduled workday.
- B. Hendrick recognizes unanticipated or emergency situations may occur where employees are not able to give advance notification. If an employee is unable to report to work as scheduled, he/she must notify their direct supervisor or department at least one hour prior to the start of the shift each day of absence. Every effort should be made to contact the supervisor directly. Employees in Nursing Services are required to notify Centralized Staffing and Nursing Unit Charge Nurse of absence at least two (2) hours prior to the beginning of the scheduled shift. Employees should check with their immediate supervisors for further clarification of the standard for notification times in their department.
- C. Just Culture applies to attendance and tardies, managers can use discretion and apply the Just Culture philosophy to attendance situations. An example of this could be an inclement weather event.
- D. Any employee failing to report to work or failing to notify his/her supervisor regarding absences for one (1) scheduled working day may be terminated from employment. (See the Progressive Discipline section of this policy.)
- E. If an employee is calling in for personal illness or injury, the employee is required to notify Employee Wellness via SAM (Text "Employee" to 325-216-4824). When calling in to SAM, employees are still required to call into their department per their departments call in process. Employee must be cleared by Employee Wellness before returning to work.
- F. An employee is required to maintain daily contact with his/her supervisor for any period of absence, unless the employee is hospitalized and/or the absence meets FMLA or LOA requirements. If an employee is out for three (3) or more consecutive days for personal illness, they may be required to submit a physician's release to the Employee Wellness office prior to reporting back to work.
- G. Employees are expected to adhere to their workplace schedules, set by their manager. Tardiness is defined as being more than seven (7) minutes late to work. Three (3) tardies equal one occurrence of absence.
- H. Employees are considered tardy when they:
 - 1. Fail to report for their scheduled shift on time.

2. Taking an extended or longer than scheduled meal or break without approval.
 3. Leave their shift early on short notice.
- I. Falsification of time worked is a serious offense and may result in disciplinary action, up to and including termination. (See the Progressive Discipline section of this policy.)
- J. An unscheduled absence is defined as any absence other than previously scheduled and approved time off, except for the following:
1. Scheduled vacations (CTO);
 2. Department directed time off;
 3. FMLA / LOA;
 4. Immediate access EIB;
 5. Jury duty per policy;
 6. Bereavement Leave per policy;
 7. Military Leave;
 8. ProCare; or,
 9. Decision Making Leave.
- K. An unscheduled absence may be any length, from a partial or single day to several consecutive days. An occurrence is one period of unscheduled absence, regardless of the number of days consecutively missed. For example, an employee who is out for two days consecutively would have one occurrence. Non-exempt employees who work less than one-half of their scheduled shift will incur an unscheduled absence.
- L. Employees who are classified as full time or part-time with benefits are allowed up to three (3) unscheduled absences in a six (6) month period before disciplinary procedures may begin. Employees who are classified as part time, or pool, are allowed up to two (2) unscheduled absences in a six (6) month period before disciplinary procedures may begin. Employees who are classified as Temporary are permitted one (1) unscheduled absence occurrence per commitment period; two occurrences of unscheduled absences in a commitment period may result in immediate termination of employment. In the event an employee has incurred more unscheduled absences than outlined above, formal progressive discipline will commence. If attendance does not improve to an acceptable level and/or a pattern of absenteeism continues, progressive discipline may ultimately result in termination.
- M. Disciplinary action for occurrences:
1. New Hires within their first 90 days of employment – Two (2) occurrences of unscheduled absences will require a Written Warning. Three (3) occurrences of unscheduled absences within this time frame will result in termination. This does not include approved time off or an approved absence. Any unscheduled absences occurring after an employee's first 90 days of employment will result in the continuation of the progressive discipline process.
 2. Full Time and Part Time with Benefits employees
4 occurrences in a 6-month period – Reminder, or next appropriate level of disciplinary action based on previous disciplinary actions.

- 5 occurrences during a 6-month period – Warning
- 6 occurrences during a 6-month period – Decision Making Leave
- 7 occurrences during a 6-month period – Termination

- 3. Part Time & Pool employees
 - 3 occurrences in a 6-month period – Reminder, or next appropriate level of disciplinary action based on previous disciplinary actions.
 - 4 occurrences during a 6-month period – Warning
 - 5 occurrences during a 6-month period – Decision Making Leave
 - 6 occurrences during a 6-month period – Termination

Drug Free Workplace

Purpose: Hendrick Health provides a systematic, coordinated and continuous approach to prevention, recognition and reporting of drug diversion and substance abuse issues to ensure safe medication practices, safe behavior to prevent patient harm and to protect the health and safety of covered Individuals. Hendrick Health and affiliates (hereinafter referred to as "Hendrick") will not allow any person to use or have in their possession, illegal drugs, drug paraphernalia or non-prescribed intoxicants on Hendrick property.

This Policy applies to employees of Hendrick Health and other Covered Individuals defined as

- Individuals working and volunteering at Hendrick and affiliates, including employees of Hendrick and affiliates
- Individuals providing direct patient care under a contract with Hendrick and affiliates
- Students who have been granted permission by Hendrick to participate in direct patient care
- Individuals to whom Hendrick or affiliates has granted privileges to provide direct patient care, including Hendrick Provider Network and Hendrick Anesthesia Network

Definitions:

- A. An illegal drug is defined, for the purposes of this policy, as:
 - 1. any drug which is not legally obtainable;
 - 2. any drug which is legally obtainable but has not been legally obtained;
 - 3. prescribed drugs, not legally obtained or prescribed drugs legally obtained but not being used as prescribed;
 - 4. any substance which a person offers to another as an illegal drug; or,
 - 5. possession of an abusable glue or aerosol paint with the intent to inhale, ingest, apply or use in a manner contrary to directions for use, cautions, or warnings, appearing on a label of a container of the glue or paint (i.e. huffing).
- B. A legal drug is defined, for the purposes of this policy, as prescribed drugs and over-the-counter drugs which have been legally obtained and are being used for the purpose for which they were prescribed for purposes of this policy, terms are defined as found in the Texas Health and Safety Code
- C. Medical Review Officer (MRO) is defined as a licensed physician responsible for receiving

laboratory results generated by this testing program who has appropriate medical knowledge and training to interpret and evaluate an individual's test result together with the individual's medical history and other relevant biomedical information

- D. Drug and alcohol test: Laboratory analysis of urine and/or Breathalyzer samples for the purpose of measuring the presence or absence of drugs, alcohol or their metabolites in the sample.
- E. Drug Diversion intentionally and without proper authorization, using or taking possession of a prescription medication or medical gas from Hendrick through the use of prescription, ordering or dispensing system. Examples of drug diversion include, but not limited to
 - 1. Medication theft
 - 2. Using or taking possession
 - 3. Forging or inappropriately modifying a prescription
 - 4. Using or taking possession of medication waste, I.e. left over medication
 - 5. Different than intended use

Policy:

- A. Any Covered Individual in violation or reasonably suspected to be in violation of this policy will be subject to drug and/or alcohol testing as defined in the rules of this policy. Disciplinary action may be warranted with violations of this policy and maybe subjected to disciplinary action up to and including termination of employment or privileges or right to provide patient care.
- B. Persons in possession of non-prescribed intoxicants will be asked to leave the premises. Failure to do so will result in a criminal trespass and law enforcement may be called by Hendrick Security as necessary.
- C. Any use of a drug and/or alcohol, whether controlled, prescribed, legal or illegal, which impairs an individual's ability to perform job functions in a safe and productive manner, as determined by Hendrick, is prohibited. The use of alcoholic beverages while on duty, on company property or premises, is prohibited. No alcoholic beverages may be brought onto company premises or property
- D. The unlawful manufacture, offer to sell, sale, distribution, dispensing, diversion, delivery, purchase, possession or illicit use of any illegal drug while on company business, company premises or property, or while on duty, is prohibited.
- E. Hendrick prohibits the use of bringing onto company premises, property or into company vehicles or possess, transfer or sell alcohol, illegal drugs, non-prescribed intoxicants, inhalant paraphernalia while working, while on all premises owned or operated by Hendrick and while operating any vehicle, machinery, or equipment. It also prohibits reporting for work and working anywhere on behalf of Hendrick under the influence of alcohol or illegal drugs. This policy applies to all official or unofficial break and meal periods, and all other time during the working day in which an employee has reported for work, including unpaid meal breaks
- F. No prescription drug shall be brought upon company premises or property for any person other than the person for whom the drug has been prescribed by a licensed medical practitioner, and shall be used only by the person for whom the drug is prescribed in the

manner, combination and quantity prescribed. The use, possession, sale, offer to sell, transfer, or purchase of legal drugs, except under the conditions specifically permitted herein, is prohibited.

- G. If the prescription drug or other drug being used by the employee may affect his/her ability to perform his/her job, the employee has an obligation to report the use of the drug or medication to the Hendrick Employee Wellness Department. If Hendrick determines, after consulting with MRO and/or the covered individual's physician the employee does not pose a threat to his or her own safety or the safety of others, and the employee's job performance is not affected by the legal drug, they may continue to work. Otherwise, the employee may be required to take a leave of absence or comply with other appropriate action as determined by Hendrick.
- H. Covered Individuals and contract labor are subject to random drug testing, alcohol Breathalyzer, for-cause and post accident/exposure drug testing.
 - I. Searches of persons or personal property for illegal drugs, drug paraphernalia or non-prescribed intoxicants may be conducted in accordance with Hendrick policies. Lockers and work areas may be administratively searched by Hendrick Security without the employee's consent.
 - J. Documentation of confiscated item will be completed by Hendrick Security on and offense report and all contraband secured until turned over to the Abilene Police Department for evidence or destruction.
 - K. Solicitation of licensed medical practitioners or their staff, for the purposes of obtaining prescription drugs, drug samples, expired or excess drugs is prohibited
 - L. Any arrest, indictment, conviction or plea of no contest for a drug related offense, including Driving While Intoxicated (DWI) must be reported within five days to the Human Resources department.
- M. Participation in a substance abuse rehabilitation program does not relieve an covered individual from complying with Hendrick policies and fulfilling job requirements during or after receiving treatment. Participation in a substance abuse rehabilitation program or counseling will not prevent Hendrick from taking disciplinary action against any employee for performance problems that occur before or after the employee seeks treatment or counseling.
- N. Family Medical Leave and Personal Leave of Absence will govern any extended time away from work required for testing and/or treatment.
- O. Hendrick reserves the right to test all covered individuals and contract labor for the presence of drugs, substances, or alcohol. Hendrick requires an employee who is on duty or otherwise representing Hendrick to undergo testing for the presence of drugs, or alcohol, under the following circumstances:
 - 1. When there is a reasonable suspicion to believe a covered individual is under the influence of drugs, or alcohol.
 - 2. When an covered individual has violated the terms of this policy the Illegal Drugs and Intoxicants section of this policy.
 - 3. When an covered individual has been involved in a work-related accident in which the covered individual's actions or failure to act may have contributed to the accident. A sample for testing must be provided immediately following the accident. Circumstances warranting testing include, but are not limited to:

- a. motor vehicle accident.
 - b. safety procedures were not followed, thus resulting in an injury.
 - c. an injury occurred during the inappropriate or unsafe operation or equipment.
 - 4. When an covered individual performs an unsafe act or violates a safety policy that resulted in or could have resulted in significant harm to the employee or to another person.
 - 5. When an covered individual has patterns of discrepancies in any medication or narcotic administration reports or failure to comply with Controlled Substance Wastage policy or the Controlled Substances policy.
 - 6. On a random basis.
 - 7. Following an on the job injury (ProCare)
- P. The covered individual may be placed on suspension pending results of the investigation. Whether or not the covered individual will be paid while on suspension will be determined upon completion of the investigation. In case of a random drug screen, covered individual will not be suspended pending results.
- Q. All testing will be done by accredited lab following a chain of custody procedure.
- R. An individual who refuses to be tested, or whose behavior prevents meaningful completion of the testing such as tampering with the sample or testing materials-behavior intended to provide a dilute sample, failure to provide specimen within a reasonable amount of time (3 hours from initiation of testing) or provide the required amount (30 cc), failure to respond to or provide adequate documentation to MRO, will be subjected to termination, or other disciplinary actions, or have the employment offer revoked.
- S. Whether a drug screen is conducted on a new hire, random or a for-cause basis, an employee must produce the required urine specimen within three (3) hours of being asked to do so. If an employee is unable to produce the urine sample within the three-hour time-frame, the employee will be considered to have refused to submit to testing, and his/her employment may be terminated. Covered Individual can request a reasonable accommodation.
- T. When testing is required, it will consist of a urine drug screen and/or Breathalyzer. The screening tests will be performed to detect the presence of drugs and/or alcohol.
- U. For cause drug screens will be observed by person of same gender as the Covered Individual
- V. If the initial screening tests are positive, the same sample, as applicable, will be subject to a confirmatory test.
- 1. If the confirmatory tests are negative, the test results will be recorded and reported as a negative and the employee may return to work as appropriate based on the investigation.
 - 2. If the confirmatory tests are positive, the test results will be referred to a Medical Review Officer.
 - 3. BAC levels of 0.02% will be prohibited to work
 - 4. BAC of 0.04% or above is considered to be impaired and may be terminated

- W. If the Medical Review Officer determines the positive test results are due to the use of an illegal drug as defined by the Drug Free Workplace section of this policy, the covered individual will be terminated immediately. If the findings determine the positive test results are due to inappropriate use of a legal drug, appropriate disciplinary action will be taken which may result in termination.
- X. Hendrick and/or the MRO will attempt to notify the covered individual of the results as soon as reasonably possible.
- Y. Hendrick may require an employee testing positive to participate in a substance abuse rehabilitation program in order to maintain employment. Failure to comply with the terms of the substance abuse rehabilitation program may result in disciplinary action, up to and including termination.
- Z. If an employee refuses to submit to testing upon reasonable suspicion, the employee will be terminated. In addition, if an employee fails to disclose but not limited to Over the counter, vitamin supplements, prescription medication at the time of testing, the employee may be subject to disciplinary action, up to and including termination.
- AA. When an covered individual consents to a for cause drug screen, Hendrick reserves the right to determine if the covered individual is safe to transport themselves. In situations where Hendrick deems the covered individual unfit to drive, Hendrick will arrange for transportation for the covered individual. For the individual's safety, arrangements may be made for:
 - 1) Transportation; the individual will be transported with a sober adult.
 - 2) If he/she insists on driving self home or to site of drug screen, city law enforcement may will be notified
- AB. Any covered individual who reports suspected drug diversion honestly and in good faith will be protected from retaliation. It is the responsibility of all employees to be aware and to report any suspicions.
- AC. All suspected incidents of drug diversion will be thoroughly investigated
- AD. All Hendrick staff are required to comply with state and federal laws and regulations regarding medication handling and security as well as all policies of Hendrick
- AE. As required by licensing or accrediting/certifying boards, Hendrick will report any confirmed positives.
- AF. To whatever extent is appropriate for the circumstances, Hendrick will protect the privacy of the employee.

Professional Appearance in the Workplace

Purpose: Employees of Hendrick Health and affiliates ("Hendrick") will convey a professional image to internal and external customers through appropriate dress, personal appearance and hygiene.

- A. Employees are expected to present a clean and well-groomed appearance that reflects a high standard of professionalism.
- B. Fingernails will be clean and of reasonable length in order to allow an employee to perform his/her duties. Employees are required to keep fingernails no longer than ¼" from the tip of their finger. Nail polish shall be in good repair, and no chips or crack should be present. Neon or fluorescent colored nail polish is not allowed. It is recommended to change polish after every four (4) days.

Artificial nails are defined as: any product not growing from the body and applied to the existing nail area including, but not limited to: any fingernail enhancement or resin bonding extensions, tips, acrylic overlay, gels, shellacs, dipping powder, resin wraps, glitter, appliqués, or acrylic fingernails. Staff members may not wear artificial nails if they:

1. Provide or assist with direct patient care.
 2. Prepare or handle medications.
 3. Handle sterile/clean supplies outside of the primary shipping container.
 4. Handle, prepare or serve food in clinical/patient areas.
 5. Work with soiled or clean linens.
 6. Perform decontamination or reprocessing activities.
 7. Perform environmental cleaning.
 8. Routinely wear protective gloves for any reason.
 9. Are prohibited by specific departmental policy.
- C. In the interest of patient care, employees in clinical areas may not wear fragrances. Fragrances are allowed in moderation for persons who do not interact with patients.
- D. Hair will be clean and, if colored, the color must resemble a naturally occurring hair color and not a color that would be deemed inappropriate for a professional workplace. Employees working in direct patient care areas will ensure hair is appropriately secured. Patterned or colored headbands are acceptable for female employees. Bandanas or do-rags are not acceptable. In specific areas, as required, hair will be covered. Facial hair will be well-groomed.
- E. Shoes and socks will be worn according to departmental policy so as to ensure a safe work environment. Furthermore, flip flops and/or slippers are not appropriate. Note: In some clinical areas or areas where much walking or prolonged standing is essential to the position, athletic shoes may be allowed per departmental policy, but must be in good repair and clean.
- F. When hats are worn as approved by department policy, they must be part of a hospital uniform.
- G. At all times, clothing will be neat, clean, crisp in good repair and appropriate for the workplace. Clothing must fit properly (not too tight or too baggy). Clothing that is sloppy or revealing is not appropriate. Unless otherwise specified in your departmental policy (i.e. Grounds, Warehouse, Health Club, Clinical areas, etc.), it is not appropriate to wear jeans, shorts, bib overalls, halter tops, beachwear, workout attire, sweat suits, sweatshirts, tank tops, T-shirts, spandex or other form fitting pants. In addition, clothing that reveals chest hair or cleavage is not permitted. Clothing that reveals the back, stomach/midriff or undergarments will also not be permitted. Pant length must be ankle length or longer; Capri pants are not acceptable. Skirts and dresses are permitted for women, however, the length should be to the knees when standing. Leggings are permitted for women, so long as the accompanying dress or skirt otherwise meet dress expectations. Leggings worn as pants with a shirt are not permitted.
- H. Clothing items or personal accessories, including but not limited to hats, scrub caps, face masks, pins, badge holders, and jewelry, should not contain offensive, controversial or

potentially controversial logos, symbols, pictures phrases, or language.

- I. The following departments and roles are required to wear specific solid scrub colors. Scrub leggings are not permitted.

	Department/Role	Designated Color
1.	Nursing (RNs and LVNs)	Navy
2.	Unlicensed Assistive Personnel (PCT's, Techs, etc.)	Teal/Caribbean
3.	Phlebotomy*	Royal Blue
4.	Radiology	Black
5.	Cardiology	Red
6.	Pharmacy	Dark Purple
7.	Therapy Services	Dark Gray
8.	Environmental Services	Hunter Green
9.	Patient Transport	Wine/Burgundy
10.	Respiratory Therapy	Light Gray
11.	Paramedic	Black Pants/Grey Top
12.	Emergency Department Scribes	Olive Green
13.	Hendrick Regional Laboratory	Royal Blue
14.	Patient Sitters	Teal Pants/White Top
15.	Nurse Tech's	Navy Pants/Ceil Blue Top
16.	Radiology Transport	Khaki
17.	Case Management	Shocking Pink

- J. Holiday themed scrubs are permitted for these following holidays observed by HMC:
1. Memorial Day, Independence Day, and Thanksgiving tops may be worn for 6 days preceding the holiday. Tops must coordinate with the appropriate colored scrub pants.
 2. Christmas tops may be worn December 15th – December 31st. Tops must coordinate with the appropriate colored scrub pants.
- K. Scrub jackets or vest with or without Hendrick logo may be worn, so long as the scrub jacket is white, black or in the same color as the designated scrub color for the employee's department and/or role. Fleece jackets and vest are not approved in patient care areas due to infection control concerns. Hoodies, sweatshirts and other jackets/coats are not acceptable.
- L. Employees may wear undershirts beneath their scrubs. However, the undershirt must be white, black, gray or the same color as the designated scrub color for the employee's department and/or role. Undershirts must be solid colored, and cannot hang below the bottom of the scrub top.
- M. Employees who are expecting and normally wear scrubs for work purposes are approved to wear scrub bottoms with a t-shirt and an approved scrub jacket or vest as described in rule K.

- N. Body piercing should be covered in all patient care areas. Facial piercings with small hoops or studs are acceptable; septum piercings are not permitted in the workplace. Tattoos are allowed, but not above the collar bone (head or neck). Any tattoo that may be considered offensive by patients or visitors must be covered by clothing, a band-aid or make-up.
- O. Employees are expected to abide by the professional appearance standards whenever they are attending in-services, staff meetings, or otherwise are representing Hendrick or attending Hendrick sponsored events.
- P. This policy is a guideline of minimum standards. Additional departmental policies may apply depending upon patient care, type of work performed, infection control and safety requirements. Hendrick is confident each employee will use his/her best judgment in following this policy. This is not an all-inclusive list; thus, the right to determine appropriateness is the responsibility of the department director. If you are unsure whether an article of clothing is appropriate, most likely it is not. Departments are responsible for communicating and enforcing these guidelines.
- Q. Employees whose appearance is not acceptable or whose attire represents a safety hazard may be counseled and sent home to change. Repeated abuse of dress and grooming guidelines may be cause for disciplinary action up to and including termination.
- R. In order to ensure consistent and professional external communications, all Hendrick employees will use the following template for e-mail signatures.
- S. Jane Doe [Name]
 Human Resources Representative [Title]
 Hendrick Medical Center [Company]
 1900 Pine Street [Street Address]
 Abilene, TX 79601 [City, State, ZIP Code]
Phone: (325) 670-0000 [Direct Office Phone Number]
Fax: (325) 670-0000 [Direct Office Fax Number]
janedoe@ehendrick.org [Company e-mail address]
www.ehendrick.org [Company Web site]

With department director approval, the following modifications to the template can be made:

- 1. Department-specific logo
 - 2. Department-specific Facebook promotional pages
 - 3. Department-specific Web site
- T. The following will no longer be authorized on the Hendrick signature line:
- 1. Clip art
 - 2. Personal Web site address
 - 3. Top 5 Strengths
 - 4. Quotes or scripture verses
 - 5. Background images
 - 6. Fonts exceeding 12 point size
 - 7. Fonts other than Book Antiqua, Arial, Bookman, Garamond, Century Gothic, Cambria,

Calibri, or Times New Roman

8. Colors other than black, blue, or gray

- U. Out of Office message and email communication should always be courteous and professional, and should be limited to business continuity information (length of absence, who to contact for issues, etc.).

Electronic Communication

Purpose: Hendrick Health and affiliates ("Hendrick") maintain electronic communication systems utilized in the ordinary course of business.

- A. Hendrick provides a variety of electronic communication devices, services, and systems including, but not limited to, voice mail, e-mail, facsimiles, itouches, cell phones, Palm Pilots, 800-numbers, long distance telephone, computer applications and Internet access, to assist in the conduct of business within Hendrick. Personal Electronic devices include items such as cell phones, beepers, pagers, MP3 players, iPods, smart glasses, walkmans, personal gaming devices, cameras, etc. and are not approved for business.
- B. Electronic communication devices, services, and systems which are Hendrick property and all communication composed, sent, received or otherwise shared utilizing these devices or services, are and remain the property of Hendrick. They are not the private property of any employee. Electronic communication becomes the property of Hendrick Medical Center when it enters the domain of Hendrick and/or Hendrick-owned devices, services or systems.
- C. The use of electronic communication devices, services and systems are intended for the conduct of Hendrick business, as delineated by job description. Employees may not use personal cellular phones or other electronic devices while on duty. Some employees may be required to carry a hospital-approved cellular phone or itouch in order to meet assigned job duties and responsibilities. Hospital-approved equipment is defined as hospital property or equipment for which operation costs are paid or reimbursed by the hospital. Hospital-approved cellular phones and itouches should be used for hospital business-related activities only. It is recommended that cellular phones and itouches be kept on "vibrate" mode while in the hospital.
- D. Employees who bring personal cellular phones or other electronic devices to work will be required to turn the device off or keep it in "vibrate" mode. Additionally, unless use is approved by supervisor to be used for business purposes, the device should be stored in a locker, desk, purse, break room, private office or location where the device is not visible. Employees are permitted to use a personal cellular phone, pager, or beeper during meal periods or during personal 10 minute breaks. Use of personal cellular phones within the hospital is restricted to break rooms and private offices. Employees on duty should not talk or text on personal cellular phones in patient care areas, elevators, corridors, restricted areas, or in the presence of patients/visitors.
- E. Users of both personal and Hendrick approved cellular phones, cameras or other image recording devices should always maintain patient privacy and HIPAA compliance. Using a personal camera phone for the purpose of photographing any work-related information, including patients or patient information, as well as photographing to obtain information for the purpose of malice is prohibited. Employees are prohibited from taking pictures with any

device unless outlined in their job duties and appropriate authorization has been acquired.

- F. No electronic communication device or services may be used to solicit for commercial ventures, religious or political causes, outside organizations or other non-job related solicitations.
- G. No electronic communication device or service may be used to create, receive, send, disseminate, post, distribute, or otherwise share any offensive or disruptive messages.
- H. No electronic communication device or service shall be used to send (upload), receive (download), disseminate, post, distribute, or otherwise share copyrighted materials, trade secrets, proprietary financial information or similar materials without the authorization of the President or designee.
- I. No electronic communication device or service shall be used to send (upload), receive (download), disseminate, post, distribute, or otherwise share confidential patient information, except as necessary for Hendrick to: (i) facilitate treatment for the patient; (ii) facilitate reimbursement for the provision of healthcare provided to the patient; or (iii) carry out its healthcare operations. Any protected health information (PHI) sent outside of Hendrick by e-mail or any other electronic means must be encrypted with at least 128 bit encryption to prevent unauthorized access.
- J. Hendrick reserves the right to review, audit, access and disclose any communication created, received, sent, disseminated, posted, distributed, or otherwise shared via an electronic communication device or service for any purpose. The contents of communication properly obtained for legitimate business purposes may be disclosed within Hendrick without the permission of the employee.
- K. Notwithstanding Hendrick's right to retrieve and read/listen to any electronic communication messages, such messages should be treated as confidential by other employees and accessed only by the intended recipient. Employees are not authorized to retrieve, read, or listen to any communications that are not sent to them unless authorized to do so by the sender or recipient. Any exception to this policy must receive prior approval by the President or designee.
- L. Hendrick employees shall regard any electronic I.D. or password as an electronic signature. Unauthorized use or sharing of I.D.s or passwords is considered falsification of documentation and is grounds for disciplinary action, up to and including termination. If an employee is issued a hospital cellular phone and/or itouch and loses it or causes irreparable damage then the cost of the device may be deducted from their payroll check.
- M. Any employee who discovers a violation of this policy shall notify their supervisor or Human Resources.

Cultural, Ethical and Religious Conflict

Purpose: Hendrick Health and its affiliates will consider an individual employee's request not to participate in an aspect of patient care or other job responsibilities based on varying cultural values, ethics, and religious beliefs.

- A. The granting or not granting of such a request must not negatively affect patient care.
- B. An employee should submit a written request to his/her supervisor for consideration. Requests

will be reviewed on a case-by-case basis. Decisions will be based on verifiable doctrinal practices or beliefs.

- C. For the purpose of this policy, examples of procedures that may be affected by cultural values, ethics and religious beliefs include, but are not limited to, therapeutic abortion, life support, blood transfusion, and organ donation.
- D. Employees whose request is not granted will be required to participate in the patient's care or perform their assigned job functions.
- E. Employees disagreeing with the decision to not grant the request may utilize the procedures outlined in the Fair Treatment section of this policy.

Fatigue Management

Purpose: All Hendrick employees are responsible and accountable for individual practice and understanding the consequences of fatigue in preserving integrity and safety. Guidelines for number of hours worked in a patient care assignment during a period of seven days will be followed.

- A. Except in emergency situations, healthcare workers should not work more than 60 hours in a seven-day period and not be scheduled more than five consecutive 12-hour shifts. Working outside of these parameters requires Manager and/or Director approval.
- B. All direct patient caregivers should uphold their ethical and professional responsibility to patients and to themselves to arrive at work adequately rested and prepared for duty.
- C. In extreme conditions, i.e. increased patient census or a disaster, staff may be asked to work additional hours following guidelines for fatigue management.
- D. Leaders have a responsibility to monitor staff fatigue, provide breaks as workload allows and release staff as soon as possible.

Identification (Non-Patient)

Purpose: Hendrick Health and affiliates ("Hendrick") requires all individuals (non-patient) to be appropriately identified, as designated by this policy.

- A. All employees, physicians and volunteers will wear current Hendrick authorized photo identification badges, on the upper third of the body, while on duty. Employees without identification will be reported to their supervisor.
- B. Stickers, pins, overlays, or any other enhancements which might obstruct visual inspection of a badge, are not permitted on any badges. Damaged or defaced badges will be assessed a replacement fee.
- C. Employees in positions having levels (i.e., I, II, III, IV, etc), only the approved basic job title will be displayed on the badge (Resp Care Practitioner, not Resp Care Practitioner IV).
- D. When employees incur an official name change, they are required to come to Human Resources to update their records and receive a new identification badge. Please note that employees who are licensed/certified will need to wait until the new name has been received and recognized by the licensing/certification agency.
- E. Credentials on badge will be limited to what is required for job role.

- F. Hendrick Health identification badges are intended for use only when an employee is at work (“on the clock”) or representing Hendrick at public events. The misuse of a badge may lead to disciplinary action, up to including termination. Examples of badge misuse include:
1. Utilizing a badge to access restricted areas when not at work.
 2. Utilizing a badge to access a computer system when not a work.
 3. Giving a badge to another individual to allow that person access to a restricted area or a computer system.
 4. Using another employee’s badge to clock them in or out.
 5. Using another employee’s badge for a payroll deduction without authorization.
- G. Hendrick issued badges are Hendrick property and must be returned upon separation of employment. A charge will be assessed for failure to return a badge.
- H. All vendors must be identified per the Material Management policy 17365-14 Vendor Representative Guidelines.
- I. All temporary or contract workers will report to the Human Resources Department for identification badges.
- J. All students and interns present in the workplace under a Hendrick approved affiliation agreement will be required to display appropriate identification on their clothing indicating their student or intern status. The identification may be provided by their respective school or by the Human Resources Department.
- K. Visitors arriving after regular visiting hours for Labor & Delivery, Mothercare, NICU, Pediatrics, or any “end of life” circumstance will be allowed entrance through the Emergency Department entrance only and will be issued a visitor badge from Admissions. Exceptions to visiting hours may be made based on individual patient needs as determined by the unit or department manager/director. Visiting hours for non-COVID patients are as follows:
- Hendrick Medical Center - 6:00 am - 10:00 pm
 - Hendrick Medical Center South - 6:00am - 10:00pm
 - Hendrick Medical Center Brownwood - 8:00 am - 9:00 pm
- L. When employees observe an individual after hours (with no visitor's temporary badge) or present in an unauthorized area, they should call Security immediately.

Approved Licensure Guidelines

Proper Title	Approved Abbreviation
American Medical Technologist	AMT
Athletic Trainer	AT
Licensed Athletic Trainer	LAT
Attorney	JD
Audiologist	AuD
Certified Hand Therapist	CHT
Certified Histotechnician	HT

Certified Histotechnologist	HTL
Certified Hyperbaric Technologist	CHT
Certified Dialysis Tech	CCHT
Certified Hyperbaric Registered Nurse	CHRN
Certified Medical Assistant	CMA
Certified Nurse Aide	CNA
Certified Ophthalmic Technologist	COT
Certified Occupational Therapist Assistant	COTA
Certified Registered Nurse Anesthetist	CRNA
Certified Surgical Technologist	CST
Certified Surgical Technologist-First Assist	CST-FA
Certified Wound Care Nurse	CWCN
Clinical Therapist (Registered Respiratory Therapist)	RRT
CT Scan Technologist	RT(R)(CT)
Clinical Therapist	RRT
Diagnostic Technologist	RT(R)
Doctor of Dental Surgery	DDS
Doctor of Osteopathy	DO
Doctor of Podiatry Medicine	DPM
Graduate Nurse	GN
Graduate Vocational Nurse	GVN
Interventional Technologist	RT(R), VI
Licensed Dental Hygienist	LDH
Licensed Vocational Nurse	LVN
Licensed Clinical Social Worker	LCSW
Mammography Technologist	RT(M)
Medical Doctor	MD
Medical Laboratory Technician	MLT
Medical Laboratory Scientist	MLS
Medical Technologist	MT
MRI Technologist	RT(R)(MR)
Multimodality Technologist	RT(R)
Nationally Registered Certified Medical Assistant	NRCMA
Nuclear Medicine Technologist	RT(N) or (CNMT)
Nurse Practitioner	APRN-(add specialty)

Occupational Therapist	OT
Paramedic	EMT
Pharmacist	RPh
Physical Therapist	PT
Physical Therapist Assistant	PTA
Physician Assistant	PA
Polysomnographer	RPG, RPSGT, CPSGT or RRT(SDS)
Radiation Therapist	RT(T)
Registered Cardiac Sonographer	RCS
Registered Cardiac Vascular Technologist	RCVT
Registered Diagnostic Cardiac Sonographer	RDCS
Registered Diagnostic Cardiac Sonographer- Adult and Pediatric Echo	RDCS (AE/PE)
Registered Dietitian	RD
Registered Health Info Technologist	RHIT
Registered Nurse	RN
Registered Vascular Sonographer	RVS
Registered Vascular Technologist	RVT
Respiratory Care Practitioner	RCP
Social Worker – Bachelor's Degree	LBSW
Social Worker – Master's Degree	LMSW
Special Procedures Technologist	RT
Speech-Language Pathologist	SLP
Surgery Technologist (Radiology)	RT
Ultrasound Technologist	RVT or RDMS or RT
Wound Care Certified	WCC
Wound Care Specialist	CWS

Duty to Report Compliance Matters

Purpose: Hendrick Health and its affiliates ("Hendrick") recognize that a critical aspect of our corporate

compliance program is the establishment of a culture that promotes prevention, detection and resolution of conduct that does not conform to governmental and private payer health care program requirements, as well as the organization's ethical and business policies. To continue to promote this culture, Hendrick has established a policy that requires employees to report all problems, concerns, and potential violations of federal, state and local laws, rules, and regulations, our Corporate Compliance Plan, policies and procedures.

- A. An employee with knowledge of an actual or potential violation of a law, rule, regulation, Compliance and Integrity plan, policy or procedure, including questionable accounting or billing practices, internal accounting controls, or auditing matters, has a right and a duty, and is required, to report that information.
- B. An employee may make such a report by utilizing Compliance and Integrity Hotline at (877) 445-7987 or (325) 670-7676 or by contacting the employee's Director, or the Compliance and Integrity Department or Hendrick's General Counsel.
- C. The telephone communication voice mail line may be utilized by those employees who desire to report anonymously, where such report will be received by the Compliance and Integrity department.
- D. An employee who reports problems and concerns in good faith or appropriately participates in the investigation in good faith will be protected from retaliation or retribution. An employee who experiences or witnesses retaliation will promptly report the incident to the division Vice President over Human Resources, the Director of Human Resources, or the Compliance and Integrity department.
- E. An employee will not be exempted from the consequences of his/her own misconduct by reporting the issue, although self-reporting may be taken into account in determining the appropriate course of action.
- F. An employee with knowledge who fails to report a violation may be subject to disciplinary action, up to and including termination. Please refer to the Progressive Discipline section of this policy.

Fair Treatment

Purpose: Hendrick Health and affiliates provide a formal, systematic process that permits an employee to voice opinions about matters negatively affecting them and their work environment. This policy addresses issues concerning employment practices, including Equal Opportunity standards and any treatment the employee considers unjust, inequitable, or is perceived as a hindrance to effective performance. An employee concerned about workplace harassment should reference the Workplace Violence and Prevention policy. Safe Harbor Peer Review will be referred to the Nursing Peer Review Committee. Employees will have a fair opportunity to have their issues reviewed without fear of retaliation. An employee will not be subject to reprimand, harassment, or any adverse action by anyone as a result of initiating a complaint, providing testimony.

- A. Routine HR Requests Excluded: Employees seeking a transfer to another job position or department, a shift change, or a change in status (such as part-time to full-time) should make a request to Human Resources rather than filing a Fair Treatment Hearing Request.

- B. Board of Nurse Examiners Safe Harbor Peer Review: A professional nurse who believes a violation of his/her duty to a patient has occurred may request safe harbor in compliance with Texas Occupations Code Chapter 303 (§303.005). To enact this process, the requesting nurse should refer to Nursing Service Policy Nursing Peer Review Committee for the procedure.
- C. **INFORMAL RESOLUTION:** Employees are encouraged to informally discuss any issue or question with their immediate supervisor/director and to initiate this discussion at the time the issue or question arises. Prompt and positive action will be taken to resolve and respond to any issues or questions. An employee may discuss a problem with a member of the Human Resources Department if considered more appropriate by the employee.
- D. **FORMAL RESOLUTION:** If the employee feels the issue cannot be resolved informally or if the complaint is not resolved to the employee's satisfaction, the employee may file a written request for a Fair Treatment Hearing. The written request will be made on a "Fair Treatment Hearing Request Form" within 7 calendar days for a termination and 30 calendar days for other complaints. The following termination reasons are not eligible for Fair Treatment: positive drug screen, theft (including theft of time), violation of any state or federal law or regulation, reputational harm, or any event that is reportable to any licensing agency. Fair Treatment Hearing Request Forms are available in the Human Resources Department or attached to this policy. Hearings may be recorded, and if so, participants will be notified prior to the start of the hearing.
 - 1. Fair Treatment Hearing - An employee or Department Director or appropriate manager may request the Director of Human Resources or designee to arrange for an Fair Treatment Hearing. The Hendrick Health Chief Operating Officer will appoint an Fair Treatment Hearing Officer from a division other than the department of the employee and Department Director. The Fair Treatment Hearing Officer will be an Assistant Vice President or above within the system.

The Fair Treatment Hearing will be held within twelve (12) calendar days from the date that the employee or Department Director requests a hearing. The Director of Human Resources or designee will be present during the hearing. The employee may also call other employees as witnesses. The petitioning employee may have one Hendrick employee of their choice speak for or represent the petitioning employee during the hearing, if necessary.

The Fair Treatment Hearing Officer may consult with the President, Vice President of Human Resources, and/or the Director of Human Resources prior to issuing a written response. The Fair Treatment Hearing Officer will provide a written response to the employee, Department Director or appropriate manager, Director of Human Resources, the Vice President of Human Resources, and the Chief Operating Officer within ten (10) calendar days of the actual hearing. The decision on an issue reviewed by a Fair Treatment Hearing is final.

E. Witnesses and Representatives:

- 1. Requested witnesses will be contacted and asked to participate, but participation is not required. If a requested witness declines to participate, he or she will not be required to give a reason, and will not be retaliated against in any way for declining to participate.

2. Only another Hendrick employee may serve as a representative speaking for a petitioning employee. If the petitioning employee has a personal attorney, the attorney is not permitted to participate in the Fair Treatment Hearing. Likewise, Hendrick's legal counsel does not participate in the Fair Treatment Hearing.
- F. Hearing Procedure: This procedure is to be used when an employee has filed the Fair Treatment Hearing Request Form. The Human Resources Department will make all necessary prior arrangements such as time, place, and notification of participants. The Hearing Officer may meet with the Director of Human Resources prior to the actual hearing. The Director of Human Resources or a designee will be present at the hearing to ensure the proceedings follow approved procedure and to be available to answer questions.
1. Introduction
 - a. Hearing Officer calls the hearing to order and asks each person in the room to introduce themselves.
 - b. Hearing Officer quickly reviews the format of the hearing, explaining that each person will get a chance to speak at any time without interruptions or outbursts.
 2. Opening Statements
 - a. Employee makes an opening statement (five minutes maximum).
 - b. Department Director or designee makes an opening statement (five minutes maximum).
 3. Narratives
 - a. Employee gives a narrative and may submit a written document or statements (10 minutes maximum).
 - i. Questions from the Hearing Officer.
 - ii. Questions from the Department director or designee.
 - b. Employee may call witnesses (20 minutes maximum, total).
 - i. Questions from the Hearing Officer.
 - ii. Questions from the Department director or designee.
 - iii. Questions from Employee.
 - c. Department Director or designee gives narrative and may submit written documents or statements (10 minutes maximum).
 - i. Questions from the Hearing Officer.
 - ii. Questions from the Employee.
 - d. Department Director or designee may call witnesses (20 minutes maximum).
 - i. Questions from the Hearing Officer.
 - ii. Questions from Employee.
 - iii. Questions from the Department Director or designee.

4. Closing Statements
 - a. Employee gives the final statement (five minutes maximum).
 - b. Department Director gives final statement (five minutes maximum).
 - c. Participants are excused.
5. Deliberations - A written memorandum must be completed within ten (10) calendar days from the Executive Hearing that outlines the findings and recommendations of the Hearing Officer. The memorandum will be signed by the Hearing Officer and sent to the employee and the Department director. Copies will also be forwarded to the Director of Human Resources.

Please see the attached Fair Treatment Hearing Request Form

Solicitation and Distribution of Literature

Purpose: Hendrick Health and affiliates prohibits the distribution and posting of non-Hendrick related literature or printed materials or selling in the workplace.

- A. In the interest of maintaining a proper business environment and preventing interference with work and inconvenience to others, Hendrick employees and non-employees are prohibited from participating in any non-Hendrick related distribution of or posting of literature or printed materials of any kind, selling of merchandise, soliciting of financial contributions or other forms of soliciting for any cause in work areas during work time.
- B. The United Way, Children's Miracle Network Hospitals, Hendrick Hospice Care, Guardian Angel Fund and fundraising programs directed by the Hendrick Foundation are approved exceptions to this policy. The president of Hendrick Health must approve any other exception.

Use of Personal Email, Personal Computer Equipment, Instant Messaging, or Social Networking Web Sites at Hendrick Health and Affiliates

Purpose: Hendrick Health and affiliates prohibit the use of personal Email, personal computer equipment, Instant Messaging, or Social Networking Web Sites by Hendrick staff on any Hendrick computer unless authorized by Information Systems and a Department Director.

- A.
 1. Personal Email is defined as an email or electronic messaging service not affiliated with or hosted by Hendrick Medical Center and affiliates.
 2. Personal Computer Equipment is defined as:
 - a. Flash drives;

- b. Personal Digital Assistants (PDAs)
 - c. Portable hard drive;
 - d. MP3 players;
 - e. Cellular telephones that connect with computers;
 - f. Digital cameras; or,
 - g. Any other electronic device that can store or transfer data.
 - 3. Instant Messaging is defined as Instant Messaging programs that are not affiliated with or hosted by Hendrick Health and affiliates.
 - 4. Social Networking Web Sites are defined as websites where users register an identity and contribute comments, pictures, opinions, play games, share information, share files, engage in online discussions that are not associated with Hendrick Health and affiliates and do not pertain to a jobs requirements.
- B. Access to personal internet-based email, instant messaging programs, and social networking sites that is not managed by Hendrick Information Systems cannot be monitored or controlled to prevent the abuse of network resources, improper storage or transfer of confidential information, potential release of virus or mal-ware into Hendrick systems, or misuse of Hendrick resources.
 - C. If access to personal email, instant messaging programs, or social networking websites is required by job requirements at Hendrick Health, it must be registered with Information Systems so that proper configuration and security training is provided.
 - D. Personal computer equipment that is not managed by Hendrick Information Systems cannot be monitored or controlled to prevent the abuse of network resources, improper storage or transfer of confidential information, potential release of virus or mal-ware into Hendrick systems, or misuse of Hendrick resources.
 - E. If personal computer equipment is to be used at Hendrick Health it must be registered with Information Systems so that proper configuration and security training is provided.

Social Media Usage

Purpose: To provide employees with a policy related to employee participation in Social Media as defined below.

- A. As used in this Policy, Social Media includes, but is not limited to, electronic communications such as, blogging, micro-blogging, participation in online social networks (*FaceBook, MySpace, Twitter, Snapchat, LinkedIn, Friendster, Tik Tok, etc.*), message boards, podcasts, video and photo sharing (*YouTube, Instagram, etc.*), and any other existing and emerging electronic communication modalities that are intended to be viewed by groups of known or unknown individuals.
- B. **Online Identity/Contact Information:** Hendrick assigned email addresses should not be used when participating in Social Media activities unless the employee has been expressly authorized to engage in such activities as part of the employee's designated job duties.
- C. **Disclose Affiliation with Hendrick:** When employees use Social Media to comment on

Hendrick's services or a Hendrick matter, employees must disclose their identity as an employee of Hendrick.

- D. **Disclaimer:** When an individual identifies him/herself as a Hendrick employee, but has not been authorized by Hendrick to provide official comment on Hendrick's behalf, the employee should include a disclaimer such as *"This is my personal opinion and not that of my employer."*
- E. **Compliance with Laws and HMC Policies:** When using Social Media to communicate about matters related to or arising out of Hendrick, employees must comply with all applicable laws and Hendrick policies and procedures, including, but not limited to, HIPAA, Texas privacy laws, Hendrick's Compliance and Integrity Plan, the Employee Handbook, confidentiality and computer use policies.
- F. **Common Sense:** Hendrick administrators, managers, supervisors, peers, direct reports and community contacts may view employee posts in Social Media forums, and communications in such forums are often shared beyond the intended forum or audience. Therefore, employees should be mindful of the impact Social Media communications may have on their personal and professional reputations and employees should always use discretion and common sense whenever communicating on Social Media.
- G. **Health Care Inquiries or Referrals:** Employees should not use Social Media to communicate with individuals, whether known or unknown, about referrals for medical care or treatment or otherwise engage in communications about an individual's diagnosis or medical condition.
- H. **Patient Information:** Under no circumstances may an employee post any information about a specific patient, the patient's treatment or medical condition. There must be no disclosure of patient names, room numbers, Hendrick departments, patient conditions, diagnoses, procedures, treatments, treating physicians or other assigned health care personnel, or any other information that may contribute to the identification of a specific patient and/or a violation of the patient's privacy rights or HIPAA.

Compliance with patient confidentiality policies and procedures and the HIPAA Privacy Rule is expected at all times, whether employees are on or off duty. To avoid inadvertent or unintentional disclosures of confidential patient information, employees should closely monitor any communications related to Hendrick or their responsibilities at Hendrick that may involve patients or families of patients to avoid providing information that may lead to identification of a patient.

Employees may not post videos or photos of Hendrick patients in any form whatsoever, including without limitation, pictures or videos that do not specifically identify a patient, such as a body part or a product of a surgical or medical procedure, on any Social Media site without the express written permission of Hendrick. Violations of a patient's privacy rights or HIPAA will be adjudicated in accordance with the HIPAA Progressive Discipline and/or Progressive Discipline sections of this policy.

- I. **Time Management:** Use of Social Media at work is strictly limited to personal electronic devices during designated break times and employees may not participate in Social Media activities while on duty or through use of Hendrick computers unless expressly authorized to do so as part of the employee's job duties.
- J. **Hendrick Link:** Directing visitors to official Hendrick communications through links on personal social network accounts is permissible and encouraged.

- K. **Media Requests and Comments:** Any official comment on behalf of Hendrick and/or its personnel, clinical staff or facilities by Hendrick employees, whether on television, radio, newspapers, magazines, the internet, via Social Media or in any other public forum (the "**Media**"), may be made only under the supervision and guidance of Hendrick Marketing/Public Relations Department. Only individuals specifically authorized by Hendrick to provide official Communications on behalf of Hendrick may do so. Media requests for comments, interviews, photos or video on behalf of Hendrick should be referred to Hendrick Marketing Department at (325) 670-2431 or (325) 670-6402.
- L. Hendrick FaceBook pages are managed in accordance with the FaceBook Guidelines maintained by the Marketing Department.

Employee Competency Requirements

Purpose: Hendrick Health and affiliates ("Hendrick") requires all newly hired employees to complete system, department and job specific orientation and competencies within a designated time frame. Evaluation of employee competency will occur at least annually.

- A. Competencies required of all employees include the mandatory topics presented in general orientation and annual education updates, and may also include problematic and performance improvement indicators. House-wide competencies will be reviewed and determined on an annual basis.
- B. Hendrick will provide general orientation and annual education updates, coordinated by the Department of Education and Professional Development, in conjunction with the Department of Human Resources.
 - 1. The minimum mandatory topics will include the following as required by applicable regulatory agencies:
 - a. Safety (fire, electrical, patient evacuation);
 - b. Hazardous materials;
 - c. Infection control (body substance isolation, resistant bacteria, etc.);
 - d. Security; and
 - e. Other topics determined on an annual basis.
 - 2. Employees will attend the first scheduled general orientation within thirty days of the date of hire, and will be suspended from work without pay if non-compliant. Exceptions require the approval of the appropriate administrator. If an exception is granted, the employee must complete the required orientation (safety and infection control) videos in the library, complete all required computer based learning modules and must attend the next regularly scheduled general orientation.
 - 3. Employees will complete annual education updates during the appropriate time period, as designated by the Department of Education and Professional Development. Rescheduling of annual education updates requires approval of the appropriate administrator and completion within 30 days of reschedule date.
 - 4. Attendance by employees at general orientation and completion of mandatory annual education updates is ultimately the responsibility of the appropriate manager.

Managers who do not release their employees to attend these sessions are subject to disciplinary action.

- C. Department and job specific competencies are required of all employees. These competencies are reviewed annually by the department manager.
- D. Department orientation and an initial competency assessment of new hires and of newly transferred employees will be conducted within a pre-determined timeframe (orientation period) as designated for each position.
- E. At the time of initial assessment, if justified by competency documentation, an employee's orientation period may be extended for a specified period of time (probationary period) to allow another opportunity to demonstrate competency, or the employee may be terminated from employment.
- F. If an employee is unable to complete the orientation period due to an approved leave of absence or other special circumstances which did not allow an employee reasonable opportunity to complete the orientation, the orientation may be extended in a non-probationary status for a specified period of time.
- G. An annual assessment of job specific competency will be conducted with all employees in the performance appraisal process. Annual assessments are kept in Human Resources in the personnel file. Competencies are kept on file in the department.
- H. Leaves of absences greater than ninety days will delay the date of the performance appraisal until such time the employee has been working in the position for twelve months.
- I. It is the appropriate manager's/designee's responsibility to document, initial and validate completion of annual competencies in a timely manner.
- J. Interim competency assessments may be conducted with an employee as deemed prudent by the appropriate manager.

Parking Violations

Hendrick provides free parking for all employees, physicians, students, volunteers and visitors. In order to provide needed parking for our visitors and to allow easy access for patients and emergency vehicles, it is essential that you park in the employee parking lots. Parking in fire lanes or in other areas where parking is prohibited may result in the issuance of parking citations and fines by Fire or Police department officials. Employees are expected to park in designated employee parking lots. Employees who do not park in designated employee parking lots will receive a ticket and a disciplinary action. If an employee is in the disciplinary process for other reasons, a parking ticket will escalate that process. Additional information concerning parking may be obtained from your immediate supervisor or the Security Department.

Attachments

 [Fair Treatment Hearing Request Form](#)

Approval Signatures

Step Description	Approver	Date
VP, Human Resources	Courtney Head: Hendrick Health VP, Human Resources - Human Resour	3/3/2026
Employee Relations Manager	April Tyler: Abilene Market Director, Employee Relations and We	3/3/2026
HMCB Director, Human Resources	Kinsey Ragsdale: HMCB Director, Human Resources & Employee Wellness	3/3/2026