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ATLANTA, GA 30303
404-616-1000



Grady Onboarding and Training

The **ROEO Youth Medical Mentoring** is housed at Grady Memorial Hospital in Atlanta, GA.

Observers must adhere to the compliance, confidentiality and safety rules and regulations of the facility.

The onboarding and training modules help the observer in understanding what is expected and required of a medical professional.

Instructions:

1. To complete the onboarding process please use the following weblink, ID, and password to access training modules.

<http://www.gradyhealth.org/gradytrain/>

Your ID will be – **grady**

Your Password will be – **g3n3ral**

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2. You may view the training modules (view videos, review handouts, take post-quiz).
 3. For your convenience we've the fillable forms the fillable forms. Please print and sign the following needed forms in the required areas (*5 pages total*):
 1. General Orientation Training Record (*do not use initials*)
 2. Customer Service Agreement
 3. Confidentiality and Non-Disclosure Statement
 4. Compliance Standards of Conduct Acknowledgement
 5. Falls Program – submit Quiz only
 4. Email or fax the the **5 completed and signed forms** to email: **ROEO@msm.edu** or **Fax: 404-616-1417**.
 5. Forms not completed, or hand signed by the student will be not be accepted and will be returned.

Contact info: If you have questions, please contact **404-616-1415**



New Employee Orientation Standards of Conduct Acknowledgement

Grady Health System's Standards of Conduct were presented during today's orientation. I recognize that compliance to Grady's Standards of Conduct is a condition of my employment and that violation of these Standards of Conduct could result in disciplinary actions up and including termination of employment.

I understand:

I play an important role in providing quality health care services to the patients we serve.

I am responsible for complying with federal, state and any other laws.

I will be held accountable for knowing and complying with Grady's Standards of Conduct and policies and procedures.

I am required to report suspected and/or known violations including but not limited to billing compliance.

Print Name

Signature

Date

**Please contact the Corporate Compliance Office at 404-616-1706 to obtain a copy of Grady's Standards of Conduct.*

Created 1.10.2013



CONFIDENTIALITY AND NON-DISCLOSURE STATEMENT

I, _____, an employee, volunteer, vendor, contractor, student, representative of an affiliated medical school, college, university, post-secondary education facility, other such education and training school and/or program, partnership or other member of the Workforce of Grady Health System, acknowledge that I have completed generic training on the Hospital's privacy policies and the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (also known as HIPAA Privacy Rule).

- I understand that all patient information, including billing and financial data, is confidential.
- I agree to keep patient information confidential
- I agree to comply with all Hospital Privacy Policies and Procedures including those implementing the HIPAA Privacy Rule.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action up to and including termination of my employment.
- I understand that if I have any questions or concerns about the Privacy Rule and/or the proper use or disclosure of patient information, I shall ask my Supervisor, the Hospital Privacy Officer or the Hospital Compliance Officer.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to any patient information even after I terminate my employment or other relationship with the Hospital.

Signature

Date

Name (Please Print)

Department/Location



Customer Service Agreement for General Orientation

Grady Health System is committed to delivering quality and efficient health care services in a safe and friendly environment. Our commitment to our patients, their families and the community is to continuously improve our services.

As a Grady Health System vendor employee, contractor, student, or representative of an affiliated medical school, college, university, post-secondary education facility, or other such education and training school and/or program or partnership, I acknowledge that it is my responsibility to treat anyone whom I come into contact with in a courteous and respectful manner and contribute to the high standards of conduct required by all Grady Health System employees. I am prepared to work in a professional manner and uphold the standards of conduct while on Grady Health System property.

While on Grady property, I will treat all people that I come into contact with respect and dignity. I understand that rudeness or other inappropriate behaviors will not be tolerated and failure to do so is unacceptable and is reason to be asked to leave the worksite permanently.

We encourage everyone working on Grady property to work together as a team and help Grady promote the ideal that Grady Health System is the very best place to receive care to work. My personal commitment as an employee, volunteer, vendor, contractor, student, representative of an affiliated medical school, college, university, post-secondary education facility, other such education and training school and/or program, partnership or other member of the workforce of Grady Health System providing services to Grady **must** sign Grady's Confidentiality Agreement is to help create a positive and pleasant environment for everyone.

Signature

Print Name

Company Name (Contractors/Vendors/Medical Affiliates)

Supervisor Name

Telephone #

Date



Falls Program Training Fact Sheet

National Patient Safety Goal 09.02.01

Reduce the risk of patient harm resulting from falls

Definitions:

Fall - Any event in which a person inadvertently or unintentionally comes to rest on the ground/floor or another low level as a chair, toilet or bed.

"Near Miss" Fall- When the descent to the floor or lower level is aided by assistance.

Who is responsible for preventing falls?

All Grady Health System® staff including but not limited to medical, allied health professionals and contractual staff are responsible for preventing and reporting a fall.

All patients are assessed for risk of falling?

- Within 24 hours of admission and every 8 hours in the in-patient setting.
- During baseline assessment in the outpatient arena.

For	In-Patient	Out-Patient (Ambulatory/Neighborhood/IDP Clinics)
	Identifiers: Blue Skid Free Socks Blue Armbands	Identifiers: Blue Dots Blue Sheets
	Risk Assessment: Score of 3 or above	Risk Assessment: Patients with support devices, i.e. (walkers, canes)
	Protocol: Fall/Injury Prevention Protocol	Protocol: Outpatient/Neighborhood/IDP Fall Prevention Protocol

each patient that experiences a fall the MD should be notified and a fall incident report completed and forwarded to the Risk Management Department.

- General repairs that are needed for equipment/furniture related to falls are to be reported to Facilities Management @5-3960.
- Floor spills are to be reported to Environmental Services @ 5-4065 or 5-4066.
- Department Heads will ensure hazard surveillance rounds are conducted in their areas to identify environmental conditions that put patients at risk for falls.
- Patients and their family will be educated on fall prevention strategies.
- Staff receives education and training for the fall reduction program.
- Refer to Grady Health System® Operational Policy- Fall/Injury Prevention and Management for additional information.



Risk Management Department Fall Injury Prevention and Management Post-Test

This test is to be completed by all licensed and non-licensed staff members, students, and contract employees/vendors.

Name _____ Date _____ Dept. _____

True / False

1. A fall is an event in which a patient inadvertently rests on a lower level. a. True b. False
2. All patients must be assessed for "risk of falling"? a. True b. False
3. Department Heads will ensure that hazard surveillance rounds are conducted in their areas to identify environmental conditions that place patients at risk for falls. a. True b. False
4. Environmental conditions that may cause a fall must be reported to Facilities Management or Bio Med. a. True b. False

Multiple Choice

5. The following individuals are responsible for preventing and reporting a descent to the floor.
 - a. Support Staff
 - b. Nurses and Nurse Practitioners
 - c. Physicians and Physician Assistants
 - d. All Grady Health System Staff
6. What color is used as the falls risk identifier in the health system?
 - a. Red
 - b. Blue
 - c. Green
7. Which statement best represents the organization wide program for fall prevention?
 - a. Every patient is assessed for at risk to fall, if at risk, placed on blue armband, gripper socks or other blue identifiers (i.e. blue dot or blue form as appropriate to setting), and monitored every 8 hours for continued risk of falling.
 - b. Every patient assessed for at risk to fall, call physician to place on protocol for falls, monitored every 2 hours for continued risk of falling.
 - c. Every patient assessed for at risk to fall, every patient placed on blue armband and gripper socks and monitored q8 hours for continued risk of falling.

Fill in the blank

8. If the patient has a Fall Risk Score of _____ or greater, the Generic Fall/Injury Prevention Protocol must be initiated.

Please print this page and mark your answers.

****Upon completion - A copy of this document should be maintained in your departmental file &/or submitted with your orientation documents.**

Signature: _____

Date: _____



GENERAL ORIENTATION TRAINING RECORD

NOTE: Each Orientation Training Module below must be signed off on by entering your Name and Date in all 8 of the boxes & FULLY complete the top section of this form in order to be cleared for completing the Grady General Orientation requirements.

NAME (PRINT)	PHONE NUMBER
COMPANY NAME	SCHOOL NAME (students/interns only)
AREA/DEPT. WORKING IN	EMAIL ADDRESS
START/END DATES	GRADY CONTACT NAME/PHONE

Please Check One

☐ Intern/Student ☐ Contract Employee/Vendor ☐ Researcher ☐ Medical Affiliate ☐ Observer

#	Name of Training Module	Upon completion of this module, you will be able to understand:	Print your <u>Name & Date</u> in each section (do not initial)
1	Corporate Compliance & HIPAA	Important aspects of the Grady Health System Corporate Compliance Policy and the importance of HIPAA and the need for every person working within Grady to comply with the HIPAA Policy	
2	Culture of Service	The role that Customer Service plays in delivering excellent service to everyone	
3	Epidemiology (Infection Control)	The role that infection control plays in ensuring a safe and healthy environment for all patients, visitors, and employees	
4	Environment of Care	General safety practices to be implemented in case of fire and security situations	
5	Public Safety	The correct procedures regarding Public Safety in and around the Hospital	
6	Falls Program	How to recognize patients at risk for Falls and the process to follow to report	
7	Cultural Diversity	The importance of understanding and respecting the Cultural Diversity that comprises Grady patients	
8	Complete Training Record by entering your name and date of training completion after EVERY module.	Print, scan then e-mail the 5 required forms (as 1 PDF) to: onboardingdocs@gmh.edu or fax to (404)489-6912	

I, _____ (**print your name**) attest that by submitting this document to the Grady Health System, I am affirming that I have completed all required training orientation & will submit the required documents as requested.

Signature

Date