

Mandatory Education

My signature below indicates that in addition to the policy overview, I received specific, detailed information on the following topics:

- Rights of Patients/Confidentiality/HIPPA
- Safety Reporting/Sentinel Events
- Safe Medical Device Act
- Communication/Translation Services
- Internal Disaster/Fire in the O.R.
- External/Internal Disasters
- Violence Prevention
- Laser Safety
- Missing Person
- Bomb Threat
- Medical Equipment/Electrical Safety
- Hazard Communication/Chemical Safety
- Hazardous Agent Safe Handling
- Quality Improvement
- Infection Control

Colleague Name (Please Print)

I.D. Number

Colleague Signature

Date

Policy & Procedure Acknowledgment Form

I have been informed that all Lahey Hospital & Medical Center policies - including Human Resources polices, clinical and administrative policies, and other manuals - are available for me to review on MassNet. I have been given instructions on how to access MassNet. I understand that it is my responsibility to review all policies on MassNet.

In addition to the policy overview, specific detailed information was reviewed with me on the following topics:

- AIDET
- Cultural Awareness - OUCH!
- Corporate Compliance
- Corrective Action
- Customer Service
- Fire Safety and Evacuation
- General Information
- Hand Hygiene
- HRO/Joint Commission & Contact Information
- Infection Control
- Lahey Guiding Principles/Standards of Behavior
- Patient Confidentiality - HIPAA
- Philanthropy - I believe in Lahey Hospital & Medical Center
- Sexual Harassment
- Tobacco Free Policy

If I have questions or need clarification about a Lahey Hospital & Medical Center policy, I understand that I should ask my manager or department chair.

Colleague Name (Please Print)

I.D. Number

Colleague Signature

Date

Context Statement: Caring for our Patients and each other... Every day Guiding Principles

Respect

- I will greet everyone with eye contact in a welcoming manner.
- I will treat everyone as I would like to be treated.
- I will safeguard the privacy of patient information.
- I will value the perspectives of others.
- I will value cultural differences.
- I will always utilize resources at Lahey Hospital & Medical Center responsibly.

Caring

- I will understand how my role affects patient care.
- I will be on time, apologize for delays and keep patients and families informed.
- I will listen actively to help anticipate patients needs.
- I will partner with patients and families regarding patient care and strive to increase their comfort.
- I will educate patients and families about patient care and will ensure the education is clear and understood.

Teamwork

- I will recognize my role as an important member of our team.
- I will work with colleagues to provide the best patient care.
- I will seek opportunities to learn from my colleagues.
- I will be motivated by everyone's success.
- I will seek opportunities to mentor and educate my colleagues.

Excellence/Integrity

- I will provide the highest level of quality and safety.
- I will demonstrate professionalism and integrity.
- I will provide superior customer service to patients, families, colleagues and the community.
- I will put forth my personal best.
- I will recognize and acknowledge excellence in others.
- I will anticipate problems, question assumptions and report failures.
- I will make every effort to exceed expectations.

My signature below indicates that I reviewed the Lahey Hospital & Medical Center Standards of Behavior and agree to conduct myself by the described standards and guiding principals.

Colleague Name (Please Print)

I.D. Number

Colleague Signature

Date

OSHA Confirmation

As part of General Orientation, I have viewed the video “Bloodborne Pathogens: The Final Word” in compliance within the Occupational Safety and Health Administration’s (OSHA’s) Occupational Exposure to Blood-borne Pathogens standard, Tuberculosis transmission and prevention and general Infection Control policies and procedures. After the video, I had the opportunity to ask questions about the information presented and my questions were answered.

Signature:

Print Name:

Employee ID Number:

Department:

Date: