

PHYSICIAN AND OFFICE STAFF ORIENTATION MANUAL



**Waverley
Surgery Center**





Physician and Office Staff Orientation Manual

Table of Contents

Directions to Waverley Surgery Center	1
Center Contacts	2
Scope of Services	3
Benefit Verification	4
Workers' Compensation	4
Service Preauthorization Form	5
Procedure Scheduling	6
Surgery Scheduling Form	7
Pre-operative Planning	8
Pre-operative Laboratory Testing Guidelines	9
Pre-operative Laboratory Testing Requirements	10
Surgical History and Physical Form	11
Physician Transcription and Medical Records	12
GIT Dictation Instructions	13
Coding Services	15
Compliance Program	16
Workplace Sexual Harassment Prevention	17
Workplace Violence Prevention	21
Credentialing Process	25
Physician Partnership	26
Creating a Vision	27



Waverley Surgery Center

400 Forest Avenue
Palo Alto, CA 94301
650.324.0600 FAX 650.289.1620

Directions

101 SOUTH or 101 NORTH

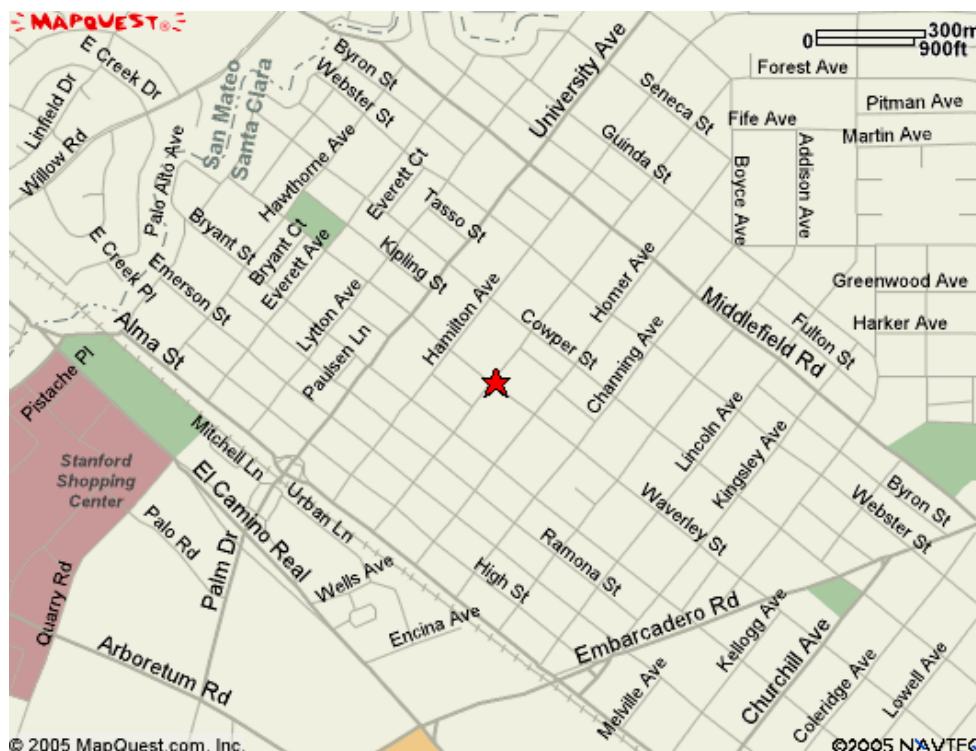
Take the University Avenue exit going WEST, towards downtown Palo Alto. Continue on University Avenue to Waverley Street. Make a LEFT onto Waverley Street.

The intersection of Waverley Street and Forest Avenue is two blocks further down. The Waverley Surgery Center is located on the left hand side of that intersection. Cross the intersection at Waverley Street and Forest Avenue and make a LEFT turn into parking lot under Waverley Surgery Center. The elevator will bring you to the waiting room where you check in.

280 SOUTH or 280 NORTH

Take Sand Hill Road exit going EAST. Follow Sand Hill Road down to El Camino Real and make a RIGHT turn onto El Camino Real. Follow El Camino Real a short distance and veer onto the University Avenue exit. Turn LEFT (EAST) onto University Avenue, follow University Avenue to Waverley Street, and make a RIGHT turn onto Waverley Street.

The intersection of Waverley Street and Forest Avenue is two blocks further down. The Waverley Surgery Center is located on the left hand side of that intersection. Cross the intersection at Waverley Street and Forest Avenue and make a LEFT turn into parking lot under Waverley Surgery Center. The elevator will bring you to the waiting room where you check in.





Waverley
Surgery Center

Center Contacts

Surgery Center Business Office

3190 S. Bascom Avenue, Suite 102
San Jose, CA 95124

Phone: (408) 879-1820 ■ Fax: (408) 626-1814

Surgery Center

400 Forest Avenue
Palo Alto, CA 94301

Phone: (650) 324-0600 ■ Fax: (650) 289-1620

Title	Name	Office Phone	Cell Phone	Fax
Chief Executive Officer	Carole Wilson	(650) 289-1655 (Exec. Asst. Irina Gomez)	(650) 269-4270	(650) 475-3929 (E)
Director Surgery Center Operations	Kristi Burns, RN	(650) 289-1672	(650) 867-3080	(650) 289-1620
Assistant Director of Surgery Center Operations	Julia De la O, RN	(650) 289-1625	(408) 981-8563	(650) 289-1620
Surgery Scheduler Manager Medical Office Liaison	Cathy Cardoza		(650) 302-6744	(650) 475-8458 (E)
Surgery Scheduler Lead	Brandi Neese	(650) 289-1210		(650) 204-6179 (E)
Endo Scheduler	Cristina Campos	(650) 289-1211		(650) 204-6231 (E)
Pre-Op Paperwork (H & P's)	Christabelle Dagun	(650) 289-1673		(650) 289-1620
Pre-Op Paperwork (H & P's)	Cathy Beno	(650) 289-1673		(650) 289-1620
Medical Records	Mary Rose Lazaro	(650) 289-1213		(650) 204-6209 (E)
Medical Records	Michelle Castleberry-Phillips	(650) 289-1218		(650) 204-6209 (E)
Controller	Mark Cogdill	(408) 626-1842	(408) 316-6223	(408) 626-1810
Insurance Contracts	Karen Jansen	(650) 289-1657	(650) 575-3715	(650) 475-7134 (E)
Credentialing Coordinator	Karen Goehring	(408) 358-6815	(408) 718-0205	(408) 519-6570 (E)
Materials Manager	Bill Guerra	(650) 289-1624	(408) 605-3310	(650) 289-1630

4/1/09



Scope of Services

1. Hours of Operation: 0600-1730, Monday through Friday.

Location: Waverley Surgery Center
400 Forest Avenue
Palo Alto, CA 94301

Waverley Surgery Center, Business Office
3190 South Bascom Avenue, Suite 140
San Jose, CA 95124

Web site: www.waverleysurgery.com. Web site is accessible to staff and public.

2. Patient Eligibility Criteria

- a. Patients must be capable of receiving and following specific instructions and be motivated both physically and mentally to have surgery performed as an outpatient.
- b. Patients must be at least one (1) year of age unless otherwise approved in advance by the Medical Director.
- c. The physical condition of the patient, as determined by the primary Operating Physician, must be such that any procedure is **NOT** anticipatory of hospitalization.
- d. Patients requiring emergency surgery will **NOT** be scheduled at the Center.
- e. Patients who are morbidly obese or over 300 lbs., or have a BMI over 40, will not be scheduled at the Center unless cleared by the Medical Director.
- f. It is the responsibility of the Admitting Physician to assess his/her patient's suitability to undergo outpatient surgery at the Center. If the Admitting Physician has questions concerning the patient's suitability, he/she shall consult with the Medical Director before scheduling. The Admitting Physician shall discuss any questions regarding his/her patient's medical status with regard to the patient's care at the Center with the Medical Director.
- g. For patients scheduled to receive care by an anesthesiologist, it is the responsibility of the attending anesthesiologist to assess his/her patient's suitability for anesthesia services.
- h. The final determination and eligibility for admission to the Center rests with the admitting physician and, if the patient is scheduled to receive care by an anesthesiologist, the attending anesthesiologist.
- i. Every patient must have a responsible adult accompany them and provide a safe ride home. Only patients who receive no sedation may drive themselves home.

3. Operating Practitioner Eligibility Criteria

- a. All surgeons performing ambulatory-surgery procedures must be members of the Medical Staff of the Center.
- b. All practitioners administering anesthetic drugs and/or anesthesia must be legally and professionally qualified for positions and for the performance of the privileges granted.



Benefit Verification

The insurance verification staff will work closely with the physician's office personnel to obtain the proper information for pre-authorization purposes. When obtained, the insurance verification staff will contact each patient prior to surgery regarding his/her estimated financial responsibility for co-payments and co-insurance. Payments are requested on the date of service.

Contracted and Non-Contracted (Out of Network) Insurance Plans

Waverley contracts with most insurance plans. A list of those plans is available on the Waverley website.

Out of network (OON) cases are welcome and handled with special care. Each OON patient is contacted prior to surgery to determine if their OON co-payments and/or deductibles will create a financial hardship.

Some examples of how a patient may qualify for a hardship discount are:

- Care of an elderly parent or other relative;
- Unexpected medical or dental bills for immediate family members;
- Loss of employment by one member of the patient's household;
- Recent drop in household income;
- Difficulty meeting his/her living requirements;
- Education costs for immediate family members.

Any questions should be directed to the Business Office at (408) 879-1820.

Workers' Compensation

Waverley accepts workers' compensation and will rely upon the physician's office to obtain the workers' compensation authorization as evidence of coverage.

It is a legislative requirement to disclose a primary physician's ownership in Waverley to workers' compensation carriers. The service authorization form for physician partners is enclosed.

WORKERS' COMPENSATION SERVICE PREAUTHORIZATION (WAVERLEY SURGERY CENTER)

Dear Carrier/Payor Representative,

Date _____

Please authorize the following procedures to be performed at Waverley Surgery Center, L.P.

Pt. Name: _____ Pt. SSN _____

Date(s): _____

Procedure(s): _____

Date of Injury: _____

DISCLOSURE OF FINANCIAL RELATIONSHIP

Please be advised that Dr. _____ has a financial interest in Waverley Surgery Center, L.P. and receives partnership distributions in accordance with the percentage of partnership units he/she owns. This disclosure and request for authorization are made pursuant to Section 139.31 (f) of the California Labor Code.

WRITTEN AUTHORIZATION

Dr. _____ is authorized to perform the above referenced procedure(s) at Waverley Surgery Center

Carrier/Payor Representative Signature

Title

Dated

OR

VERBAL AUTHORIZATION

I declare under penalty of perjury that, in accordance with Section 139.31 (f) of the California Labor Code, I _____ disclosed that Dr. _____ has a financial interest in Waverley Surgery Center, LP to the below identified patient's workers' compensation insurance carrier/payor representative and obtained verbal service preauthorization for Dr. _____ to perform the above identified procedures at Waverley Surgery Center as follows:

Carrier/Payor Representative name

Position/Title

Dated

Time

Fax # of Carrier/Payor: _____



Procedure Scheduling

All procedures must be scheduled through the Scheduling Coordinator between 7:00 a.m. and 5:00 p.m., Monday through Friday. Calls after normal business hours will be returned the next business day. If you have an urgent scheduling need and the scheduling department is unavailable please contact Cathy Cardoza, Manager of Surgery Scheduling, on her cell (650) 302-6744.

Scheduling procedures at least five to seven (5 – 7) days in advance is desired to properly coordinate the clinical staff, equipment requests, verification of insurance, and communicate pre-surgery needs to the patient.

The Center will attempt to accommodate procedures scheduled with less than seventy-two (72) hours notification; however, this can only be done if operating room time and ancillary resources are available.

Physicians should arrive at the Center at least ten minutes prior to the scheduled surgery time (e.g., for a 7:30 a.m. case, the surgeon should be at the Center by 7:20 a.m.). Should a case be delayed, the Center will notify the physician of the anticipated start time.

A scheduling form with required fax and phone numbers is enclosed.

**WAVERLEY SURGERY CENTER
SURGERY SCHEDULING FORM**

Date: _____

Time: _____

AnesType: _____

OR Time: _____

Surgeon: _____

Assistant: _____

23 HOUR STAY

Diabetic Weight > 300 lbs. _____

Patient _____ **Male** **Female**
Last First Middle Initial

Date of Birth _____ **S.S.#** _____ **Martial Status** M S D W

Address _____ **Home Phone:** _____

City/State/Zip _____ **Work Phone:** _____

Employer _____ **Cell Phone:** _____

Procedure **CPT:** _____

Description **CPT:** _____

_____ **CPT:** _____

_____ **CPT:** _____

Diagnosis **ICD-9:** _____

Description **ICD-9:** _____

_____ **ICD-9:** _____

_____ **ICD-9:** _____

INSURANCE COMPANY - PRIMARY

I.D. #: _____ **Grp #:** _____

Phone: _____

Insurance Information – Primary (If other than patient)

SUBSCRIBER _____ **Relationship:** _____

Address _____

Phone (If different _____) **DOB:** _____ **S.S.#:** _____

SUBSCRIBER Employer _____ **Work Phone:** _____

Address _____

INSURANCE COMPANY - SECONDARY

I.D.#: _____ **Grp #:** _____

Phone: _____

SPECIAL EQUIPMENT/ INSTRUMENT/ IMPLANT REQUEST

Position: Prone Supine Beach Chair Lateral Other: _____

WORKERS' COMP INFO. **Adjuster:** _____

DOI: _____ **CLM#:** _____

Auth'd By: _____

Date of Auth: _____ **FAX#:** _____

Financial Disclosure: _____



Pre-operative Planning

Pathology services are provided by Palo Alto Pathology and Stanford Hospital Clinics.

Pre-operative phone calls are attempted for all surgical patients including those who are scheduled for endoscopy at 65 years or older. Lab, EKG, or any other test results needed in preparation for surgery should be faxed twenty-four to thirty-six (24 to 36) hours prior to date of surgery to (650) 289-1620.

Patient brochures are available to physicians for their offices for distribution to prospective surgical patients. It is a short guide to prepare for their short stay at Waverley. Please contact the Scheduling Department at (650) 289-1210 for additional brochures.

A staff lounge is available for the physicians and a complimentary lunch is provided daily. Additionally, coffee, tea, soft drinks, and snacks are available throughout the day.

Pre-operative Laboratory Testing Guidelines

The following guidelines will assist physicians when considering pre-op laboratory testing. They are the result of input from multiple anesthesiologists, surgeons, nurses, the Quality Assurance Committee and the current literature.

Laboratory evaluation is guided by the invasiveness and degree of hemodynamic change associated with the procedure, and the status of the patients underlying medical problems. Procedures have been stratified into two groups "minimal hemodynamic change procedures" and all others as "moderate hemodynamic change procedures." A detailed history and physical examination is critical in determining appropriate laboratory testing.

The guidelines are not intended to replace the clinical judgment of a physician. Some patients may require more or less testing. Any questions concerning the guidelines or the pre-operative evaluation of a particular patient, contact any anesthesiologist at Waverley.

As a reminder, if any pre-operative tests are ordered, please inform Waverley and send a copy of the results twenty-four to thirty six (24 to 36) hours prior to date of surgery so the results may be included on the patient's chart. The *Surgery Scheduling Form* includes a section on pre-operative testing.



Pre-operative Laboratory Testing Guidelines

Pre-operative laboratory testing should be based on the planned procedure, and the history and physical. The following guidelines are not intended to replace the clinical judgment of the physician and may be waived for a particular patient. Some patients will require additional workup. If you have any questions about a particular patient, please discuss these with an anesthesiologist.

Minimal Hemodynamic Change Procedures

IF MEDICAL PROBLEMS ARE STABLE,
NO LAB TESTING IS REQUIRED

Exceptions:

- Fingerstick glucose - diabetes
- Urine or serum HCG - if pregnancy is possible

Examples

- cataract
- knee arthroscopy
- breast biopsy
- bunionectomy
- carpal tunnel
- inguinal hernia

Moderate Hemodynamic Change Procedures

- EKG - patients over age 60,
with **NO** cardiovascular risk factors
- patients over age 50,
WITH cardiovascular risk factors or disease
(e.g., DM, obesity, HTN, smoking)

EKGs within six (6) months are acceptable, if clinically stable.
If abnormal, obtain old EKG for comparison.

HEMATOCRIT - potential for significant blood loss

ELECTROLYTES/BUN/CR

- renal disease
- diuretic use

PROTIME

- coumadin use
- liver cirrhosis

FINGERSTICK GLUCOSE - diabetes

URINE OR SERUM HCG - if pregnancy is possible

Examples

- nasal surgery
- tonsillectomy
- shoulder arthroscopy
- laparoscopy
- mastectomy
- intra-abdominal
- operative hysteroscopy

NOTE: CXR and urinalysis are usually not required.



Pre-operative Laboratory Testing Requirements

LABORATORY TEST	ROUTINE	CONSIDERATIONS
HCT	Not routinely needed	History of anemia, bleeding of older patients
EKG	Any patient > 65 y/o Valid within 1 year	History of cardiocirculatory disease <i>Studies must be completed prior to admission</i>
Serum Chemistry	Not routinely needed	If drawn, valid within two weeks
Serum Potassium (Dialysis Patients:)	Not routinely needed	<i>Serum K+ required for all patients on potassium depleting diuretics:</i> Valid within two weeks of surgery date <i>Serum K+ required for all dialysis patients:</i> Must be drawn within 24 hours of procedure
Coagulation Studies	Not routinely needed	Required for patients taking anticoagulants
Pregnancy Test	Not routinely needed	Obtain if patient uncertain re: pregnancy status
Chest X-Ray	Not routinely needed	
Urine Analysis	Not routinely needed	

NOTE:

All Patients: ASA status III or IV (severe systemic illness) must be cleared by Medical Director.

Latex Allergy: Please notify Waverley of all latex sensitive patients.
Please schedule as first case of the day.

Diabetic Patients: Please schedule ALL diabetic patients as first case of the day.
These patients will have a blood glucose finger stick upon admission.

Weight Limit: Patients weighing over 300 lbs or BMI greater than 40 must be cleared by Medical Director for medical clearance prior to admission at Waverley. These patients will be weighed on admission.

Reference: Practice advisory for pre-anesthesia evaluation, Anesthesiology, V 96, No. 2, Feb 2002

SURGICAL HISTORY

1. Chief Complaint/Relevant History _____

2. Date of Injury: N/A _____
3. Allergies: NONE _____
4. Diagnostic Tests: NONE _____
5. Impression: _____

6. Planned Procedure: _____

7. Pre-operative Orders: _____

I have explained the proposed procedures, its risks and alternatives. I have answered all of the patient's questions or guardian's questions. The patient or guardian accepts the proposed plan.

Surgeon Signature

Date

MEDICAL HISTORY AND PHYSICAL

8. Past Medical History: NONE _____

9. Prior Surgeries: NONE _____

10. Medications NONE _____
(List Dosages/Frequency) _____

11. Physical Exam:
HEART: NORMAL _____
LUNGS: NORMAL _____
Other Significant Findings: _____

Surgeon or Consulting Physician Signature

Date



Physician Transcription and Medical Records

Global Information Technologies (GIT) provides dictation services for Waverley. Their digital dictation system enables a physician to dictate history and physicals (H & P's) and operative reports (op reports) 24 hours a day.

H & P's are to be dictated at least three (3) days prior to the date of service. An H & P form entitled *Surgical History/Medical History and Physical* is enclosed.

Op reports must be dictated within twenty-four (24) hours of surgery in accordance with *Waverley Medical Staff Bylaws*. Failure to dictate or sign medical records within fourteen days from date of service will result in a notice to physician. Failure to comply thereafter may result in the suspension of medical staff privileges. (A *Notice of Suspension of Medical Staff Privileges* form is enclosed.)

Physicians may dictate from their own offices by following the attached instructions.

GIT transmits completed op reports to Waverley in Microsoft Word format within 24 hours of receipt. Copies of documents are either faxed or mailed to the physician's office.

The GIT website can allow for physicians to download their op reports to print and file in their own medical records. However any changes that are made must be communicated with the Waverley medical records department to ensure the integrity of Waverley's medical records remains intact.

Referring physicians are mailed a copy of the op report if requested and documented in the op report.

Medical records are **not** permitted to be removed the Waverley premises under any circumstances. Copies of a medical record or any portion thereof will be made available upon written request.



GIT Dictation Instructions

GLOBAL INFORMATION TECHNOLOGIES

1. To access the Dictation system use the facility "speed dial" or from any other phone dial (800) 436-2930. The phone will answer "Welcome to Crescendo Digital Network."
2. Wait for a Prompt from Crescendo. You will be asked for the following:
 - a. Facility ID: Enter your Facility ID, "29" followed by #
 - b. Physician ID: Enter your Physician ID, followed by #
 - c. Work Type ID: For Operative Reports, press "2" followed by the # key
For H&Ps, press "1" followed by the # key
For H&P's dictated within 48hrs of the procedure, press "9" followed by the # key. Cut off is 11:00 pm the night before the case.
 - d. Subject ID: Enter the Patient ID/Medical Record Number followed by #
3. Begin dictating at the prompt. Start your dictation with:
 - a. Your name
 - b. Patient's name
 - c. Spell the patient's last name
 - d. Date of surgery/procedure
 - e. Chart number if known
4. Below are the functions for the buttons on the standard telephone keypad:

1 Record	2 Play	3 Insert
4 Rewind	5 Play Job Number	6 Fast Forward
7 End of File/ Pause	8 New Job	9 Delete
*	0 Terminate Session	#

Attached are detailed instructions.

4. Complete your job by pressing (8) or (0) or by hanging up.



Notes:

1. To obtain the job number for your dictation, press **Play Job Number (5)** *prior* to terminating the dictation (terminate by either pressing **New Job (8)** or **Terminate Session (0)**). This job number is unique to each dictation and can be used to track down any dictation.
2. When you use **End of File/Pause (7)**, the system will wait until you are ready to continue. To continue, you must press **Record (1)**.
3. **Rewind (4)** and **Fast Forward (6)** may be pressed repeatedly to move further along in the document.
5. **Delete (9)** works as follows: Press **Play (2)** and listen for the beginning word of the section you would like to delete. At that point press **Delete (9)** and the system will acknowledge. Listen for the end of the portion to be deleted and press **Delete (9)** again. Prior to deletion the system will ask for confirmation.

Use of Insert and Delete require time to learn and to use. We recommend the quicker method of telling the transcriptionist verbally what changes you would like to make. For example: "Please delete "left knee" in the above sentence."

6. To do multiple reports in a single phone call simply press **New Job (8)** after each patient and then key in the new subject ID and begin. Separate audio files with separate job numbers will be created, which are easier to transcribe and track.
7. In order to be able to find audio files for a given patient it is very important that you use the telephone keypad to identify the facility, yourself, and the patient. If you miss all three, you will almost certainly receive the report anyway; however, if audio files are named improperly, they are stored in locations that cannot readily be identified.
8. For Customer Assistance from Global Information Technologies (GIT) (760) 871-0450.



Coding Services

Global Information Technologies (GIT) provides medical coding services to include CPT-4 procedure and ICD-9 diagnosis codes in Microsoft Excel format within two days of the completed operative report.

Codes are assigned solely on the documentation provided by the physician. Waverley or the physician will be consulted regarding missing, conflicting or ambiguous dictation/documentation.

Codes assigned by GIT are available to each physician upon request by mail or fax on a monthly basis. If a physician has any questions about codes assigned, contact the Business Office at (408) 879-1820. Physicians will receive a response within five business days.

Waverley's policy is to bill all third-party payors within three (3) business days of the patient's date of service.



Compliance Program

A Compliance Program has been created to ensure that Waverley Surgery Center, LP conducts business in accordance with applicable government health care and employment laws. The program consists in summary of the following elements:

- Policies and procedures
- Designated Compliance Associate
- Code of conduct
- Confidential hotline for employees to raise questions or issues
- Monitoring and auditing of medical records, coding and accounts receivables
- Implementation of corrective action plans

Annual reports of all audits are provided to the Waverley Surgery Center, L.P. Governing Body.

Enclosed are policy statements regarding sexual harassment (*Workplace Sexual Harassment Prevention*) and violence in the workplace prevention (*Workplace Violence Prevention*).

A copy of the *Compliance Program* is available upon request.



Workplace Sexual Harassment Prevention

Description

Workplace sexual harassment is unwelcome sexual conduct that deprives an employee of a discrimination-free workplace, whether or not a tangible benefit is lost. The following information was provided by Concern: EAP to inform employees on how to recognize sexual harassment and what to do if harassment occurs.

CONCERN: Employee Assistance Program Sexual Harassment in the Workplace Employee Training

Ways You Might Be Involved in a Sexual Harassment Incident

- Perpetrator
- Victim
- Supervisor
- Observer/Involved in an Investigation
- Human Resources

Legal Basis

- Federal - Title VII of the Civil Rights Act of 1964 prohibits discrimination in employment on the basis of sex
- Federal Law now permits victims to sue the accused perpetrator for harassment
- State - Sexual harassment in employment violates the provisions of California FEHA
- Interpretation & Enforcement – EEOC (Equal Employment Opportunity Commission)
 - ADA (Americans with Disabilities Act)
 - ADEA (Age Discrimination in Employment Act)
 - EPA (Equal Pay Act)
 - Title VII (Covers religious discrimination)

Costs

- Legal costs, awards and punitive damages
- Decline in employee morale
- Decreased productivity
- Loss of teamwork
- Damage to organizations reputation

What Is Sexual Harassment?

A violation of the Civil Rights Act of 1964 - an unwelcome sexual conduct that deprives an employee of discrimination-free workplace, whether or not a more tangible benefit is lost.

Factors that must be present are:

- Unwelcome
- Sexual conduct
- or*
- Harassment based on one's sex

Two Types of Sexual Harassment

- Quid pro Quo
- Hostile Environment



Quid Pro Quo

- The employee was subjected to unwelcome sexual advances or requests
- Submission to such requests is an implied or expressed condition of tangible job benefits; refusal could equal a tangible job detriment.
- These threats or rewards are based on tangible job decisions, such as:
 - Hiring/Firing
 - Promotion/Demotions
 - Job Assignments
 - Work Schedules
 - Performance Evaluations
 - Compensation
 - Any Other Tangible Employment Decision

Hostile or Offensive Work Environment

- Behavior is not limited to situations with economic loss
- The conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating a hostile, or offensive working environment
- Harassment is persistent and severe enough to affect the individual's psychological well-being, but does **not** need to result in serious psychological problems
- Behavior meets the reasonable woman/man (i.e. reasonable victim) test of harassment

Harassment in General

- The issue of harassment goes beyond just sexual harassment
- A hostile or offensive work environment for any protected group can be considered harassment

Same Sex Harassment

- US Supreme Court has ruled that sexual harassment can occur between members of the same sex.
- **Prior to the Supreme Court ruling, California courts had held that same-sex harassment is a violation of FEHA.**

Reverse Discrimination

Describes a situation in which an employee is passed over for advancement or raises in favor of a co-worker who is having a sexual affair with a supervisor or other member of management

- Occurs when someone is deprived of a tangible job benefit in favor of another employee who is having a sexual relationship with a supervisor or other member of management.
- Must be qualified for the job benefit
- Must have lost out to a candidate who is having a sexual relationship with a supervisor
- This relationship must have been a substantial factor in the decision

What Standard is Used in Determining What is Harassment?

The reasonable person perspective (victim's perspective) is used in court cases to determine whether or not the behavior is severe and/or pervasive enough to constitute sexual harassment. The court has recognized that there are differences between men and women in what is perceived as offensive.

- Differences in what is perceived as offensive
- Eyes of the beholder
- Innocent but unwelcome

What Creates Sexual Harassment Complaints?

- Intentional harassing behavior
- Miscommunication
- Outdated behavior
- Cultural/Regional differences
- Succumbing to peer pressure
- Underestimation of the effect of authority/power

What Type Behaviors Constitute Sexual Harassment?

- **Physical**
 - Unsolicited/non accidental touching
 - Pinching, grabbing
 - Brushing against or poking another employee's body
 - Unwelcome kissing, hugging
 - Violating someone's space
- **Verbal**
 - Name calling
 - Belittling
 - Threats or abuse
 - Gender demeaning language
 - Graphic verbal commentaries about the body
 - Continued request for dates
 - Any threat of demotion or term
 - Sexually explicit jokes
 - Sexually oriented noise or remarks
 - Pressure for sexual favors
 - Sexually explicit language
 - Obscene letter or invitations
- **Nonverbal/Visual**
 - Leering, staring, or ogling
 - Sexually explicit pin-ups/calendars
 - Use of computer games depicting sexual situations
 - Sexual cartoons
 - Offensive or lewd gestures
 - Obscene letter or invitations

How to Avoid Being Perceived as Harassing

- Avoid: Questionable conduct
 - Any display of sexual material or use of sexual language
 - Appearances of favoritism
- When in doubt, ASK for feedback from the person you might be offending or others
- If you've offended someone, apologize and stop the behavior

Questions to Ask Yourself

- Would you want your child, sibling, parent or spouse/partner or friend to endure the situation?
- Is the behavior related to getting the job done?
- Is the behavior directed toward only women or only men?
- Does the behavior make it more difficult for the receiving employee to do his/her job?
- Is someone using a position of power to make a person feel inferior, vulnerable or victimized?



If Harassment is Occurring

- Tell person to stop - if you can. The law does not require you confront the person directly, but if you can, it is often the most effective way to stop the offensive behavior.
- Write down as specifically as possible what happened and who was present
- Follow the company's complaint procedure
- Call CONCERN and/or get support from someone you trust

Company's Responsibilities

- Inform victim and accused of their rights
 - Privacy
 - Freedom from retaliation
- Fully, neutrally, & promptly investigate the complaint
- Notify victim and accused of outcome
- Provide prompt, effective remedy if appropriate

What Stops an Employee from Complaining?

Fear of being:

- Blamed and/or accused of "encouraging it"
- Ignored or not believed
- Labeled a troublemaker
- Retaliated against
- Embarrassed or humiliated
- Lack of understanding what to do

What Stops A Supervisor from Responding?

- Disbelief
- Embarrassment/Discomfort
- Doesn't know how to handle
- Lack of internal support
- Poor decision making given other job stresses

Workplace Violence Prevention

Description

While most workplaces rarely experience a violent episode, no workplace is immune to the potential. Anyone can become violent, depending upon the circumstance; there is not one type of person, nor one single cause underlying workplace violence. Although workplace violence is more prevalent in occupations where violence is expected (e.g., correctional facilities, mental health facilities, law enforcement organizations), it is also becoming more prevalent in service-delivery industries, such as healthcare. According to the US Department of Labor, healthcare workers suffer the highest number of non-fatal workplace violence incidences, with the patient being identified as the source of half of those incidences. Injuries and deaths related to workplace violence should no longer be tolerated. Most incidents are predictable and preventable. Both the employer and employee are responsible for creating a safe environment for all co-workers. Therefore, it is the intent of this module to educate staff on workplace violence and review ways to increase individual awareness.

Workplace Violence

Definitions

- workplace violence: an act of aggression occurring in the work setting that causes physical or emotional harm to an individual
- workplace: any location, either permanent or temporary, where an employee performs any work-related duty (e.g., offices, parking lots, private residences or public buildings)
- harassment: to persistently/repeatedly annoy, attack or bother someone, whether verbally, physically or visually

Statistics on Workplace Violence

- Homicide is the second leading cause of death in the workplace, accounting for 15% of all workplace deaths (per US Department of Labor)
- “Worker-on-worker” violence made up only 4% of those workplace homicides; the rest were the result of robberies and/or assaults by “customers” against the workers (per US Department of Labor)
- Nearly one million individuals become victims of violent crimes each year while working; 8% of all rapes, 7% of all robberies, and 16% of all assaults occur at the workplace (per the Department of Justice)
- An estimated 2,000,000 workers are physically attacked each year (per Northwestern Mutual Life Insurance Company)
- 1 out of 4 workers are harassed, threatened or attacked (per National Safe Work Institute)
- 85% of workplace violence incidences had warning signs (per Bureau of Labor Statistics)
- 500,000 employees miss 1.5 million workdays per year resulting in \$55 million lost wages and billions of dollars in lost productivity, legal expenses, property damage, diminished image, and increase security (per US Department of Justice)

Examples of Workplace Violence

- Verbal threats to inflict bodily harm toward oneself or others, including vague or covert threats
- Physical assault, attempting to cause physical harm, or other aggressive physical acts against another person (e.g., striking, pushing, grabbing, stabbing, shooting, rape)
- Verbal harassment, abusive or offensive language, gestures or other discourteous conduct toward managers, co-workers or the public
- Disorderly conduct, such as shouting, throwing or pushing objects, punching walls or slamming doors



- Making false, malicious or unfounded statements against co-workers, managers, or subordinates, which tend to damage their reputations or undermine their authority
- Inappropriate remarks, such as making delusional statements
- Fascination with guns or other weapons; bringing weapons to the workplace
- Any form of intimidation or harassment

Types of Workplace Violence

- Type I: the perpetrator is a stranger and has no connection to the workplace but enters the workplace to commit the violent act
- Type II: the perpetrator is a customer or client of the workplace
- Type III: the perpetrator is employed by the workplace
- Type IV: The perpetrator has a personal relationship with the workplace employee

Indicators/Risk Factors for Workplace Violence

Work environment

- working in a violent, high crime neighborhood
- poorly-lighted parking areas
- delivery of passengers or supplies
- unrestricted movement of the public in clinics, and hospitals
- prevalence of weapons among customers
- early release of mentally ill patients or criminals without follow-up care
- increasing use of hospitalization instead of incarceration of criminals by the justice system

Work practices

- low staffing levels, especially during times of increased activity, such as meal time, visiting hours, transporting patients
- working alone or in small numbers
- working off shifts
- isolated work with customers with no means of obtaining assistance or alarm systems
- availability of money or drugs
- long waits for services by customers
- lack of available services for customers

Victim profile

- employees who work in homes or with the community
- people who handle money
- individuals working with the mentally ill and are not trained in violence avoidance or self defense
- people who deal with complaints (e.g., child welfare, unemployment)
- individuals who provide care, advise, or information (e.g., healthcare providers, social services, or teachers)
- workers who have the power to act against the public, inspect premises, and enforce laws (e.g., inspectors and law enforcement)
- individuals working alone (e.g., custodians, and public park workers)

Perpetrator profile (warning signs)

- mentally ill individual who is not properly supervised or treated
- gang member
- drug/alcohol abuser
- trauma patient
- distraught family members
- history of violent behavior
- chronically disgruntled, disdain for authority



- long patterns of failure and anger (e.g., laid-off or being fired)
- emotionally troubled and unable to cope with disappointment
- life changing events (e.g., divorce, death in family, or job loss)
- does not take criticism or shows contempt for manager
- externalizes blame, never “owns-up”
- paranoid, views change as personal affront
- holds grudges
- views violence or intimidation as legitimate
- socially isolated, loner
- bigot (e.g., political, racial, religious sexual)
- unwarranted sense of entitlement
- romantic or sexual obsessions
- obsession with or possession to weapons, military training
- withdrawn, depressed
- inability to concentrate, decreased productivity
- overreacts, irrational thinking, poor impulse control
- makes threats, uses threatening tone of voice
- demonstrates feelings of extreme desperation (eg. family issues, financial issues)
- medication side effects
- medical conditions (eg. head injury, chronic pain)
- low self-esteem, feeling of powerlessness

Workplace Violence Prevention

General interventions to help prevent workplace violence

- screen for violent behavior (e.g., background checks on job applicants)
- be alert for indicators/warning signs of violence
- monitor troubling changes in employee behavior, attitudes, actions
- report any suspicious behavior
- never enter a violent situation alone
- follow and enforce workplace security rules (e.g., don't leave doors open/unlocked, don't admit strangers to workplace, use ID badges)
- use the “buddy system” when safety is questioned
- be aware of your surroundings
- diffuse violent situations - if situations become violent never turn your back on the person; do not jump into the situation and leave yourself an escape route; keep a safe distance; don't respond with defensive words or angry gestures; talk softly and slowly, be supportive; avoid touching, and offer choices regarding a way out of the situation

Management Commitment and Involvement

Management provides the motivational force to deal effectively with workplace violence, and demonstrates organizational concern for the employee's emotional and physical safety and health; comply with policy of “Zero Tolerance”

Employee Commitment and Involvement

Employees understand and comply with the workplace violence prevention program and other safety and security measures; comply with policy of “Zero Tolerance”

OSHA's Support for a Safe Workplace

- There is not an OSHA “standard” or “regulation” designed to protect workers from violence but OSHA has developed “guidelines” for employers to provide a safe and healthful workplace through effective workplace violence programs (based on OSHA's



Waverley
Surgery Center

Safety and Health Program Management Guidelines, OSHA General Duty Clause: Section 5(a)(1), published in 1989)

- OSHA General Duty Clause: Section 5(a)(1) requires all employers to provide all employees a place of employment which is free from recognized hazards that are causing, or likely to cause, death or serious physical harm; this includes the prevention and control of the hazard of workplace violence

Training and Education

- involve ALL employees and managers
- review workplace violence prevention policy
- discuss risk factors that cause or contribute to assaults
- discuss indicators/warning signs
- review ways to prevent volatile situations
- review action plan for violent situations



Credentialing Process

Once membership and privileges have been established, physicians, dentists, podiatrists, and allied health practitioners are required to re-credential within two years of initial appointment.

The appointment and reappointment process is outlined in the *Medical Staff Bylaws*, which govern the internal affairs of the medical staff of the surgery center. All members agree to adhere to the practices as outlined in the Bylaws.

Credentialing practices are in accordance with Accreditation Association for Ambulatory Health Care (AAAHC) regulatory standards, as well as state and federal regulatory agencies.



Physician Partnership

Physician limited partners at Waverley earn a share of Waverley's income each month. These earnings are based on the number of limited partner Units the partner owns as a percentage of the total Units outstanding and the earnings of the facility during the month.

Cash distributions based on Units owned, occur monthly. These checks are mailed to the partners on the second calendar Friday of every month.

On or prior to January 2nd, every partner will receive a letter which totals the cash distributions and estimates the partner's share of Waverley's taxable income for the prior calendar year. This income estimate is provided to each partner in order to make any necessary estimated income tax payments prior to the January 15th IRS deadline.

This letter will also detail the percentage of estimated taxable income that has been distributed to the partner in cash for the year. Waverley's stated objective is to distribute 90% or more of taxable income to each partner each year.

Once Waverley's income tax return is complete, the investment's actual taxable earnings and cash distributions are reported on IRS form K-1. This form is provided to partners on or prior to March 15th for inclusion in their personal tax return.

Several physicians have authorized Waverley to provide their tax estimates and tax forms directly to their tax preparer or CPA. If a partner wishes to direct his/her tax information in this manner, please contact Mark Cogdill, Controller.

Physician Satisfaction

A Physician Satisfaction Survey is distributed annually during the third quarter. This is the physician's opportunity to inform the Waverley leadership of how Waverley can improve its operations and service their patients.



Vision Statement

We are a physician driven organization committed to being the surgery center of choice in the community we serve.

By providing personalized, high-quality, compassionate care, and employing innovative technology, we attract the highest caliber physicians and employees to best serve our patients.

We ensure the long-term success of our Centers by objectively measuring and continually improving our delivery of healthcare services.



Focused on Experienced, Effective, and Efficient Healthcare