

# PRISMA HEALTH PHARMACY RESIDENCIES POLICY MANUAL

Prisma Health Richland – University of South Carolina  
Prisma Health Children’s Hospital Midlands – University of South Carolina  
Prisma Health-Midlands – University of South Carolina  
Prisma Health – Upstate

## 2024 – 2025



**College of Pharmacy**  
UNIVERSITY OF SOUTH CAROLINA

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# Table of Contents

General Information .....	4
Discretionary Time Off Policy .....	6
Resident Licensure Policy .....	7
PGY2 Certificate Verification Policy .....	8
Early Commitment Process .....	9
Duty Hour Policy .....	10
Remediation/Disciplinary/Dismissal Action Policy .....	11
Preceptor Appointment and Reappointment Policy .....	15
Preceptor Development Plan .....	17
Participation in SCSHP .....	18
Job descriptions	
Residency Program Director .....	19
Residency Program Preceptor .....	22

## Appendices

- Appendix A: Discretionary Time Off Policy
- Appendix B: Standards of Appearance: Human Resources – Prisma Health
- Appendix C: ASHP Duty Hour Policy
- Appendix D: Leave of Absence: Human Resources – Prisma Health
- Appendix E: Prisma Health Standards of Behavior
- Appendix F: Corrective Action of Team Members: Human Resources – Prisma Health
- Appendix G: Photography and Video Recording on Prisma Health Properties

## **Prisma Health Policies and Procedures**

Prisma Health requires acknowledgement of policies and procedures at hire annually. Organizational policies provided within this manual are current as of review June 30, 2024. To access current Prisma Health policies and procedures please visit Policy Tech through the Prisma Health intranet. Pharmacy department policies and procedures are provided at departmental orientation and reviewed annually through annual competency.

## **Patient Confidentiality**

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy with the utmost concern for the patients' and families' emotional and physical well-being.

## **GENERAL INFORMATION**

### **Residency Benefits**

- a. **Resident Stipends:** \$49,920 (PGY1 residency) or \$52,000 (PGY2 residency)
- b. **Discretionary Time-Off (DTO):** Pharmacy residents receive the same vacation/holiday/sick leave benefits as a full-time pharmacist. Refer to the Prisma Health Human Resource Discretionary Time Off (DTO) policy (Appendix A) for amount of time away from work. DTO is used for major holidays not worked (e.g., Thanksgiving Day, New Year's Day & 4<sup>th</sup> of July), vacations, preventive medical or dental treatments, unexpected absences, religious observances, personal business (ex. PGY2/job interviews). See Prisma Health Resident Discretionary Time Off (DTO) full policy below on page 6 of policy manual.
- c. **Holidays:** Inpatient residents are expected to work one designated holiday (Christmas Day); assigned shifts may vary.
- d. **Professional Leave:** Paid attendance [Outside Education (OE) delineation as opposed to DTO] at ASHP Mid-Year Meeting and the Southeastern Residency Conference (SERC) or other equivalent meeting for PGY2 residents. The maximum number of OE days allowed per resident are at the discretion of the RPD. (See next section for full explanation of various types of leave policy.)
- e. **Travel/registration:** The Pharmacy Department reimburses residents for registration, lodging, and travel to ASHP Mid-Year Meeting (or a specialty-specific clinical meeting for PGY2s with RPD approval) and SERC. While meeting accommodations and travel arrangements will be made by the residents, they should be approved by the RLC prior to booking.
- f. **Health Insurance:** Pharmacy residents are offered the same medical, dental, and vision benefits as any full-time pharmacist. Plan details are available upon request. Benefits are active starting on the 1<sup>st</sup> day of the second pay period. Current medical benefits should be continued until that date. Visit [www.benefitsformyworld.com](http://www.benefitsformyworld.com) for details.
- g. **Parking:** Parking is available on campus at no charge in designated employee areas.
- h. **Taxes:** Federal and State taxes will automatically be deducted from paychecks.
- i. **Food Allowance:** Meal allowance in cafeteria and other on-campus approved locations (up to \$300 per month with any overage being covered by employee discount)
- j. **Membership in Professional Organizations:** ASHP and SCSHP annual membership
- k. **Business Cards**
- l. **PH vest or jacket**

## **Standards of Appearance**

Prisma Health has standards of appearance guidelines. The guidelines recognize the diversity and uniqueness of each of Prisma Health team members, creating an inclusive environment while maintaining professional image standards. Employees are expected to dress in an appropriate manner while working at Prisma Health. Personal appearance shall support patient care, create a healthy and safe environment, and not offend patients, visitors, or other employees.

Residents may wear appropriate scrub attire when in the staffing model during orientation month, on weekends, holidays, and if preceptor permits on direct patient care rotations. If scrubs are permitted on rotations, residents are to wear professional dress when presenting Pharmacy Grand Rounds presentations. Scrubs are not permitted on non-direct patient care rotations such as Medication Safety or Administration rotations.

Employees whose appearance does not meet hospital or department standards may be required to change clothes or to address other appearance issues. Failure to follow these guidelines may result in disciplinary action up to and including termination of employment. Please see Standards of Appearance: Human Resources – Prisma Health Policy in Appendix B or on Policy Tech for the full outline of what is allowed and not allowed at Prisma Health.

## **Resident Parking**

Each resident must register their vehicle with Security Services, park in a designated employee parking location, and abide by any regulations that Prisma Health assigns to that location.

## **Use of Telmediq Messaging System**

Prisma Health utilizes Telmediq, an encrypted text messaging application, for communication amongst the health care team while covering patient care. Residents are expected to download the application and be logged in and available to respond during scheduled working hours.

## **Prisma Health Pharmacy Resident Discretionary Time Off (DTO) Policy**

Discretionary time off (DTO) is compensation for time away from work during regularly scheduled hours. DTO is utilized for the purposes of vacation, holidays, illness, and approved Prisma Health leaves of absence.

Each resident will be allowed a max of 22 days of DTO for the residency year. These days can be used at the resident's discretion upon approval of RPD or designee and learning experience preceptor.

All DTO requests must be submitted in advance as follows:

- DTO on any learning experience cannot exceed 24 hours and must be approved by the preceptor and RPD or designee 2 weeks in advance of the start of the learning experience. Special exceptions must be approved by the learning experience preceptor and RPD or designee after the start of the learning experience.

DTO requests will be submitted through the electronic scheduling software after approval from assigned preceptor and RPD or designee.

Residents will follow the Prisma Health Holiday and Holiday Pay: Human Resources – Prisma Health policy. Residents will be required to work holidays based on individual residency program scheduling.

### **Educational/Professional Leave (EDU/OE)**

Educational Leave is compensation for time away from work (daily duties) for residency-related business (for example, attendance at professional meetings). EDU/OE days are to be approved in the same manner as DTO requests.

Residents are expected to actively participate in educational/ professional meetings while using EDU/OE days. Conference attendance required by the residency program will be appropriately compensated for expenses incurred. Compensation for travel follows the Prisma Health Travel Policy.

### **Extended Leave**

Per ASHP standards, time away from the residency program cannot exceed a combined total of greater than 37 days per 52- week training period without requiring extension of the residency program.

- Time away from the residency program is defined as the following: vacation time, sick time, holiday time, religious time, interview time, personal time, jury duty time, bereavement leave, military leave, parental leave, leave of absence, and extended leave

Residents taking leave greater than the paid leave allowed by the residency program (i.e., vacation, sick leave, and holiday) cannot be awarded a certificate of completion unless that additional leave is made up. If the resident must be off for an extended period due to an FMLA qualifying event (Refer to Prisma Health FMLA Policy), the max allotted leave is 12 weeks. An individualized plan will be developed to assure that the residency requirements are successfully met prior to completion of the residency and the resident must extend their residency by an equivalent amount of time. The leave of absence beyond the accrued DTO will be unpaid from the organization. Residents will be paid during the extension period. Extended leave beyond 12 weeks will result in dismissal from the residency program and termination of employee from the organization. The resident may reapply if so desired for the following residency cycle.

## **Prisma Health Pharmacy Resident Licensure Policy**

All incoming residents must have a valid South Carolina pharmacist or pharmacy intern license before residency starts. If the resident fails to obtain either before the start of residency, the resident will be put on administrative leave without pay. If the license is not shown as obtained by 14 calendar days from the start of residency, the resident will be considered to have voluntarily resigned.

It is preferred that residents will be licensed as a pharmacist in South Carolina by July 1. If the resident has not received their pharmacist or pharmacy intern license by the start of residency, the resident will not be able to work towards achieving any patient-care related residency goals until their pharmacist license is obtained. If the resident does NOT obtain pharmacist licensure within 120 calendar days of the start of residency, the resident will be dismissed from the program, and employment at Prisma Health will be terminated. The candidate may re-apply for the next residency class, if so desired.

Licensure is defined as licensure verified by the South Carolina board of pharmacy LLR website ([South Carolina Licensure Verification](#)).

Questions regarding licensure should be addressed to ([Licensure Requirements](#)):

South Carolina Board of Pharmacy  
PO Box 11927  
Columbia, SC 29211-1927  
(803) 896-4700

## **Prisma Health PGY2 Certificate Verification Policy**

All PGY2 residents are required to submit their PGY1 residency certificate to their PGY2 RPD within the first 15 days of the start of residency. If the PGY2 resident fails to submit their PGY1 certificate by the 15<sup>th</sup> day of residency, then the PGY2 RPD is to verify the resident's graduation certificate with their PGY1 RPD via email within 30 days of the start of residency. Failure to verify will result in dismissal of the resident from the PGY2 residency program and termination of the resident as an employee of Prisma Health.

The PGY1 certificate must be uploaded into PharmAcademic and the organization's employee electronic database.



## PGY2 Early Commitment Process

All PGY2 programs will determine by July 1st if they offer the opportunity for a position through the early interview process. Interested PGY1 residents should discuss the early interview process with their advisor and the PGY2 program RPD for their area of interest as soon as possible. Prior to the application deadline, residency leadership may advise the resident to consider applying through the traditional National Matching Service (NMS) match process if there are significant areas of constructive feedback where additional time for growth may best serve the resident and program. To be eligible for an early interview, the resident must have completed a learning experience in the specialty area of the program by November 1st and be on track to complete the Prisma Health PGY1 residency program requirements by June 30th. There is the opportunity to apply for early commitment across Prisma Health markets (Midlands and Upstate).

Early interview applications must be submitted via email to the PGY2 program RPD and RPC by November 1st. Application materials must include the following:

- Letter of Intent
- Curriculum Vitae
- Two letters of reference from learning experience preceptors who can attest to the applicant's practice management abilities and aptitudes

How candidates will be selected and assessed for early interview process

- Candidates who meet eligibility requirements will be assessed and interviewed by reviewing application materials and using the Prisma Health Residency interview criteria for the respective PGY2 program.
- Interviews of interested applicants be completed prior to December 1<sup>st</sup>.
- Any concerns will be addressed by RAC for final early commitment decision.

Final decisions regarding the early interview outcome will be made no later than December 15<sup>th</sup>.

The decision will be one of the following options:

- The resident may be offered an early commitment PGY2 position. In this situation, the early commitment letter and fees must be signed and received by the NMS deadline.
- The resident may be invited to apply for the PGY2 position through the NMS match process. In this situation, the PGY2 program RPD will provide the resident with feedback on opportunities for improvement both verbally and in writing. PGY2 programs will continue to follow the standard application and interview process as outlined above. After receiving feedback, the resident may submit their application and choose to go through the standard interview process as part of the larger applicant pool, including 3 letters of references and a presentation. Otherwise, the initial interview will stand for consideration.
- The resident may not be given the option to reapply for the PGY2 position through the NMS match process. This is typically in situations where the PGY2 program will not be going through the traditional NMS match process (ex. multiple early interview candidates with all positions filled through the early interview process).

## Prisma Health Pharmacy Resident Duty Hours Policy

All PGY1 and PGY2 Prisma Health pharmacy residency programs are required to fully comply with the *ASHP Duty Hour Requirements for Pharmacy Residencies*. For complete regulations, refer to the ASHP Duty Hours link: [Duty-Hour Policy \(ashp.org\)](https://www.ashp.org/education/residency/duty-hours-policy) or Appendix C: ASHP Duty Hour Policy.

In summary:

- Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting. In addition, program directors must ensure that external and internal moonlighting does not interfere with the resident's achievement of the program's educational goals and objectives.
- Residents must have a minimum of one day in seven days free from duty when averaged over four weeks.
- Adequate rest between duty periods: Residents must have at a minimum 8 hours between scheduled duty periods.
- A 16-hour limit on continuous duty time. In-house call no more than once every three nights, averaged over four weeks.

### Documentation of Hours

The Duty Hours Attestation record will be reviewed and attested by each resident at the end of the month in PharmAcademic.

- Residents are required to complete this duty hours attestation monthly at the end of each month.
- The resident attestation will be reviewed by the RPD in PharmAcademic.
- Reported violations will be routed to the RPD to review and cosign through PharmAcademic. Any instances of non-compliance with this policy that are identified will be assessed and actions taken, as needed, to avoid future instances of non-compliance.

### “Moonlight” Policy (Internal and External)

Residents are permitted to pick up moonlighting shifts that do not exceed 32 hours averaged over 4 weeks. Residents must be in good standing in the residency program and have approval by the program director (RPD) prior to the start of the covered shift. The shift must not conflict with a clinical rotation or normally scheduled workday. Residents must be trained in the area in which they are picking up the extra shift.

Violation of duty hours identified by the RPD for the resident will result in disciplinary action plan.

Residents do not get overtime-freelance pay, they get pharmacist base pay for internal moonlighting. A secondary job code must be completed prior to the moonlighting shift. The resident may not submit DTO to pick up an extra shift that same week.

## **Prisma Health Residency Remediation/Disciplinary/Dismissal Action Policy**

All Prisma Health (PH) team members must observe basic rules of conduct and perform their roles following organizational policies. A progressive corrective action will be used by the resident's supervisor to correct actions associated with a team member's attendance, behavior, or performance, per the Corrective Action of Team Members – Human Resources Policy. In general, except for intolerable behavior, leaders should coach residents prior to starting corrective action. It is expected that willful or inexcusable breaches of Prisma Health Human Resources Team Member Corrective Action by residents will be dealt with firmly by Pharmacy Department leaders. Issues not specifically covered by the organization disciplinary process outlined above (e.g., plagiarism, unprofessional behavior, failure to progress as expected during the residency) will be addressed by the following remediation/disciplinary/dismissal policy.

Policy Statement: Each residency program is responsible for assessing and monitoring each resident's academic and professional progress including specific knowledge, skills, attitudes, and educational experiences required for residents to achieve competence in patient care, pharmacy knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice, as well as adherence to departmental/organizational policies. Failure to demonstrate professional behavior or expected progression towards completion of residency requirements may result in remediation, disciplinary action, or dismissal from program (including termination).

### **PROCEDURE STEPS, GUIDELINES or RECOMMENDATIONS:**

This policy has been developed in accordance with ASHP guidelines to provide fair and formative remedy – with due process – for residents failing to meet expectations in the core competencies. This policy's objective is to provide constructive feedback and encouragement to overcome deficiencies. If a deficiency is persistent and inconsistent with the practice of pharmacy, this policy also provides guidance for the due process leading to adverse actions such as extension of training, probation, or dismissal from the program. Apart from this policy, if a resident commits an egregious act, they may be dismissed from direct patient care or from the program in accordance with Prisma Health's Behavior Expectations. This policy also reflects Prisma Health's Corrective Action Policy such that corrective action is not punitive. Instead, it emphasizes correcting the problem while maintaining the resident's dignity and respect. Depending on the severity of the offense or deficiency, appropriate steps will be taken to work with the resident through a process that provides for increasingly serious steps if not resolved. RPDs should seek confidential counsel from the Residency Leadership Committee. In addition, a Program Director may initiate an offense or deficiency at their discretion at any Level, as defined below.

#### **1. Level I – Constructive Advice:**

1.1. If a resident is identified as failing to meet the minimum requirements for progression in the program in any core competency as “needs improvement,” preceptors or residents will notify the RPD and disclose the details of the concern. A RPD may take any of the following actions and does not have to move through these actions consecutively.

1.1.1. Meeting and Basic Documentation if a Feedback Action Plan Needed: The RPD will meet with the resident to discuss the deficiency or offense. If the RPD determines that no further action is warranted, no documentation will be placed in

the resident's file. If the RPD determines that the concern is sufficient to warrant documentation, the concern and an action plan for remedy will be placed in the resident's file. If remediation is successful, documentation will be removed from the resident's file upon graduation. If remediation is not successful, further action will be taken. In any case, the documentation produced at this level is NOT reportable.

- 1.1.2. Follow Up: If any action, as defined in a Level 1 deficiency or offense occurs, at least one follow up meeting is required between the resident and RPD to assess progress.
2. Level 2 -- Performance Improvement Plan:
  - 2.1. If a resident has previously met with the RPD and they have provided basic documentation, and a similar concern is again raised. The resident has continued inadequate or poor performance as evidenced by ratings of "needs improvement" for the same objectives on two or more summative evaluations or if a more serious infraction occurs, the RPD will document the (additional) details of the deficiency or offense using Prisma Health's approved Performance Improvement Plan. The plan (may also be termed a Remediation Plan) should include the RPD's recommendations and conclusions prescribed to the resident, along with any accompanying corrective action plan or possible remediation plan.
  - 2.2. The RPD should inform the RLC of any corrective action or remediation plans as soon as possible. The RPD will then meet with the resident to discuss the action plan. The resident will be required to sign the formal action plan and can rebut it.
  - 2.3. A copy of the plan and any accompanying rebuttal letter will be forwarded to the department Manager for review and additional recommendations, if any.
  - 2.4. Once the pharmacy manager has reviewed all the documents, they will be placed in the resident's file.
    - 2.4.1. The resident's status in correcting the deficiency will be reevaluated at a time commensurate with its severity, usually between one to four weeks.
    - 2.4.2. Any decisions to implement an improvement plan should be based on timely evaluation of the resident by the RPD and must be supported by appropriate documentation.
    - 2.4.3. The resident should have received warning of deficiency(ies) prior to the problem(s) reaching a Level 2 improvement plan unless the infraction is of a more serious nature.
  - 2.5. A RPD may seek confidential counsel of the RLC as he/she considers any graduated serious action or subsequent levels. If progress through the improvement plan is successful, all documentation will be removed from the resident's file upon graduation.
3. Level 3 -- Formal Probation
  - 3.1. If, during evaluation, it is found that a deficiency or offense has not been corrected satisfactorily, the resident will be placed on formal probation, (hereinafter "probation"). Moonlighting privileges, if previously granted, will be suspended.
  - 3.2. The RPD must inform the RLC and Director of Clinical Pharmacy Services and Education of formal probation plans as soon as possible and present their recommendation for probation to the RLC for formal action prior to implementation.
  - 3.3. The recommendation for probation, along with the prescribed corrective action, will be documented in an addendum to the original letter of counseling (if started at Level I). Documentation will include a statement that formal probation is reportable on all future state licensing and credentialing forms in most states and signature blocks for the RPD, the resident and the Director of Clinical Pharmacy Services and Education. Specifically, the statement should include:

- 3.3.1. The nature of the offense or deficiency;
  - 3.3.2. A summary of due process and remediation opportunities during a probationary period (i.e., constructive advice, improvement plan, etc.);
  - 3.3.3. Statement of failure to successfully remediate the offense or deficiency during the probationary period;
  - 3.3.4. Final recommendations for corrective action that must be met within the probation in order to avoid prolongation of training, dismissal from the program or other adverse action;
  - 3.3.5. A statement that failure to meet recommendations for corrective action prior to 8 weeks from corrective action date will result in permanent dismissal from the program if this is intended; and
  - 3.3.6. Signature blocks for the RPD, the resident, and the Director of Clinical Pharmacy Services and Education. The resident's signature box will be placed below a checkbox stating, "I accept the terms of probation as outlined in this letter".
- 3.4. Final recommendations for corrective action must be met within the probationary period to avoid prolongation of training, dismissal from the program or other adverse action.
4. A prescribed date of reevaluation for final disposition commensurate with the severity of the deficiency, usually between four weeks and three months. At this time, the status of the resident's correction of the deficiency will be reevaluated. Comments may be solicited from involved individuals and compiled – along with other evidence of successful movement while on probation – into a reevaluation addendum to the letter of counseling.
5. Once the resident has successfully demonstrated adequate correction of the documented deficiency(ies), this reevaluation letter will state that probation was successful and will be maintained in the resident's file. Recurrence of a remediated corrective action could result in dismissal and termination of the resident as an employee of the organization.

**Pharmacy Residency Grievance and Due Process**

- 1. A resident who has a dispute or grievance must discuss this with their RPD who will make every effort to resolve the matter within seven (7) calendar days from the date the discussion was held.
- 2. If the response is unsatisfactory to the resident, the resident must request a meeting with the RLC within seven (7) calendar days of the RPD's response.
- 3. The meeting with RLC will be conducted no more than ten (10) calendar days from the date of the request.
- 4. The Committee will investigate and review the resident's grievance and will respond with a decision in writing to the resident within ten (10) calendar days from the date the meeting was held.
- 5. Copies of RLC's response will be furnished to the HR Business Partner and the RPD.
- 6. If the RLC's response is unsatisfactory to the resident, the resident may make a final appeal through Prisma Health's Human Resources Office by submitting a written statement to the assigned HR representative within ten (10) calendar days from the decision. The statement should recap the facts of the situation or event and must include a suggested remedy for the situation.
- 7. The HR representative will provide the Corporate Director of Human Resources Operations or his/her designee with the resident's statement and documents pertinent to the dispute or grievance.
- 8. The final appeal is a paper review of all documents related to the dispute or grievance. The Corporate Director of Human Resources Operations is not obligated to meet with any parties. The Corporate Director of Human Resources Operations will respond within ten

- (10) calendar days in writing to the resident, Pharmacy Director, and RPD. The decision will be final.
9. Should a recommendation for Level 4 Dismissal be overturned after a successful appeal, the resident will be responsible for completing any training time lost during the appeal process.
  10. Failure to meet timelines or receive approval for extension of timelines will result in forfeiture of grievance rights.
  11. Requests to extend any deadlines in this process will only be considered based on extenuating circumstances:
    - 11.1. Extensions will be considered only when requested in advance of deadlines.
    - 11.2. The decision to extend a deadline will be made by the Corporate Director of Human Resources (or his/her designee).
    - 11.3. Approvals for a delay will be communicated to the parties involved.

### **Pharmacy Residency Dismissal**

#### **PROCEDURE STEPS, GUIDELINES or RECOMMENDATIONS:**

A resident may be dismissed "for just cause." Causes for dismissal include, but are not limited to, the following:

- Failure by the resident to demonstrate, meet, or maintain satisfactory levels of academic, professional, and/or clinical performance required by the residency program (See Remediation Policy)
  - Failure by the resident to comply with licensure, registration or certification requirements as required by the South Carolina Board of Pharmacy, LLR.
  - Actions which directly violate any of the terms of the resident agreement of appointment.
  - Willful or inexcusable breaches of Prisma Health's rules or regulations (see Corrective Action policy).
  - Unprofessional conduct or behavior by the resident which in the opinion of the RPD and Prisma Health, interferes with the performance of the activities provided for under the resident agreement of appointment and/or which are determined by the RPD and the Pharmacy Department Leadership to be unsatisfactory.
1. The RPD will present the recommendation for dismissal to the RLC and Director of Clinical Pharmacy Services and Education.
  2. The RPD and Director of Clinical Pharmacy Services and Education will officially act on the recommendation.
  3. The RLC may impose temporary action (e.g., administrative leave) until the above parties meet. (See Remediation Policy)
  4. The RPD will notify the resident of the dismissal decision and will collect identification badges, keys, and any other facility and records access items as soon as possible.
  5. The RPD will close out the resident in PharmAcademic in accordance with ASHP regulations.
  6. In the event of dismissal, the resident has the right to appeal the decision in accordance with the Resident Grievance and Due Process Policy.

# Prisma Health Appointment and Reappointment of Preceptors Policy

## **Preceptor Eligibility**

### **PGY1 Pharmacist Preceptor**

Pharmacist preceptors must be licensed pharmacists who:

- Have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience\* OR
- Have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience\* OR
- Without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience\*

\*The preceptor's pharmacy practice experience should be relevant to the practice setting in which the learning experience is conducted.

### **PGY2 Pharmacist Preceptor**

Pharmacist preceptors must be licensed pharmacists who:

- Have completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice in the advanced practice area\* OR
- Without completion of an ASHP-accredited PGY2 residency, have three or more years of practice in the advanced area\*

\*The preceptor's pharmacy practice experience should be relevant to the practice setting in which the learning experience is conducted.

## **Preceptor Responsibilities: PGY1 and PGY2 preceptors**

Preceptors serve as role models for learning experiences. They must:

- Contribute to the success of residents and the program
- Provide learning experiences in accordance with Standard 3
- Participate actively in the residency program's continuous quality improvement process
- Demonstrate practice expertise and preceptor skills and strive to continuously improve
- Adhere to residency program and department policies pertaining to residents and services
- Demonstrate commitment to advancing residency program and pharmacy services

## **Preceptor Qualifications:**

Preceptors must demonstrate the ability to precept residents' learning experiences as described:

- Demonstrating the ability to precept resident's learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents
- The ability to assess residents' performance
- Recognition in the area of pharmacy practice for which they serve as preceptors
- An established, active practice in the area for which they serve as preceptors
- Maintenance of continuity of practice during the time of residents' learning experiences
- Ongoing professionalism, including a personal commitment to advancing the profession

## **Preceptor Appointment Process**

The RLC committee is responsible for developing criteria for the appointment and reappointment of pharmacy preceptors in accordance with the Standard.

- Pharmacists wishing to serve as a resident preceptor shall complete and submit the Pharmacy Residency Preceptor Application and the ASHP Academic and Professional Record Form. The initial preceptor appointment process will occur when the preceptor

has met the preceptor eligibility requirements. Review of appointment will occur at the corresponding monthly RLC meeting once the preceptor submits application and APR to residency director. This review will include verification of preceptor's eligibility (Standard 4.5 - Preceptor Eligibility) and qualifications (Standard 4.6 Preceptor Qualifications).

- New preceptors seeking initial appointment must submit an updated ASHP Academic and Professional Record and preceptor application form within six months of employee hire date.
- RLC committee will review the initial appointments within one month of the submission.
- RLC committee will review all reappointments at a maximum every 4th year during the month of August. Preceptors will submit for reappointment every year by July 1<sup>st</sup> during the year of reappointment.
  - Last names starting with A – C year 1
  - Last names starting with D – J year 2
  - Last names starting with K - P year 3
  - Last names starting with Q - Z year 4
- Criteria for preceptor reappointment:
  - Submission of updated APR to RLC
  - As part of the reappointment process RLC will review available summative evaluations for each preceptor to ensure consistent qualitative written comments and the extent of the resident's progress is documented for the achievement of the assigned CAGOs. Feedback will be directly provided to the preceptor for continued quality improvement.
- If a preceptor applicant does not meet criteria for initial or reappointment for one or all programs for which they have applied, a preceptor development plan to meet criteria will be developed jointly by the RPDs for programs in which they are pending preceptor appointment. This development plan will be reassessed on a biannual basis with the preceptor and then reviewed with RLC until the applicant is appointed to preceptor in the pending programs (goal is within two years).
- Preceptor appointment and reappointment decisions are documented by RLC meeting minutes and maintained on a preceptor database accessible to all preceptors.

A preceptor database will be maintained by the RPD and will be assessable to all preceptors via a residency manual sub-folder on the departmental clinical share drive or team site.

### **Non-Pharmacist Preceptors**

When non-pharmacist (e.g., physicians, physician assistants, certified advanced practice providers) may be utilized as preceptors, the learning experience must be scheduled after the RPD, in consultation with RLC, agree that resident is ready for independent practice. The resident's readiness for independent practice in direct patient care learning experiences is reflected by a rating of achieved for the residency (ACHR) for the majority of goals and objectives in Competency R1.

The RPD, designee, or another pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and activities for the learning experience. The learning experience description includes the name of the non-pharmacist preceptor and documents the learning experience is a non-pharmacist precepted learning experience.

Non-pharmacist preceptors do not need to meet the preceptor requirements and do not need to complete the Academic and Professional Record Form. At the end of the learning experience, input from the non-pharmacist preceptor is reflected in the documented criteria-based summative evaluation of the resident's progress toward achievement of the educational objectives assigned to the learning experience.



# Prisma Health Preceptor Development Plan

## **Preceptor Development**

The Pharmacy Residency Preceptor Development Committee at Prisma Health will offer multiple educational opportunities for preceptors to improve their precepting skills. A preceptor development plan will be developed on a biannual basis to focus on areas of identified preceptor development needs. If an RPD identifies an individual preceptor with specific development needs, an individual preceptor development plan may be developed.

RLC will be responsible for the following on an every 4<sup>th</sup> year basis:

- A self-assessment of preceptor skills
- Schedule of activities to address identified needs
- Review of effectiveness of plan

## **Assessment of Preceptor Development Needs:**

- Preceptors will be required to complete Preceptor Self-Assessment as part of the preceptor application, to be completed every 4<sup>th</sup> year by July 1<sup>st</sup>.
- Preceptors will discuss preceptor development topics and needs during the preceptor retreat annually for the upcoming residency year beyond what is identified from the survey.
- The RLC will review ASHP residency accreditation site visit recommendations, if applicable, to identify any recommendations or areas of partial compliance which pertain to precepting skills
- The RLC will review resident evaluations of preceptors and learning experiences annually to identify potential preceptor development needs and relay to the preceptor development committee.
- The RPD will solicit feedback from residents prior to the conclusion of the residency year as part of the annual residency program assessment.

## **Development Process for Annual Preceptor Development Plan:**

- Preceptor development needs identified through the annual survey and preceptor retreat will be reviewed and discussed by RLC committee in July.
- The Preceptor Development Committee will develop a list of topics related to preceptor development, a proposed schedule, and delivery method to focus on during the upcoming two years.
- The RLC will present the schedule for departmental preceptor development plan to the residency preceptors at the September and March clinical meetings.
- If an RPD identifies a preceptor with development needs which will not be met by the proposed group preceptor development plan, the RPD may develop an individual development plan in addition to the departmental preceptors' development plan.

## **Review of Effectiveness of Previous Plan:**

- Review of the current preceptor development plan will occur biannually. Results will be presented to RLC in September and March and documented in the minutes.
- The effectiveness of the previous plan will be utilized when developing and scheduling preceptor development activities for the upcoming year.

## Participation in South Carolina Society of Health-System Pharmacists

All residents are required to participate in the South Carolina Society of Health-System Pharmacists (SCSHP) during their residency year. SCSHP offers two meetings during the residency year. The Fall meeting is held in October in Columbia, SC. The Spring meeting is held in March either in Hilton Head, Charleston, or Myrtle Beach, SC.

SCSHP Participation includes one of the following:

- Presentation for an educational session during the Fall or Spring Meeting
- Serve on a committee
  - [South Carolina Society of Health-System Pharmacists - Committee Volunteer Form \(scshp.com\)](https://www.scsHP.com/committees)
- Poster presentation of research or MUE
- Platform presentation of research or MUE
- Participate in Clinical Pharmacy Challenge
- Resident Rapid Fire CE (Clinical Pearls)

# JOB DESCRIPTION

## Job Title: Residency Program Director (RPD)

### 1. RESIDENCY PROGRAM DIRECTOR (RPD)

#### Job Purpose:

The residency program director (RPD) is responsible for general administration of the program, including activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, advancement of residents, evaluation and development of preceptors, and the maintenance of records related to program accreditation.

The RPD and preceptors are critical to the residency program's success and effectiveness. Their qualifications and skills are crucial. Therefore, the RPD and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

#### RESIDENCY PROGRAM DIRECTOR (RPD) REQUIREMENTS

##### 4.1 Each residency program must have:

4.1.a. A single RPD who Serves as the organizationally authorized leader of the residency program.

4.1.a.1 The RPD may delegate, with oversight, administrative duties/activities for the conduct of the residency program to one or more individuals.

4.1.b A sufficient complement of eligible and fully qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of The Standard.

##### 4.2 RPD Eligibility

4.2.a PGY1 RPDs are licensed pharmacists from the practice site who:

- completed an ASHP-accredited PGY1 residency and a minimum of three years of relevant pharmacy practice experience;
- or*
- completed ASHP-accredited PGY1 and PGY2 residencies and a minimum of one year of relevant pharmacy practice experience;
- or*
- has a minimum of five years of relevant pharmacy practice experience if they have not completed an ASHP-accredited residency.

4.2.b PGY2 RPDs are licensed pharmacists from the practice site who:

- completed an ASHP-accredited PGY2 residency in the advanced practice

area, and a minimum of three years of additional practice experience in the PGY2 advanced practice area;

*or*

- has a minimum of five years of experience in the advanced practice area if they have not completed an ASHP-accredited PGY2 residency in the advanced practice area.

4.3 RPD Qualifications: RPDs serve as role models for pharmacy practice and professionalism as evidenced by:

4.3.a Maintaining BPS certification in the specialty area when certification is offered in that specific advanced area of practice (PGY2 RPDs only).

4.3.b Contribution to pharmacy practice. For PGY2 RPDs, this must be demonstrated relative to the RPD's PGY2 practice area.

4.3.c Ongoing participation in drug policy or other committees/workgroups of the organization or enterprise.

4.3.d Ongoing professional engagement.

4.3.e Modeling and creating an environment that promotes outstanding professionalism.

4.3.f Maintaining regular and ongoing responsibilities in the advanced practice area in which they serve as RPDs (PGY2 RPDs only).

#### 4.4 Program Oversight

4.4.a A committee(s) is established to guide all elements of the residency program.

4.4.a.1 Committee(s) meets at least quarterly.

4.4.a.2 Discussion and decisions of the committee(s) are documented.

4.4.b The committee(s) engage in an ongoing process of assessment of the residency program.

4.4.b.1 A formal program evaluation is conducted annually and includes:

4.4.b.1.a Assessment of methods for recruitment that promote diversity and inclusion.

4.4.b.1.b End-of-the year input from residents who complete the program.

4.4.b.1.c Input from resident evaluations of preceptors and learning experiences.

4.4.b.1.d Input from preceptors related to continuous improvement.

4.4.b.1.e Documentation of program improvement opportunities and

plans for changes to the program.

4.4.b.2. Improvements identified through the assessment process are implemented.

4.4.c Appointment and Reappointment of Residency Program Preceptors

4.4.c.1 Criteria for preceptor appointment and reappointment are documented.

4.4.c.2 Preceptor compliance with reappointment criteria is reviewed at least every 4 years.

4.4.c.3 Preceptor appointment and reappointment decisions are documented.

4.4.d A preceptor development plan is created and implemented to support the ongoing refinement of preceptor skills.

4.4.d.1 A schedule of activities for each residency year is documented.

# JOB DESCRIPTION

## JOB TITLES: Residency Program Preceptor

### 1. RESIDENCY PROGRAM PRECEPTOR

#### Job Purpose:

The residency preceptor is responsible for general administration of their learning experience, including evaluating the resident and maintaining their learning experience description in PharmAcademic. The preceptor also is to be involved in recruitment for the residency program, serving on a residency committee, serving on subcommittees of the residency committee, and submitting research project ideas at the beginning of each residency year.

#### PROGRAM PRECEPTOR REQUIREMENTS

##### 4.5 Pharmacist Preceptors' Eligibility

##### 4.5.a PGY1 Preceptors must be licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted;
- or***
- have completed an ASHP-accredited PGY1 residency program followed by an ASHP- accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted;
- or***
- have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.

##### 4.5.b PGY2 Preceptors must be licensed pharmacists who:

- have completed an ASHP-accredited PGY2 residency program followed by a minimum one-year of pharmacy practice experience in the area precepted.
- or***
- have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited PGY2 residency program.

##### 4.6 Preceptors' Qualifications: Preceptors must demonstrate the ability to precept residents' learning experiences as evidenced by:

- 4.6.a Content knowledge/expertise in the area(s) of pharmacy practice precepted.

- 4.6.b Contribution to pharmacy practice in the area precepted.
  - 4.6.c Role modeling ongoing professional engagement.
  - 4.6.d Preceptors who do not meet criteria for 4.6.a, 4.6.b, and/or 4.6.c have a documented individualized preceptor development plan to achieve qualifications within two years.
- 4.7 Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors.
- 4.7.a Preceptors actively participate and guide learning when precepting residents.
- 4.8 Non-Pharmacist preceptors (e.g., physicians, physician assistants, certified advanced practice providers) may be utilized as preceptors per the following requirements:
- 4.8.a Direct patient care learning experiences are scheduled after the RPD and preceptors assess and determine that the resident is ready for independent practice.
    - 4.8.a.1 Readiness for independent practice is documented in the resident's development plan.
  - 4.8.b The RPD, designee, or other pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational objectives and activities for the learning experience.
  - 4.8.c The learning experience description includes the name of the non-pharmacist preceptor and documents the learning experience is a non-pharmacist precepted learning experience.
  - 4.8.d At the end of the learning experience, input from the non-pharmacist preceptor is reflected in the documented criteria-based summative evaluation of the resident's progress toward achievement of the educational objectives assigned to the learning experience.

## **EVALUATION**

### **Assessment by Residents**

Residents will provide an assessment of their preceptors' performance as assigned through the Preceptor and Rotation Evaluation in PharmAcademic. The key aspects of performance assessed include:

- Evaluations and Feedback
- Preceptor Availability
- Motivation
- Interaction
- Instruction
- Support for goal achievement

- Participation in resident activities
- Assistance with professional growth
- Understanding of pharmacy practice
- Self-direction
- Organizational ability
- Leadership

### **Assessment by RPD**

The RPD will review every written evaluation of preceptors completed by the resident in PharmAcademic. In addition, the resident and RPD will discuss in their monthly meeting specific feedback for the preceptor, both positive and negative. The RPD will review this feedback with the preceptors. In addition, a summary of preceptor evaluations from PharmAcademic will be reviewed with each preceptor at the end of each residency year.

### **Success Criteria**

- Acts as a mentor and pharmacy role model for all residents
- Meets with resident(s) to review resident goals and discuss their progress with the learning experience
- Completes evaluations by the designated date
- Regularly attends resident presentations
- Regularly attends all Residency Advisory Committee meetings
- Contributes to the list of resident projects and MUE ideas prior to the beginning of the residency year
- Serves as an advisor to either a residency project(s) or a MUE (if applicable)



# Appendix A

NOTHING CONTAINED IN THIS POLICY OR IN ANY OTHER POLICY CREATES A CONTRACT RIGHT. CONSISTENT WITH SOUTH CAROLINA LAW, ALL TEAM MEMBERS ARE EMPLOYED "AT WILL," WHICH MEANS THAT THE TEAM MEMBER HAS THE RIGHT TO TERMINATE HIS OR HER EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT PRISMA HEALTH AND/OR ITS AFFILIATED ENTITIES RETAIN THE SAME RIGHT.

**Discretionary Time Off (DTO): Human Resources - Prisma Health**

<b>Approved Date:</b> 06/26/2023	<b>Effective Date:</b> 06/26/2023	<b>Review Date:</b> 06/26/2024
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**Scope:**

	<b>ACUTE CARE Prisma Health...</b>		<b>POST-ACUTE CARE Prisma Health...</b>
X	Baptist Easley Hospital Baptist Hospital Baptist Hospital Behavioral Care Baptist Parkridge Hospital Greenville Memorial Hospital Greer Memorial Hospital Hillcrest Hospital Laurens County Hospital Marshall I. Pickens Hospital North Greenville LTACH Oconee Memorial Hospital Patewood Hospital Richland Hospital Richland Springs Hospital Tuomey Hospital	X	Center for Prosthetics & Orthotics (ALL) Emergency Medical Services Equipped for Life (ALL) Home Health Hospice - Midlands & Midlands Newberry Hospice of the Foothills Roger C. Peace Hospital SeniorCare PACE Tuomey Acute Rehabilitation Tuomey Home Health Tuomey Hospice
	<b>MEDICAL GROUP, PROVIDER BASED CLINICS, URGENT CARE Prisma Health...</b>		<b>AMBULATORY CARE Prisma Health...</b>
X	Medical Group Provider based facilities associated with Prisma Health Hospitals WellStreet Urgent Care Centers		Advanced Family Medicine Blue Ridge Women's Center Cardiovascular Services - Simpsonville Clemson-Seneca Peds - Clemson Clemson-Seneca Peds - Seneca Family Medicine - Bishopville Family Medicine - Powdersville Family Medicine - Walhalla Family Medicine - Winnsboro
X	<b>OUTPATIENT SURGERY CENTERS Prisma Health...</b> Orthopedic Surgery Center Lexington		Laurens Family Medicine - Gray Court Laurens Family Medicine - Main Mountain Lakes Family Medicine Pediatric Associates - Powdersville Premier Women's - Powdersville Primary Care - Fountain Inn Seneca Medical Associates Upstate Family Medicine Upstate Pharmacy - ALL Locations Walk-in Care - North Greenville
	<b>CORPORATE Prisma Health...</b>	X	
X	Corporate Promise Health Plan		

**Policy Statement:**

At Prisma Health, we recognize the hard work and dedication of all team members as essential to our organization living out its purpose on a daily basis. However, for leaders, medical residents, and certain other roles, this often means working exceptionally long or otherwise unexpected hours. To help these team members balance their work and personal lives, Prisma Health provides certain positions paid Discretionary Time Off (previously known as Leadership Time Off) in lieu of Paid Time Off (PTO) for time away from work during regularly scheduled hours.

**Associated Policies and Procedures:**

[HR 3.09 Leave of Absence - Medical and Non-Medical: Prisma Health](#)

[HR 5.15 Team Member Counseling: Prisma Health](#)

[Paid Time Off \(PTO\) & Donation: Human Resources - Prisma Health](#)

[Time and Attendance: Human Resources - Prisma Health](#)

**Associated Lippincott Procedures: (as applicable)**

N/A

**Definitions:**

1. Discretionary Time Off (DTO): DTO is an open-ended time off in which a team member does not have a minimum or maximum amount of time away from work. Time off is determined between the team member and leader to ensure appropriate time away from work is taken while also managing the needs of the department.

**Responsible Positions:**

- Eligible team members and their leaders

**Equipment Needed:**

N/A

**Procedural Steps:**

1. Eligibility
  - 1.1 The following team members are eligible to receive DTO instead of PTO:
    - 1.1.1 Leadership in Manager or above positions
    - 1.1.2 Medical Residents and Fellows
    - 1.1.3 Other roles as approved and assigned by HR Leadership.
2. Requesting DTO
  - 2.1 Time off is managed and monitored by team member and their leader and is not required to be recorded as DTO in the timekeeping system.

## Discretionary Time Off (DTO): Human Resources - Prisma Health

- 2.2 Time and Attendance and Corrective Action policies still apply to team members in the DTO program. Leaders should partner with their HR Business Partner regarding any concerns relating to abuse of this policy or excessive absenteeism.
3. Tracking and Compensation
  - 3.1 DTO will only be tracked for continuous and intermittent leave of absences.
  - 3.2 DTO will be paid at the regular base rate of pay.
  - 3.3 Federal Medical Leave Act (FMLA) and Time & Attendance policies still apply. If team member is out of work for an approved Prisma Health leave, they will receive up to one-hundred-eighty (180) calendar days of pay to run concurrently with the approved Prisma Health leave, to include FMLA.
  - 3.4 For team members who are either Medical Residents or Fellows, Federal Medical Leave Act (FMLA) the Time & Attendance policies still apply. If team member is out of work for an approved Prisma Health leave, they will receive up to ninety (90) calendar days of pay to run concurrently with the approved Prisma Health leave, to include FMLA.
  - 3.5 This is a non-accrual policy, therefore, upon termination of employment there is no pay out.
  - 3.6 If a team member moves from a DTO eligible position to a PTO eligible position, one year of PTO accrual will be provided and added to their PTO bank within the first pay period of their role change. See PTO policy for accrual rates.

### **References:**

N/A

### **Appendices:**

N/A

# Appendix B

NOTHING CONTAINED IN THIS POLICY OR IN ANY OTHER POLICY CREATES A CONTRACT RIGHT. CONSISTENT WITH SOUTH CAROLINA LAW, ALL TEAM MEMBERS ARE EMPLOYED "AT WILL," WHICH MEANS THAT THE TEAM MEMBER HAS THE RIGHT TO TERMINATE HIS OR HER EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT PRISMA HEALTH AND/OR ITS AFFILIATED ENTITIES RETAIN THE SAME RIGHT.

**Standards of Appearance: Human Resources - Prisma Health**

<b>Approved Date:</b> 05/14/2023	<b>Effective Date:</b> 05/14/2023	<b>Review Date:</b> 05/14/2024
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**SCOPE:**

	<b>ACUTE CARE Prisma Health...</b>		<b>POST-ACUTE CARE Prisma Health...</b>
X	Baptist Easley Hospital Baptist Hospital Baptist Hospital Behavioral Care Baptist Parkridge Hospital Greenville Memorial Hospital Greer Memorial Hospital Hillcrest Hospital Laurens County Hospital Marshall I. Pickens Hospital North Greenville LTACH Oconee Memorial Hospital Patewood Hospital Richland Hospital Richland Springs Hospital Tuomey Hospital	X	Center for Prosthetics & Orthotics (ALL) Emergency Medical Services Equipped for Life (ALL) Home Health Home Health - Midlands Home Health - Upstate Hospice - Midlands & Midlands Newberry Hospice of the Foothills Roger C. Peace Hospital SeniorCare PACE Tuomey Acute Rehabilitation Tuomey Home Health Tuomey Hospice
	<b>MEDICAL GROUP, PROVIDER BASED CLINICS, URGENT CARE Prisma Health...</b>		<b>AMBULATORY CARE Prisma Health...</b>
X	Medical Group Provider based facilities associated with Prisma Health Hospitals WellStreet Urgent Care Centers		Advanced Family Medicine Blue Ridge Women's Center Cardiovascular Services - Simpsonville Clemson-Seneca Peds - Clemson Clemson-Seneca Peds - Seneca Family Medicine - Bishopville Family Medicine - Powdersville Family Medicine - Winnsboro Family Medicine - Winnsboro & Walhala Laurens Family Medicine - Gray Court Laurens Family Medicine - Main Mountain Lakes Family Medicine Pediatric Associates - Powdersville Premier Women's - Powdersville Primary Care - Fountain Inn Seneca Medical Associates Upstate Family Medicine Upstate Pharmacy - ALL Locations Walk-in Care - North Greenville
X	<b>OUTPATIENT SURGERY CENTERS Prisma Health...</b>		
	Orthopedic Surgery Center Lexington		
	<b>CORPORATE Prisma Health...</b>		
X	Corporate inVio Health Network Promise Health Plan	X	

**Policy Statement:**

Prisma Health strives to deliver the highest quality of care to our patients, their families, and the communities we serve. As an organization, our goal is to lead the nation in caring, healing, teaching, and discovering, and continue to be the place people think of first when in need of healthcare services.

Team members have a critical role in how our organization is perceived. Team members effect where people choose to come for healthcare. Part of this role is in the professional image that team members present in their work with patients and the community.

To ensure that image is consistent throughout our facilities, Prisma Health has standards of appearance guidelines. These guidelines recognize the diversity and uniqueness of each of our team members, creating an inclusive environment while maintaining professional image standards.

**Associated Policies and Procedures:**

[Cell Phone Use and Other Portable Communication Devices: Human Resources - Prisma Health](#)

[Corrective Action of Team Members: Human Resources - Prisma Health](#)

[Equal Employment Opportunity: Human Resources - Prisma Health](#)

[Lewis Blackman Patient Safety Act: Prisma Health](#)

[Paid Time Off \(PTO\) and Holiday: Ambulatory Surgery Centers, Human Resources - Prisma Health](#)

[Paid Time Off \(PTO\): Human Resources - Prisma Health](#)

[Social Media: Human Resources - Prisma Health](#)

[Solicitation: Human Resources - Prisma Health](#)

[Tobacco-Free Policy: Prisma Health](#)

**Associated Lippincott Procedures:**

N/A

**Definitions:**

1. Business and Business Casual Dress - Suits, dress pants or skirts with jackets, sport coats or sweaters, business dresses, dressy two-piece knit suits, or twin sets. Skirts and dresses are to be conservative in length. Professionally owned or supplied white lab coat worn over business attire. Dress footwear (no tennis shoes).
2. Business Casual - Any of the items listed above under Business, in addition to button-down or pullover shirts with a collar, sweaters, cardigans, dressy 3/4-length pants, blouses/shirts, and turtlenecks. Dress footwear (no plastic shoes i.e., Crocs or mesh tennis shoes etc.)
3. Smart Casual Dress - This is comfortable clothing for the workplace. Anything listed under Business and Business Casual clothing is accepted. Additionally, chinos, khaki pants, any other cotton or synthetic pants, golf slacks, wool pants, or pants that match a suit jacket. Shirts (men are to have a collar), collared polo shirts or tops, vests, jackets, Capri pants. Athletic or tennis shoes.
4. Scrubs - Traditional, classic scrubs required by pre-approved locations, departments, or units. The color of the scrubs (both top and bottom) may depend upon the individual's job classification and work area.
5. Job-Specific Uniforms - Certain team members are required to wear only job-specific uniforms. Team members who are in the category, will be given specific information by their

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departmental leadership.

**Responsible Positions:**

- All Prisma Health Team Members
- Students
- Healthcare Providers with Clinical privileges
- Vendors
- Contract Workers

**Equipment Needed:**

N/A

**General Guidelines**

1. Prisma Health trusts its team members to dress within the categories known as business and business casual attire, smart casual attire, scrubs, or job-specific uniforms.
2. *Being well groomed and neat is the main guideline to follow in dressing for work.* Good judgment is most important when deciding whether one looks groomed and neat. In general, the appearance that Prisma Health expects is as follows:
  - 2.1 All clothing is to be clean, neat, correctly sized (including length), wrinkle-free, and in good condition.
  - 2.2 Footwear is to be right for the work area. Shoes must be professional, in good condition, clean, tied, and properly fitted (correct size).
  - 2.3 Safety is to be the major factor when selecting footwear for work. For this reason, shoes in patient care areas and other areas that may pose a safety hazard are to have a solid top surface and closed toes. In some departments, slip-resistant shoes are required. Team members should speak with their leader about the specific requirements of their department.
    - 2.3.1 House slippers, flip flops, light-up shoes, excessively high platform shoes, or stiletto heels (higher than 4") are not allowed in any unit or department.
    - 2.3.2 Team members are responsible for ensuring their shoes are replaced as needed. This again is related to safety, risk, and infection prevention.
  - 2.4 Clothing is not to show bare midriffs (body between the chest and hips), cleavage (front or backside), or be bare over the shoulders. Dresses or skirts are to be conservative in style and length. Undergarments are not to be seen.
  - 2.5 Any item with an image, message, slogan, or logo endorsing a person, place, or cause should not be worn. Notwithstanding, team members may wear stickers such as "I voted" or "I gave blood" if they otherwise comply with this policy.
  - 2.6 Hats or bandanas on the head are not to be worn unless they are part of an approved uniform. Fashion scarves and headbands are acceptable if they don't otherwise violate this policy.
  - 2.7 Sunglasses are not to be worn inside any building for safety reasons.

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## Standards of Appearance: Human Resources - Prisma Health

- 2.8 Earbuds, headphones, or other listening devices are not to be worn without leadership permission and/or without a specific job-related function and may never hinder customer service, patient care, or safety.
- 2.9 Hands must be able to be easily cleaned when working in patient care areas. Numerous rings and bracelets could get in the way of this cleanliness. Because of this, team members are to be moderate in wearing rings and bracelets. Jewelry is not to dangle into the patient care space or hang over the patient in the delivery of care. Jewelry and other accessories are to be conservative and are not to interfere with the performance of job duties or cause a safety risk for the team member, patient, or others.
- 2.10 Acrylic or other artificial nail tips/ornamentation increase risks of transferred bacteria to patients. This includes acrylic nails, dipped nails, bending, tips, gels, wrappings, jeweled, pierced, lettering, and tapes. These nails and products are not acceptable for team members working in certain areas due to the safety and infection prevention concerns. If there are no patient safety or infection prevention concerns with artificial nails for a specific job, then artificial nails etc. are acceptable. Team members, especially those in clinical areas, are strongly encouraged to speak with their leader about their specific work area's expectations before using these products.
- 2.10.1 Examples of team members who work with high-risk patient populations are those who work in: Oncology, NICU, Perioperative Services, and Transplant units.
- 2.11 Nails are to be clean, neat, and trimmed. Nail length may not interfere with job duties or performance; team members in clinical areas or handling patient supplies, medications, food, ice, or specimens are not to have nails that exceed one-fourth (1/4) inch past their fingertip. Nail polish designs are not to be distracting (to the reasonable person), and polish colors are to be moderate and not chipped.
- 2.12 The health system's focus is our patients and their safe care. Body piercings, gauged ears, dental or tongue jewelry, hairstyle and color, and tattoos are not to cause safety risks, distractions in the workplace, or otherwise disrupt the ability to meet business needs. In some instances, body piercings, gauged ears, dental or tongue jewelry may pose a safety concern in certain areas and/or in certain jobs within the health system. If safety is deemed by leadership to be a concern, they do not meet the expectations of this policy and are not permitted. Otherwise, body piercings, gauged ears, dental or tongue jewelry are otherwise acceptable within these guidelines:
- 2.12.1 Gauged ears approximately the size of a quarter, or less, in diameter generally meet the standards outlined in this policy.
- 2.12.2 Tattoos that have profanity or are offensive (to the reasonable person) or otherwise disruptive are to be completely covered during work time. Team members are to be sensitive and cover any tattoo that may cause fear or discomfort to patients or children (skeletons, monsters, and such).
- 2.12.3 The health system embraces its team members' individuality and modes of expression. Any decision to limit or prohibit a teammate from expressing themselves through body piercings, gauged ears, dental or tongue jewelry,

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## Standards of Appearance: Human Resources - Prisma Health

hairstyle or color, tattoos or other similar forms of individual expression will be done in a thoughtful, respectful manner and only for the purpose of maintaining safety, cleanliness, a work environment free of disruption, and respect for those we care for.

- 2.13 Hair is to be clean and well groomed. Hair decorations such as feathers, tinsel, or tiaras are not acceptable. Facial hair is to be neatly trimmed and ensure the fit of any required respiratory masking. Anyone providing direct patient care with shoulder-length or longer hair is to secure it away from their face. Anyone in food service is to secure hair so as not to interfere with sanitary food service.
- 2.14 Due to allergies of those in the workplace, including our patients, use of colognes, perfumes, or scented lotions is to be used conservatively. Team members may be asked to avoid use of these items depending upon the allergies, sensitivities, and/or safety of others. For example: oncology patients, or recent transplant recipients, are two (2) patient populations where fragrance is not appropriate. For the same reason, team members are not to have the odor of tobacco smoke when on duty.
- 2.15 Use of tobacco is not allowed on health system property (including leased properties). This includes cigarettes, electronic cigarettes, vapor sticks, cigars, pipe tobacco, chewing tobacco, and snuff. Nicotine replacement products, including gum, lozenges, nasal spray, and inhalers, may be used during work hours. Use is to be discrete and in line with doctor or product manufacturer directions.
3. Professional dress is always acceptable in any workplace. If a team member is visiting another facility, unit or department, the team member's clothing and appearance are to follow or go beyond the standards of the area being visited. If the unit or department requires wearing a uniform, it is to meet the organization guidelines.
4. The purpose of photo identification badges ("ID badges"), badge cards ("badge buddies") and badge holders (clip or lanyard) is one of safety. These items allow patients, coworkers, and visitors to easily identify team members and other persons working in the health system. The ID badge is also used for the automated time and attendance system, access to buildings, offices, secured areas, and parking lots, certain campus retail charges/purchases, and for team members to make cafeteria charges.
  - 4.1 ID badges are to be worn at all times while working, face out and at chest level or above, so they can be seen and read by others (including patients). ID badges are to be displayed on the Prisma Health provided/approved badge holder. Team members should not wear their badges to work when they are entering Prisma Health as a patient or visitor. Loose or damaged badges are to be replaced.
  - 4.2 Badges are color coded to help identify a team member's role
    - 4.2.1 Plum Bar: Physicians and team members, including non-employed credentialed providers, not in Women's or Children's Services
    - 4.2.2 Pink Bar: Team members and physicians assigned to Women's Services or Children's Services department.
    - 4.2.3 Yellow Bar: non-employed/non-credentialed, including volunteers, vendors, contractors, and students.
    - 4.2.4 Tangerine Bar: Contractors not allowed in patient-care areas.

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## Standards of Appearance: Human Resources - Prisma Health

- 4.3 Prisma Health complies with the Lewis Blackman Patient Safety Act which requires, among other things, providing either the first name or the last name of team members be fully spelled out on their ID badge.
  - 4.3.1 Most Prisma Health team members (employed and non-employed) have their preferred first name and last initial displayed on their ID badge.
  - 4.3.2 Physicians, Dentists and Podiatrists' (employed and non-employed) have Dr. immediately before their preferred first name and last name displayed on their ID badge.
  - 4.3.3 Credentialed providers (employed and non-employed) and persons with specific terminal degrees have their preferred first name and last name displayed on their badge, followed by their credentials.
  - 4.3.4 Not every team member's credential(s) will be listed on their badge. Prisma Health lists the following credentials on ID Badges; Medical Doctor (MD); Doctor of Osteopathic Medicine (DO); Doctor of Optometry (OD); Doctor of Dental Medicine (DMD); Doctor of Dental Surgery (DDS); Doctor of Podiatric Medicine (DPM); Doctor of Optometry (OD); Doctor of Philosophy (PhD); Doctor of Education (EdD); Doctor of Psychology (PsyD); Doctor of Pharmacy (PharmD); Doctor of Nursing Practice (DNP); Doctor of Physical Therapy (DPT); Doctor of Public Health (DrPH); Nurse Practitioner (NP); Physician Assistant (PA); Certified Registered Nurse Anesthetists (CRNA); Certified Nurse Midwives (CNM); Clinical Nurse Specialist (CNS); Registered Nurse (RN); and Licensed Practical Nurse (LPN).
- 4.4 Work-related adornments, tape, pins, stickers, or clips may not be placed on the ID badge itself. If a badge card is provided to the team member, system-issued pins may be worn, provided they do not restrict the view of the ID badge.
- 4.5 Team members may not use personalized or themed Badge holders, Prisma Health provides every team member with a badge holder for their use.
- 4.6 The ID badges, and badge holders are all part of the expected standards of appearance. Team members are expected to replace damaged ID badges; however, the badges remain the physical property of the health system.
- 4.7 For contractors or vendors, a request must be made by Facilities Planning, or a leader of the department where the contractor's/vendor's service is needed. The request is to be made through the appropriate e-mail, which can be accessed here.
  - 4.7.1 Prisma Health Baptist: [PHBAccess&ID@prismahealth.org](mailto:PHBAccess&ID@prismahealth.org)
  - 4.7.2 Prisma Health Parkridge: [PHBPAccess&ID@prismahealth.org](mailto:PHBPAccess&ID@prismahealth.org)
  - 4.7.3 Prisma Health Richland: [PHRAccess&ID@prismahealth.org](mailto:PHRAccess&ID@prismahealth.org)
  - 4.7.4 Prisma Health Tuomey: [Brian.matula@prismahealth.org](mailto:Brian.matula@prismahealth.org)
  - 4.7.5 Prisma Health all Upstate: [badge.security@prismahealth.org](mailto:badge.security@prismahealth.org)
  - 4.7.6 Requests must include: first name, last name, company, what access is needed to perform their work, and duration the vendor/contractor will be

## Standards of Appearance: Human Resources - Prisma Health

working.

5. The unit or department leader will counsel team members who make incorrect clothing or accessory choices. Team members may be sent home using Paid Time Off (PTO) to change into correct clothing. If the team member does not have enough PTO in their PTO bank to cover the time away, non-paid time will be used. This process will be applied in accordance with Human Resource (HR) policies and the Fair Labor Standards Act. If a team member continues to make incorrect standard of appearance choices, this could cause formal counseling, up to the end of employment with the health system.
6. The standards of appearance set forth above apply to all team members. In addition, team members may have additional standards of appearance based on their workplace. Below are some of the considerations a unit or department may require:
  - 6.1 Some units or departments may require scrubs, masks, shoe covers, safety shoes, and/or gloves. Some clinical areas may allow themed scrubs, such as sports, cartoon, or seasonal themes. An example of this would be a team member wearing cartoon-themed scrubs in an area caring for pediatric patients. Acceptable patterns on scrubs are ultimately determined by the area Vice President.
  - 6.2 Scrubs, masks, shoe covers, safety shoes, and/or gloves are to be worn only in areas directed by unit or department policy and are not to have monograms, logos, or the name of another healthcare provider or organization. Only team members directed to wear any of these items are to wear them.
  - 6.3 Units or departments may specify uniform, shoe, and sock colors. The unit or department may also specify the material for each. Colored and/or patterned socks are to match the colors of the uniform. If permitted, patterned socks may not be unpleasant or disruptive in nature (examples would be patterns/images of sex, violence, or defaced religious symbols.)
  - 6.4 Any of these items that are laundered by the health system are not to be worn off-campus.
7. There may be times when the standards of appearance may be relaxed for a specific event, reason, or occasion. This only happens for a brief period of time, and a Vice President, or equivalent, may allow limited exceptions to this policy. Examples could include, but are not limited to, a reward for campaign participation, a severe weather event (emergency event), a physical work location move, or an off-site or after-hours event.
8. Team Member Responsibilities
  - 8.1 Team members are to know, understand, and follow the standards of appearance. Good judgment in clothing and appearance decisions is the team member's responsibility. If there are any questions about this policy, team members are encouraged to ask their leader for guidance.
  - 8.2 Items not to wear include, but are not limited to cargo pants (unless part of the department's uniform/standards), jogging or athletic wear, tank tops, midriffs, muscle shirts, spaghetti straps (unless covered), strapless shirts, tube tops, spandex, shorts, hoodies, jerseys, sweatshirts, cocktail dresses, camouflage, leather pants, capris higher than mid-calf, mini-skirts, T-shirts, denim, bib overalls, sheer fabrics, leg warmers, thigh high boots, and fishnet.

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## **Standards of Appearance: Human Resources - Prisma Health**

- 8.2.1 Team members may wear black or white, long-sleeve shirts and short sleeve shirts, under their uniform/ scrubs. In addition, team members may wear long-sleeve or short sleeve shirts that align with the uniform and scrub color associated with their role.
- 8.2.2 Team members may wear Prisma Health approved vests and fleece/ lined jackets unless the team members' scrubs are provided/ laundered by Prisma Health. Jackets and vests must be royal blue, black, or white. Prisma Health branding is also acceptable.

### **9. Leadership Responsibilities**

- 9.1 Leaders are to communicate the standards of appearance with new team members. This is to be part of the team member's departmental orientation.
- 9.2 Leaders may more clearly define the necessary and correct work clothing in a unit or department. For example, a unit or department may require a certain scrub color. Departments may select whether professional dress or business casual dress is required; this decision requires Vice President approval.
- 9.3 Leaders are expected to adjust whenever possible in the standards of appearance for requesting individuals based on any medical or religious reasons. If further guidance is needed, please do not hesitate to contact Human Resources.
- 9.4 Leaders may contact their HR Business Partner (HRBP) or Employee Relations for assistance with interpretation, counseling, or any other needs in relation to this policy.

### **References:**

N/A

### **Appendices:**

N/A

# Appendix C



## Duty Hour Requirements for Pharmacy Residencies

### Purpose Statement

Residency program directors and preceptors have the professional responsibility to provide residents with a sound training program that must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the requirements outlined in this policy to ensure optimal clinical experience and education for their program's residents.

### Statement on Well-Being and Resilience

- A. Residents are at an increased risk for burnout and depression due to the nature of the healthcare environment and psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient pharmacist.
- B. As part of the development of the resident, it is the responsibility of the pharmacy leaders to ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies as part of the orientation to the residency.
- C. It is also the responsibility of pharmacy leaders to ensure preceptors are educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.
- D. As part of promoting a culture of wellness, pharmacy leaders must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise residents' fitness for duty and endanger patient safety. However, as members of the healthcare team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe.

### II. Duty Hour Requirements

- A. Duty hours: Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.
  - 1. Duty hours **includes**: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and

assigned activities, such as committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.

2. Duty hours **excludes** reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work); and hours that are not scheduled by the residency program director or a preceptor.

#### B. Maximum Hours of Work per Week

1. Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.

#### C. Mandatory Duty-Free Times

1. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
2. Residents must have at a minimum of 8 hours between scheduled duty periods.

#### D. Continuous duty is defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

1. Continuous duty periods for residents should not exceed 16 hours.
2. If a program exceeds 16 hours of continuous duty periods, the "In House Call Program" limitations apply as described in the corresponding section.

#### E. Tracking of Compliance with Duty Hours

1. Programs must have a method in place to track compliance with the Duty Hour Requirements for Pharmacy Residencies Policy.
  - a. The documentation method used must allow the reviewer to determine compliance with all requirements outlined in this policy including hours worked, hours free of work, and frequency of all call programs. (e.g., attestation of compliance by the resident, hours worked)
2. Review of tracking method must be completed on a monthly basis.
3. Any instances of non-compliance with this policy identified should be assessed and actions taken, as needed, to avoid future instances of non-compliance.

### III. Moonlighting

- A. Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
- B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program, and must not interfere with the resident's fitness for work nor



compromise patient safety. It is at the discretion of the residency program director whether to permit or to withdraw moonlighting privileges.

- C. All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.
- D. Programs that allow moonlighting must have a documented structured process that includes at a minimum:
  - 1. The type (internal only, external only, or both) and maximum number of moonlighting hours allowed by the program per week, pay period or month.
  - 2. Requirement for the resident to receive approval for moonlighting hours and to inform the residency program director of their completed moonlighting hours.
  - 3. A plan for how to proceed if residents' participation in moonlighting affects their performance during scheduled duty hours.

#### **IV. Call Programs**

- A. If the program implements any type of on-call program (i.e., in-house, at home), there must be a documented structured process that includes:
  - 1. Level of supervision a resident will be provided based on the activities the resident is expected to perform during the on-call period, the level of resident training (i.e., PGY1 versus PGY2) and timing during the residency year.
  - 2. Identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.
  - 3. Method of evaluating the impact of the call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
  - 4. Hours worked with in-house on-call programs and hours that meet the criteria below for at-home or other call programs (IV-A-7-c)) must be included in the tracking of hours.
  - 5. A plan for how to proceed if residents' participation in the call program affects their performance during duty hours.
  - 6. In-House Call Program
    - a. Residents must not be scheduled for in-house call more frequently than every third night averaged over a four-week period.
    - b. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation.
      - i. Strategic napping is defined as short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

- c. Programs that have in-house call programs with continuous duty hours beyond 16 hours, and up to 24 hours, must document how the program will support strategic napping or other strategies for fatigue and sleep deprivation management.
- d. Residents must have at least 14 hours free of duty after the 24 hours of in-house hours.

7. At-Home or Other Call Programs

- a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- b. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.
- c. At-home or other call hours are included in the maximum of 80 hours a week calculation and included in the tracking of hours only if they meet the following criteria:
  - i. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
  - ii. Only the time spent by the resident on on-call related work activities during their assigned on-call hours, taking calls from home and utilizing electronic health record related to at-home call, count towards the 80 hour maximum weekly hour limit.

# Appendix D

<b>HR 3.09 Leave of Absence - Medical and Non-Medical: Prisma Health</b>	
<b>Purpose Statement</b>	Prisma Health grants family and medical leave to team members eligible for leave under the provisions of the Family and Medical Leave Act (FMLA), state mandated leaves, Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and company sponsored leaves.
	<u>NOTHING CONTAINED IN THIS, OR ANY OTHER POLICY, CREATES A CONTRACT RIGHT, CONSISTENT WITH SOUTH CAROLINA LAW. ALL TEAM MEMBERS ARE EMPLOYED "AT WILL"</u>
<b>Effective Date</b>	Not Set
	<b>Next Review Date</b> 12/20/2024
<b>Previously Named</b>	<ul style="list-style-type: none"> <li>Federal and State Mandated Leaves</li> <li>Leave of Absence</li> <li>Donor Leave</li> </ul>
<b>Scope</b>	All Prisma Health team members, students, healthcare providers with clinical privileges, vendors, and contract workers.
<b>Associated Policies, Procedures and Forms</b>	<ul style="list-style-type: none"> <li><a href="#">Military/Uniformed Service Leave and Compensation: Human Resources - Prisma Health</a></li> <li><a href="#">Physician and Advanced Practitioner Time-Off: Human Resources - Prisma Health</a></li> <li><a href="#">Workers' Compensation: Human Resources - Prisma Health</a></li> </ul>
<b>Index</b>	<ul style="list-style-type: none"> <li><a href="#">General Guidelines</a></li> <li><a href="#">Team Member Responsibilities</a></li> <li><a href="#">Leadership Responsibilities</a></li> <li><a href="#">Helpful Definitions</a></li> </ul>
<b>Helpful Definitions for this Policy</b>	<ul style="list-style-type: none"> <li>Next of Kin</li> <li>Non-FMLA Medical Leave</li> <li>Personal Leave</li> <li>Salary Continuation</li> <li>Donor Leave</li> <li>Educational Leave</li> <li>Administrative Leave</li> </ul>

## **General Guidelines**

### **Family and Medical Leave Act (FMLA)**

#### **Eligibility**

To be eligible for FMLA, a team member must:

1. Have twelve (12) months of service with Prisma Health that need not be continuous or consecutive on the date the FMLA leave is to start, but absent limited circumstances, must be within the past seven (7) years (Any time the team member would have worked for Prisma Health but for a USERRA covered military leave will count towards this calculation)

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### HR 3.09 Leave of Absence - Medical and Non-Medical: Prisma Health

2. Have worked at least 1,250 hours during the twelve (12)-month period preceding the FMLA leave start date (again, any time the team member would have worked for Prisma Health but for a USERRA covered leave within the twelve (12) months preceding the leave will count towards the calculation; also note that special rules apply for flight crews), and
3. Not have exhausted their twelve (12)-week FMLA leave entitlement during a "rolling" twelve (12)-month period measured backward from the leave start date.

#### Guidelines

The FMLA grants eligible team members up to twelve (12) work weeks of leave each rolling calendar year for one (1) or more of the following:

1. Birth and care of a newborn (within the first twelve (12) months of the child's life)
2. Leave to bond with a newly adopted child or a child placed with the team member through foster care (within the first twelve (12) months after placement), and any leave needed in order to obtain the child through one of these programs. Eligible spouses are limited to a combined total of twelve (12) work weeks of FMLA in a twelve (12) month period for adoption, bonding, or foster care.
3. When the team member is needed to care for one of the following - a spouse, son or daughter who is under the age of eighteen (18), a son or daughter who is over the age of eighteen (18) and who is incapable of selfcare because of a disability that qualifies as such under the Americans with Disabilities Act, or a parent - who is suffering from a "serious health condition"
4. When the team member is suffering from a serious health condition (as defined above) that makes them unable to perform one or more of the essential functions of their job
5. For "qualifying exigencies" arising from the team member's spouse, son, daughter, or parent serving or being called to serve the US military in a foreign country.

**Military Caregiver Leave.** A team member also may take up to twenty-six (26) weeks of leave in a single twelve (12) month period to care for a spouse, son, or daughter (of any age), parent or next of kin who is

1. A current member of the Armed Forces, including the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness, which is incurred in the line of duty (or for a pre-existing injury or illness which is aggravated in the line of duty) and that renders the service member medically unfit to perform the duties of their office, grade, rank or rating, or
2. A veteran who was a member of any branch of the Armed Forces, including the National Guard or Reserves, and who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness that occurred in the line of duty (or for a pre-existing injury or illness which was aggravated in the line of duty) at any time within five (5) years preceding the treatment, recuperation, or therapy (either of which are considered a "covered service member"). A covered service member incurs a serious illness or injury for purposes of this paragraph when they are medically unfit to perform the duties of their office, grade, rank, or rating, has a VA Service Disability Rating of fifty percent (50%) or greater, is having

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### **HR 3.09 Leave of Absence - Medical and Non-Medical: Prisma Health**

substantial difficulty finding gainful employment because of the serious injury or illness, or has been accepted into the VA's program for caregivers.

3. This single twelve (12)-month period begins on the first day an eligible team member takes Military Caregiver Leave and ends twelve (12) months after that date. Any leave taken for other FMLA purposes during this year will count against the twenty-six (26) weeks of entitlement under this section, and vice-versa.
4. The leave entitlement described in this section applies on a per-covered service member, per-injury basis. However, no more than twenty-six (26) weeks of leave may be taken within a single twelve (12)-month period by any covered team member. Even in circumstances where a team member takes other leave covered by the federal FMLA the combined leave shall not exceed twenty-six (26) weeks during that twelve (12)-month period.

Prisma Health uses a "rolling" twelve (12)-month period, measured backward from the date a team member uses any FMLA leave, to determine the twelve (12)-month period in which the twelve (12) weeks of FMLA leave entitlement occurs. Under this method each time a team member takes FMLA leave the remaining leave entitlement would be any balance of the twelve (12) weeks that has not been used during the preceding twelve (12) months. FMLA leave may require a consecutive block of time, intermittent leave (leave taken in separate periods of time rather than on continuous period), or reduced schedule leave (leave that reduces the usual number of hours per work week or hours per workday). In certain circumstances, Prisma Health may require a team member to move to an alternate position during periods of intermittent and reduced leave.

Intermittent FMLA leave also may be available depending upon a team member's serious health condition or a team member's immediate family member's serious health condition. Military Caregiver Leave may be taken intermittently or on a reduced leave schedule when medically necessary. Team members taking intermittent leave must follow their department's standard call-in procedures and report that time to Prisma Health's third-party vendor within three (3) calendar days. The team member must, however, make a reasonable effort to schedule medical treatment and/or reduced schedule leave so as not to unduly disrupt business operations.

Documentation Supporting FMLA Leave. Prisma Health contracts with a Third-Party vendor to administer all Federal and State leaves. A team member's reason for the leave must be covered under FMLA and the team member must provide a completed FMLA Certification supporting the need for the leave along with any other documentation requested or required that would permit Prisma Health's vendor to make a determination. A request for reasonable documentation of family relationship verifying the legitimacy of FMLA Leave may also be required. For any documentation requested in the first instance, the team member will have fifteen (15) days in which to return a completed Certification form following receipt of the form. If the team member fails to provide timely certification after being required to do so, the team member may be denied the taking of the leave under FMLA. If the Certification form is incomplete or insufficient, a team member may be given written notification of the information needed and will have seven (7) days after receiving such written notice to provide the necessary information. If there is reason to doubt the validity of the medical certification, a second opinion, at the expense of Prisma Health, related to the health condition may be required. If the original certification and the second opinion differ, a third opinion, at the expense of Prisma Health, may be required. The opinion of the third healthcare provider, which Prisma Health and the team member jointly select, will be the final and binding decision. Recertification - Under certain circumstances as provided by law, including (but not limited to) situations in which the need or nature of the approved leave changes, Prisma Health may, at its sole discretion, require recertification of a team member's serious health condition.

## **HR 3.09 Leave of Absence - Medical and Non-Medical: Prisma Health**

Substitution of Paid Leave - Unless the team member is receiving Workers' compensation benefits or Prisma Health sponsored disability benefits while on an approved Family Medical Leave, or are on a military leave of absence, the team member must use accrued Paid Time Off (PTO) concurrent with the leave until PTO is exhausted. If a team member chooses not to use PTO, they will not have PTO applied during the benefit waiting period. PTO usage is based on the full time equivalent (FTE) minus any benefits paid to a team member on leave to not exceed 100% of base pay. The use of PTO will run concurrently with, and be applied against, the twelve (12)-week (or 26-week) maximum. Upon exhaustion of the team member's PTO, the remainder of the leave will be unpaid.

While on leave under this policy, Prisma Health benefits will continue in accordance with eligibility provisions of each plan.

FMLA absences may not be used for disciplinary action. In most instances a team member returning from leave who has not exhausted more leave than the FMLA allows is entitled to restoration to his/her same or an equivalent position. Key team members (i.e., those who are exempt team members earning wages in the top ten percent (10%) of Prisma Health within seventy-five (75) miles of the team member's worksite) may be denied reinstatement if reinstating them would cause a substantial hardship on Prisma Health.

### **Procedural Steps**

1. A team member should make their leader aware of their need to take a leave of absence as soon as possible.
2. Team members will make requests for federal and state mandated leave to Prisma Health's third-party absence management vendor. Request for FMLA should be made thirty (30) days in advance or as soon as practicable or foreseeable. If approved, team members will be placed on leave status by the absence management vendor.
3. Team members should communicate with their leaders regarding requesting leave, the anticipated duration of their leave including the possibilities of an extension and returning to work.

### **Returning from Leave**

A team member who has been absent from work due to their own serious health condition on a leave of absence for seven (7) calendar days or greater or at their leader's discretion must electronically present a return to work note from their treating provider to Employee Health prior to working. If a team member has no restrictions or restrictions lasting two (2) weeks or less, the team can email their note to [EmployeeHealth@prismahealth.org](mailto:EmployeeHealth@prismahealth.org). When a team member has restrictions for greater than two (2) weeks, they must contact Employee Health to schedule an appointment to see the Employee Health provider. Once a team member is cleared to return to work, Employee Health will send a clearance email to the leader.

A team member returning from leave under this policy, who has complied with its terms, generally will be restored to the same (or equivalent) position the team member held prior to leave. A returning team member does not, however, have a greater right to restoration or other benefits than if the team member had been continuously employed during the leave period. If possible and practicable to do so, team members are to notify Prisma Health's third-party vendor and leader of their intent to return to work at least two (2) weeks prior to the anticipated date of return.

Team members will be considered returned from leave of absence effective their first day back at work.

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## **HR 3.09 Leave of Absence - Medical and Non-Medical: Prisma Health**

In the event a team member does not return from a leave of absence, the team member will be considered to have voluntarily resigned.

### **Non-FMLA Medical Leave**

#### **Eligibility**

Team members who are not eligible for FMLA based on FMLA eligibility provided above and the leave is for their own health condition.

#### **Guidelines**

Team members are expected to return to work within a six (6)-month period unless required as a reasonable accommodation. This period includes any FMLA used.

Substitution of Paid Leave - Unless the team member is receiving Workers' compensation benefits or Prisma Health sponsored disability benefits while on an approved Family Medical Leave, or are on a military leave of absence, the team member must use accrued Paid Time Off (PTO) concurrent with the leave until PTO is exhausted. If a team member chooses not to use PTO, they are not required to do so during the benefit waiting period. PTO usage is based on the FTE minus any benefits paid to a team member on leave to not exceed 100% of base pay. The use of PTO will run concurrently with, and be applied against, the 12-week (or 26-week) maximum. Upon exhaustion of the team member's PTO, the remainder of the leave will be unpaid.

Employment is not guaranteed upon return from a leave of absence, except where mandated by federal or state law. If a team member is offered a different position and they decline, this too will be considered a voluntary resignation.

#### **Procedural Steps**

1. A team member should make their leader aware of their need to take a leave of absence as soon as possible.
2. Team members will make requests for non-FMLA leave to Prisma Health's third-party absence management vendor. Request for FMLA should be made thirty (30) days in advance or as soon as practicable or foreseeable. If approved, team members will be placed on leave status by the absence management vendor.
3. Team members should communicate with their leaders regarding requesting leave, the anticipated duration of their leave including the possibilities of an extension and returning to work.

#### **Returning from Leave**

A team member who has been absent from work due to their own serious health condition on a leave of absence for seven (7) calendar days or greater or at their leader's discretion must electronically present a return to work note from their treating provider to Employee Health prior to working. If a team member has no restrictions or restrictions lasting two (2) weeks or less, the team can email their note to [EmployeeHealth@prismahealth.org](mailto:EmployeeHealth@prismahealth.org). When a team member has restrictions for greater than two (2) weeks, they must contact Employee Health to schedule an appointment to see the Employee Health provider. Once a team member is cleared to return to work, Employee Health will send a clearance email to the leader.

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## HR 3.09 Leave of Absence - Medical and Non-Medical: Prisma Health

A team member returning from leave under this policy, who has complied with its terms, may or may not be restored to the same position the team member held prior to leave. A returning team member does not, however, have a greater right to restoration or other benefits than if the team member had been continuously employed during the leave period. If possible and practicable to do so, team members are to notify Prisma Health's third-party vendor and leader of their intent to return to work at least two (2) weeks prior to the anticipated date of return.

Team members will be considered returned from leave of absence effective their first day back at work.

In the event a team member does not return from a leave of absence, the team member will be considered to have voluntarily resigned.

### **USERRA**

Prisma Health complies with the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and applicable South Carolina (SC) laws pertaining to military/uniformed service leave.

**Associated Policies and Procedures:** [Military/Uniformed Service Leave and Compensation: Human Resources - Prisma Health](#)

### **Personal Leave**

#### **Eligibility**

All Prisma Health team members are eligible for a personal leave at their leader's discretion.

#### **Guidelines**

Substitution of Paid Leave - Unless the team member is receiving Workers' compensation benefits or Prisma Health sponsored disability benefits while on an approved Family Medical Leave, or are on a military leave of absence, the team member must use accrued Paid Time Off (PTO) concurrent with the leave until PTO is exhausted. If a team member chooses not to use PTO, they are not required to do so during the benefit waiting period. PTO usage is based on the FTE minus any benefits paid to a team member on leave to not exceed 100% of base pay. The use of PTO will run concurrently with, and be applied against, the 12-week (or 26-week) maximum. Upon exhaustion of the team member's PTO, the remainder of the leave will be unpaid.

For post birth/adoption/foster care bonding, Prisma Health reserves the right to deny intermittent or reduced leave once all applicable leaves have been exhausted. Prisma Health will comply with all federal and state mandated laws when applicable.

While on leave under this policy, Prisma Health benefits will continue in accordance with eligibility provisions of each plan.

Employment is not guaranteed upon return from a leave of absence, except where mandated by federal or state law. If a team member is offered a different position and they decline, this too will be considered a voluntary resignation.

### **Procedural Steps**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

## HR 3.09 Leave of Absence - Medical and Non-Medical: Prisma Health

1. Team members will make requests for personal leave to their leader.
2. Requests will be reviewed by the leader in collaboration with the Human Resources Business Partner.
3. Team members will submit request in Workday for approval by leaves team and leader.

### **Returning From Leave**

A team member returning from leave under this policy, who has complied with its terms, may or may not be restored to the same position the team member held prior to leave. A returning team member does not, however, have a greater right to restoration or other benefits than if the team member had been continuously employed during the leave period. If possible and practicable to do so, team members are to notify Prisma Health's third-party vendor and leader of their intent to return to work at least two (2) weeks prior to the anticipated date of return.

Team members will be considered returned from leave of absence effective their first day back at work.

In the event a team member does not return from a leave of absence, the team member will be considered to have voluntarily resigned.

### **Donor Leave**

#### **Eligibility**

Team Members must be in a Full Time (0.9-1.0 FTE) or Part Time (0.4 to 0.8 FTE) status.

#### **Procedural Steps**

1. Team Members may request up to six (6) weeks leave in a rolling twelve (12)-month period for the purpose of being a bone marrow, stem cell, or organ donor.
2. Team Members should notify management at least 30 days prior to the anticipated leave date.
3. In the case of an emergency, notice should be provided at least two (2) days prior to leave date.
4. Team members must apply for leave through our third-party vendor.
5. [Donor Leave Form](#) must be completed and submitted via Workday to receive Donor Leave pay.

#### **Compensation**

Team Members will receive salary continuation for their time out of work, up to six (6) weeks for any services for organ donation, including procedure and recovery time.

Team Members will receive salary continuation for their time out of work, up to three (3) weeks for any services for bone marrow donation.

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

## **HR 3.09 Leave of Absence - Medical and Non-Medical: Prisma Health**

If the Team Member is on a paid time off (PTO) plan, they will continue to accrue hours based on their FTE status, not to exceed their maximum accrued eligibility.

### **Educational Leave**

#### **Eligibility**

All Prisma Health team members are eligible for an educational leave at their leader's discretion.

#### **Guidelines**

Team members on an educational leave must be moved into a PRN status for the duration of their approved educational leave.

While on leave under this policy, Prisma Health benefits will continue in accordance with eligibility provisions of each plan.

Employment is not guaranteed upon return from a leave of absence, except where mandated by federal or state law. If a team member is offered a different position and they decline, this too will be considered a voluntary resignation.

#### **Procedural Steps**

1. Team members will make requests for personal leave to their leader.
2. Requests will be reviewed by the leader in collaboration with the Human Resources Business Partner.
3. Team members will submit request in Workday for approval by leaves team and leader.

#### **Returning From Leave**

A team member who has been absent from work due to an educational leave of six (6) months or greater must contact Employee Health at [EmployeeHealth@PrismaHealth.org](mailto:EmployeeHealth@PrismaHealth.org) prior to returning to work to verify compliance with applicable vaccines and testing.

Team members will be considered returned from leave of absence effective their first day back at work.

In the event a team member does not return from a leave of absence, the team member will be considered to have voluntarily resigned.

### **Administrative**

#### **Guidelines**

Reserved for use by Human Resources.

#### **Procedural Steps**

Human Resources should notify the following departments when placing a team member on administrative leave:

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

## **HR 3.09 Leave of Absence - Medical and Non-Medical: Prisma Health**

1. Badge Office for suspension of badge access
2. Pharmacy for suspension of Automated Dispensing Cabinet (ADC) access
3. Information Technology Services (ITS) for suspension of ITS access, including emails, drives, electronic medical record access, and remote access.
4. Leaves Team to enter applicable pay codes and enter leave in Workday.

### **Team Member Responsibilities**

Team members who are away from work are required to be on an approved leave of absence or other type of approved time away from work. Examples include scheduled and unscheduled paid time off or approved unpaid time off.

A team member missing work for more than fifteen (15) unpaid cumulative calendar days or fifteen (15) unapproved consecutive calendar days in a twelve (12)-month rolling calendar year may be subject to the end of employment, unless the time off is:

- part of an approved leave of absence
- while waiting approval for a completed leave-of-absence application or:
- is approved unpaid time off (i.e., time away for a death in the family, that doesn't otherwise qualify for bereavement)

Team Members who fail to return from an approved leave of absence, fail to communicate with Prisma Health regarding their return, and/or fail to take required steps to return to work, may be subject to the end of employment.

### **Leadership Responsibilities**

Determine if an absence from work may be FMLA-qualifying. The leader will refer team members requesting FMLA to Prisma Health's third-party vendor. In those cases where the team member is absent from work for more than three (3) consecutive, unscheduled days, the leader will notify Prisma Health's third-party vendor of the "fourth" (4<sup>th</sup>) consecutive day of a team member's unscheduled absence or sooner if the leader believes the reason for a team member's absence from work may be FMLA qualifying.

In certain circumstances, the leader may temporarily transfer a team member requesting intermittent or reduced schedule FMLA leave to an alternative job with equivalent pay and benefits that better accommodates recurring periods of leave than the team member's regular job.

Leaders with team members working outside of South Carolina are required to check with Human Resources if an out of state team member is inquiring about a leave that is not standard within SC or Prisma Health policy. Examples of state mandated leaves for team members outside of South Carolina include but are not limited to leave of absence for victims of domestic violence, court appearance, or school involvement.

**Helpful Definitions**

***Family and Medical Leave Act (FMLA) –***

The FMLA allows team members to balance their work and family lives by taking unpaid leave for certain family and medical reasons. Prisma Health team members and Prisma Health both have rights and duties under the FMLA. The primary duty for both is notice. A team member is expected to alert their leader for the need for FMLA leave, while Prisma Health must provide general notice of FMLA provisions to all team members and provide specific notice of FMLA rights and obligations to individual team members requesting leave. Neither Prisma Health nor any member of the Leadership Staff shall interfere with, restrain, or deny a team member’s right to exercise their rights granted under the FMLA or to discharge or discriminate in any manner against an individual for opposing any practice made unlawful by the FMLA. More information about the legal provisions of the Family and Medical Leave Act can be obtained by reviewing the Notice of Employee Rights and Responsibilities posted at your facility, by contacting the Human Resources Department to obtain a copy of the Notice, or by contacting the Wage and Hour Division of the U.S. Department of Labor (1-866-487-9243 or [www.wagehour.dol.gov](http://www.wagehour.dol.gov)).

***Serious Health Condition***

An illness, injury, impairment or physical or mental condition that involves:

1. In-patient care (i.e., an overnight stay) in a hospital or other medical facility (including any period of incapacity or any subsequent treatment in connection with such in-patient care)
2. Period of incapacity of more than three (3) consecutive full calendar days that also involves:
  - 2.1. Treatment two (2) or more times by a health care provider or under the supervision of a health care provider, the first being within seven (7) days of the onset of the incapacity and the second being within 30 days of the start of the incapacity, or
  - 2.2. Treatment by a health care provider on at least one occasion within seven (7) days of the start of the incapacity which results in a regimen of continuing treatment under the supervision of a health care provider.
  - 2.3. Any period of incapacity or treatment due to pregnancy, or for prenatal care
  - 2.4. Any period of incapacity or treatment related to a chronic serious health condition requiring periodic visits to a healthcare provider of at least twice a year for treatment.
  - 2.5. Any period of incapacity or treatment of a condition which is permanent or long-term due to a condition for which treatment may not be effective, during which the team member (or family member) must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider; or
  - 2.6. Any period of absence to receive multiple treatments by a healthcare provider or under the supervision of a healthcare provider, either for restorative surgery after an accident or other injury, or for a condition that will likely result in a period of incapacity of more than three (3) consecutive calendar days in the absence of medical intervention or treatment.

***Qualifying Exigency*** - See below for applicable circumstances.

### **HR 3.09 Leave of Absence - Medical and Non-Medical: Prisma Health**

1. Short-notice deployment – to address issues arising when the notification of a call or order to active duty is seven (7) days or less.
2. Military events and related activities – to attend official military events or family assistance programs or briefings.
3. Childcare and school activities – for qualifying childcare and school related reasons for a child, legal ward, or stepchild of a covered military member
4. Parental leave – if the military member has an aging parent in need of care.
5. Financial and legal arrangement - to make or update financial or legal affairs to address the absence of a covered military member.
6. Counseling – to attend counseling provided by someone other than a health care provider for oneself, for the covered military member, or child, legal ward, or stepchild of the covered military member.
7. Rest and recuperation – to spend up to fifteen (15) days for each period in which a covered military member is on a short-term rest leave during a period of deployment.
8. Post-deployment activities – to attend official ceremonies or programs sponsored by the military for up to 90 days after a covered military member’s active duty terminates or to address issues arising from the death of a covered military member while on active duty.
9. Additional activities – for other events where Prisma Health and the team member agree on the time and duration of the leave.

#### ***Next of Kin***

The nearest blood relative other than the covered service member's spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the covered service member by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered service member has specifically designated in writing another blood relative as their nearest blood relative for purposes of military caregiver leave under the FMLA. When no such designation is made and there are multiple family members with the same level of relationship to the covered service member, all such family members shall be considered the covered service member's next of kin and may take FMLA leave to provide care to the covered service member, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered service member's only next of kin.

#### ***Non-FMLA Medical Leave***

Leave of absence due to team member’s own health condition when the team member does not meet eligibility for Family Medical Leave, including leave under the South Carolina Pregnancy Act, and the team member is out for more than three (3) consecutive full calendar days.

#### ***Personal Leave***

Leave of absence due to team member’s own personal reasons, other than for recreational vacation or the leaves of absence described above, for

### **HR 3.09 Leave of Absence - Medical and Non-Medical: Prisma Health**

greater than fourteen (14) days, retroactive to the first day of absence. This includes bonding leave not covered under FMLA. Maximum of six (6) months.

#### ***Salary Continuation***

Payment at 100% of the base salary of the team member the day prior to the leave commencing.

#### ***Donor Leave***

A paid leave of absence to provide support for those members that have the opportunity to donate either bone marrow or organs to a needing recipient.

#### ***Educational Leave***

Leave of absence for a team member to continue their education, provided the education is of mutual benefit to Prisma Health. Maximum of three (3) years but does not have to be consecutive.

#### ***Administrative Leave***

Mandatory leave of absence for team members, either paid or unpaid, at the direction of Human Resources.

# Appendix E





# Behavior Expectations

## Inspire health.

### Be a team player.

- Help others.
- Share knowledge, ideas and expertise.
- Take pride in your work.
- Speak positively.

### Take care of yourself.

- Take breaks and time off when needed.
- Participate in Prisma Health-sponsored health and wellness activities.
- Ask for help and feedback when needed.
- Find healthy ways to handle pressure and stress.
- Know when to seek professional help.

## Serve with compassion.

### Serve others.

- Serve everyone equally.
- Put patients and guests first.
- Take patients and guests to their destination when they appear lost or ask for directions.
- Have a positive attitude.
- Share opinions respectfully.
- Be open-minded.

### Communicate clearly.

- Protect privacy and confidentiality.
- Use language that is easy to understand.
- Be courteous.
- Make eye contact, smile and greet others with a warm smile.
- Set expectations and provide updates.
- Wear your name badge above your waist.
- Express appreciation and gratitude.
- Respond in a timely manner.
- Listen closely when others speak.

## Be the difference.

### Respect and appreciate others.

- Embrace differences and ensure everyone feels visible, valued and welcomed.
- Respect diverse cultures, customs, beliefs and backgrounds of our workforce; refrain from jokes or comments about ethnicity, age, gender, sexual orientation, and other diversity dimensions.
- Be friendly in words and in actions.
- Treat team members, patients and guests with kindness and appreciation.
- Be open and curious about others' viewpoints, perspectives and experiences.

### Learn and grow.

- Be flexible and adaptable as needs change.
- Explore new ways of doing things.
- Seek opportunities for self-care and development.
- Share what you learn.
- Use feedback to grow and improve yourself and other team members.

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## Job Responsibilities

### Follow safety and quality guidelines.

- *Protect patients, families and other team members.*
- *Immediately fix or report safety and quality problems.*
- *Pay attention to detail.*
- *Maintain a clean workspace.*

### Have the skills to do your job.

- *Perform assigned duties.*
- *Keep job skills up to date.*
- *Stay current with licensure, certification, registration and annual compliance training.*

### Solve problems.

- *Look for ways to improve processes.*
- *Seek input from others.*
- *Anticipate problems before they arise.*
- *Speak with your leader if a problem arises that you cannot address.*

### Use resources wisely.

- *Follow attendance policies.*
- *Be well organized.*
- *Use only what is needed.*
- *Look for ways to conserve resources.*
- *Use tools and supplies according to directions.*

# Appendix F

NOTHING CONTAINED IN THIS POLICY OR IN ANY OTHER POLICY CREATES A CONTRACT RIGHT. CONSISTENT WITH SOUTH CAROLINA LAW, ALL TEAM MEMBERS ARE EMPLOYED "AT WILL," WHICH MEANS THAT THE TEAM MEMBER HAS THE RIGHT TO TERMINATE HIS OR HER EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT PRISMA HEALTH AND/OR ITS AFFILIATED ENTITIES RETAIN THE SAME RIGHT.

**Corrective Action Appeal: Human Resources - Prisma Health**

<b>Approved Date:</b> 02/05/2024	<b>Effective Date:</b> 02/05/2024	<b>Review Date:</b> 02/05/2025
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**Scope:**

	<b>ACUTE CARE Prisma Health...</b>		<b>POST-ACUTE CARE Prisma Health...</b>
X	Baptist Easley Hospital Baptist Hospital Baptist Hospital Behavioral Care Baptist Parkridge Hospital Greenville Memorial Hospital Greer Memorial Hospital Hillcrest Hospital Laurens County Hospital Marshall I. Pickens Hospital North Greenville LTACH Oconee Memorial Hospital Patewood Hospital Richland Hospital Richland Springs Hospital Tuomey Hospital	X	Center for Prosthetics & Orthotics (ALL) Emergency Medical Services Equipped for Life (ALL) Home Health Home Health - Midlands Home Health - Upstate Hospice - Midlands & Midlands Newberry Hospice of the Foothills Roger C. Peace Hospital SeniorCare PACE Tuomey Acute Rehabilitation Tuomey Home Health Tuomey Hospice
	<b>MEDICAL GROUP, PROVIDER BASED CLINICS, URGENT CARE Prisma Health...</b>		<b>AMBULATORY CARE Prisma Health...</b>
X	Medical Group Provider based facilities associated with Prisma Health Hospitals Urgent Care by WellStreet, LLC		Advanced Family Medicine Blue Ridge Women's Center Cardiovascular Services - Simpsonville Clemson-Seneca Peds - Clemson Clemson-Seneca Peds - Seneca Family Medicine - Bishopville Family Medicine - Powdersville Family Medicine - Walhalla Family Medicine - Winnsboro
X	<b>AMBULATORY LLC Prisma Health...</b> Endoscopy Center - Parkridge Orthopedic Surgery Center Lexington		Laurens Family Medicine - Gray Court Laurens Family Medicine - Main Mountain Lakes Family Medicine Pediatric Associates - Powdersville Premier Women's - Powdersville Primary Care - Fountain Inn Seneca Medical Associates Upstate Family Medicine Upstate Pharmacy - ALL Locations Walk-in Care - North Greenville
X	<b>CORPORATE Prisma Health...</b> Corporate	X	

**Policy Statement:**

The purpose of this policy is to provide guidance for handling a team member's corrective action appeal.

**Associated Policies and Procedures:**

[HR 5.15 Team Member Counseling: Prisma Health](#)  
[Drug Free Workplace: Human Resources - Prisma Health](#)

**Associated Lippincott Procedures: (as applicable)**

N/A

**Responsible Positions:**

N/A

**Equipment Needed:**

N/A

**Procedural Steps:**

1. Policy
  - 1.1 The three (3) steps described in Section 2. apply to full-time, part-time, as needed (PRN), non-exempt team members, exempt team members except for Director level leadership and above. Director level leaders and above, please contact your dedicated Human Resource (HR) Business Partner for guidance should you desire to appeal a Final Written Warning corrective action or Termination.
  - 1.2 This policy is only applicable to Final Written Warning corrective action or Termination.
  - 1.3 This policy does not apply to substance abuse testing/reasonable suspicion.
  - 1.4 Team members must submit each level of appeal to AskHR via email at askHR@prismahealth.org or by calling 1-833-775-7678.
  - 1.5 Any appeal presented by a team member shall be investigated by Prisma Health fairly and objectively. Prisma Health shall not in any way discriminate or retaliate against a team member who files an appeal, nor shall management discriminate or retaliate against a team member who assist in the investigation or presentation of appeal.
  - 1.6 Information concerning a team member's appeal is to be held in strict confidence. Supervisors, department leaders and other members of management who investigate an appeal are to discuss it only with those individuals who have a need to know or who are needed to supply necessary background information or advice.
  - 1.7 It is suggested that team members address their concern to the issuer of the corrective action before following the steps below. Please visit the AskHR online for guidance on how to approach your leader with your concerns.

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

**2. Formal Appeal Process**

- 2.1 Step One (1): A team member has fourteen (14) calendar days to submit a formal appeal from the date of action to Human Resources via AskHR. The Statement of Appeal Form should provide a concise statement of the facts surrounding the appeal, identify the policy or rule in question, and request a specific action or remedy. The supervisor of the leader that issued the corrective action will be responsible for investigating the claim and uploading written findings via email to AskHR at askHR@prismahealth.org within fourteen (14) calendar days. The supervisor of the leader that issued the corrective action will present the findings to team member. Team member will be provided with a copy of the appeal decision.
- 2.1.1 Any delay in submittal of the requested information could result in a forfeiture of appeal rights under this policy.
- 2.1.2 Extensions for submission of the information may be considered only when requested in advance of the deadline.
- 2.1.3 The decision to extend the fourteen (14)-day deadline will be made by askHR in conjunction with the dedicated HR Business Partner based on the extenuating circumstances.
- 2.2 Step Two (2): If the team member is not satisfied with the outcome of Step One of the appeal, they should notify Human Resources via AskHR with their request to appeal within fourteen (14) calendar days. The HR Business Partner will provide the next level of the chain of command with the team member's statement and documents related to the appeal. The team member will be provided with a copy of the appeal decision.
- 2.2.1 The leader will review all prior documentation and investigate the circumstances further.
- 2.2.2 The leader will document their decision in writing, within fourteen (14) business days.
- 2.2.3 The leader will consult with the respective Business Partner and/or Director of Human Resources Operations before presenting written results to team member.
- 2.3 Step Three (3): If the team member is not satisfied with the outcome of Step Two of the appeal, they should notify AskHR with their request to appeal within fourteen (14) calendar days. The HR Business Partner will provide the team member's statement and all documents related to the appeal to the VP of Human Resources. Team member will be provided with a copy of the appeal decision.
- 2.3.1 The VP of Human Resources will review all prior documentation and investigate the circumstances further.
- 2.3.2 The VP of Human Resources will document their decision in writing, normally within fourteen (14) business days.
- 2.3.3 Copies of the VP of Human Resources' response will be furnished to the team member.

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

2.3.4 This is the final step of the appeal process.

**References:**

N/A

**Appendices:**

[Corrective Action Appeal Form](#)

# Appendix G

NOTHING CONTAINED IN THIS POLICY OR IN ANY OTHER POLICY CREATES A CONTRACT RIGHT. CONSISTENT WITH SOUTH CAROLINA LAW, ALL TEAM MEMBERS ARE EMPLOYED "AT WILL," WHICH MEANS THAT THE TEAM MEMBER HAS THE RIGHT TO TERMINATE THEIR EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT PRISMA HEALTH AND/OR ITS AFFILIATED ENTITIES RETAIN THE SAME RIGHT.

**Photography and Video Recording on Prisma Health Properties: Prisma Health**

<b>Approved Date:</b> 01/02/2024	<b>Effective Date:</b> 01/02/2024	<b>Review Date:</b> 01/02/2027
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**Scope:**

	<b>ACUTE CARE Prisma Health...</b>		<b>POST-ACUTE CARE Prisma Health...</b>
X	Baptist Easley Hospital Baptist Hospital Baptist Hospital Behavioral Care Baptist Parkridge Hospital Greenville Memorial Hospital Greer Memorial Hospital Hillcrest Hospital Laurens County Hospital Marshall I. Pickens Hospital North Greenville LTACH Oconee Memorial Hospital Patewood Hospital Richland Hospital Richland Springs Hospital Tuomey Hospital	X	Center for Prosthetics & Orthotics (ALL) Emergency Medical Services Equipped for Life (ALL) Home Health Home Health - Midlands Home Health - Upstate Hospice - Midlands & Midlands Newberry Hospice of the Foothills Roger C. Peace Hospital SeniorCare PACE SeniorCare PACE: Midlands SeniorCare PACE: Upstate Tuomey Acute Rehabilitation Tuomey Home Health Tuomey Hospice
	<b>MEDICAL GROUP, PROVIDER BASED CLINICS, URGENT CARE Prisma Health...</b>		<b>AMBULATORY CARE Prisma Health...</b>
X	Medical Group Provider based facilities associated with Prisma Health Hospitals Urgent Care by WellStreet, LLC		Advanced Family Medicine Blue Ridge Women's Center Cardiovascular Services - Simpsonville Clemson-Seneca Peds - Clemson Clemson-Seneca Peds - Seneca Family Medicine - Bishopville Family Medicine - Powdersville Family Medicine - Walhalla Family Medicine - Winnsboro
X	<b>AMBULATORY LLC Prisma Health...</b> Endoscopy Center - Parkridge Orthopedic Surgery Center Lexington		Laurens Family Medicine - Gray Court Laurens Family Medicine - Main Mountain Lakes Family Medicine Pediatric Associates - Powdersville Premier Women's - Powdersville Primary Care - Fountain Inn Seneca Medical Associates Upstate Family Medicine Upstate Pharmacy - ALL Locations Walk-in Care - North Greenville
	<b>CORPORATE Prisma Health...</b>	X	
X	Corporate inVio Health Network Promise Health Plan		



## Photography and Video Recording on Prisma Health Properties: Prisma Health

### **Policy Statement:**

Photographs, video and audio recording intended for purposes of medical care or education shall be taken only at such times and under such conditions as approved by the patient's attending physician, designees, and/or Prisma Health Home Care staff, and only after the patient, or legally authorized representative, has expressed consent in writing on the Permission to Treat form upon admission and/or signing a Prisma Health consent form specifically covering photographs or recording for this purpose. Photographs or recording for safety and security purposes may be taken without the patient's express consent, as set forth in the procedure for this policy. Photographs or recordings taken for research purposes require approval by the Institutional Review Board (IRB). Photographs or recordings used for internal display in a Prisma Health facility require a written valid authorization form.

To provide guidance for photographing and recording of patients at Prisma Health and the use of resulting photographs and recordings for medical, educational, research, internal posting, or patient identification purposes.

This policy is not applicable to photography and recordings related to the release of images to media. Please see *Release of Information to News Media, including Photographing, Videotaping and Interviewing Patients and Team Members by News Media*.

### **Associated Policies and Procedures:**

[Uses and Disclosures of PHI for Which Patient Authorization is Required: Privacy - Prisma Health Release of Information to News Media, including Photographing, Videotaping and Interviewing Patients and Team Members by News Media: Prisma Health](#)

### **Associated Lippincott Procedures:**

[Wound photography](#)

### **Definitions:**

1. Photography - Includes the process of producing images by any device, including cellular phones, which results in still pictures, videos, or motion pictures.
2. Photographs - The images that are produced by any device. Any photographs that will become a part of the legal medical record should contain information allowing staff to identify the record in which to place the photographs. Photographs taken for these purposes should, in accordance with Prisma Health policies, become part of the patient's legal medical record. Unless a signed patient authorization indicates otherwise, images and recordings may only be transferred to the legal medical record by approved Prisma Health applications (i.e., TelemedIQ or Haiku).
3. Recordings - Includes video or audio recordings produced by any device.

### **Responsible Positions:**

- All Team Members

### **Equipment Needed:**

N/A

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

## Photography and Video Recording on Prisma Health Properties: Prisma Health

### **Procedural Steps:**

1. Photography, video recording and audio recording in Public Areas on Prisma Health Owned or Operated Properties:
  - 1.1. Photography and recording are prohibited in all indoor and outdoor public areas on Prisma Health property including, but not limited to, atriums, hallways, waiting rooms, driveways, sidewalks, parking lots and entry points, when patients and/or patient information may be captured in the photograph or recording unless otherwise permitted in accordance with Prisma Health policy.
2. Photography and recording of Team Members, Medical Staff and Allied Health Professionals:
  - 2.1. Prisma Health team members, medical staff, and allied health professionals may not be photographed, audio recorded, or videotaped without their consent, which may be verbal.
3. Photography or recording of Patients by Family or Friends
  - 3.1. With the patient's permission, friends and/or family members may take photographs or recordings of the patient. The patient may take photographs or recordings of themselves and may take photographs or recordings of other individuals who are not patients but only with the verbal permission of those individuals.
  - 3.2. Prisma Health staff should instruct anyone taking photographs or recordings that other patients or patient information is not to be captured in the photographs or recording.
  - 3.3. Prisma Health reserves the right to prohibit photography and recording on its property.
  - 3.4. Any team member present must consent to being captured in the image or recording. Team members have the right to refuse to be photographed or recorded.
4. Photography and Recording of Patients by Prisma Health Staff
  - 4.1. Patient information (including photographs or recordings) shall be taken/accessed only through Prisma Health authorized devices and/or applications and only by authorized individuals who have a "professional need to know." See policies related to confidential and protected information.
  - 4.2. Prisma Health team members having access to, or possession of patient photographs and recordings are responsible for storage and/or disposal/destruction of such photographs and recordings, and for maintaining the confidentiality and integrity of that information at all times.
  - 4.3. Prisma Health team members should ensure that other patients or patient information is not inadvertently captured when taking photographs or recordings.
  - 4.4. Patient photographs or recordings shall not be reproduced, duplicated, or shared for any purpose or reason, including research or education, unless that reproduction or

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

## Photography and Video Recording on Prisma Health Properties: Prisma Health

duplication has been authorized by Health Information Management, the patient's physician, or designee, by contract, or approved by the IRB.

5. Photography and Recording of Patients for Specific Diagnostic Purposes
  - 5.1. Photographs and recordings taken for specific diagnostic purposes become part of the legal medical record, are filed as an appendix to the medical record, and do not require written patient consent.
  - 5.2. Photographs and recordings intended for purposes of specific diagnostic purposes shall be taken only when approved by the patient's physician, the physician designee, or by Home Care staff.
  - 5.3. Photographs and recordings for elective cosmetic procedures, or other "before and after" photographs, will only be taken with written patient consent.
6. Photography and Recording of Patients for Medical Education
  - 6.1. Photographs and recordings intended for purposes of medical education shall be taken by Prisma Health staff only when approved by the patient's physician or designee, or by Home Care staff.
  - 6.2. Photographs and recordings intended for purposes of medical education require written patient consent on a Prisma Health Consent and/or Authorization form upon admission and/or by signing a Prisma Health consent form specifically covering photographs for this purpose.
  - 6.3. Photographs and recordings taken for medical education do not become part of the legal medical record.
  - 6.4. Photographs and recordings taken for medical education purposes shall not reveal patient identifying information.
  - 6.5. In cases where patient identity is to be revealed, the individual capturing the image or recording, or their representative shall obtain written consent from the patient or the patient's legally authorized representative.
  - 6.6. Visits by external videographers and photographers, other than for marketing purposes, must be coordinated by the Marketing and Public Relations Department.
7. Photographs of Patients for Patient Identification
  - 7.1. Photographs for patient identification purposes may be taken and/or scanned into the medical record without the patient's express consent.
  - 7.2. These photographs do not become a part of the legal medical record and are not further released without the consent of the patient or the patient's legal representative, except for the purpose of attempting to identify the patient.
8. Photography and Recording of Patients Under Study Approved by the Institutional Review Board (IRB)
  - 8.1. Photographs and recordings taken for research purposes require IRB approval.

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

## Photography and Video Recording on Prisma Health Properties: Prisma Health

- 8.2. Consent for photographs and recordings for research purposes shall be governed by IRB policies.
- 8.3. Photographs and recordings taken for an IRB-approved research study must adhere to the requirements of the study.
9. Photography and Recording of Patients by External Videographers and Photographers
  - 9.1. All interactions with the media and release of information to the public should be handled through the Marketing and Communications Department. This includes print, broadcast and electronic news media, external videographers and photographers or any group that will release information to the public.
  - 9.2. In the event photographs or recordings are taken by the patient's attorney or insurance representative, the patient should provide consent on the Publicity Consent Form. The nursing administrative supervisor and Risk Management should be contacted.
10. Photography and Recording of Patients by Law Enforcement
  - 10.1. Law enforcement agents may take photographs or recordings of patients with the patient's consent, an approved court order, subpoena or warrant. In the event a patient is the victim of a crime and is unable to consent to photographs or recordings being taken, the patient's legally authorized representative may consent. If there is no legally authorized representative willing and able to provide consent, the patient's physician may consent if s/he determines it is in the best interest of the patient.
  - 10.2. Videotaping, audio recording and/or photographs for the purposes of litigation (e.g., accident victims) may be permitted with the patient's consent after advance notice to Risk Management.
11. Patient Photographs and Recordings Intended for Internal Display within a Prisma Health Facility
  - 11.1. The department seeking to display patient photographs or recordings will coordinate the consent process for patients or their representatives before patient photographs can be displayed internally within a Prisma Health facility. This includes, but is not limited to, the display of patient photographs in units, on bulletin boards, in waiting rooms or in hallways or on social media.
  - 11.2. Written patient consent on a Prisma Health Authorization Form is required for public display of patient photographs or recordings.
  - 11.3. A new consent form must be requested for each new project or public display of patient Protected Health Information within Prisma Health.
  - 11.4. Copies of all completed Authorization forms must be filed within the respective department and provided to the Privacy Office upon request for tracking purposes. These documents may also be scanned into the patient's electronic medical record.
12. Photographs and Recordings of Medical Procedures or Treatments

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

## Photography and Video Recording on Prisma Health Properties: Prisma Health

- 12.1. The patient's physician/provider may request that a photograph or video be taken for diagnosing, treating, education or research. Photos taken for these purposes will be maintained in the medical record. Videos taken for education, including education for performance improvement, must have written consent (which may be the Consent and Authorization form) from the patient, or the patient's legally authorized representative, prior to viewing the video.
13. Consent. Unless otherwise provided in this policy, if a written patient consent is required, the consent form must be signed by the patient or the patient's legally authorized representative and included in the patient's medical record.
14. Release of Patient Photographs or Recordings. Patient photographs or recordings shall not be further released or disclosed without the specific authorization of the patient.
15. Cellphone or Other Mobile Device. Personal cell phones and other personal devices should not store any patient information or photographs. Organizational devices used to capture images or recordings should be scrubbed of photographs and patient information on a routine basis.
16. Violations of Prisma Health Photography Policy. When a Prisma Health team member becomes aware of a violation or potential violation of this policy, the team member should contact their supervisor. If the violation is due to the actions of non-Prisma Health team members, and the supervisor requires assistance in handling the situation, the supervisor may contact the facility's security officer for assistance. If the violation is due to the actions of Prisma Health team members, the human resources department or the medical staff services department, as applicable, should be contacted.

### **References:**

N/A

### **Appendices:**

[Permission to Treat](#)