

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

2023 – 2024



College of Pharmacy
UNIVERSITY OF SOUTH CAROLINA



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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 2023. 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 as well as physical well-being.

GENERAL INFORMATION

Residency Benefits

- a. **Resident Stipends:** \$49,920 (PGY1 residency) or \$52,000 (PGY2 residency)
- b. **Annual Paid Time-Off (PTO):** Pharmacy residents receive the same vacation/holiday/sick leave benefits as a full-time pharmacist. Refer to the human resource Paid Time Off policy for accrual rates. PTO is used for holidays (Thanksgiving Day, New Year's Day & 4th of July), vacations, preventive medical or dental treatments, unexpected absences, religious observances, personal business (ex. PGY2/ job interviews). See Prisma Health Resident Paid Time Off (PTO) full policy below.
- 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 PTO] 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 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 1st day of the second pay period. Current medical benefits should be continued until that date. Visit 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**

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 Richland. 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 for presentations or in meetings with team members outside the department. Scrubs are not permitted on non-direct patient care rotations such as Medication Safety or Administration rotations. Lab coats should be worn in direct patient care areas based on preceptor preference and specific unit policies.

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 A 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 working hours.

Prisma Health Pharmacy Resident Paid Time Off (PTO) Policy

Paid Time Off (PTO) is compensation for time away from work during regularly scheduled hours. PTO is accrued for the purposes of vacation, holidays, illness, and approved Prisma Health leaves of absence. PTO is accrued at the same rate as hospital employees.

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

All PTO requests must be submitted in advance as follows:

- PTO 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.
- No more than 25% of the total time present on a learning experience may be missed regardless of the nature of the absence.

If the resident misses greater than 25% of total time present on a learning experience (month long or longitudinal) for any reason, the resident will be required to complete additional time on that learning experience.

PTO 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 PTO 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, conference educational time.

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 PTO 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 Pharmacy Resident 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 15th 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.

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 B: ASHP Duty Hour Policy on page 27.

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 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 does 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 PTO in order 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 expectation 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, he or she 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 his/her 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 Program Director and disclose the details of the concern. A Program Director 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 Program Director will meet with the resident to discuss the deficiency or offense. If the Program Director determines that no further action is warranted, no documentation will be placed in the resident's file. If the Program Director 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 Program Director to assess progress.
2. Level 2 -- Performance Improvement Plan:
 - 2.1. If a resident has previously met with the Program Director and he/she has 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 Program Director 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 Director's recommendations and conclusions prescribed to the resident, along with any accompanying corrective action plan or possible remediation plan.
 - 2.2. The Program Director should inform the RLC of any corrective action or remediation plans as soon as possible. The Program Director 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 Program Director 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 program director 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 Program Director must inform the RLC and Director of Pharmacy of formal probation plans as soon as possible and present his or her recommendation for probation to the Residency Leadership Committee 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 Program Director, the resident and the Director of Pharmacy. 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 Program Director, the resident, and the Pharmacy Director. 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 Program Director. 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 Program Director 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 Program Director and the Pharmacy Department Leadership to be unsatisfactory.
1. The Program Director will present the recommendation for dismissal to the RLC and Clinical Director of Pharmacy Services.
 2. The Program Director and Clinical Director of Pharmacy Services 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 Program Director 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 Program Director 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 on every 4th year basis the month of June. Preceptors will submit for reappointment every 4th year by May 1st.
- If a preceptor applicant does not meet criteria 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 residents are 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 Residency Educational Committee of Pharmacy 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 a every 4th 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 4th year by July 1st.
- 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. Effectiveness of the plan will be assessed as follows:
- The effectiveness of the previous plan will be utilized when developing and scheduling preceptor development activities for the upcoming year.

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.

Standards of Appearance: Human Resources - Prisma Health

Approved Date: 05/14/2023	Effective Date: 05/14/2023	Review Date: 05/14/2024
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SCOPE:

	ACUTE CARE Prisma Health...		POST-ACUTE CARE Prisma Health...
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
	MEDICAL GROUP, PROVIDER BASED CLINICS, URGENT CARE Prisma Health...		AMBULATORY CARE Prisma Health...
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	OUTPATIENT SURGERY CENTERS Prisma Health...		
	Orthopedic Surgery Center Lexington		
	CORPORATE Prisma Health...		
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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- 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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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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- 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 displaced 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
 - 4.7.2 Prisma Health Parkridge: PHBPAccess&ID@prismahealth.org
 - 4.7.3 Prisma Health Richland: PHRAccess&ID@prismahealth.org
 - 4.7.4 Prisma Health Tuomey: Brian.matula@prismahealth.org
 - 4.7.5 Prisma Health all Upstate: 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

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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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- 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 B



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 C

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.

Leave of Absence: Human Resources - Prisma Health

Approved Date: 06/01/2023	Effective Date: 06/01/2023	Review Date: 06/01/2024
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SCOPE:

	ACUTE CARE Prisma Health...		POST-ACUTE CARE Prisma Health...
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
	MEDICAL GROUP, PROVIDER BASED CLINICS, URGENT CARE Prisma Health...		AMBULATORY CARE Prisma Health...
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	OUTPATIENT SURGERY CENTERS Prisma Health...		
	Orthopedic Surgery Center Lexington		
	CORPORATE Prisma Health...		
X	Corporate inVio Health Network Promise Health Plan	X	

Policy Statement:

At Prisma Health, we know the importance of balancing work and personal lives. In order to live our purpose and provide exceptional care to our patients and their families, our team members must first take care of themselves. At times, this can mean taking a leave of absence. Prisma Health recognizes a wide variety of reasons for leaves of absence, from personal reasons to military service to our country. This policy provides details about all the leaves of absence recognized by Prisma Health as well as information about the rights and responsibilities of the organization and all its team members.

Associated Policies and Procedures:

[Federal and State Mandated Leave: Human Resources - Prisma Health](#)

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

[Workers' Compensation: Human Resources - Prisma Health](#)

Associated Lippincott Procedures: (as applicable)

N/A

Definitions:

N/A

Responsible Positions:

- All Team Members

Equipment Needed:

N/A

Procedural Steps:

1. Types of Leave
 - 1.1 Federal and state mandated leave: Leaves of absence provided by federal or state law, including, but not limited to:
 - 1.1.1 Family and Medical Leave Act (FMLA)
 - 1.1.2 Uniformed Services Employment and Reemployment Rights Act of 1994
 - 1.2 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. Unless required as a reasonable accommodation, team members are expected to return to work within a six (6)-month period. This period includes any FMLA used.
 - 1.3 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.

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Leave of Absence: Human Resources - Prisma Health

- 1.4 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 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.
- 1.5 Administrative leave: Mandatory leave of absence for team members, either paid or unpaid, at the direction of Human Resources.
 - 1.5.1 Human Resources will notify the following departments when placing a team member on administrative leave:
 - 1.5.1.1 Badge Office for suspension of badge access
 - 1.5.1.2 Pharmacy for suspension of Automated Dispensing Cabinet (ADC) access
 - 1.5.1.3 Information Technology Services for suspension of electronic medical record access.
2. Eligibility
 - 2.1 Full-time, part-time and PRN/temporary team members are eligible to request leave.
3. Approval and Placement on leave
 - 3.1 A team member should notify their leader of their intent to take leave as soon as possible.
 - 3.2 Team members will make requests for federal and state mandated leave and non-FMLA medical 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.
 - 3.3 Team members will make requests for personal and educational leave to their leader. Such requests will be reviewed by the leader in collaboration with the Human Resources Business Partner.
 - 3.4 For leaves of absence related to military/uniformed service, team members should preferably provide notice at least thirty (30) days in advance, in writing, and with a copy of applicable military orders, training calendar or similar documentation, if possible. Otherwise, team members should provide notice as far in advance as possible unless precluded by military necessity, impossibility or unreasonableness.
4. Compensation and Benefits
 - 4.1 Unless the team member is receiving workers' compensation benefits or Prisma Health sponsored disability benefits while on an approved Federal Medical Leave (FMLA) or on an approved military/uniformed service leave, the team member must use accrued Paid Time Off (PTO) concurrent with the leave until the PTO is exhausted. PTO usage is based on the full-time equivalent (FTE), minus any benefits

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Leave of Absence: Human Resources - Prisma Health

paid to a team member on leave, not to exceed one hundred percent (100%) of base pay. Upon exhaustion of the team member's PTO, the remainder of the leave will be unpaid.

4.2 Prisma Health benefits will continue in accordance with eligibility provisions of each plan.

5. Return to work

5.1 Team members on leave for their own health condition must advise their leader at least two (2) business days prior to returning to work.

5.2 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. 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.

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

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

5.5 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.

References:

N/A

Appendices:

N/A

Appendix D



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.

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 E



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 of Team Members: Human Resources - Prisma Health

Approved Date: 08/22/2022	Effective Date: 08/22/2022	Review Date: 08/22/2023
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Scope:

Prisma Health-Midlands		Prisma Health-Upstate	
X	Prisma Health Baptist Hospital	X	Prisma Health Greenville Memorial Hospital
X	Prisma Health Baptist Parkridge Hospital	X	Prisma Health Greer Memorial Hospital
X	Prisma Health Richland Hospital	X	Prisma Health Hillcrest Hospital
X	Prisma Health Tuomey Hospital	X	Prisma Health Laurens County Hospital
X	Prisma Health Children’s Hospital-Midlands	X	Prisma Health Oconee Memorial Hospital
X	Prisma Health Heart Hospital	X	Prisma Health North Greenville Hospital
X	Prisma Health USC Medical Group	X	Prisma Health Patewood Hospital
X	Provider based facilities associated with Prisma Health-Midlands hospitals	X	Prisma Health Surgery Center - Spartanburg
		X	Prisma Health Marshall I. Pickens Hospital
		X	Prisma Health Children's Hospital-Upstate
		X	Prisma Health Roger C. Peace Hospital
		X	Prisma Health Baptist Easley Hospital
		X	University Medical Group UMG/PIH
		X	Provider based facilities associated with Prisma Health-Upstate hospitals

Policy Statement:

The policies and procedures of Prisma Health are established to provide a work environment that facilitates productivity and satisfactory working relationships while promoting the delivery of quality healthcare and customer service.

Associated Policies and Procedures:

[Corrective Action Appeal: Human Resources - Prisma Health](#)
[Performance Improvement Plan \(PIP\): Human Resources - Prisma Health](#)

Associated Lippincott Procedures: (as applicable)

N/A

Definitions:

N/A

Responsible Positions:

- All Prisma Health Team Members

Equipment Needed:

N/A

Procedural Steps:

1. Guidelines
 - 1.1. An effective corrective action is not punitive. Instead, the corrective action should emphasize correcting the problem while maintaining the team member's dignity and self-respect. A leader should never avoid necessary corrective action.
 - 1.2. Before initiating the corrective action process, a "seek to understand" conversation should be strongly encouraged with the team member to allow him/her the opportunity to respond to the allegations. Feedback and/or performance discussion may be applicable prior to corrective action.
 - 1.3. Depending on the severity of the behavior/action, and whenever appropriate, Prisma Health will work with a team member through a progressive corrective action process that provides for progressive steps of corrective action if the problem is not resolved. However, there may be occasion when the behavior involved requires immediate termination of employment. Prisma Health reserves the right to determine whether immediate termination of employment or progressive corrective action will apply. Moreover, Prisma Health reserves the right to repeat, skip, or omit any step of the corrective action process.
2. Corrective Action Process. Progressive corrective action will normally be used to correct actions associated with a team member's attendance, behavior, or performance. The goal of corrective action is to formally communicate issues to team members in a direct and timely manner so that they can improve their performance.
 - 2.1. The corrective action process may move through each of the four steps listed below. However, Prisma Health reserves the right to determine whether immediate termination of employment is appropriate under the circumstances in each case. Moreover, Prisma Health reserves the right to repeat, skip, or omit any step of the corrective action process.
 - 2.1.1. Level 1 – First step in the corrective action process unless otherwise warranted.
 - 2.1.2. Level 2 - For repeated offenses (instances) or the first occurrence of a more serious infraction (nature or concern).
 - 2.1.3. Level 3 – Final corrective action, or for instances of a more serious infraction and/or continued repeated offenses. Human Resources will be consulted prior

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Corrective Action of Team Members: Human Resources - Prisma Health

to issuing the corrective action to help promote consistency in the application of corrective action within the organization.

- 2.1.4. Level 4 – Termination of Employment. Human Resources will be consulted prior to issuing the corrective action.
- 2.2. Performance Improvement Plan (PIP). Refer to the *Performance Improvement Plan: Human Resources – Prisma Health* policy
- 2.3. Records of corrective actions are a permanent part of a team member’s personnel record and should not be removed without the approval of Human Resources.
 - 2.3.1. Request that the team member complete the acknowledgement Corrective Action Form as receipt of the corrective action. Signing the form does not necessarily mean the team member agrees with the action. If the team member refuses to acknowledge the Corrective Action Form, then the leader should contact Human Resources so that this can be noted on the form and moved to the next step. If the team member desires to write a rebuttal statement, he/she should be permitted to do so in the comments section, and it will be attached to the corrective action form for inclusion in the team member’s official record.
 - 2.3.1. Once the team member has acknowledged and submitted the form with or without comments, the leader acknowledges and submits the form for inclusion in the team member’s official record.
 - 2.3.2. Once the form is complete, the team member has access to view and/or print a copy of the form through the Workday record.
- 2.4. Team member’s Right to Appeal. A team member may submit a formal appeal for a corrective action that is a Level 3 or higher in accordance with the team member *Corrective Action Appeal: Human Resources – Prisma Health* policy.

References:

N/A

Appendices:

N/A

Appendix F

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Paid Time Off (PTO): Human Resources - Prisma Health

Approved Date: 05/09/2023	Effective Date: 05/09/2023	Review Date: 05/09/2024
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SCOPE:

	ACUTE CARE Prisma Health...		POST-ACUTE CARE Prisma Health...
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
	MEDICAL GROUP, PROVIDER BASED CLINICS, URGENT CARE Prisma Health...		AMBULATORY CARE Prisma Health...
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	OUTPATIENT SURGERY CENTERS Prisma Health...		
	Orthopedic Surgery Center Lexington		
	CORPORATE Prisma Health...		
X	Corporate inVio Health Network Promise Health Plan	X	

Policy Statement:

It is the policy of Prisma Health to provide compensation for time away from work during regularly scheduled hours. This policy supersedes all previous policies on the subject.

Associated Policies and Procedures:

[Bereavement Leave: Human Resources - Prisma Health](#)

[Federal and State Mandated Leave: Human Resources - Prisma Health](#)

[Inclement Conditions: Emergency Management - Prisma Health](#)

[Jury Duty and Court Witness: Human Resources - Prisma Health](#)

[Adoption Reimbursement and Leave of Absence Program: Human Resources - Prisma Health](#)

[Jury Duty and Court Witness: Human Resources - Prisma Health](#)

[Time Off to Vote: Human Resources - Prisma Health](#)

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

[Leave of Absence: Human Resources - Prisma Health](#)

Associated Lippincott Procedures: (as applicable)

N/A

Definitions:

1. Paid Time Off (PTO) is accrued by full and part time team members for purposes of vacation, holidays, illness, and approved Prisma Health leaves of absence.

Responsible Positions:

N/A

Equipment Needed:

N/A

Procedural Steps:

1. Guidelines
 - 1.1 PTO use is subject to leader approval. Requests for PTO should be made as soon as possible, under the circumstances. Even if PTO would otherwise be granted; approval for PTO may be denied or delayed if prompt notice is not provided, or if certain information is not given. Team Members seeking to take PTO should provide prompt notice of the following:
 - 1.1.1. The reason for wanting or needing time off, e.g., personal, or medical
 - 1.1.2. When the time off will begin
 - 1.1.3. When the time off is expected to end
 - 1.1.4. Additional information sufficient to inform leader of the need and duration of the time off and the promptness of the request

Paid Time Off (PTO): Human Resources - Prisma Health

- 1.2 If PTO is not approved and the team member takes the time off anyway, the time away from work will be recorded as an occurrence of absenteeism and may result in corrective action up to and including termination.
- 1.3 In some instances, a previously approved PTO request may be rescinded based on unforeseen and extenuating circumstances.
- 1.4 With the following exceptions, PTO must be exhausted prior to a team member taking an unpaid day(s) or going into an unpaid leave status.
 - 1.4.1 Non-exempt team members excused from work due to volume management may but are not required to use PTO to make up for scheduled hours not worked.
 - 1.4.2 When in a given pay period, a non-exempt employee has taken PTO and then is approved to work additional hours or shift, team member may request to be paid for their PTO and all hours worked.
 - 1.4.3 This does not limit a team member's ability to take an unpaid leave pursuant to applicable law, such as Family Medical Leave (FMLA), Military Leave under USERRA, etc. Refer to applicable leave policies for more information.
- 1.5 Exempt Team Members (excluding employed physicians, nurse midwives, advanced practitioner providers, medical residents and fellows, and leadership [managers and above])
 - 1.5.1 Exempt team members frequently work a number of hours beyond their official hours without any additional compensation. It is permissible to adjust the schedule of an exempt team member to compensate for an unusually high number of worked hours over an extended period.
 - 1.5.1.1 However, the adjustment should not be made on an "hour for hour" basis.
 - 1.5.1.2 If an exempt team member works any part of the workday, regular hours should be used for the entire day, use of PTO is not required. However, this is not intended to be a routine or regular occurrence and should be closely monitored. Leaders should be consistent and equitable in applying this guideline to exempt team members.
 - 1.5.1.3 In the event an exempt team member has an approved intermittent FMLA, hours are to be documented per the leave policy.
 - 1.5.1.4 Further, an exempt individual is expected to regularly work during scheduled work hours and should not make a regular practice of

Paid Time Off (PTO): Human Resources - Prisma Health

working off-hours to "make-up" for time missed during the scheduled shift or to avoid using PTO.

1.5.1.5 In no circumstance should hours be tracked for the purpose of accruing compensatory time.

1.5.1.6 Exempt team members who do not work any part of a regularly scheduled day must be paid PTO. This does not limit a team member's ability to take an unpaid leave pursuant to applicable law, such as Family Medical Leave, Military Leave under USERRA, etc. Refer to applicable leave policies for more information.

1.6 Treatment of PTO during Inclement Weather.

1.6.1 If team member does not report to their scheduled shift, the time away from work will be recorded as an occurrence and may result in corrective action up to and including termination. PTO will be recorded for missed hours.

1.6.2 Non-exempt team members who have been sent home or told not to report, due to a closed facility or otherwise excused through their department inclement weather plan, will be paid for all hours actually worked and may elect to take PTO for any of the scheduled hours not worked that day.

1.6.3 Exempt team members who perform no work when scheduled because work was not available due to a closed facility or otherwise excused through their department inclement weather plan must be paid accrued PTO for their scheduled shift. Exempt team members must be advanced PTO if necessary.

1.7 PTO will be paid at the regular base rate of pay.

1.8 PTO hours and pay are not counted for purposes of overtime calculations.

1.9 PTO will not be granted for the purposes of working a secondary job within Prisma Health, during your regularly scheduled shift.

1.10 Provided there is a reasonable expectation the team member will accrue PTO in the future, a manager may advance up to sixteen (16) hours of PTO to help mitigate a personal hardship created through no fault of the team member. PTO advances are not intended to be compensation for a team member's mismanagement of their PTO accrual and are not available for PTO buy-back.

1.11 A leader may establish guidelines for administering PTO within their assigned areas. However, such guidelines should reinforce those contained in this policy and support the consistent and equitable administration of PTO among team members.

1.11.1 Leaders are prohibited from establishing caps to the use of PTO below the team member's annual maximum accrual.

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1.11.2 The leader may contingently approve a PTO request, considering future accruals that may occur and previously approved PTO that may be used between the date of the request and the first day of the planned PTO.

1.12 Team members should work to take PTO at times when it would not pose an undue burden on staffing or other team members, if possible. Unless otherwise required by law, requests for PTO that would pose an undue burden on staffing needs or other team members may be denied.

1.13 Team members who accept an interim role in a non-PTO job, i.e., Management, will continue to receive their PTO as they did previously. A transition to leadership time off would not occur until the team member received the non-PTO job permanently. At which time, PTO will be paid out in accordance with Section 5.

1.14 Awarding of PTO outside of this policy is not permitted without approval from Human Resources.

2. Accrual of PTO

2.1. Accrual of PTO begins upon hire into a full or part time position and is based on the team member's most recent hire date. Accrual of PTO by full or part-time team members will cease upon a status change into a PRN position.

2.2. PTO accrues per eligible hour paid up to the team member's FTE and is credited on the last day of each pay period. Eligible hours include but are not limited to: Regular, PTO, Volume Managed-Paid, Volume Managed-Unpaid, Bereavement, Jury Duty, Mandatory Education, etc. Ineligible hours include but are not limited to: Non-scheduled time off without pay, time away from work without the use of accrued PTO, any unpaid leave type, on-call, etc.

2.2.1 PTO accrual will be based on the number of hours in the bank at the beginning of the pay period and will not take into consideration any hours used during that pay period. This may impact team members who are at or near the maximum PTO accrual limits.

2.3. Full or part time employees who move to a leave of absence will cease accruing PTO until they return to work unless an eligible hour code is used during the time on leave.

2.4. The following charts reflect the accrual and time off allotted for full time and part time team members. The charts reflect a 1.0, 0.9 and 0.5 FTE team members. All other FTE team members in a full or part time status will also accrue, the charts below are a guide.

2.4.1 Full time, 1.0 FTE, 40 hour per week team member chart:

Paid Time Off (PTO): Human Resources - Prisma Health

Years of Service	Per eligible hour	Pay period maximum	8-hour days per year	Hours accrual per year	40-hour weeks per year	Maximum Balance
0 to <2	.0846	6.77	22.00	176.02	4.40	264
2 to <5	.1000	8.00	26.00	208.00	5.20	312
5 to <10	.1078	8.62	28.01	224.14	5.60	336
10 to <15	.1193	9.54	31.00	248.04	6.20	372
15 to <20	.1231	9.85	32.01	256.10	6.40	384
20 to <25	.1308	10.46	33.99	271.96	6.80	408
25 plus	.1345	10.76	34.97	279.76	6.99	420

2.4.2 Full time, 0.9 FTE, 36 hour per week team member chart:

Years of Service	Per eligible hour	Pay period maximum	12-hour days per year	Hours accrual per year	36-hour weeks per year	Maximum Balance
0 to <2	.0846	6.09	13.20	158.34	4.40	264
2 to <5	.1000	7.20	15.60	187.20	5.20	312
5 to <10	.1078	7.76	16.81	201.76	5.60	336
10 to <15	.1193	8.59	18.61	223.34	6.20	372
15 to <20	.1231	8.86	19.20	230.36	6.40	384
20 to <25	.1308	9.42	20.41	244.92	6.80	408
25 plus	.1345	9.68	20.97	251.68	6.99	420

2.4.3 Part time, 0.5 FTE, 20 hour per week team member chart:

Years of Service	Per eligible hour	Pay period maximum	4-hour days per year	Hours accrual per year	20-hour weeks per year	Maximum Balance
0 to <2	.0846	3.38	21.97	87.88	4.40	264
2 to <5	.1000	4.00	26.00	104.00	5.20	312
5 to <10	.1078	4.31	28.03	112.12	5.60	336
10 to <15	.1193	4.77	31.00	124.02	6.20	372
15 to <20	.1231	4.92	32.00	127.92	6.40	384
20 to <25	.1308	5.23	33.99	135.98	6.80	408
25 plus	.1345	5.38	34.97	139.88	6.99	420

2.5 The following charts reflect the accrual and time off allotted for full-time and part-time team members assigned as Richland Leased.

Richland Leased Full time:

Years of Service	Per eligible hour	Pay period maximum	8-hour days per year	Hours accrual per year	40-hour weeks per year	Maximum Balance
0 to <2	.0692	5.5384	18.00	144.00	3.60	480
2 to <5	.0769	6.1538	20.00	160.00	4.00	480

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5 to <10	.0846	6.7692	22.00	176.00	4.40	480
10 to <15	.0923	7.3846	24.00	192.00	4.80	480
15 to <20	.1038	8.3076	27.00	216.00	5.40	480
20 to <25	.1077	8.6153	28.00	224.00	5.60	480
25 plus	.1115	8.9230	29.00	232.00	5.80	480

Richland Leased Part time:

Years of Service	Per eligible hour	Pay period maximum	8-hour days per year	Hours accrual per year	40-hour weeks per year	Maximum Balance
0 to <2	.0500	4.000	13.00	104.00	2.60	480
2 to <5	.0538	4.308	14.00	112.00	2.80	480
5 to <10	.0577	4.615	15.00	120.00	3.00	480
10 to <15	.0615	4.923	16.00	128.00	3.20	480
15 to <20	.0692	5.538	18.00	144.00	3.60	480
20 plus	.0731	5.846	19.00	152.00	3.80	480

2.6 The following chart reflect the accrual and time off allotted for team members who hold a Supervisor and Assistant Nurse Manager title:

Years of Service	Per eligible hour	Pay period maximum	8-hour days per year	Hours accrual per year	40-hour weeks per year	Maximum Balance
0 to <5	.1078	8.62	28.01	224.14	5.60	336
5 to <10	.1193	9.54	31.00	248.04	6.20	372
10 to <15	.1308	10.46	33.99	271.96	6.80	408
15 plus	.1345	10.76	34.97	279.76	6.99	420

3. Status Changes

3.1. Full and part time team members who change status to PRN will receive a pay out of their accrued PTO as set forth in the PTO-Termination Pay section of this policy.

4. PTO Buy-Back

4.1. Once per year team members with a balance of greater than eight (80) hours will be offered the opportunity to make an irrevocable election to buy back PTO, subject to the following:

4.1.1. The maximum amount of PTO a team member may buy back will be eighty (80) hours.

4.1.2. All PTO hours bought back will be paid at eighty percent (80%) of the team member's regular base pay rate.

4.2. Any PTO that is not bought back will remain in the team member's PTO bank not to exceed the maximum accrual allowed by policy.

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- 4.3. PTO buy back election will be made once per year, in April and paid out in December.
- 5. PTO-Termination Pay (PTO-T)
 - 5.1. Team members will be compensated for their accrued PTO balance upon termination if the team member has been employed with Prisma Health at least ninety (90) days.
 - 5.2. Payout will occur the pay period following the pay period in which the termination was processed.
 - 5.3. If Team Member is reinstated after their PTO termination pay has processed, the Team Member will start with a balance of zero but will accrue based on the chart above based on years of service.

References:

N/A

Appendices:

N/A