

# Parkview Health Tour Packet



**Instructions:**

Complete all sections of the Tour Packet. Please submit forms to the appropriate contact before the tour.

Student Tours	Community Tours
Email: <a href="mailto:Sabrina.Loving@parkview.com">Sabrina.Loving@parkview.com</a>	Email: <a href="mailto:Carolyn.Moeller@parkview.com">Carolyn.Moeller@parkview.com</a>
Mailing Address: Parkview Corporate Office, ATTN: Sabrina Loving, 10501 Corporate Drive, Fort Wayne, IN 46845	Mailing Address: ATTN: Carolyn Moeller 3626 New Vision Drive, Building A, Fort Wayne, IN 46845

**Parkview Health Tour Packet  
Participant Information Sheet**

<b>Participant Information</b>	
Tour Participant Full Name Including Middle Initial	
Tour Participant Phone Number	
Tour Participant Email Address	
<b>Emergency Contact Information</b>	
Name of Emergency Contact	
Relationship to Tour Participant	
Cell/ Home Phone Number of Emergency Contact	
Work Phone Number of Emergency Contact (if applicable)	

All information on this form will be kept in a secure, private location and used only in the event of an emergency or urgent business-related situation.

## **Parkview Health Confidentiality Agreement**

I understand that in the performance of my duties as an affiliating student, faculty member of affiliating school, or observer that during my participation in an education program at Parkview Health System, Inc. ("Facility") I may have access to and may be involved in the processing of verbal, written, computer generated, computer accessed, filmed, and/or recorded information related to patients, physicians, employees and business information, all identified as "Confidential Information", as defined by the Parkview Health Confidentiality Policy. I understand that I am required to protect and maintain the confidentiality of this Confidential Information at all times.

I acknowledge that if my position requires application of an electronic signature code, it is the equivalent of my legal handwritten signature. I understand that if I disregard the confidentiality of my electronic signature code, use the code of another person, or fail to comply with these confidentiality requirements, I will be committing an illegal and/or unprofessional act.

I understand that a violation of these confidentiality considerations may result in disciplinary action, up to and including termination of my participation in an education program at Facility or legal action.

I certify by my signature that I have knowledge of the provisions of the Parkview Health Confidentiality Policy. I agree to adhere to and uphold Parkview Confidential Information.

**Tour Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email** \_\_\_\_\_

**Guardian Name (if under 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Guardian Signature (if under 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email** \_\_\_\_\_

# Tour Day, Privacy, & Safety Guidelines

Keep this section available for quick reference and bring your email confirmation on your Job Shadow Day.

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## Dress Code

Our patients and families deserve and expect professional appearance from everyone they encounter at Parkview. Make sure your clothing is well-selected, clean and wrinkle-free so you look your personal best.

Dress code for the day of your shadow is "BUSINESS CASUAL." Examples include clothing such as slacks, khakis, sweaters, collared or polo shirts, and other items that would be worn in professional settings or places of worship.

You **MAY NOT** wear jeans, shorts, sweatshirts/pants, clothing with holes, or any clothing that is inappropriate in a professional work environment.

Footwear must be closed-toe, with safe non-skid soles. No sandals or flip-flops. Athletic shoes are appropriate.

Please avoid displaying extremes in clothing, hair styles, jewelry, visible tattoos, and body piercings.

## Checking In

When you arrive to your facility, please report to the designated location to meet your tour group.

## Tour Day Suggestions

It is highly recommended that you eat a meal prior to arriving. You may be exposed to situations that can make you feel queasy. A good meal will help prevent this! Additional food items and beverages are available for your purchase in designated dining and vending areas at each facility.

If you feel uncomfortable, dizzy or ill at any time, please let your staff member know immediately. Do not hesitate. We understand that new experiences in the hospital can be overwhelming at times.

Stay attentive and engaged in your observation and maintain professional behavior at all times. You are welcome to ask our staff questions as appropriate. Please remember that your experience is observation only, and you will not be participating in hands-on activities.

## For Additional Assistance

If you need additional assistance, please contact [Sabrina.Loving@parkview.com](mailto:Sabrina.Loving@parkview.com).

# Parkview Health, Mission, Vision, & Values

Please review the information below

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## About Us

Parkview Health is a not-for-profit, community-based health system serving a northeast Indiana and northwest Ohio population of more than 895,000. With more than 13,000 employees, we're the region's largest employer.

Our mission is to improve your health and inspire you to take steps to improve your well-being. We've been serving our communities since our early beginnings as Fort Wayne City Hospital in 1878. The Parkview Health system was formed in 1995 and our heritage of care and compassion continues today with nine hospitals and a network of primary care and specialty physicians.

## Our Mission and Vision

As a community owned, not-for-profit organization, Parkview Health is dedicated to improving your health and inspiring your well-being by...

- Tailoring a personalized health journey to achieve your unique goals
- Demonstrating world-class teamwork as we partner with you along that journey
- Providing the excellence, innovation and value you seek in terms of convenience, compassion, service, cost and quality

## Values

- **Trust** - We have mutual respect and confidence in others.
- **Quality** - We put trusted care into action through technology, education, and best practices in medicine.
- **Flexibility** - We accept change in innovative and proactive ways.
- **Teamwork** - Working together, we actively and respectfully listen to each other's' ideas. We communicate openly, honestly, and constructively.
- **Stewardship** - We manage the care of our patients as if they were members of our family and we manage financial and material resources as if they were our own.

# Confidentiality- What does it mean?

Please review the information below

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**Confidentiality** means “keeping information private.” In a hospital or healthcare setting, all patient information is considered confidential. We follow **HIPAA** guidelines. Any information about patients that is spoken, on paper, or on computer is to be kept private. You cannot tell your family, friends, or anyone else (who is not taking care of the patient) about this information.

Examples of confidential information include:

- Name
- Address
- Age
- Social Security Number
- Whether Someone is in The Hospital
- Diagnosis or The Reason Why Someone is in The Hospital
- Treatments and Medications
- Past Health Conditions

**If you share any of these types of information with people who do not need to know, you have broken confidentiality and you have broken the law! This can lead to fines and potential jail time.**

In addition to patient information, confidentiality must also include privacy of:

- Business-Related Information
- Fellow Employee Personal and Employment Information

Please agree to keep patient information confidential and remember... **“A slip of the lip-pa violates HIPAA.”**



# Fire and Security Information

Please review the information below

All fire information is available in the departments **Emergency Preparedness Manual**. Please check with the department Manager/Supervisor as to your responsibilities in a Code Red (fire) situation.

## In Case of Fire

- Know where the fire pull stations are in your area.
- Know where the fire extinguisher is in your area.
- Know what the evacuation plan is for your area.
- If you see or suspect a fire remember: RACE and PASS

R	Rescue	P	Pull
A	Alert (Dial 1-911)	A	Aim
C	Contain	S	Squeeze
E	Extinguish	S	Sweep

RACE stands for the four steps to follow in the event of a fire:

- Remove/ rescue persons from immediate danger.
- Activate the alarm closest to the fire area. Alert persons in the immediate area by announcing the phrase "Code Red" several times.
- Contain fire by closing doors and windows where the fire is located.
- Extinguish the fire by using the proper type of fire extinguisher, when appropriate.

PASS stands for the proper way to use a fire extinguisher:

- Pull the pin.
- Aim at the base of the flame.
- Squeeze the handle.
- Sweep from side to side.

## Overhead Announcement

## Plain Language Announcement

Fire Alert - Code <b>Red</b>	Emergency Tone + "Fire Alert" + location of fire
Security Alert - Code <b>Green</b> (Bomb Threat) - Code <b>Gray</b> (Violent Behavior) - Active Shooter - Code <b>Pink</b> (Infant/Child Abduction)	<ul style="list-style-type: none"> <li>- Emergency Tone + "Security Alert" + "suspicious package-unknown area" or "Suspicious package-security needed to (area)"</li> <li>- Emergency Tone + "Security Alert" "Security needed in (area)"</li> <li>- Emergency Tone + "Security Alert" "Active Shooter (area)"</li> <li>- Emergency Tone + "Security Alert" "Missing Infant/Child" or "Infant Child abduction"</li> </ul>
Weather Alert - Code <b>White</b>	Emergency Tone + "Weather Alert" + specific weather event <ul style="list-style-type: none"> <li>o "Tornado Warning"</li> <li>o "Thunderstorm Warning"</li> </ul>
Emergency Alert - Code <b>Blue</b> (Cardiac Arrest) - Rapid Response - Code <b>Orange</b> (Disaster) - Code <b>Yellow</b> (IS System Failure)	<ul style="list-style-type: none"> <li>- No change in the Code Blue or Rapid Response announcement</li> <li>- Emergency Tone + "Emergency Alert" + type of disaster</li> <li>- Emergency Tone + "Emergency Alert" IS downtime (area)</li> <li>- Emergency Tone + "Emergency Alert" Failure of Essential Utilities standby for further information</li> </ul>

# Preventing the Spread of Infection

Please review the information below

Parkview Health is dedicated to protecting all patients, visitors, and co-workers from the unnecessary spread of germs and infections. Germs do not move themselves. Germs depend on people, the environment, and/or medical equipment to move in a healthcare setting. There are a few general ways germs travel in healthcare settings – through contact (i.e. touching), sprays and splashes, inhalation and sharps injuries.

In the healthcare environment, germs, such as viruses and bacteria, are found in many places. The following are common sources of germs:

- People (patients, healthcare workers, visitors).
- Public areas (handrails, doors knobs, electronic equipment).
- Dry surfaces in patient care areas (countertops/ tables, medical devices, beds).
- Wet surfaces in patient care areas (sinks, faucets, medical equipment).
- Indwelling medical devices (e.g. catheters and IV lines).

As an observer with Parkview, you must protect yourself and our patients from the spread of infection. This can be accomplished by fully adhering to the following infection prevention and control precautions.

## Hand Hygiene

Cleaning your hands properly with soap and water or an alcohol-based hand sanitizer is one of the simplest ways to prevent the spread of infection. Use an alcohol-based hand rub for routine decontamination when hands are not visibly soiled. Wash hands with a non-antimicrobial soap/antimicrobial soap and water when they are visibly dirty or otherwise contaminated. Follow the techniques below to ensure the proper application of soap and sanitizer products.

**Using an alcohol-based hand sanitizer-** Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow the manufacturer's recommendations regarding the volume of product to use.

**Using soap and water-** Wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet.

## What You Can Do

- Follow all instructions when you visit.
- Wash your hands before and after using the bathroom, when you cough or sneeze, and when you leave the patient room.
- Keep your hands away from your face.

## What You Cannot Do

- Visit ANY patient if you feel sick or have been exposed to an illness.
- Use the patient's bathroom.
- Enter rooms with the following signs posted on the door.

