

Santa Rosa

●●● **MEDICAL CENTER**

Agency / Student / Volunteer Orientation Handbook



***This booklet is intended for review prior to your assignment at
Santa Rosa Medical Center.***

***Department specific orientation will be conducted prior to beginning your
assignment at Santa Rosa Medical Center.***

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Introduction to Santa Rosa Medical Center

Hospital care in Santa Rosa County began in 1951, when a group of local businessmen and citizens formed a County Hospital Board and applied for a certificate of organization. These initial events set the stage for what would eventually become Santa Rosa Medical Center. Construction for the original facility began in mid-1951, and on December 2, 1952, the first patients were admitted. The initial hospital, located on Stewart Street in Milton and known as Santa Rosa Hospital, was chartered as a non-profit hospital and was managed by county officials.

Milton and the surrounding communities experienced tremendous growth throughout the 50's and 60's, and Santa Rosa Hospital was expanded in 1963 and again in 1966 to better serve the area's growing needs. By 1970, the population was again straining the capabilities of the now 100-bed facility.

Sensing the continued population growth of Santa Rosa County, the hospital's Board of Trustees and County Commissioners drafted a proposal to construct a new facility at a new site. Plans for a four-floor facility including over 100,000 square feet of diagnostic and treatment space were developed. A site was chosen and construction soon began at the hospital's present location on Berryhill Road in Milton. The new \$4.5 million, 153-bed county-owned facility opened in December 1972 with approximately 300 employees.

In 1985, the county leased the management of Santa Rosa Hospital to a national hospital management organization, and the name was changed to Santa Rosa Medical Center. Since then, several management organizations have operated the facility. Today, Santa Rosa Medical Center is proud to be affiliated with Community Health Systems, headquartered in Nashville, Tennessee.

In the Fall of 2015, we plan to add additional emergency room and inpatient capacity and we have already added more physicians to our staff. We're working hard to ensure that our patients can benefit from the latest medical advances and receive world-class care from specialists with years of knowledge and experience.

Our current 129-bed center provides a comprehensive array of health care services on the main campus and also reaches out into the community with innovative services such as Santa Rosa Medical Group and other off-campus outpatient services.

Santa Rosa Medical Center continually seeks new ways to engage with patients and strengthen our relationship with the community. We frequently participate in community events; partner with local organizations, schools, and businesses; and provide outreach programs, educational classes, and informative seminars on a wide range of health topics and issues.



AIDET: The Five Fundamentals of Service

A Acknowledge

This is the first opportunity to make a person real. Make eye contact. Use the 5-10 rule:

- At 10 feet- smile, maintain appropriate eye contact, prepare yourself to serve
- At 5 feet – Say hello, stop if necessary and help

For each interaction, engage and make the patient feel that you expected them. This lets the patient know that you know he/she is there and that they are important.

I Introduce

Tell the patient your name, title, and credentials, so he/she knows who will be caring for her. This decreases their anxiety and allows for a personal connection. Include a statement that manages up or positions you and our facility in a positive manner. This can include your skill set, experience and certifications, as well as that of co-workers and other departments.

D Duration

Inform the client how long the wait/test/procedure/visit takes. Inform them how long it usually takes for results are available or when the physician usually rounds.

E Explanation

The primary focus of the explanation piece is to explain, in detail if necessary, what the patient is or will be experiencing. During the explanation take every opportunity to manage up and avoid jargon and acronyms. Never assume patients or visitors understand what you are talking about. Always ask for confirmation of understanding.

T Thank you

Verbally thank patients and visitors for:

- Allowing you to care for them
- Choosing our hospital
- Entrusting you to take care of them.

Cultural Diversity and Sensitivity

We all differ from one another. As members of the health care industry, our differences can become more important due to the extremely personal nature of the services we provide. As we work with employees and patients/families, we need to be aware of different beliefs and practices and be willing to create and maintain an environment that is respectful of all people.

No one can know and understand all the ways we differ from one another. However, we can create an environment that is respectful of differences. To do this, you must be aware of your own feelings about differences and consistently use behaviors that communicate respect.

You have a big role to play when it comes to embracing cultural differences and sensitivity toward other cultures. When dealing with patients, families, and employees:

Warmly greet each person you interact with.

Display positive body language.

Offer assistance to anyone you see needs help.

Maintain confidentiality.

Recognize that families, patients, employees, and colleagues come in varieties.

Offer the full range of BHDC services, such as social worker, patient education, and Interpreters.

Use your resources to resolve any conflicts.



National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly:

Safe patient care starts with proper identification. Always use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment. After introducing yourself to the patient, always start by asking, "For your safety, can you state your name and date of birth?"

Improve the effectiveness and communication among caregivers:

Every transition of care should include effective communication utilizing SBAR:

Situation – the problem, explain the situation

Background – brief, related, to the point

Assessment- what you found

Recommendation- what you think and/or what you want.

Use medications safely:

Assure all medication containers are labeled.

Follow facility specific guidelines for transporting medications.

Pay close attention to sound alike and look alike medications.

Medication Reconciliation: Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely:

Improve awareness of the critical elements of alarm settings. Educate staff to ensure that alarms on medical equipment are heard and responded to in a timely manner.

Prevent infections:

Perform hand hygiene before and after every patient contact!

Use alcohol based hand cleaner or soap and water.

If hands are visibly soiled, you must wash hands with soap and water.

Always wash hands after: contact with a patient with C-diff, going to bathroom, and before handling food or eating.

Wash for a full 15 seconds: i.e., sing the ABC song, or sing Happy Birthday twice.

Identify patient safety risks:

- Employees, students, and volunteers at SRMC identify safety risks inherent in our patient population.
- Employees, students, and volunteers at SRMC follow SAFE procedures to reduce risks for all surgical patients and prevent mistakes in surgery.
- Employees, students, and volunteers at SRMC identify patients at risk for falls and institute fall precautions
- Employees, students, and volunteers at SRMC identify patients at risk for developing pressure ulcers and take action to address any identified risks

HIPAA

What is HIPAA?

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA is a Federal Law enacted to:

Protect the privacy of a patient's personal and health information.
Provide for the physical and electronic security of personal health information.
Simplify billing and other transactions with standardized codes sets.
Specify new rights of patients to approve access/use of their medical information.

Essential element of HIPAA:

Protected Health information (PHI) is **all** personal health, billing, and demographic information, in any format (oral, paper, picture, or electronic) created or held by a covered entity (hospital or physician, payer).

All members of the workforce contribute to the care of the patient. That doesn't mean everyone needs to see health information about patients. You are permitted to disclose PHI to others that you obtain from your job only when your job requires it to be disclosed.

Steps you should take to protect patient privacy include:

Respect the patient's information the same way you would expect others to respect yours.
Close treatment room doors or use privacy curtains.
Ensure that medical records are not left where others can see or gain access to them.
Keep diagnostic test results private.
Make sure computer screens containing PHI are not visible to others not involved with the patient.
Do not place anything with patient's name or identifier in the regular trash.

The Consequences of Breaking a HIPAA Rule:

Breaking HIPAA privacy or security rules can mean civil or criminal sanctions:

If you are found to be responsible for any type of HIPAA violation that the State Attorney General believes has threatened or in some way harmed a patient who is a resident of your State, you can be held responsible for your actions.
The State Attorney General can bring a civil action in federal court against YOU!

Confidentiality and Privacy:

Confidentiality and Privacy mean that patients have the right to control who will see their protected health information (PHI). Communication about patient health information should be limited to those who need the information in order to provide treatment, payment, and healthcare operations.

Emergency Preparedness

As a hospital, we must **ALL** be prepared to handle all sorts of emergencies. An emergency situation should be called to the Operator by dialing “777”. Identify yourself and give the operator all pertinent information and the exact location of the emergency. The operator will announce the emergency code with the exact location of the emergency using the overhead page several times until notified by appropriate personnel to announce the “all clear”.

Throughout the hospital **RED BINDERS** labeled “Emergency Preparedness Procedures” are located in highly visible areas. Detailed descriptions of all the following Codes are located in these binders.

Code	Definition
Code Red	Any fire alarm or drill
Code Yellow	Patient Fall - manpower needed
Code Blue (area)	Cardiac or pulmonary arrest
Code Grey	Combative - manpower
Code Pink (area)	Infant or Child Abduction
Code Black (area)	Bomb threat
Code Brown	Severe weather
Code Orange (area)	Hazardous material
Code Silver	Weapon / firearm
Code D	Disaster

If you witness a theft, accident, vandalism, or acts of physical violence, Notify Security!

To Reach Security: Dial “0” and the operator will page them.

Fire Safety

Fire prevention is our first line of defense at Santa Rosa Medical Center.
Our first goal is to prevent fires from starting.
Our second goal is to know how to react if a fire does occur.

Some basic steps for fire prevention are:

Be sure that all visitors, patients, employees, and students observe the **NO SMOKING** policy. If you see someone breaking this policy, ask them to please extinguish their smoking material. Also, explain that we are a smoke free campus because we care about their health and the effects of tobacco products.

Be observant of your work area and report any unsafe conditions immediately.
Keep all fire and smoke doors clear – do not block them. If you see a fire exit blocked, either clear the exit yourself or have it cleared by reporting to the supervisor of the area.
All storage areas must have items at least 18 inches from the ceiling.
Use good electrical safety practices.

If you are involved in a fire, remember R.A.C.E. to help you respond safely and correctly:

- R** = Rescue anyone in immediate danger from the fire, if it does not endanger your life.
- A** = Alarm: Sound the alarm by dialing “777” and activate a pull station alarm box.
- C** = Confine the fire by closing all doors and windows.
- E** = Extinguish the fire with a fire extinguisher OR
Evacuate the area if the fire is too large for a fire extinguisher.

Proper use of Fire Extinguishers – Remember the P.A.S.S acronym:

- P** = Pull the pin on the fire extinguisher.
- A** = Aim the extinguisher nozzle at the base of the fire.
- S** = Squeeze or press the handle.
- S** = Sweep at base of fire from side to side until the fire appears to be out.

REMEMBER – It is your responsibility to know the location of the fire alarms and fire extinguishers in your work area before you need them. If you cannot locate them, check with the department team leader or your clinical instructor

Types of Fire Extinguishers

Class A extinguishers are for ordinary combustible materials such as paper, wood, cardboard, and most plastics. Used for items that make ash (paper products).

Class B fires involve flammable or combustible liquids such as gasoline, kerosene, grease and oil. Used for items that are found in barrels (chemicals / liquids).

Class C fires involve electrical equipment, such as appliances, wiring, circuit breakers and outlets. Never use water to extinguish class C fires - the risk of electrical shock is far too great. Used for items that have a "current" (electrical).

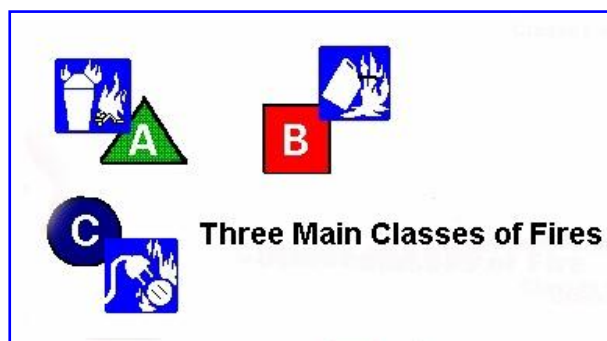
Class D fire extinguishers are commonly found in a chemical laboratory. They are for fires that involve combustible metals such as magnesium, titanium, potassium and sodium.

Class K fire extinguishers are for fires that involve cooking oils, trans-fats, or fats in cooking appliances and are typically found in restaurant and cafeteria kitchens.

Co2 Fire Extinguisher Carbon dioxide removes oxygen to stop a fire. It is environmentally friendly and leaves no residue. Extinguishers with carbon dioxide are usually used in places such as computer rooms, labs, food storage areas, processing plants, etc

ABC Class- will put out all three types of fires.

Non-Magnetic (MRI Safe) fire extinguisher.



IN AN EMERGENCY, TO SHUT OFF OXYGEN OR MEDICAL AIR ZONE:

Dial 777 to report the location & give a brief description of the emergency.

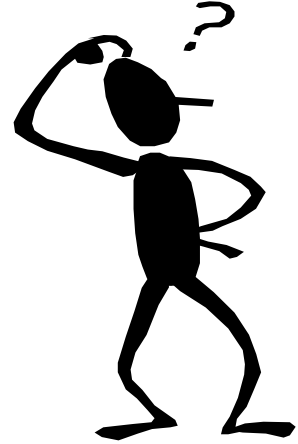
The following are authorized to shut off OXYGEN OR MEDICAL AIR VALVES:

Nursing Supervisor, Respiratory Therapy or Maintenance

Radiation Safety

Radioactive substances should be handled ONLY by persons who are specially trained. Ensure that proper personal protective equipment is always used (lead shielding, minimum exposure, and maximum distance).

RISK Management



Who is the Risk Manager and how to you contact her?

Pam Chesser (850) 626-5003

If emergency contact needed, the hospital operator will contact.

Time Frames for Incident Reports:

Risk Management **MUST** receive incident reports for serious incidents (brain or spinal cord damage, surgery performed on the wrong site, surgery performed on the wrong patient, surgical repair of injuries from a planned surgical procedure, or surgery to remove a foreign body left in from another surgery **IMMEDIATELY**.)

Risk Management **MUST** receive all other Incident Reports within **3 Business Days**.

Your role is to report any concerns or incidents immediately to your instructor or on site supervisor.

Definite NO - NO's!!

DO NOT make copies of the incident report.

DO NOT keep your own personal diary regarding a patient or visitor incident.

DO NOT keep your own copy of a patient's medical record when you are involved in a patient or visitor incident (violates confidentiality).

DO NOT accept on behalf of the hospital, liability for patient or visitor incidents.

DO NOT discuss details of incidents with co-workers who are not involved in the direct care of the patient.

General Infection Control Guidelines:

Everyone needs to follow a basic level of caution during their clinical activities:

Comply with hospital and department specific dress code regulations, including nail care and hand hygiene guidelines.

Avoid touching eyes or mouth during patient contact activities.

No eating, drinking or applying make-up / personal hygiene products in areas where patient contact activities or contact with contaminated equipment or surfaces occur.

Recognize and report signs and symptoms of infection in patients to assure appropriate placement and use of barriers to reduce risk of exposure to patient, employees, and others.

Follow compliance with hospital guidelines for standard precautions and safety.

Follow the instructions outlined on the isolation signs when caring for those patients.

Students may never enter a patients' room that is on airborne precautions.

If you are ill, please consult with your clinical instructor to determine if your assignment should be modified or canceled. The hospital Employee Health or Infection Control staff can assist with difficult decisions.

If you should have a Bloodborne Pathogen Exposure (sharps injury, mucous membrane exposure) report it immediately to your clinical instructor, who will then call Infection Control or the Administrative Supervisor. The student is to follow school policy. Baseline testing will be performed on the source patient only. Infection control will notify school of results.

Hand Hygiene and Artificial Nails:

Persons with artificial nails are more likely to harbor pathogens on their fingertips before and after hand washing than those who have natural nails. Several outbreaks of infection with Gram-negative bacilli and yeast have been attributed to personnel wearing artificial fingernails. Gloves do not provide complete protection and the glove integrity may be compromised by long or poorly groomed nails.

Artificial nails are not permitted by any person having direct contact with patients.

Artificial fingernails are defined as enhancement products that are applied to the natural nail and includes:

Gels

Wraps

Extenders

Acrylic nails

Tips

Tapes

Any appliques other than those made of nail polish

Fingernail and nail-piercing jewelry

Overlays

Hand Hygiene Procedures:

- Hands must be washed with the hospital approved antimicrobial agent.
- When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand, rub hands together, covering all surfaces of hands and fingers for a minimum of 20 seconds, until hands are dry.
- Only use hand sanitizer for non-visible soiled hands. If hands are visible soiled, utilize soap and water.
- The use of soap and water must be use on all patients that are on isolation for c-diff precautions.
- When washing hands with soap and water, wet hands first with water, apply soap to hands, rub hands together vigorously for at least 40 – 60 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 faucet. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.



Clean hands save lives!

Clean in. Clean out. Every time.

Whether you're an associate providing direct patient care or simply visiting a loved one in our hospital, you can stop the spread of infection by cleaning your hands every time you enter and exit a patient room.

Biomedical Waste Plan:

There are several types of waste at the hospital and each type of waste has its own type of waste container.

Biohazardous or Biomedical Waste:



Biomedical Waste should always be placed in the properly labeled container as soon as possible. Always remember that these containers will ultimately be handled by other individuals.

- Biomedical Waste, except sharps, are packaged and sealed at the point of origin in a **RED BAG** with **BIOHAZARDOUS SYMBOL**. The bag shall not be filled more than $\frac{3}{4}$ full.
- Always wear gloves when handling biomedical waste.
- Never push waste down with your hands or feet.
- Always carry waste away from your body.

SHARPS are Substances that can poke or cut the skin.

All sharp items should be handled and disposed of carefully in order to protect yourself as well as others.

Needles are **NOT** to be broken or recapped prior to disposal. All sharps for disposal are placed in an approved puncture resistant sharps container.



Sharps Containers

- A sharps container is a rigid, closable, leak and puncture resistant container. It is clearly labeled with biohazard symbol and is considered **FULL** when materials placed in it reach the $\frac{3}{4}$ level.

Regular waste bins are abundant in the hospital in working areas as well as the public areas.

Armbands: Crack the Code

Every team member should know what each armband color means. Knowing these colors and responding to our patients' needs will help keep them safe.

YELLOW = This Patient is at RISK for Falls

RED = Identifies presence or absence of Allergies

PURPLE = Do Not Resuscitate

WHITE = Patient Information

ORANGE = Blood Bank

Material Safety Data Sheet (MSDS) - Your "Right to Know"

Employees have a right to know of any hazardous materials in their work place and environment.

Material Safety Data Sheets can be accessed from each department using the desktop link to MSDS Online or by calling the MSDS 24 hotline number at 1-888-362-2007.

Each department maintains a list of hazardous materials in their work place.

Complete sets of MSDS are located in the Emergency Department and in the Maintenance Department, as well as online at: www.msdonline.com.

MSDS Sheets Contain:

Hazards of chemicals used in the work place.

Prevention and Protection methods.

Emergency and First Aid procedures

PPE and Disposal procedures.

Physical properties of the product; and

Product name and manufacturer.

Hazardous Chemical Exposure:

If you believe you have been exposed:

1. Notify your Instructor, supervisor or preceptor immediately.
2. Report to the Emergency Room.
3. Get treatment as necessary.
4. Contact the Safety Officer if there is:

A hazardous waste spill.

A mercury spill.

We are a Drug Free Workplace



You may not use, possess, distribute, manufacture, sell, or be under the influence of illegal drugs, inhalants or alcohol while on duty, on Company property, or at any work site.

Please notify your clinical instructor, supervisor or coordination if on or under any medication.

We will conduct a drug or alcohol test if there is a “reasonable suspicion” determined.

Personal Appearance

Clothing - You must wear your designated uniform or appropriate scrubs, office/business attire - **no shorts and no jeans.**

Shoes- close toed shoes.

Hats - no hats.

Jackets - no hoodies.

Hosiery/Socks.

ID badges must be worn at all times and visible at shoulder view.

Hair (and facial hair) - groomed neatly, hair up and off neck and natural color.

Nails- no acrylic.

Jewelry – minimal.

Piercings - have to be taken out or covered up.

Cosmetics- professional looking.

Patient Safety

Who is responsible?

EVERYONE

Never assume that someone else will fix it or is right.

If you question something, follow up - policies and procedures are your friend!

Don't be afraid to speak up or let someone higher up know!

No Pass Zone!

Everyone is responsible to answer call lights as they are walking through the halls!



Name _____
(Print)

I have received information and been given the opportunity to ask questions regarding the following:

- AIDET.
- Infection Control / Bio-terrorism.
- National Patient Safety Goals.
- HIPPA and Confidentiality.
- Risk Management.
- Fire Safety and Radiation Safety.
- Biohazardous Waste/Sharps.
- Cultural diversity.
- Emergency Preparedness.

I understand that I may contact the Education Department (850) 626-5197 or Human Resources Department at (850) 626-5009 at any time if I have any questions.

Signature _____ Date _____

School Affiliation (if applicable): _____

HIPAA Workforce Confidentiality & Information Security Agreement

I understand the facility or business entity (the "Company") in or for which I work, volunteer or provide services (contractual or otherwise) has a legal and ethical responsibility to safeguard protected health information ("PHI").

In the course of my employment, assignment, or affiliation with the Company, I understand that I may come into contact with PHI. I will access and use this information only when it is necessary to perform my job-related duties in accordance with the Company's Privacy and Security Policies, which are available on the Company intranet.

1. I will act in the best interest of the Company and in accordance with its policies, procedures, and Code of Conduct at all times during my relationship with the Company.
2. I understand that I should have no expectation of privacy when using Company information systems. The Company may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
3. I understand that I have no right to any ownership interest in any intellectual property, ideas, inventions, or work product developed during work time by me during my relationship with the Company.
4. I will practice good workstation security measures such as positioning screens away from public view, logging off the system when not in use, and securely storing removable media when not in use.
5. I will only access or use records, documents, systems, or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
6. I shall:
 - a. use only my officially assigned user ID and password.
 - b. use only approved licensed software.
 - c. use devices with virus protection software.
 - d. report theft or loss of mobile devices (cell phones, USB drives, laptops, etc.) that store PHI immediately.
7. I am personally responsible for transactions under my user ID and password.
8. I shall not:
 - a. share or disclose user IDs or passwords, make them discoverable to others, ask others to share their passwords, or utilize another individual's passwords.
 - b. use tools or techniques to break or exploit security measures.
 - c. connect to unauthorized networks through the Company's systems or devices.
 - d. knowingly include, or cause to be included, any false, inaccurate or misleading entry in any record or report.
 - e. Use a workstation without logging out another user.
9. I will not disclose or discuss any PHI with others, including friends or family, who do not have a business need to know it.
10. I will not in any way use, access, copy, release, sell, loan, alter, remove, or destroy any PHI except as properly authorized.
11. I will not make unauthorized transmissions, inquiries, modifications, or purgings of PHI.
12. I will practice secure electronic communications by transmitting PHI only to authorized entities, in accordance with approved security standards.
13. I will only access electronic systems to review patient records for which my job responsibilities have a legitimate need to access for treatment, payment, or healthcare operations.
14. I will notify my manager or appropriate Information Services person if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy or security policies, or any other incident that could have any adverse impact on PHI.
15. Upon termination, I will immediately return any documents or media containing PHI to the Company.
16. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Company.
17. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension and loss of privileges, termination of authorization to work within the Company, in accordance with the Company's policies, and/or legal action against the organization and/or myself.

The following statements apply to non-employed physicians and independent contracted entities and/or persons using Company systems containing patient identifiable health information:

1. I will ensure that only appropriate personnel in my office will access the Company's electronic systems and I will annually train such personnel on issues related to patient confidentiality and access.
2. I will accept full responsibility for the actions of my employees who may access the Company's electronic systems and PHI.

I acknowledge that I have read this Agreement and I agree to comply with the terms and conditions stated above in order to obtain authorization for access to protected health information.

Signature (Employee, Consultant, Contractor, Office staff, Physician)	Facility Name SANTA ROSA MEDICAL CENTER	Date
Printed Name	Department AGENCY / STUDENTS / VOLUNTEERS	

Sharps Disposal Educational Training Certification

I, _____,
(Print Name)

Herby acknowledge that I have read and understand sharps management.

I understand that all sharps clean or dirty are to be disposed of in an approved sharps container.

That all syringes and sharps with safety shields should have the shields engaged prior to disposal in the sharps container.

Signature: _____ Date: _____

School Affiliation (if applicable): _____



Opportunities for Employment with Santa Rosa Medical Center

To explore opportunities for employment at Santa Rosa Medical Center, please visit our website: www.srmcfl.com/careers

You may also call the Hospital and ask to speak with Human Resources at (850) 626-5084.

Opportunities are available for employment while you are in school and after graduation. We encourage our students to continue with Santa Rosa Medical Center by becoming part of our Healthcare Team.