Welcome to Edward Hospital!

We enjoy and value having students at Edward Hospital. We want to do everything possible to foster an excellent learning experience for you in our innovative, professional and empowering environment. While you are at Edward, your primary resource person will be your clinical faculty member. However, we encourage you to ask questions and interact regularly with our excellent nursing staff and other health care professionals.

As you may know, Edward Hospital provides state-of-the-art care in a beautiful physical setting. Among our direct-care nurses, 72% are educated with a baccalaureate degree or higher in nursing, and 50% are certified in an area of specialty. We also have talented advanced practice nurses (Clinical Nurse Specialists and Nurse Practitioners), Case Managers and Clinical Nurse Educators. Edward nurses have conducted 66 research studies over the last five years.

Edward nurses and other staff members have earned many prestigious honors. In 2016, we were named a Top 100 Hospital and Top 50 Heart Hospital by Truven. We were designated as a Magnet® hospital by the American Nurses Credentialing Center in 2005, 2010, and 2014; and received the Lantern Award from the Emergency Nurses Association in 2011 and 2014. Edward has achieved Joint Commission Disease Specific Certification in ten areas: Chronic Obstructive Pulmonary Disease, Diabetes, Heart Failure, Pneumonia, Pre-Term Labor, Spine Surgery, Stroke, Total Hip Replacement, Total Knee Replacement, and Ventricular Assist Device.
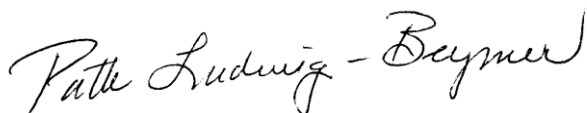
Many of you have been here for previous clinical rotations, and we welcome you back. Welcome, also to those of you who are new. So that you have a safe and productive clinical experience here, we ask that you review the following documents:
- Corporate Orientation to Edward for Non-Employed Clinical Staff
- Orientation to the Nursing Division at Edward Hospital

After reviewing these documents, your faculty member will ask you to sign a document indicating that you have reviewed the documents and will abide by Edward's policies and procedures. You will not be permitted to begin your clinical experience until you complete the paperwork.

We know that you have the opportunity for clinical rotations in many excellent health care facilities, and we thank you for choosing Edward. We hope you find it as exciting as we do! Once again, welcome to Edward Hospital.

Sincerely,

Patti Ludwig-Beymer

Patti Ludwig-Beymer, PhD, RN, CTN-A, NEA-BC, CPPS, FAAN
Vice President and Chief Nursing Officer

CORPORATE ORIENTATION TO EDWARD
FOR
NON-EMPLOYED*, CLINICAL STAFF

*For those at Edward 30 days or less (need not be consecutive)

TABLE OF CONTENTS

To access a policy or other posted materials, please ask your assigned resource person.

OVERVIEW

Edward-Elmhurst HEALTHCARE | *Healthy Driven*

MISSION

- Advancing the health of our communities by providing outstanding healthcare services

VISION

EDWARD ASPIRES TO BE A HEALTHCARE ORGANIZATION THAT IS:

- Locally responsive

- Regionally relevant

VALUES

HEALTHY DRIVEN

Determination

- A passionate pursuit of continuous improvement

Respect

- A belief that everyone should be treated with dignity- our patients, their families and each other

Integrity

- A firm commitment to always doing the right thing

Vision

- A forward-focused mindset that emphasizes collaboration and innovation

Excellence

- A steadfast focus on delivering safe, highly reliable care to ensure a distinctively high quality, patient-centered experience

Nuturing

- A dedication to providing hope, encouragement, empathy and compassion

CUSTOMER SERVICE

Edward-Elmhurst HEALTHCARE | *Healthy Driven*

PRIORITIES AND KEY STRATEGIES

- **Employee Commitment**

- **Quality & Value**

- **Integration & Financial Discipline**

- **Physician Collaboration**

- **Community Commitment**

- **Brand & Marketing**

- **Market Expansion**

FY2016 Patient Experience: GREAT

Greet
- Introduce yourself in a welcoming, reassuring way.

Relate
- Actively listen for needs and respond in an authentic, empathetic manner.

Explain
- Clarify your role and the situations/plans as clearly as possible.

Ask
- Inquire with open-ended questions to gauge understanding.

Thank
- Show gratitude for the interaction and wish them well.

EDWARD HOSPITAL HAS A STRONG COMMITMENT TO PROVIDING EXCELLENT CUSTOMER SERVICE.

COMMUNICATION WITH PATIENTS, FAMILY MEMBERS, AND MEMBERS OF THE HEALTHCARE TEAM IS KEY

REFER ANY CONCERNS FOR CUSTOMER SERVICE TO THE CHARGE NURSE, DEPARTMENT LEAD, UNIT MANAGER OR PATIENT SERVICE COORDINATOR

A PATIENT ADVOCATE IS AVAILABLE AT EXTENSION 77225

Edward-Elmhurst HEALTHCARE | *Healthy Driven*

DIVERSITY

Cultural diversity is about differences that exist in our society that come into every workplace. This includes such things as gender, sexual orientation, race, national origin, religion, and regional differences.

Edward's goal is to create an inclusive workplace where employees and customers are welcomed, treated with respect, and where employees are able to perform their best work.

We are committed to accommodating our patients' and family members' various cultural needs. We do this by asking our patients and family members what they need from us to observe their cultural requirements.

DRESS CODE

Name Badges

Expectation to wear badges where they are visible to others

If picture ID, photo should be visible

Personal Appearance

Maintain professional image

Cleanliness and good hygiene are expected

SMOKING RESTRICTIONS

The use of tobacco products in any form by any person is prohibited at all Edward facilities and on all Edward property. There are no designated smoking areas anywhere on any Edward owned or leased property.

Violations of this policy may jeopardize your status with Edward

Edward-Elmhurst HEALTHCARE | Healthy Driven

SOLICITATION / DISTRIBUTION RESTRICTIONS

Edward protects employees from excessive pressure to contribute to causes, buy things, or feel pressure to support or participate in someone else's cause.

Edward wants to ensure information posted throughout the organization is in alignment with our corporate mission.

Solicitation or distribution that is discriminatory, hateful, harassing, illegal, defamatory, profane, or obscene is prohibited at all times.

Any sale or promotion for the personal gain is prohibited at all times.

Do not request support for any cause unless addressed by Patti Ludwig-Beymer, Vice President and Chief Nursing Officer.

USE OF MOBILE PHONES AND RECORDING DEVICES

Except while at Linden Oaks Hospital, mobile phones may be used in non-patient care areas. Be respectful of other patients, visitors, and staff while using these devices. Edward has the right to limit the use of mobile phones if, in its sole discretion, management believes that the use of such phones interferes with or disrupts Edward operations or constitutes a violation of the patient's and/or employee's right to privacy.

Recording devices may not be used, including the recording feature of a mobile phone, in any Edward facility or in a patient care area without Edward's consent.

It is the responsibility of the individual seeking to record an image or recording to obtain permission from a member of Edward management prior to any photography or videotaping.

It is not permissible for anyone to photograph any Edward staff member while providing care to a patient, or to record the image of any patient, without prior written consent of the individuals being photographed/recorded.

Consequences of non-permitted use of mobile phones and recording devices may include the following:

Surrender of the mobile phone/recording device.

Removal of student privileges and future access to Edward in a student capacity.

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Other action deemed appropriate at the discretion of Edward.

Standards of Conduct For Nursing Students and Faculty

This is a summary of the Edward-Elmhurst Healthcare (EEH) Standards of Conduct that was developed to provide guidance to ensure our work is done in an ethical and legal manner. EEH's Standards of Conduct cannot, nor are they intended to, address every situation that may arise.

If you have any questions regarding the Standards of Conduct, or if you encounter any situation which you believe violates its provisions, you should immediately consult
- your faculty member
- another member of management,
- a member of the Corporate Compliance Department, or
- the Compliance Hotline (1-800-901-7422 – available 24/7; may remain anonymous)

A full copy of The Standards of Conduct can be found on the intranet-

MyEdward: Homepage/Departments/Find A Department/Corporate Compliance/scroll down the page to Standards of Conduct
MyElmhurst: Homepage/Department Committees/Non-Patient Care/Corporate Compliance/scroll to Standards of Conduct right side of page

No Retaliation

EEH will never tolerate any retaliation against an employee/ Nursing student or faculty for good faith reporting of a suspected violation of these Standards or any other concern.

Patient Information

When patients choose to receive services at EEH, they provide us with sensitive personal information. Due to the sensitive nature of this information and to follow the requirements of HIPAA, this information is not to be used, disclosed, or discussed with others unless it is necessary to serve the patient or required by law.

Any EEH employee/Nursing student or faculty who knows or suspects that confidential information was compromised must report the potential security breach to the Privacy Officer either directly or by using the online reporting tool.

Emergency Treatment

EEH follows the Emergency Medical Treatment and Active Labor Act ("EMTALA") in providing an emergency medical screening examination and necessary stabilizing care to all patients, regardless of their ability to pay. In an emergency situation or if the patient is in labor, we will not delay the medical screening and necessary stabilizing treatment in order to seek financial and demographic information. EEH also does not admit, discharge, or transfer patients with emergency medical conditions simply based on their ability or inability to pay, or any other discriminatory factor.

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Legal and Regulatory Compliance

EEH is committed to conducting all of its activities in compliance with applicable laws, regulations, and the conditions of participation for federal healthcare programs (Medicare and Medicaid). EEH has developed policies and procedures to address many of these legal, accreditation, certification and regulatory requirements. EEH employees/Nursing student and faculty must become familiar with and understand how the EEH policies and procedures apply to their role.

Anyone aware of violations or suspected violations of laws, regulations, standards and the Conditions of Participation, or EEH policies and procedures <u>must report them immediately</u> to a supervisor or member of management, Human Resources, Risk Management, the Compliance Department, the Legal Department or the Corporate Compliance Hotline.

Accreditation and Surveys

In preparation for, during and after surveys, EEH employees must deal with all accrediting and external agency survey bodies in a direct, open and honest manner. In preparation for or during a survey or inspection, EEH employees/Nursing student or faculty must never conceal, destroy or alter any documents; lie; or make misleading statements to the agency representative.

Anyone aware of violations or suspected violations of truthful and factual representations and responses to survey agencies must report them immediately through the chain of command or to the Compliance Officer.

Accuracy, Retention and Disposal of Documents and Records

Each EEH employee/Nursing student or faculty is responsible for the integrity and accuracy of our organization's documents and records, not only to comply with regulatory and legal requirements, but also to ensure records are available to support our business practices and actions. No one may alter or falsify information on any record or document. Records must only be destroyed according to EEH policy.

Workplace Conduct and Employment Practices

EEH ensures a workplace that supports health, safety, privacy and comfort for everyone. EEH does not tolerate disrespectful, hostile, violent, intimidating, threatening or harassing conduct that disrupts the work environment.

Employees/Nursing student or faculty who observe or experience any form of harassment or violence should report the incident to their supervisor, the Human Resources Department, a member of senior management, the Compliance Department, or the Compliance Hotline.

Conflicts of Interest

EEH employees/Nursing student or faculty must not use their positions to profit personally or to assist others in profiting in any way at the expense of EEH. All EEH employees/Nursing student and faculty are expected to conduct their activities and their relationships with others so as to avoid actual or perceived conflicts of interest. If they do have conflicts, EEH employees/ Nursing student or faculty must make full disclosure and take appropriate action under the EEH Conflict of Interest policy.

Equal Employment Opportunity

EEH is an equal opportunity employer that promotes diversity in the workplace. EEH policy provides each job applicant and employee with equal opportunities for employment, training, promotion, benefits and all other personnel actions without regard to any protected category or class, e.g. without regard to race, color, creed, religion, gender, marital status, sexual orientation, national origin, age, veteran status, disability, or any other protected category or class.

Health and Safety

When necessary for their specific job responsibilities, employees/volunteers must become familiar with and understand how the EEH policies and procedures for handling, storing, labeling, using, transporting or disposing of solid, liquid, hazardous and infectious wastes apply and seek advice from their supervisor or the Safety Officer whenever they have a question.

Employees or anyone affiliated with EEH may not use, possess, or be under the influence of alcohol or illegal drugs on the organization's property or during work time. Employees/Nursing student or faculty, who witness an injury, accident, or dangerous situation, shall immediately report it to their supervisor, the Safety Officer, the Compliance Department or the Corporate Compliance Hotline.

Media Relations

Employees/Nursing student or faculty who are contacted by a member of the media regarding the EEH organization – whether television, radio, or newspaper – should follow these guidelines:

- Do not engage in an interview with the reporter or answer his/her questions
- Forward the reporter's name, telephone number, station or publication, purpose of the call and deadline to the Marketing & Government Relations Department
- Immediately notify your supervisor

Personal Use of EEH Resources

It is the responsibility of each EEH employee/Nursing student and faculty to preserve EEH's assets, including time, materials, supplies, equipment and information. Organization assets are to be maintained for business-related purposes. Any use of organization resources for personal financial gain unrelated to the organization's business is prohibited.

Relationships Among EEH Employees/Nursing Students and Faculty

In the normal, day-to-day functions of an organization like EEH, there are issues that arise which relate to how people in the organization interact with one another. One common interaction involves gift giving among employees/ Nursing student or faculty for certain occasions. Employees/Nursing student or faculty should never feel compelled to give a gift to anyone, and any gifts offered or received should be appropriate to the circumstances.

Another situation which routinely arises is a fundraising or similar effort undertaken by individual employees or EEH itself. Employees/Nursing student or faculty should never feel compelled to contribute to a fundraising effort, nor should there be any workplace consequences of such non-participation.

Solicitation and Distribution

Solicitation and distribution which interferes with the provision of patient care or occurs during any employee/ Nursing student or faculty's work time is prohibited. Employees/ Nursing student or faculty may not solicit other individuals to join or contribute to any organization, fund, activity, or cause in patient care areas, places where patients receive treatment, or any other area that would disrupt healthcare operations or disturb patients. Non-employees may not come onto EEH premises to solicit or distribute literature for any reason.

Government Relations and Political Activities

Unless approved, in advance, by the EEH Vice President of Marketing, EEH employees/volunteers are prohibited from:

- Speaking on EEH's behalf regarding political issues
- Donating EEH's money, property, use of EEH facilities, or the services of EEH employees, including refreshments and meals, to any political contribution on behalf of EEH
- Using work time to advocate political beliefs
- Engaging in substantial lobbying. This includes communicating or acting in the name of EEH, without EEH consent, to try to influence the making of laws
- Engaging in forbidden political activity for any federal, state, or local political candidate, party organization or committee

Gifts and Business Courtesies

Business transactions with suppliers, contractors, vendors, and other third parties must be free from offers or solicitation of gifts or favors that may constitute improper inducements, or that give the appearance of impropriety. All conduct by EEH employees/Nursing student or faculty must be in the best interest of EEH.

Any questions regarding the reasonableness of a gift or business courtesy should be directed to the employee's supervisor or the Compliance Department.

Patients wishing to give a gift as an expression of gratitude for the care they received should be directed to the Foundation associated with the hospital where the patient received treatment. EEH employees/Nursing student or faculty may not accept gift certificates, cash or financial

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instruments, e.g. checks, stocks, etc. from patients. If it would appear impolite to refuse a gift, EEH employees/ Nursing student or faculty may accept tokens of appreciation of a nominal value from patients.

Any questions regarding the reasonableness of a gift should be directed to a faculty member, charge nurse or the Compliance Department.

SAFETY

FIRE

RACE:

See smoke? Smell something burning? Think RACE

Rescue those from immediate danger of smoke and fire

Alarm by pulling the nearest fire alarm pull station & telephoning 75555

Confine or Contain by closing doors to patient rooms, offices, or storage rooms

Extinguish (small fire) or Evacuate (large fire)

EVACUATION versus DEFEND IN PLACE:

DEFEND IN PLACE

In patient care areas, we use the "Defend in Place" method first when responding to a situation that involves smoke or fire.

To Defend in Place:

Move only patients and visitors in immediate danger of smoke and fire to another smoke compartment.

There are at least 2 smoke compartments for each patient care unit, and these can be recognized by a set of fire doors that automatically close when the fire alarm sounds.

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EVACUATION

Healthcare Occupancies

Evacuation should only be used as a last resort in a fire in a multi-story patient care area. In the event the fire is too large and is affecting more than one smoke compartment, evacuation may be necessary.

To evacuate, follow the exit routes found on evacuation maps in your work area. Evacuation maps can be found throughout the buildings adjacent to entries, exits, stairwells and elevators.

Business Occupancies

In business occupancies, such as clinics, the Education Center, and the South Annex, building occupants are required to evacuate upon alarm. These buildings are not designed with smoke compartments and therefore require the complete evacuation during a fire.

During an evacuation:

Prepare to immediately leave the building

Close but DO NOT lock doors behind you

Make sure all patients, visitors and staff are accounted for

Use stairs not elevators

Wait until the Fire Department or Public Safety allows you to re-enter the building

EXTINGUISH

Classification of Fires and Fire Extinguishers

Fires are classified by their fuels and the same letter classifications are used for portable fire extinguishers. There are 3 types.

Class A – *something that turns to ASH when it burns (paper, wood, cloth, rubber, plastic)*

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Class B *– something that is likely to go "BOOM" when on fire (oil, gasoline, etc)*

Class C *– something that has "CURRENT" or "CIRCUIT", such as an electrical appliance, device, or panel.*

The location of fire extinguishers

> *Portable fire extinguishers are usually found by or in each stairwell, at or near the entrance/exit to an area, and at or near each Nurses Station.*

> *All workers must familiarize themselves with the location and type of extinguishers in their work area.*

> *The locations of fire extinguishers are also shown on evacuation maps and indicated by a purple X or fire extinguisher symbol.*

Use of a fire extinguisher

> *A portable fire extinguisher should only be used on a small contained fire such as a trash can.*

> *Before attempting to extinguish the fire, ensure you have an extinguisher that is appropriately rated for the type of fire that is present.*

> *Most small fires can be managed with an extinguisher from a distance of 3-4 feet away.*

> *Always be aware of an escape route so you don't get cornered in a room by a fire.*

> *To use an extinguisher remember the acronym PASS:*

> > ***Pull*** *the pin from the extinguisher handle*

> > ***Aim*** *the hose or horn at the base of the fire*

> > ***Squeeze*** *the handle to release the extinguishing media. Most portable extinguishers have a 20-30 second fire fighting limit before empty.*

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Sweep the extinguishers hose or horn back and forth at the base of the fire and chase the flames from the fuel.

Checking a Door to Determine if a Fire is Present

If smoke is coming from under a door or the strong odor of burning is coming from a closed room, the door must be checked prior to opening.

Use the back of the hand and place it near the door to feel if it is hot.

Begin by checking the lowest portion of the door where it will be the coolest and move upward.

If the door is hot to the touch, it should not be opened. Attempting to open a hot door will endanger you and others in the hospital.

If smoke is coming from under the door, place wet towels or blankets at the base of the door to block the smoke.

PUBLIC SAFETY

PARKING

All students and faculty should park in the surface lots B, C or D.

Handicapped Parking

Workers with handicapped plates/hang tags may use any handicap parking space.

Bicycle Parking

Bicycle racks are on the ground floor in north and south decks. Bicycles may only be locked up in these locations.

Motorcycle Parking

Provided on the ground floor of both decks between April 1st and October 1st

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Shuttle Bus

Shuttle buses run between all of the lots and the South Lobby on Monday through Friday from 6:00am to 9:00am and from 3:00pm to 6:00pm.

Parking Enforcement

Parking offenses can result in a code of conduct violation and may result in vehicles being towed at the owner's expense and notification to managers for discipline up and including termination.

To Reach Public Safety by Phone

EMERGENCY 7-5555

Service Calls

24 hour Dispatch Center 7-3399

➢ SECURITY TIPS

While Edwards' crime statistics are extremely low, theft of unsecured property can be minimized by following these tips:

Leave it at home—don't bring valuables and large amounts of cash to work

Label it—mark your property. If found it will get returned to you. Marked property is of less value to the thief.

Lock it up—Property secured in a desk, locker or even a back pack are generally left alone.

CODES AND DISASTER

Edward Code System

The Edward Emergency Codes list is on page 29 of this packet

Review the code system and your role and department expectations with your department contact person.

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INFECTION CONTROL

> ### STANDARD PRECAUTIONS

Practice Standard Precautions at all times with all patients. Standard Precautions include:

Hand Hygiene

Wash with soap and water for 15-20 seconds

Use hand sanitizer when hands are not visibly soiled

Practice hand hygiene often

Before and after every patient contact

After removing gloves or other PPE

After touching something that might be contaminated

Before touching something clean (linen, supplies, etc.)

Use only health-care approved hand lotion in clinical areas - no lotions from home

Nails are kept short (less than ¼ inch from the tip of the finger) and nail polish (if worn) should be fresh and not chipped. Artificial nails (including wraps, overlays, etc.) are not allowed.

Use Personal Protective Equipment (PPE) appropriate for the task

Wear gloves if you expect to contact blood, body fluids, mucous membranes or non-intact skin

Wear a mask and/or eye protection if you anticipate splashing of fluids

Add additional PPE as needed

Disinfect equipment and work surfaces

Clinical staff use Sanicloth wipes for disinfection

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Clean equipment after use on any patient

Any surface or equipment soiled with blood or body fluid must be cleaned and disinfected immediately

Cleaning spills of blood/body fluid:

Put on appropriate PPE – gloves for all spills; mask and eye protection for large spills

Blot up spill with paper towels, and dispose

Wipe surface with Sanicloth wipe(s) to clean

After surface dries, wipe again with Sanicloth wipe(s) to disinfect

Store food and drinks properly

Food and drink should be stored in designated staff food refrigerators or break rooms only

Do not eat or drink in clinical areas

Stay home when you are sick

ISOLATION PRECAUTIONS

Transmission based Isolation Precautions are used for patients with dangerous or highly contagious diseases.

Isolation precautions, summarized below, are practiced in addition to standard precautions.

Contact Isolation

Isolation gown and gloves required for everyone entering room (staff & visitors)

Patient may leave the room only for essential purposes. If the patient must leave the room, he/she must have a clean patient gown and any wounds should be covered.

Droplet Isolation

Isolation mask required for everyone entering room (staff & visitors)

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Patient may leave the room only for essential purposes. If the patient must leave the room, he/she must wear an isolation mask (if tolerated)

Airborne Isolation

Patient must be placed in a negative pressure Airborne Isolation room

N-95 respirator required for everyone entering room (staff & visitors)

Staff must be fit tested for an N-95 respirator in order to wear it. If you have not been fit tested for one of the Edward N-95 models, you may not enter the Airborne Isolation room.

Patient may leave the room only for essential purposes. If the patient must leave the room, he/she must wear a mask (isolation)

Isolation Practice

NO ADMISSION to isolation room without proper personal protective equipment (PPE) as listed above and indicated on isolation STOP sign.

Don PPE before entry into isolation room.

Remove and dispose of PPE and wash hands or use hand sanitizer upon exit from room.

Dedicate equipment and supplies, or use disposables for isolation patients whenever possible. Disposable stethoscopes are available in the isolation carts.

Any equipment or supplies removed from isolation room must be disinfected with Sani-Cloth.

Educate and reinforce isolation procedures with visitors.

<u>For more information</u>

For more information, or to answer your infection control questions, speak with your faculty member or preceptor, or use the references below.

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Edward Intranet – Quality and Safety Tab – Infection Prevention – Infection Control

Edward Infection Control Practitioners

Extension 73060

NURSING RESPONSIBILITY FOR INITIATING AND DISCONTINUING ISOLATION

Initiating Isolation Precautions

Isolation precautions are implemented by nursing staff immediately upon identifying a patient with any of the following:

New laboratory result for any disease/organism requiring isolation

New diagnosis of any disease requiring isolation

Symptoms consistent with any disease requiring isolation

History of infection or colonization with any drug resistant organism

Isolation precautions do not require a physician's order

Isolation Set-Up

Isolation cart and supplies can be obtained from Central Sterile Processing Dept.

Document isolation in Meditech's Isolation Screening Assessment.

Hang appropriate isolation STOP sign outside room.

Place Sani-Cloth, gloves, and masks (if needed) on top of cart.

Place disposable stethoscope in patient's room

Place Isolation sticker on front of patient's chart

For C-dif patients, place small STOP sign on hand sanitizer dispenser in patient's room

Discontinuing Isolation Precautions

Consult Infection Control at x73060 before discontinuing isolation.

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MRSA

> *3 negative cultures, at least 24 hours apart. Sites may be original site of infection, other active wounds, or nares. At least one of these three cultures should be from nares. All cultures must be obtained after all antibiotics effective against that organism have been discontinued for at least 24 hours.*

VRE

> *3 negative cultures, at least 7 days apart. Sites may be original site of infection, other active wounds, or stool/rectal swab. At least one of these three cultures should be from stool/rectal swab. All cultures must be obtained after all antibiotics effective against that organism have been discontinued for at least 24 hours*

C. difficile

> *Patient must have completed therapy and remain asymptomatic for 48 hours*

Other

> *Refer to isolation manual on Intranet or consult Infection Control.*

HAZARDOUS MATERIALS

THE HAZARD COMMUNICATION STANDARD

The hazard communication standard was developed to protect workers from hazardous chemicals. The standard requires that both employers and employees work together to protect the workplace.

MAJOR COMPONENTS OF THE STANDARD

Hazardous Chemical Determination (Chemical Inventory)

Material Safety Data Sheets (MSDS)

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Labels and Other Forms of Warning

Employee Information and Training

Written Program

LABELING

Make sure all chemical containers have a label stating what the product is

Ask questions if you don't understand the label

When using products, make sure that the labels are still legible

WHAT DOES MSDS PROVIDE?

Detailed information on a chemical and its hazards

Ingredients

Properties

Flammability

Reactivity

Health risks

Spill or leak procedures

Special precautions

Special protocols (PPE)

To obtain an MSDS, access the Edward Employee Portal and either type MSDS under "Search" or go to "Wellness and Safety" and click on "Safety"/"Hazardous Materials Management"/"MSDS".

RISK

PATIENT RIGHTS

Inpatients are provided with a written copy of their patient rights in their patient handbook.

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Outpatient departments have copies of the patient rights posted in their areas. Copies are available to outpatients at their request.

Refer to the patient handbook or the posted patient rights to review all of the patient rights and responsibilities.

Staff members provide patients with access to their rights and encourage patients and families to speak up about any questions or concerns that they have. This includes the patient's right to file a complaint.

CHAIN OF COMMAND

The first link in your chain is your faculty member, preceptor or charge nurse.

Edward Hospital's chain of command is to be used in the event a clinician or staff member perceives a threat to patient safety and ordinary channels of communication and decision making are unable to resolve the issue.

Refer to the Chain of Command policy number CLIN_014 on the Edward Hospital intranet.

There is no retaliation for invoking the chain of command.

SAFETY EVENT REPORT

A safety event report is completed for any unusual, unexpected or untoward event involving person or property.

Information about an error or near miss can provide an opportunity to improve processes and enhance patient safety. Patients are informed of unanticipated outcomes.

Bring safety events to the attention of the faculty member, preceptor and charge nurse.

SPEAKS UP

"EVERYBODY SPEAKS UP"

Everyone is expected to SPEAK UP about errors and safety concerns.

Promptly report concerns to the manager/supervisor so they may be addressed.

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Concerns may also be reported to the Joint Commission (fax number: Office of Quality Monitoring (630) 792-5636; email: complaint@jcaho.org) without retaliation.

PATIENT CONFIDENTIALITY (HIPAA & PRIVACY)

Like all health care organizations, Edward must keep patient information confidential. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that gives patients federal rights to gain access to their medical records and restrict who sees their health information.

INFORMATION COVERED UNDER HIPAA

All patient information must be kept confidential, whether it is spoken, on paper or on the computer.

HIPAA not only covers a patient's health information, but also information related to payment for services.

MINIMUM NECESSARY STANDARD

HIPAA calls on health care workers to use the minimum amount of patient information they need to do their jobs efficiently and effectively.

Only access information that you need to know. Ask yourself:

Do I need this information to do my job and provide good patient care?

What is the least amount of information I need to do my job?

ACCESS

Provide privacy when caring for patients (i.e., close the door, pull the curtain)

Speak quietly with patients and families so that others cannot hear

Use screen protectors or turn computer screens away from public view

Use fax cover sheet with privacy disclaimer

Verify the fax number prior to hitting the send button and on the fax transmittal sheet

Dispose of patient information only in designated containers or shredders

Don't:

Fax more than 10 pages to anyone

Allow patient information to lie around unattended

Talk about patients in public areas

Leave information about a patient's health on an answering machine

Talk about patients you see here at Edward

Access the PHI of yourself, family members, or friends unless you need it to do your job

PATIENT RIGHTS

Patients have the right to control their own health information. This right is as important as their right to keep their information confidential.

Edward's Notice of Privacy Practices is a document that is given to all patients at registration and describes patients' rights regarding that information. It also outlines how Edward will use patient information.

Edward's Notice of Privacy Practices is available on our Web site (www.edward.org) and is also posted prominently throughout our facilities. A patient's rights include:

To receive a copy of Edward's Notice of Privacy Practices for review.

To request restrictions on disclosures of PHI for treatment, payment, and health care operations. You do not have to agree to any restrictions; please ask for guidance from your resource person if a patient requests a restriction.

To receive an accounting of disclosures made that are not for treatment, payment, or health care operations. Any requests for an accounting of disclosure should be directed to the medical records department. In addition, certain disclosures of a patient's information by Edward may need to be documented in the patient record. Your resource person can guide you on when you should document a disclosure.

To inspect, request, and receive a copy their own health information. Any such requests should be directed to the medical records

department. Edward does not typically allow an inpatient to see their record unless the patient's attending physician approves. Contact your resource person if an inpatient requests to inspect their own record.

To request to append incorrect or incomplete information in medical record: Any requests of this nature should be directed to the medical records department.

To request confidential communications – your resource person will let you know what requests can be accommodated and how to document those requests that Edward agrees to.

To complain about privacy violations: Patients should be directed to the manager, or to call the Privacy and Compliance HelpLine at 1-877-769-3447EHHS.

USE AND DISCLOSURE OF PATIENT INFORMATION

Health care providers are permitted to use and disclose patient information for the following purposes:

Treatment, payment, and health care operations

Other reasons with the patient's permission

As required by law

PENALTIES FOR VIOLATING HIPAA

All breaches should be reported to your faculty member, preceptor, charge nurse and to the Corporate Compliance Department.

At Edward, violations may result in termination of your contract or legal action.

The civil and criminal penalties may be substantial depending on the severity of the violations.

HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT ("HITECH")

Effective September 23, 2009, HITECH requires significant changes for breach notification requirements. Breaches are violations of HIPAA Privacy Regulation that pose a significant risk of harm to the individual. Notice must be provided without

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reasonable delay (no more than 60 days from date of discovery) to individuals for unsecured protected health information. If breach involves more than 500 residents of a state or jurisdiction, notice must be provided to media outlet and the Secretary of Department of Health and Human Services (HHS"). If less than 500 individuals, a log must be maintained and information should be provided to HHS within 60 days of the end of the calendar year. The Chief Compliance & Privacy Officer will ensure the notifications are sent to the appropriate parties.

Your responsibility includes reporting to your faculty member, preceptor and charge nurse any of the following (list is not all inclusive):

> Misdirected faxes (e.g. restaurants, non-medical staff providers, private residence)

> Verbal or written disclosures with individuals who do not have a "need to know"

> Unauthorized access to systems or applications

> Providing information to the wrong patient (e.g. discharge summary)

INFORMATION SYSTEM SECURITY (HIPAA SECURITY)

IF YOU ARE GRANTED ACCESS TO AN EDWARD INFORMATION SYSTEM, THE FOLLOWING RULES APPLY:

> HIPAA Security is the counterpart of HIPAA Privacy that emphasizes the importance of keeping electronic information secure in order to maintain privacy.

> There are people and organizations who will attempt to access PHI without authorization. You should know the methods for identifying and guarding against these attacks.

> To protect PHI:

>> Don't open e-mail attachments (unless you know who sent them and what they sent).

>> Don't download software from the Internet. ISS will install any software that is needed on Edward computers.

>> Don't disclose log-in information in response to an e-mail request.

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Do report any suspicious computer behavior to the ISS Help Desk, ext. 73346. This includes virus alerts, unusual graphics, and frequent computer crashes.

Passwords are a necessary method of protecting information.

Do use strong passwords. For example:

Weak password: edward

Strong password: Edward1

Do make passwords memorable.

Do always log out.

Don't reuse old passwords.

Don't share log-in sessions.

Don't write down passwords.

Do report suspicious activity to the ISS Help Desk, ext. 73346.

Secure physical devices and media from loss or theft. This includes "memory sticks" or "jump drives," media, security cards, and laptops.

Restrict the use of workstations. Only those with proper identification should use workstations. Report suspicious behavior.

You are prohibited from accessing the confidential record of any patient, including <u>your own and that of your family members</u>, except as is allowed through following formal medical record procedures.

Being contracted staff at Edward does not give you any greater access privileges than are afforded to any other patient at Edward.

Inappropriate access of confidential information including but not limited to patient medical records, employee files, and financial records will result in termination of your contract and/or legal action.

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To report a potential violation or a concern, contact your resource person, the department manager, or call the Corporate Compliance HelpLine: 1-877-769-3447.

EMERGENCY MANAGEMENT PLANNING

EVERY EDWARD EMPLOYEE HAS A RESPONSIBILITY TO ASSIST IN EMERGENCY MANAGEMENT THROUGH:

Participation in Mitigation Activities designed to lessen the severity of an incident. Example: participation in drills such as fire or evacuation or mock Code Commands; attaining NIMS certification

Awareness of Preparedness Activities designed to build capacity and identify resources. Example: Knowledge of Emergency Operations Plan content; keeping staff call rosters updated and ready for labor pool call ins; on hand stockpile of equipment, nutrition and pharmaceutical supplies; mutual aid memorandums of understanding with other hospitals to assist Edward in crisis or for us to assist them in crisis; Emergency Management Steering Committee who assesses organizational needs, prioritizes preparedness activities and evaluates improvement opportunities and implements preparedness plans

Participation in the Response to an actual event to reduce secondary impact. Assist as directed and where directed to go in an actual event

Assist with return to normal activities post event and offer feedback for improvement opportunities.

Emergency Management Supports

Edward employees prioritize patient care to provide safe, efficient, quality, customer- friendly patient care. All Edward employees are to follow policies and procedures and best practices and to Speak Up to identify or mitigate potential situations in an effort to prevent or minimize patient demise and to ensure quality care and outcomes. The Rapid Response Team is a process we use to assist in mitigating patient emergencies by getting the resources you need to assess and intervene in a timely manner.

Emergency Codes plans direct staff in responses. Examples include:

Code Blue (Medical Emergency)

Code Brown (Telecommunications Failure)

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Code Black (Tornado)

Code Gray (Security Emergency)

Code Silver (active threat)

Code Pink (Infant/Child Abduction)

Code Orange (Hazardous Material)

Code Red (Fire)

Code Purple (Evacuation)

Code Triage (Mass Casualty)

Code Green (Utility Equipment Failure)

Code White (Behavioral Health Issue in the Emergency Department)

Dr Strong (Restraint Team)

Code Command (Activate Incident Command Center)

Code Command Activities

Implementation is decided by CEO/Administrator on Call/CNO

Overhead announcement "Code Command"

Clinical staff gives an update to the charge RN regarding any discharges or patients ability to be transferred to a lower level of care. Staff round up any extra equipment to be made available for deployment needed areas of the hospital. Staff prepare for rapid turnaround to receive influx of patients.

Additional support offered by labor pool

Child care available in a code command situation at the Edward Fitness Center

Emergency Operations Plan is available in each department.

On line at My Edward; Wellness and Safety; Safety at Work; Emergency Operations

The full plan is located on the intranet.

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Edward Nursing Vision and Model of Care

Our nursing vision is "Clinical Excellence and Patient Safety through Caring Relationships." We believe this expresses a strong focus on patient outcomes and patient safety and reinforces our relationship-based model of care. To ensure we are moving toward this vision, we have established goals in the areas of nursing quality outcomes, nursing turnover, number of BSN and certified nurses, compliance with the National Patient Safety Goals, and patient, employee, and physician satisfaction. Measuring performance helps us make changes in an effective and efficient way. One of the most important steps to moving forward is to know where you stand now. Data are reported quarterly and posted in the form of a scorecard. Be sure to look for the Nursing Scorecard on your unit.

Five caring concepts, derived from Sharon Dingman's work on Relationship-Based Care, provide guidance for all nursing staff. We ask that you also use these techniques. The caring concepts are:
-   Introduce yourself and explain your role
-   Call the patient by his or her preferred name
-   Use touch appropriately
-   Sit at the bedside for five minutes at the start of shift to plan care for the day
-   Reinforce the Edward values

Students and faculty are part of the patient's experience and exposure to Edward Hospital. What you do and say creates a perception of Edward, which the patient leaves with and communicates to others. The expectation is that everyone welcomes patients and visitors, introduces themselves by name, their role and what they will be doing, and escorts them to their destination or finds someone who can escort them when necessary. Nursing students and faculty must always introduce themselves by name and tell patients, visitors and staff that they are students. Students and faculty must wear badges that clearly indicate their student or faculty status.

Customer perception can be positive or negative based on telephone contact. Everybody at Edward greets the caller, states "Edward", their department and name and offers assistance with a "smile" in their voice. Everybody at Edward also cleans up. Everyone is encouraged to pick up items off the floor and clean up spills.

Edward has a vigorous shared leadership structure at the unit and hospital levels. This ensures that the nurses' voices are heard and that they shape their practice. You are welcome to participate in shared leadership council meetings.

 To ensure the best clinical rotation experience, the Edward Hospital Professional Development Council requests the following:

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- Come early – we don't want you miss the critical information being handed-off during report
- Ask questions – you can't learn unless you understand
- Get involved – in EVERY aspect of the patient's care
- Be open – every experience (despite how insignificant they may seem) helps to mold the nurse you will become

Infection Control

The most important infection control action is to follow strict hand hygiene principles and techniques.

Standard Precautions are used for the care of all patients regardless of their diagnosis or presumed infection status. Always assume that blood, non-intact skin, mucous membranes and other body fluids and excretions except sweat are infectious. Wear gloves when you might touch potentially infectious substances. Never eat, drink, apply cosmetics, apply lip balm, or handle contact lenses in a patient care area.

Transmission Based Precautions are taken with patients known or suspected to be infected or colonized with highly contagious diseases. The precautions may be contact, airborne, or droplet. Because students have not been fitted with an N95 respirator mask, they should not be assigned to or provide care to patients with suspected or known Tuberculosis.

Resource information can be found on the Intranet. Isolation carts, signs outside the patient's room and the electronic medical record identify the type of isolation.

Interpreter Services

As Edward's patient population becomes more and more diverse, it's important that we have specially trained medical interpreters to help communicate. If a patient/family requires an interpreter for a language other than English, including a certified sign language interpreter, staff may access a medical interpreter by contacting the nursing supervisor. Trained telephone foreign language interpreters are accessed by using the phone number and access code posted on the Edward Intranet under the listing "interpreter." Language assistance is available 24 hours per day, 7 days per week at no cost to the patient. Family members and untrained interpreters should never be used

Clinical policy 088 Communication and Language Barriers clearly outlines the responsibilities of clinical staff.

Pain Management

Patients have the right to receive information and participate in decisions related to pain. At Edward, we use a pain score of 0 - 10 to assess pain at least every four hours if pain is present.
Some key steps to take to ensure adequate pain control are listed below.

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- ➢ **A**sk about pain regularly and assess pain systematically.
- ➢ **B**elieve patient and family reports of pain.
- ➢ **C**hoose pain control options appropriate for the patient, family and setting
- ➢ **D**eliver interventions in a timely, coordinated and logical manner
- ➢ **E**ducate the patient and family regarding their pain management plan
- ➢ **F**ollow-up assessment should be completed within 30-45 minutes after oral medication and 10-20 minutes after intravenous medication. Report your assessment to the nurse caring for the patient.

Performance Improvement

Edward Hospital is committed to providing the best possible care to our patients. Performance improvement teams are in place to review our existing practice and make recommendations for improvement, based on evidence based practice.

Recommendations have been implemented to Central Line maintenance and Foley Catheter maintenance. If you are assigned a patient who has a central line, such as a triple lumen catheter or a dialysis catheter, please familiarize yourself with the Adult Central Line Catheter Management policy. If your patient has a foley catheter, please review the Foley Catheter Use and Standards. Both policies and standards can be found on the Edward Hospital Intranet.

Edward Hospital utilizes a CHG (chlorhexidine) bathing protocol. Daily CHG bathing is an evidence-based practice used to reduce the risk of hospital acquired infections, such as MRSA and CLABSI. CHG is an antiseptic agent available in a liquid solution. It is added to a patient's basin bath. Disposable washcloths are used rather regular cotton washcloths due to CHG interaction with cotton. Only Provon moisturizing hand and body lotion can be used following a bath. All supplies are located on the units.

Restraints

At Edward Hospital, we are committed to minimizing the use of restraints, providing the least restrictive type of restraint, and removing the restraint at the earliest possible time.

Restraint Alternatives
There are a variety of techniques, known as restraint alternatives, which should be attempted prior to restraint use. Some examples of restraint alternatives include
- ➢ Doing a puzzle
- ➢ Providing tasks related to the patient's interests and abilities such as folding towels and stuffing envelopes
- ➢ Using the bed exit alarm
- ➢ Assessing and treating pain
- ➢ Placing IV lines, telemetry wires, and tubing out of the patient's sight

You may use a restraint only after restraint alternatives or de-escalation has failed. Restraints cannot be used for staff convenience, to discipline a patient, or if there is a restraint alternative that is more suitable for the patient and situation.

Restraints

A restraint is any device used to restrict a person's freedom from normal movement or access to one's body that cannot be easily removed by the patient. A restraint may be a physical device or a medication that is not a standard medical or psychiatric treatment for the patient. A restraint does not include straps used on tables for procedures, side rails on carts, orthopedic devices, or surgical dressings. Although a restraint is a last resort, it may be necessary to maintain a patient's safety.

Types of restraints at Edward Hospital include Medical/Surgical, Violent/Self-Destructive/Behavioral, and chemical restraints.

➢ **Medical/Surgical Restraints**
A medical/surgical restraint is used in medical and post surgical care when it may be necessary to limit mobility or temporarily immobilize a patient. Examples of patient conditions that may require a medical/surgical restraint include: confusion related to electrolyte imbalances, traumatic head injuries, acute confusion or delirium tremors.

➢ **Behavioral/Violent/Self-Destructive Restraints**
A behavioral restraint is defined as the use of restraint for emergency behavior management, when a patient's severely aggressive or destructive behavior places the patient or others in immediate danger. Examples of patient conditions that may require a behavioral restraint include: untreated or under treated schizophrenia, paranoia, patient stating they are going to lose control or may hurt someone or something

➢ **Chemical restraints**
A chemical restraint is a medication used to restrain a patient that is not a standard treatment for the patient's medical or psychiatric condition. Drugs used as restraints are medications used in addition to or in replacement of the patient's regular drug regimen to control extreme behavior during an emergency. The medications that comprise the patient's regular medical regimen are not considered drug restraints, even if their purpose is to control ongoing behavior.

Seclusion

In addition to the above listed restraints, a patient may be placed in seclusion if the observed behavior indicates. Seclusion is an involuntary confinement of a person alone in a room or area where the person is physically prevented from leaving.

Care of a Restrained Patient

While a patient is in a restraint, the following may be observed and should be reported to the RN immediately:

➢ Signs of physical distress
➢ Patient behavior
➢ Potential risk factors for injury

Risk Associated with Restraint Use
The use of restraints is not without risks to the patient. Risks to the patient include:
- Increased risk of falls, injuries, or death
- Pressure ulcers
- Urinary incontinence
- Decreased blood flow to the extremity
- Inability to breath related to the restraint being too tight
- Loss of physical independence
- Depression, confusion, and aggressive behavior

Staff Behaviors may affect patient behaviors
Staff members play a key role in affecting patient behaviors and ultimately restraint use.
It may be possible to avoid restraint application if staff:
- Remain supportive and validate the patient
- Speak in a calm, reassuring voice
- Explain all actions
- Give directions
- Are aware of body language

Using non-physical interventions are the key. Setting limits with the patient, taking time to listen, reducing stimuli, and getting the patient involved in identifying what will help them remain restraint free are the keys to a controlled patient care situation.

Patient Experiences may affect reactions to restraints
A patient's past life experiences may affect the way that the patient reacts to being restrained. Among these life experiences, age, developmental considerations, gender, ethnicity, and a history of sexual or physical abuse may negatively affect a restrained patient.
Restraints are known to increase agitation, cognitive impairment, and the likelihood of a fall in the older adult. A patient's gender, ethnicity, and history of sexual/physical abuse can bring out:

- fits of anger
- aggressiveness
- feelings of demoralization
- humiliation
- depression
- low self worth
- social isolation

National Patient Safety Goals
Edward Hospital is proactive in addressing patient safety and meeting the National
Patient Safety Goals. The 7 goals for 2015 are briefly summarized here.

Goal: Identify patients correctly
- Use two patient identifiers, patient name and birth date, prior to any treatment, procedure, test or medication administration
- Two patient identifiers are used when collecting blood samples and other specimens for clinical testing – specimens are labeled in the presence of the patient
- Use two patient identifiers to eliminate transfusion errors when giving blood and blood products. In addition to name and birthdate, we use other blood safety measures including a patient specific blood lock on each bag, patient specific ATX number and verification by two nurses. **Please note:** Students never administer blood or blood products
- Prior to the start of any invasive procedure, confirm the right patient, procedure and site
- The patient room number or physical location is not used as an identifier

Goal: Improve staff communication
- All verbal and telephone orders or reporting of critical test result requires a "read back" – **Please note**: students may never take a verbal or telephone order or receive a critical test result
- Report and document all critical test results within 60 minutes - **Please note**: students may never accept a critical test result
- Use a standard approach to hand off that provides accurate information about a patient's care, treatment and services, current condition, and any recent or anticipated changes and includes the opportunity to ask and answer questions
    - At Edward Hospital, we use SBAR Communication. As a student you can use SBAR communication as outlined in the following example:
        - S – Situation – Mr. S
        - B – Background – with a diagnosis of abdominal pain/pancreatitis
        - A – Assessment – has been complaining of increased abdominal pain of 10/10 despite using his dilaudid PCA 12 times in 2 hours
        - R – Recommendation - could he be due for a loading dose or should we consider adjustment to his PCA?

Goal: Use medications safely
- Limit and standardize drug concentrations. This has been addressed by pharmacy.

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- Review list of look-alike/sound-alike drugs and take actions to prevent errors
- Label all medications if not administered immediately with name, concentration and date.
- Label all medications all and off the sterile field.
- Use approved protocols for initiation and maintenance of anticoagulation therapy
  - Anticoagulation Standing Orders, Dosing Protocols and patient education materials are available via the Edward Intranet.
- Reconcile medications across the continuum of care
  - Obtain and document a complete list of medications upon admission to the hospital and compare the list to the currently ordered drugs. Nurses in the Emergency Department may begin the list. The list is completed on the unit for the admitting nurse as soon as possible. The list is used to frame medication discussions with the physician.
  - Upon discharge the home medication list is compared to the discharge list with each medication being accounted for.
  - Provide a complete list of medications to the next provider of service.
  - Provide patients with a complete list of their medications at discharge \

Goal: Use alarms safely
Ensure alarms are heard and responded to on time

Goal: Prevent Infection
- Comply with Centers for Disease Control and Prevention (CDC) hand hygiene guidelines. This is everyone's responsibility! Hand Sanitizer dispensers are located in every patient room and in convenient locations throughout the hospital. Perform hand hygiene upon entering and leaving a patient's room and after having contact with a patient.
- Use proven guidelines to prevent infection of blood from central lines
  - Central Line Bundle (available via Edward Intranet)
  - 15 second hub scrub
  - Biopatch application
  - Daily review of line necessity
- Reduce the number of catheter related urinary tract infections
  - Foley catheter protocol (available via Edward Intranet)
  - Use of Foley stabilization device
- Reduce risk of surgical site infections
  - Surgical Care Improvement Project protocols (available via Edward Intranet)
- Manage as sentinel events any cases of unanticipated death or loss of function associated with health care-associated infection. At Edward, this responsibility is handled by a team, including staff from risk management, quality and nursing.

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Goal: Identify patient safety risks
- Identify patients at risk for suicide. Patients identified as suicidal risk will have constant
direct supervision. See policy CLIN_117 Suicide Precautions

Goal: Prevent mistakes in surgery
- Use a preoperative verification process. At Edward, we conduct a "time out" immediately prior to the procedure to verify correct patient, procedure, site, position, implants/special equipment, and correct images/reports available and consistent with planned procedure.
- Mark surgical sites - **Please Note**: this is the surgeon's responsibility and will never be done by a student.

Rapid Response Team

In an effort to mobilize resources and provide prompt clinical support for an unstable patient in a non-critical care setting, Edward has implemented a Rapid Response Team. Like other codes, the Rapid Response Team is activated by dialing 75555. The Team is composed of a Critical Care Nurse, a Respiratory Therapist, and an Advance Practice Nurse or House Officer. The team responds to staff concerns about a change or decompensation in a patient's condition with the primary focus of assisting the bedside nurse with rapid assessment, communication and stabilization of the patient. This does **not** replace a Code Blue when the patient is in cardiopulmonary arrest.

Patient/Family Activated Rapid Response Team

This is a team that a patient or family member can activate when they feel they are not being heard by their healthcare team. The Patient Family Activated RRT is a team of clinicians who bring care management expertise to the bedside. It, however, is not the same team that brings critical care expertise when responding to a staff activated RRT, but a team that may include Nurse Managers, Directors, Administrative Directors, Patient Service Coordinators and/or Charge Nurses. This team is available to respond to patient/family calls 24 hours a day, 7 days a week, including holidays. The team will arrive when the patient calls 75555. Information on how to access the team will be available in every patient room, as well as through education upon admission. Please take the time to make your patients feel comfortable accessing this system as it is an additional measure to keep our patients safe.

Other Safety Initiatives

We strive always to prevent health care associated pressure ulcers. We Assess each patient's risk for developing a pressure ulcer and take action to address any identified skin risk. We assess patients using the Braden Scale on admission and daily. A tutorial on the Braden Scale is located on the Intranet, under Caring for Patients tab, Guidelines and Protocols/Wound, Skin and Ostomy Care. Additional resources found

here include the skin care algorithm and the wound and skin care quick reference guide.

Ongoing efforts are underway to prevent falls. All patients are considered at risk of fall because of their hospitalization. However, patients are assessed twice a day for risk of fall, to identify those who are at highest risk. Nursing interventions are based on risk. Falls are monitored as part of the unit score card.

On The Nursing Unit

Communicating with the RN and Other Members of the Team
Nursing students are expected to receive shift report when coming on duty and are to report off to the nurse when leaving the unit for any reason. Students are expected to **clearly** communicate to the RN the type of care they will be providing for each patient, such as morning care, medication administration, procedures, etc. Communication is a key factor to a positive clinical experience.

Computer Use
Edward Hospital provides "view only" access for students on the Epic computer documentation system. Students do not document in the computer but can go into the system to view labs, radiology reports, databases and other documentation. Contact your faculty member if you are having difficulty accessing the system.

Medication Administration
The hospital is equipped with Pyxis machines on all inpatient units for the dispensing of most of the patients' routine medications including narcotics. Faculty members have access to the Pyxis system. Students will **not** be given individual Pyxis access codes. You will access medications with your faculty member.

The majority of units at Edward are currently using Bedside Medication Verification (BMV) for bar code identification of patient and medications. You will use this system with your faculty member.

Documentation
The hospital uses military time for all documentation.
Most of the units have computerized documentation. Students are given view only access and are not allowed to chart in the electronic medical record.

Phone and Paging Systems
Frequently used department phone numbers are posted in the nurses' stations and pods (mini-stations). Pagers can be accessed either by dialing 861 and then following the prompts or accessing the Hospital Intranet and locating the person or department's

name. In many areas, RNs carry Spectralink phones and the Patient Care Technicians carry phones or pagers. Spectralink phone numbers and the names of the staff carrying them are posted in the nursing station and in the pods. Students are not permitted to make personal calls using the hospital phone system.

Evaluation of the Clinical Experience at Edward

We are always striving to improve student clinical experiences and appreciate receiving feedback from faculty and students. To that end, your faculty member will ask you to complete the attached form at the end of your clinical rotation. Don't hesitate to tell your faculty member or the unit educator if you have any immediate concerns.

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Edward Hospital
Nursing Student Clinical Rotation Evaluation

Thank you for spending time with us here at Edward Hospital. We are interested in your feedback on your clinical rotation. Please complete this evaluation so that we can continue to improve clinical experiences for students.

Part A

For the items below, please choose the response that best matches your experience:

1 – Strongly Disagree   2 – Disagree   3 – Agree   4 – Strongly Agree

1.	As a student, I felt welcome on the unit	1 2 3 4
2.	The nurses on the unit were available to answer my questions	1 2 3 4
3.	The nursing care I observed on the unit was of high quality	1 2 3 4
4.	As a result of this experience, I feel more confident in providing nursing care	1 2 3 4
5.	I was able to meet my learning objectives through my experience on this unit	1 2 3 4
6.	I would like to have the opportunity for additional clinical rotations at Edward Hospital	1 2 3 4
7.	I would recommend Edward Hospital for other students	1 2 3 4
8.	I am considering employment at Edward Hospital	1 2 3 4

9.   Please tell us why you would or would not consider employment at Edward:

_____

10   What nurse or nurses impressed you and why? Please be specific:

_____

11.   What aspects of your experience could we improve?

_____

12.   Please share additional comments here. (Use reverse side if needed)

_____

Part B

Please provide this information about you:

Your college _____

Your anticipated graduation date _____

The Edward Unit and date of your clinical experience _____

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