

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.

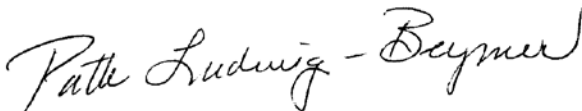
Many of you have been here for previous clinical rotations, and we welcome you back. Welcome, also to those of you who are new. So that you have a safe and productive clinical experience here, we ask that you review the following documents:

- 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,

A handwritten signature in cursive script that reads "Patti Ludwig-Beymer".

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

2017 Orientation Handbook

Welcome to Edward-Elmhurst Health. We are glad that you have joined us. This document is intended to provide you with the basic information you need to know about our company, culture and the policies that guide our work environment. In this document, you will find the basics on:

- Edward-Elmhurst Health
- Our GREAT Service Standard
- Healthy Driven Road to Zero Harm
- HR Policies & Procedures
- Essential Information such as Parking and ID Badges
- Diversity and Inclusion
- Emergency Preparedness
- Infection Control
- Risk Management
- Corporate Compliance, Information Privacy & Security
- Violence Prevention
- Stroke and Heart Failure Awareness

You are expected to have an understanding of these topics and to abide by Edward-Elmhurst Health policies and procedures.

If you have questions about any of these materials, please discuss them with the manager in your department or with Human Resources.

We look forward to working with you at Edward-Elmhurst Health!

Company Overview

Edward-Elmhurst Health, comprised of three hospitals and over 100 locations, is one of the largest healthcare systems serving the west and southwest suburbs of Chicagoland. We are driven to provide our more than 8,500 employees at over 100 locations the support they need as we expand our reach even further.

Our hospitals include:

Edward Hospital (Naperville)

Elmhurst Hospital (Elmhurst)

Linden Oaks Hospital (Naperville)

Our ambulatory sites include:

Primary Care offices (Family Practice and Internal Medicine)

Specialty offices

Immediate Care Centers (Bolingbrook, Hinsdale, Naperville, Oswego & Oak Park)

Walk-In Clinics (Jewel-Osco and some in family practice offices)

Our Mission, Vision and Values

Our **Mission** as a health care system is *advancing the health of our communities by providing outstanding healthcare services.*

Our **Vision** is to be *locally responsible and regionally relevant.*

We are DRIVEN by our Values:

- Determination
- Respect
- Integrity
- Vision
- Excellence
- Nurturing

G.R.E.A.T Service Model

Our service standard is a simple communication tool that inspires a service-minded culture. We need to deliver a consistent patient experience across our system. Every patient. Every encounter. A great patient experience can only be achieved with a consistent communication method. That is why we created the G.R.E.A.T.™ service standard in 2015.

There are five components of every successful encounter. These component make up **G.R.E.A.T.™**

Greet. Relate. Explain. Ask. Thank.

The **G.R.E.A.T.™** service standard allows us to align our mission/vision/values with our culture and helps enhance patient satisfaction, improves care quality, and creates a more engaged staff.

Greet: Introduce yourself in a welcoming reassuring way.

The greeting addresses that all important first impression which immediately establishes how the patient feels they are going to be treated. And considering that patients are often anxious, stressed or frightened, a warm greeting goes a long way toward making our patients feel welcomed and comfortable.

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

Before diving into the business side of things, try to connect on a personal level. It doesn't take long to build rapport by asking patients about their work, family, hobbies or favorite sports teams. And make sure to share something about yourself as well to personalize the experience.

Explain: Clarify your role and the situation/plans as clearly as possible.

Explaining things thoroughly and clearly can empower patients to overcome fear and anxiety and inspires them to be more involved in their care. Carefully explain any unfamiliar environments, complex processes, or even basic procedures to a patient or family member. Use easy to understand language and let them know how long things will take.

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

When something is obvious to us, we assume everyone else understands it clearly as well but patients come from cultures, upbringings and educational backgrounds, so we can't assume we all perceive things the same way. Asking questions helps us understand whether our explanations have been understood which in turn helps patients take better care of themselves.

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

Thank your patients. Encourage them and let them know how much it really means to you that they trusted you with their care. This will reinforce their belief that they made the right choice.

HEALTHY DRIVEN ROAD TO ZERO HARM

Edward-Elmhurst Health is firmly committed to building a culture that ensures the safe, highly reliable outcome for every patient. We call it our Healthy Driven Road to Zero Harm. It means zero harm—*every patient, every time.*

High reliability organizations (HROs)

“operate under very trying conditions all the time and yet manage to have fewer than their fair share of accidents.”

Managing the Unexpected (Weick & Sutcliffe)

To achieve safe, highly reliable outcomes, we must use the following principles to guide our work:

Error Prevention and Safety Toolkit

Behaviors	Error Prevention and Safety Tools
Pay Attention to Detail We focus our attention – always thinking before we act.	1. Do a self check using PAR (Pause/Act/Review).
Communicate Clearly We communicate so that information is heard correctly and understood. We provide effective handoffs of patients, projects and tasks.	1. Use 3-way communication (send, repeat or read back and confirm). 2. Ask clarifying questions. 3. Assure effective handoffs using SBAR (Situation/Background/Assessment/Recommendation).
Have a Questioning Attitude We ask questions – always asking whether conditions fit with what we know and checking with expert sources if they don't.	1. Question and confirm.
Speak Up for Safety We assertively and respectfully ensure that work is stopped when uncertain and unsafe conditions are identified.	1. Say “I have a safety concern.”
Focus on the Team We always help others to do the right thing and expect that they will do the same for us.	1. Do cross checks with “I've got your back.” 2. Provide peer feedback.

HR POLICIES & PROCEDURES

The policies and procedures of the System are not intended to imply a contract between you, the employee and Edward-Elmhurst Health. Both you and the System are free to terminate the relationship at any time and for any reason. This relationship cannot be modified by any policy or any person. The System reserves the right to modify, suspend and/or interpret the policies and procedures, in writing or otherwise at any time, as set forth whenever it deems such variances to be appropriate. Employees and non-employees (contractors, students, interns, etc) are subject to policy modifications as well as to new policies, whether or not you have been specifically informed of these changes.

HR Policies & Procedures can be found on the EEH intranet sites (*MyEdward* or *MyElmhurst*, depending on your location). A screen shot of *MyEdward* can be found below. You can find policies and procedures under the tab, or by using a key word search. If you have questions about HR Policies & Procedures, contact your immediate supervisor or human resources. However, the interpretation of HR or the appropriate System leader is authoritative and neither you nor any manager or supervisor has the authority to modify the content of any of the above referenced documents.

The screenshot displays the MyEdward intranet interface. At the top, the navigation bar includes the 'Healthy Driven' logo and a search bar. Below this, a horizontal menu contains tabs for 'Working at Edward', 'Caring for Patients', 'Education & Training', 'Departments', 'Policies & Procedures', and 'Quality & Safety'. The main content area is divided into several sections: 'Find People' with search filters for name, department, phone, or pager; 'My Rewards' featuring a 'Participate in My Healthy Driven and save in 2017' campaign with a 'DECEMBER 1' deadline; 'My Edward This Week' with 'In This Issue' articles about a Dec. 1 deadline for medical plan contributions and a 'Healthy Driven Toy Drive 2016'; 'Events This Week' listing sales like 'Foundation hosts jewelry sale' and 'Edward Foundation Uniform Sale'; 'Events Coming Soon' including a '2 Day Bake Sale' and 'Shoe Sale'; and 'Let's Celebrate!' with 'Good Catch' stories and a 'DAISY Award' recipient.

ESSENTIAL INFORMATION

Smoking

Smoking is prohibited on all Edward-Elmhurst campuses. Workers must leave campus to smoke. Edward-Elmhurst strictly enforces a no smoking policy; failure to comply will result in removal from the property.

ID Badges

New hires, contractors, students and interns will be issued an ID badge and it must be worn at all times while working, must be visible to others, and is to be worn above the waist, typically at collar level.

Dress Code

Workplace attire and grooming must be neat, clean and appropriate for the work being performed and the setting in which the work is performed. Specific entities within the System have established more specific guidelines based on the needs of their particular business; if such a policy exists, that policy is to be followed. Please consult with the manager of your area.

Parking

Parking decks are intended for patients, visitors and staff with permits. Students and faculty are to park in the employee parking lots B and C for day shift clinical. After 1400, students and faculty may park in the North Parking Garage on the roof or the floor below. Cars parked illegally will be ticketed and may be towed.

Solicitation/Distribution Restrictions

Solicitation and Distribution includes distribution of written material or verbal solicitation of others to join or contribute to any organization, fund, activity or cause, whether it be of an educational, commercial, political, religious or charitable nature (except an Authorized Activity), including but not limited to any request to sign a petition or other request of membership, support, contribution or sale of goods on behalf of any organization, fund, activity or cause.

Edward-Elmhurst Health prohibits the solicitation, distribution and posting of materials on or at System property by any employee or non-employee, except as may be permitted by this policy and in accordance with applicable regulations. Exceptions to this policy include charitable and company-sponsored activities supported by System management and in alignment with our vision and values.

Non-employees are prohibited from solicitation at all times and in all areas unless as part of an Authorized Activity as defined in the EEH policy. Non-employees are

prohibited from distributing literature or materials at all times and in all areas including parking lots, cafeteria, etc.

DIVERSITY AND INCLUSION

Edward-Elmhurst Health's mission is *to advance the health of our communities by providing outstanding healthcare services*. We are *DRIVEN* to create a culture where employees of various races, ethnicities, religions, sexual-orientations, physical abilities, and socio-economic backgrounds are able to meet, share and learn in an accepting environment. By creating platforms and opportunities that allow us to come together, we can begin to know and understand each other. And through better understanding, we can effectively meet the needs of our diverse patients and deliver on our mission *to provide outstanding healthcare*.

Our *D.R.I.V.E.N* values of Determination, Respect, Integrity, Vision, Excellence and Nurturing form the foundation of our inclusive and diverse workplace. At EEH, we believe that in order to foster *Respect*, everyone should be treated with dignity. To deliver *Excellence*, patients must be at the center of the experience. Our patients are distinct and our work force should represent that diversity. And to focus on our *Vision*, we must foster a mindset that emphasizes collaboration. These values and others can only be met by encouraging a diverse and inclusive working environment for our employees. At EEH, we believe that a diverse workforce will nurture an atmosphere of open discussion and diversity of thought, creating better outcomes for our patients.

It is our shared responsibility to take care of our patients and each other, to build an environment where each person is valued and can grow.

Our approach to diversity focuses on three main objectives:

1. Promoting an inclusive work environment, through training, education, and creating platforms for awareness and discussions.
2. Utilizing real data on our employees, patients and communities to identify and address health disparities.
3. Increasing representation of minorities in Governance and Management to reflect the communities we serve.

EMERGENCY PREPAREDNESS

To prepare for an emergency, you must be aware of reporting and response procedures. For emergencies call:

Edward Hospital **7-5555** (Edward Hospital phones)
Elmhurst Hospital **66** (Elmhurst Hospital phones)

Linden Oaks Hospital 85 (Linden Oaks Hospital phones)
Off-Site Business and Clinic Locations **911**

For any other non-emergency issues, after hour access and/or badge questions, please contact:

Edward Hospital Public Safety at extension **7-3399**

Elmhurst Public Safety at extension **15500**

Emergency Codes

There are a number of Emergency Codes that may be activated during the normal course of a day at. It is important to know and understand each code and how they may pertain to you and the area in which you are working.

Code	Designates
Code Blue	Medical Emergency Response
Code Blue (Child)	Pediatric Medical Emergency
Code Tornado	Severe Weather (Tornado)
Code Gray	Bomb threat
Code Active Threat	Active Threat with a Weapon
Code Pink	Infant/Child Abduction
Code Adam	Missing VISITOR (child or adult)
Code Hazmat	Mass Patient Decontamination
Code Elopement	Missing adult inpatient
Code Red	Fire
Code Evacuation	Evacuation/Relocation
Code Triage	Mass Casualty
Code Outage	System and/or Utility Failure
Code Support	Restraint Team
Code Command	Activate Emergency Operations Center
All Clear	Cancels Announced Code

Fire Safety (Code Red)

All staff/faculty/student need to be familiar with the RACE/PASS fire response procedures, location(s) of exits/areas of rescue assistance, fire alarm pull stations, and fire extinguishers for the location(s) they work in.

There are two types of fire responses based on the location you work.

Defend in Place

All employee/faculty/student that work at Edward Hospital, Elmhurst Memorial Hospital, Linden Oaks Hospital, and the Plainfield Emergency Department practice "Defend in Place". Employees at these locations follow RACE/PASS, but may stay in the building by moving

patients, staff, and visitors to a safe area (smoke compartment) away from the fire area. There are at least 2 smoke compartments for each patient care unit, and can be recognized by a set of fire doors that automatically close when the fire alarm sounds.

Evacuate Upon Alarm

Employees who work in clinics and business offices outside the hospital buildings practice “Evacuate Upon Alarm”. Employees at these locations follow RACE/PASS, but leave the building and meet in a designated meeting point away from the building.

Evacuation should only be used as a last resort in a fire in a multi-story patient care area. In the event a 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 adjacent to entries, exits, stairwells and elevators.

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 require a complete evacuation during a fire.

During an evacuation, remember the following:

- 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

RACE/PASS

R	Rescue patients, staff, and visitors from the area affected by fire/smoke and move to an area way from the fire.
A	Alarm building occupants by pulling the nearest fire alarm pull station and calling your locations Emergency Number.
C	Contain the smoke or fire by closing all doors, windows and other sources of airflow.
E	Extinguish the fire using the P.A.S.S. method, only if it can be done safely, or Evacuate .

P	Pull the fire extinguisher pin out of the handle.
A	Aim the fire extinguisher horn, hose, or nozzle at the base of the fire.
S	Squeeze the handle trigger.
S	Sweep the contents from side to side at the base of the fire until the fire is extinguished.

Active Threat with a Weapon Response

In the event there is a person(s) in the hospital using a weapon against staff/visitors/patients, an announcement will be made three times “Code Active Threat with a weapon” followed by a description and location of the incident. After the notification employees will immediately follow the steps below:

RUN – HIDE - FIGHT

RUN – Immediately get out of the area and/or building

HIDE – Lock/barricade yourself behind a door and use available resources to fight should the person(s) with the weapon enter the room

FIGHT – If unable to RUN or HIDE and in immediate danger, act as aggressively as possible by fighting the assailant. Any object can be thrown and used to distract or incapacitate the assailant so that you can escape.

INFECTON CONTROL

In the course of work, you may be exposed to bloodborne pathogens, which are microorganisms that may be present in blood or bodily fluids. These can include but are not limited to:

- Hepatitis B-can cause Hepatitis
- Hepatitis C-a serious liver disease
- HIV-can cause AIDS, which compromises immunity

Bloodborne Pathogens are **NOT** easy to catch, even for healthcare workers.

You must have 'exposure' to blood or certain other body fluids that might contain the virus. This does not include sweat, which does not transmit these organisms, so casual contact cannot spread these diseases.

An exposure could be:

- Needle stick or cut with a used needle/scalpel
- Splash of blood/body fluid to eyes, nose, mouth
- Blood/body fluid getting into non-intact

In the event of an exposure, do the following:

1. If it is a needle stick or non-intact skin, clean the site. If it is a splash to the eyes or mucous membranes, flush with water.
2. Notify your supervisor or charge person.
3. Go immediately to Occupational Health. If it is after hours, please notify your charge person, and they will direct you.
 - You will receive a free, confidential evaluation, including any required testing or treatment.
 - It's important that you treat any exposure (or any on-the-job injury) seriously.
 - If you are exposed, do not wait until the end of your shift or the next day to be seen by Occupational Health.
 - The CDC (Centers for Disease Control) says that if your exposure was to a patient carrying the HIV virus, you need to receive treatment within **hours** of the exposure. If you wait a few days to be treated, it may be too late.
 - Fill out an RL6 Safety Event Report

It is important to practice **Standard Precautions** at all times with all patients. Standard Precautions include:

Hand Hygiene

Always follow these steps when performing hand hygiene:

- Wash hands when visibly dirty or contaminated with blood or other body fluids.
- Wash hands before eating or after using the restroom
- Wash hands when caring for patients with confirmed or suspected Clostridium difficile (C. dif) or with diarrheal illness.
- Wash hands with soap and water for at least 20 seconds
- Use hand sanitizer when hands are not visibly soiled
- Practice hand hygiene before and after every patient contact, before and after removing gloves, after removing PPE or something that may be contaminated, and before touching something clean (linens,

supplies, etc).

- Use only health-care approved hand lotion in clinical areas (no lotions from home)
- Nails are kept short in clinical areas (less than ¼ inch from the fingertip) and nail polish must be fresh and not chipped. Artificial nails are not allowed.

Personal Protective Equipment (PPE)

- Wear gloves if you expect to contact blood, bodily fluids, mucous membranes or non-intact skin
- Wear a mask and/or eye protection if you anticipate splashing fluids
- Add additional PPE if needed

Disinfecting equipment and work surfaces

- Clinical Staff uses Sanicloth wipes for disinfection (Bleach wipes for C. dif or diarrheal illness)
- Clean equipment after use on any patient
- Any surface or equipment soiled with blood or bodily fluid (even stool) must be cleaned and disinfected immediately.

Proper Food Storage

- Food and drink should be stored in designated staff refrigerators and break rooms only
- Do not eat or drink in clinical areas

Addressing illnesses

- Stay home when you are sick

Use **Isolation Precautions** when interacting with patients with dangerous or highly contagious diseases.

Isolation precautions can include:

- Contact isolation-All staff and visitors must wear an isolation gown and gloves when entering a patient room
- Droplet isolation-All staff and visitors must wear an isolation mask when entering a patient room
- Airborne isolation-Patients must be placed in a negative pressure airborne isolation room. All staff must wear a N-95 respirator. These must be fitted before entering the patient room. Visitors must wear an isolation mask.



Isolation mask

When Isolation Precautions are used, the following steps must be taken:

No Admission to isolation room without proper personal protective equipment as listed and indicated on the isolation sign outside of the patient door.

Wear PPE before entry into the room. Upon leaving the room, remove and dispose and wash hands or use hand sanitizer.

Dedicate equipment and supplies or use disposables for isolation patients whenever possible. Please use disposable stethoscopes for patients in isolation precautions.

Any equipment or supplies removed from isolation room must be disinfected with SaniCloth. Please remember to use the bleach wipes for patients in Enteric/Contact plus isolation. Use the bleach wipes at Elmhurst hospital for those patients with a diarrheal illness.

Educate and reinforce isolation procedures with visitors.

For more information, or to answer infection control questions, speak to your manager or use the following resources:

- Intranet (MyEdward/MyElmhurst)-Quality and Safety Tab-Infection Prevention-Infection Control
- Call the Infection Control Department

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. (Edward Hospital) or can be found in the isolation drawers (Elmhurst Hospital).

Nursing staff will document isolation in Epic.

Hang appropriate isolation sign outside room.

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

Place disposable stethoscope in patient's room

For patients in Enteric/Contact Plus isolation, place small sign on hand sanitizer dispenser in patient's room.

Discontinuing Isolation Precautions

Please refer to your hospital's Isolation policy for requirements to discontinue isolation. You may also consult Infection Control before discontinuing isolation.

RISK MANAGEMENT: PATIENT RIGHTS, CHAIN OF COMMAND AND REPORTING

Patient Rights

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

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 resource person.

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.

There is no retaliation for invoking the chain of command.

Reporting Errors and Near Misses

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

Bring unusual events to the attention of the charge nurse, department lead, or unit manager.

CORPORATE COMPLIANCE, INFORMATION PRIVACY & SECURITY

Edward-Elmhurst Health is dedicated to conducting business honestly and ethically wherever Edward-Elmhurst Health operates. Edward-Elmhurst Health expects that you will follow the

principles and rules when performing services on behalf of Edward. In addition to those described in other sections of this orientation guide, below are other key principle and rules from Edward-Elmhurst Health's Corporate Compliance Program that you need to comply with:

Standards of Conduct

Our Standards of Conduct ("Standards") are a critical component of our overall Compliance Program. The Standards provide guidance to assist individuals in carrying out the organization's daily activities within appropriate ethical and legal standards. The Standards shall be followed by all employees, contractors, physicians, Board members, Committee members, and individuals who work for or with Edward-Elmhurst Health. The Standards should be viewed as a valuable resource that assists these individuals in making ethical and professional business decisions.

All individuals must avoid situations in which their personal activities or relationships could create, or appear to create a conflict of interest, or make it difficult to objectively carry out job responsibilities or act in the best interest of Edward-Elmhurst Health.

On occasion, Edward-Elmhurst Health's patients, physicians, business partners, and vendors want to show Edward-Elmhurst Health's employees how much they are appreciated by providing gifts to them. Talk to your manager before you accept a gift from anyone.

Compliance with Law

You must strictly observe all laws and regulatory requirements that apply to Edward-Elmhurst Health.

Be familiar with the basic legal requirements that are relevant to your duties.

Ask your Edward-Elmhurst Health resource person if you require assistance in understanding your legal obligations.

Keep Accurate Records

Comply with Edward-Elmhurst Health and government requirements regarding record keeping.

All records and reports must be prepared accurately and retained in accordance with Edward-Elmhurst Health policy.

All communications, whether within Edward-Elmhurst Health or to outside agencies or individuals, must be truthful.

You may not engage in any conduct that results in false, artificial, or misleading entries being made in any record.

Duty of Loyalty and Good Faith Dealing

You must exercise the utmost good faith in all transactions and arrangements touching upon your duties to Edward-Elmhurst Health and its property.

In your dealings with and on behalf of Edward-Elmhurst Health, you are held to a strict rule of honest and fair dealing between yourself and Edward-Elmhurst Health.

You should not attempt to influence any Edward-Elmhurst Health employee to use their position in such a way that a conflict might arise between the interest of Edward-Elmhurst Health and that of the individual.

You may not provide Edward-Elmhurst Health employees with any gifts, favors, perquisites or fringe benefits that might influence their decision making or actions affecting Edward-Elmhurst Health.

Confidentiality and Non-Disclosure

While at Edward-Elmhurst Health, you may have access to confidential information having a special and unique nature and value to Edward-Elmhurst Health. This may include, but is not limited to, information about patients, families; or employees; clinical policies, methods training and instruction manuals; financial information; trade secrets; systems, and other matters relating to the operations of Edward-Elmhurst Health's business.

At any time during or following your association with Edward-Elmhurst Health, you are not permitted to disclose, publish, divulge or use any such confidential information, except to carry out your duties while at Edward-Elmhurst Health or as otherwise permitted under your contract with Edward-Elmhurst Health.

Any unauthorized disclosures may be subject to legal action.

Coding and Billing for Services

You are required to exercise care in any written or oral statement made to any government agency or other payor.

Edward-Elmhurst Health will not tolerate false statements by its contractors to a government agency or other payor.

Deliberate or negligent misstatements to government agencies or other payors by contractors may result in contract termination, legal action, and criminal penalties.

Reporting Unethical Conduct

Laws such as the federal False Claims Act and the Illinois Whistleblower Reward and Protection Act help prevent waste, fraud and abuse against the federal and state governments. These laws encourage individuals to report the filing of false claims for services and allow individuals to sue an individual or business that has knowingly submitted false claims to the government.

All employees, patients, visitors, contractors, representatives, and affiliates have access to a Privacy and Compliance Help Line telephone number for anonymously reporting. The Help Line number is 1-877-7 69-9447..

The Help Line is operated by an independent third party. Reports to the Compliance HelpLine are received by that independent party, and reported to Edward-Elmhurst Health's Corporate Compliance Department for immediate investigation and follow-up.

To preserve anonymity, reporting parties may follow-up directly with the Help Line to learn what has been done in response to their report.

No threats, harassment or retaliation will be made against any individual making a report in good faith.

What is included here cannot cover every situation you may encounter. When the best course of action is unclear, seek the guidance of your Edward-Elmhurst Health resource person, Edward-Elmhurst Health's Corporate Compliance Department, or call the Compliance HelpLine.

Like all health care organizations, Edward-Elmhurst Health 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

DO NOT

- 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 at work
- 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-Elmhurst Health'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-Elmhurst Health will use patient information.

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

To receive a copy of Edward-Elmhurst Health'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-Elmhurst Health 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-Elmhurst Health 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-Elmhurst Health agrees to.

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

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 supervisor and to the Corporate Compliance Department.

At Edward-Elmhurst Health, 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 required specific 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 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 manager 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-Elmhurst Health 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 it and what they sent).

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

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

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: Edward246

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 your own and that of your family members, except as is allowed through following formal medical record procedures.

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

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.

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.

VIOLENCE PREVENTION

Workplace violence is any act or threat of physical violence, harassment, intimidation or other threatening or disruptive behavior. It ranges from verbal abuse to physical assaults to homicide. Healthcare workers are victims of workplace violence at twice the rate of the general workforce.

Violence does not occur spontaneously. It's the final stage of 4 behavioral and emotional response stages an individual may go through. Awareness of your personal feelings and the responses of others is critical to ensure the safety of yourself and others.

Stage 1-Normal Stress and Anxiety

Individuals are rational and in control of their emotions but show signs of stress/anxiety

Stage 2-Rising Anxiety

Signs may include rapid heart rate, confusion or inability to problem solve, high pitched voice or quiver, nervous habits (finger/foot tapping)

Stage 3-Severe Stress & Anxiety

Signs may include disruptive behavior, shouting, swearing, arguing, threats, clenched fists, pacing, fixed stare, throwing objects, indications of drunkenness or substance abuse.

Stage 4-Acute Crisis

Signs include out of control cognitive, emotional and behavioral levels, being unresponsive to verbal intervention, fear, uncontrollable crying, violent behavior (kicking, punching, biting, scratching, slapping).

Recognition of any of these stages of behavior is the first step in managing a crisis.

Clinical risk factors may be:

- Intoxication
- Pain
- History of Violence
- Cognitive Impairment
- Forensic patient
- Psychiatric condition

Environmental risk factors may be:

- Long wait times
- Room temperature
- Noise level
- Unsecured furniture
- Absence of security systems such as cameras or panic alarms

Personal risk factors may be:

- Tone of voice or choice of words
- Body language, position in the room, proximity to patient
- Hair, jewelry
- Medical equipment (scissors, pens, sharp objects)
- Accessories (lanyards, stethoscopes)

Using the GREAT model can help de-escalate a potentially violent situation. For example:

GREET: ask permission to enter the patient room, smile and make eye contact

RELATE: listen and use empathetic statements such as “please let me know what is bothering you”

EXPLAIN: Clarify your role and explain the plans as clearly as possible. For example: “We need to check your vital signs to ensure you are feeling better”

ASK: use open-ended questions such as “how can we correct this problem”?

THANK: show gratitude such as “thank you for waiting” or positive statements such as “I hope you are feeling better”

Avoid the following:

- Sarcastic or condescending tone
- Minimizing what the person says
- Making promises that can’t be kept
- Becoming defensive
- Blaming others or saying “it’s not my job”

If GREAT techniques are not successful, limit setting may help gain control of a situation:

Use phrases such as:

“Please sit down. I don’t want to involve security but I may have to if you can’t control yourself”

“I know you need help. Please give me a moment to get to your room before pushing the call button again”

“I am trying to help you, but I can’t help if you continue to yell at me”

Reporting Workplace Violence

Workplace violence is not tolerated and is not part of your job. Report incidents to your Supervisor and through the Safety Event reporting system (found on *MyEdward*; pictured below) to help raise awareness and prevent future incidents.

STROKE AND HEART FAILURE AWARENESS

All healthcare employees should know the warning signs of both strokes and heart and how to respond to either scenario.

Strokes Strike **FAST**:

- F= Face: The patient’s smile may be uneven or one side of his/her face droops

- A= Arm: The patient may have weakness or paralysis on one side
- S= Speech: The patient's speech may be slurred
- T= Time: If you observe any of these signs, call the nurse immediately

What you need to know about heart disease:

- Chest pain and shortness of breath can be symptoms of many different conditions, including heart failure, pneumonia and other cardiac and respiratory conditions. Some of these conditions can be serious and life threatening.
- If a patient experiences chest pain and/or shortness of breath, please contact the patient's nurse immediately!

CONFIDENTIALITY

EEH is a health care facility abiding by a policy of confidentiality. You are serving as a representative of the healthcare system and we expect you to conduct yourself in a professional manner and consider all information that you may hear directly or indirectly concerning a patient or staff member to be confidential.

Any person disregarding this policy is subject to immediate dismissal from the job site and ultimately from the system. Confidentiality means keeping all information about patients and employees private and sharing information with others on a "need to know basis".

You cannot discuss with or reveal patient or employee information to:

- Your immediate family, relatives, friends, neighbors, etc.
- One patient about another patient
- Visitors to the hospital
- Representatives of news media (Print/T.V./Radio)
- Any insurance company, lawyers, or other business unless authorized by the patient, subpoena or court order

WELCOME

We are happy that you have joined our team. Do understand that this document is not all-inclusive of information that you will need to perform your function. Each department will provide specific training and guidance as necessary, and in accordance with any regulatory body.

If you have any questions, please do not hesitate to contact the manager in your department or Human Resources, and they can guide you to an answer.

As part of our health care system, we encourage you to understand that you are here to care for yourself, for each other, and our patients. Our business is care-giving, and we support one another. If we see or hear anything that needs attention, we must question, report, and collaborate in order to provide the best possible outcomes.

Welcome to Edward-Elmhurst Health

NRSING DIVISION ORIENTATION TO EDWARD HOSPITAL

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:

- 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.

- **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

Safety Initiatives

National Patient Safety Goals

Edward Hospital is proactive in addressing patient safety and meeting the National Patient Safety Goals. The 7 goals for 2017 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.
- 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 respond 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.

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.

Speak up for Safety!

If you witness a patient experiencing weakness, confusion, dizziness (signs of possible hypoglycemia or stroke), chest pain, shortness of breath (signs of possible myocardial infarction or pulmonary embolism), or if you see anything that is concerning to you, please speak up immediately to your preceptor or faculty member.

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.

**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: <hr/>			
10.	What nurse or nurses impressed you and why? Please be specific: <hr/>			
11.	What aspects of your experience could we improve? <hr/>			
12.	Please share additional comments here. (Use reverse side if needed) <hr/>			

Part B

Please provide this information about you:

Your college _____
 Your anticipated graduation date _____
 The Edward Unit and date of your clinical experience _____