This manual was designed to assist the nursing student in becoming familiar with some of the policies and procedures that are used by the facilities that you will attend for clinical experience.

Both hospitals and nursing homes function under standards which are set for them by accrediting bodies as well as state and federal government regulations. You need to familiarize yourself with these standards, policies, and procedures so that you can function as an informed student nurse while you are learning in a specific facility. It is required that staff in these facilities undergo review of this information every year and it will be required of you to do that as well.

You will receive any updates that need to be added to this manual over the course of a school year and it should be part of the materials that you bring to orientation at all facilities that you attend. You will be required to obtain a new clinical orientation manual each school year and to take a competency test over the information contained in the manual.

Upon completion of your orientation at each facility you will be asked by your clinical instructor to sign a form for the facility which will indicate that you have reviewed the contents of this manual and completed orientation to the clinical facility. You may also be asked to sign a confidentiality form for each facility that you are assigned a clinical rotation. If you have any questions concerning this clinical orientation manual please direct them to your lead instructor in the course you are enrolled in or to your clinical instructor.
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Note: All nursing students are required to be current in BCLS that teaches 2-person CPR and the Heimlich Maneuver. All health information required must be submitted before you will be permitted to participate in a clinical facility. See KCC Nursing Student Handbook for policy.
The Patient Care Partnership: Understanding Expectations, Rights and Responsibilities and The Rapid Model for Guarding Resident’s Rights

The Patient Care Partnership:
Understanding Expectations, Rights and Responsibilities

(Copied from the American Hospital Association Website - July 2012)
http://www.aha.org/content/00-10/pcp_english_030730.pdf
A Patient’s Bill of Rights was first adopted by the American Hospital Association in 1973.

Introduction
Effective health care requires collaboration between patients and physicians and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care. As the setting for the provision of health services, hospitals must provide a foundation for understanding and respecting the rights and responsibilities of patients, their families, physicians, and other caregivers. Hospitals must ensure a health care ethic that respects the role of patients in decision-making about treatment choices and other aspects of their care. Hospitals must be sensitive to cultural, racial, linguistic, religious, age, gender and other differences as well as the needs of persons with disabilities.
The Patient Care Partnership
Understanding Expectations, Rights and Responsibilities

What to expect during your hospital stay:

- High quality hospital care.
- A clean and safe environment.
- Involvement in your care.
- Protection of your privacy.
- Help when leaving the hospital.
- Help with your billing claims.
The Patient Care Partnership
Understanding Expectations, Rights and Responsibilities

When you need hospital care, your doctor and the nurses and other professionals at our hospital are committed to working with you and your family to meet your health care needs. Our dedicated doctors and staff serve the community in all its ethnic, religious and economic diversity. Our goal is for you and your family to have the same care and attention we would want for our families and ourselves.

The sections explain some of the basics about how you can expect to be treated during your hospital stay. They also cover what we will need from you to care for you better. If you have questions at any time, please ask them. Unasked or unanswered questions can add to the stress of being in the hospital. Your comfort and confidence in your care are very important to us.

What to Expect During Your Hospital Stay

High quality hospital care.

Our first priority is to provide you the care you need, when you need it, with skill, compassion and respect. Tell your caregivers if you have concerns about your care or if you have pain. You have the right to know the identity of doctors, nurses and others involved in your care, and you have the right to know when they are students, residents or other trainees.

A clean and safe environment.

Our hospital works hard to keep you safe. We use special policies and procedures to avoid mistakes in your care and keep you free from abuse or neglect. If anything unexpected and significant happens during your hospital stay, you will be told what happened, and any resulting changes in your care will be discussed with you.
Involvement in your care.

You and your doctor often make decisions about your care before you go to the hospital. Other times, especially in emergencies, those decisions are made during your hospital stay. When decision-making takes place, it should include:

**Discussing your medical condition and information about medically appropriate treatment choices.**

To make informed decisions with your doctor, you need to understand:

- The benefits and risks of each treatment.
- Whether your treatment is experimental or part of a research study.
- What you can reasonably expect from your treatment and any long-term effects it might have on your quality of life.
- What you and your family will need to do after you leave the hospital.
- The financial consequences of using uncovered services or out-of-network providers.

Please tell your caregivers if you need more information about treatment choices.

**Discussing your treatment plan.** When you enter the hospital, you sign a general consent to treatment. In some cases, such as surgery or experimental treatment, you may be asked to confirm in writing that you understand what is planned and agree to it. This process protects your right to consent to or refuse a treatment. Your doctor will explain the medical consequences of refusing recommended treatment. It also protects your right to decide if you want to participate in a research study.

**Getting information from you.** Your caregivers need complete and correct information about your health and coverage so that they can make good decisions about your care. This includes:

- Past illnesses, surgeries or hospital stays.
- Past allergic reactions.
- Any medicines or dietary supplements (such as vitamins and herbs) that you are taking.
- Any network or admission requirements under your health plan.

**Understanding your health care goals and values.**

You may have health care goals and values or spiritual beliefs that are important to your well-being. They will be taken into account as much as possible throughout your hospital stay. Make sure your doctor, your family and your care team know your wishes.

**Understanding who should make decisions when you cannot.** If you have signed a health care power of attorney stating who should speak for you if you become unable to make health care decisions for yourself, or a "living will" or advanced directive that states your wishes about end-of-life care, give copies to your doctor, your family and your care team. If you or your family need help making difficult decisions, counselors, chaplains and others are available to help.
Protection of your privacy.

We respect the confidentiality of your relationship with your doctor and other caregivers, and the sensitive information about your health and health care that are part of that relationship. State and federal laws and hospital operating policies protect the privacy of your medical information. You will receive a Notice of Privacy Practices that describes the ways that we use, disclose and safeguard patient information and that explains how you can obtain a copy of information from our records about your care.

Preparation you and your family for when you leave the hospital.

Your doctor works with hospital staff and professionals in your community. You and your family also play an important role in your care. The success of your treatment often depends on your efforts to follow medication, diet and therapy plans. Your family may need to help care for you at home.

You can expect us to help you identify sources of follow-up care and to let you know if our hospital has a financial interest in any referrals. As long as you agree that we can share information about your care with them, we will coordinate our activities with your caregivers outside the hospital. You can also expect to receive information and, where possible, training about the self-care you will need when you go home.

Help with your bill and filing insurance claims.

Our staff will file claims for you with health care insurers or other programs such as Medicare and Medicaid. They also will help your doctor with needed documentation. Hospital bills and insurance coverage are often confusing. If you have questions about your bill, contact our business office. If you need help understanding your insurance coverage or health plan, start with your insurance company or health benefits manager. If you do not have health coverage, we will try to help you and your family find financial help or make other arrangements. We need your help with collecting needed information and other requirements to obtain coverage or insurance.
While you are here, you will receive more detailed notices about some of the rights you have as a hospital patient and how to exercise them. We are always interested in improving. If you have questions, comments or concerns, please contact:
THE RAPID MODEL FOR GUARDING RESIDENT’S RIGHTS

R = RESPECT
A = AUTONOMY
P = PRIVACY
I = INDEPENDENCE
D = DIGNITY

These five components are essential in identifying what is an expectation to assure resident’s rights. Keep these five key points in mind, and resident’s rights will be easy to remember. All caregivers are responsible for complying with respecting the rights of residents and seeing that others do so as well.

**Respect:** Go a step beyond looking at clients as nursing home “residents”. Most of them are also our “elders” with a wealth of wisdom and a long lifetime behind them. Even if physically ill or confused, respect residents for the contributions they have made and the human beings that they are.

**Autonomy:** All people have the right to make decisions (within their own ability). This may include setting their own schedule, choosing their own clothing, or more important decisions, such as choosing their code status.

**Privacy:** Privacy during care involves closing doors and pulling curtains. We also need to assure privacy when residents have visitors or during physician rounds. Another important part of privacy is not discussing the resident’s care needs where other residents or visitors are listening. Please knock on the door to a resident’s room before entering.

**Independence:** Encourage all residents to do as much for themselves as they can. Assist them to become as independent in their activities of daily living as possible.

**Dignity:** Each resident has a right to a feeling of self-worth. Dignity involves being as “normal” as possible – taking part in any care decisions, dressing in clothes versus hospital gowns, being called by their given name, and being conversed with during care. It is the core of good nursing care.

**NOTE:** Remembering the RAPID model and life’s golden rule (do unto others as you wish they would do unto you) will be the best guides for maintaining and guarding resident’s rights.

**Resources:**
Current Nursing 140 (Nature and Art of Nursing) and 145 (Science of Nursing) Textbook and Companion Website.
Confidentiality, HIPAA & Privacy

Confidentiality and privacy are two very basic ethical principles as well as consumer rights. All clients are entitled to privacy. The Health Insurance Portability & Accountability Act (HIPAA) is governmental regulations enforcing privacy acts that all clients are entitled to.

Did you know....
For each client that is admitted to a care facility, there are approximately 75 people who will need to access that individual’s private information from a chart or computer.

What is confidentiality?
Every client’s right to keep personal matters (health, financial, personal, etc) private and limiting disclosure of such information to only those that must know. We are guaranteed privacy by the Constitution. The American Nurses Association (ANA) has supported this. So any information that a student learns, in regards to a client’s personal matters, must be protected. This is such a serious issue that the government, especially Congress, took the initiative and passed The Health Insurance Portability & Accountability Act (HIPAA) in 1996.

When does confidentiality apply?
Always. Anytime a student learns information about a client. This information includes verbal, written, or technologically processed forms of communication/documentation. It also includes time of assessment, providing care, examinations, and during procedures. The client has a right to keep ALL information private and confidential. For example, it is not acceptable to perform vital signs or other procedures, empty drainage bags, or interview a client in “open” areas.

Who has access to confidential information?
1) Only caregivers involved in the direct care of the client may access information as it relates to the client’s treatment.
2) Other individuals that the client has agreed to disclose information to (this should be confirmed by a signed document with an access code).

What about family members and significant others?
No one has the right to the client’s personal information – not even their spouse or child. The client must authorize a family member or significant other to have access to their personal information in a written document that can be placed with the client’s medical record.

How can the student protect the client’s privacy?
- Wear identification badges (ID) visibly and ask other to do so.
- Never authorize “non-staff” access to nursing station, charts, etc.
- Don’t post black boards with client information; however, if required, use only the client last name with a room number, but no other information.
- Charts must be kept from public view: utilize nurse servers at rooms or keep behind the nurses desk; the names are to be turned upside down and toward the nurses desk; wall charts are to be turned backwards, not exposing the client’s name.
- Utilize covers on clip boards.
Faxes must always have cover sheets.
Call the receiver of a fax to notify that you are sending client information.
Shred any information not necessary for the client’s chart (assignments, notes, etc.).
Confine conversations to isolated and private areas.
Keep your voice low.
Don’t participate in casual conversations about clients in public areas (elevators, cafeterias, restaurants, parking lots, etc.).
Don’t participate in the “rumor mill” or spread gossip.
Knock on the door when entering a client’s room.
Shut the door of a client’s room when caring for the client.
Pull the curtain “Always” when providing care for the client.
Never give out client information over the phone.
Don’t discuss the client’s care with other clients.
Never share computer access passwords with other people/staff.
Blank out the computer screen when you have completed your task.
Change your computer access passwords frequently and never use your social security number, birthday, family member names as passwords.
Stay well educated about the security systems where you work.
Discuss confidentiality with the client; identify if the client wishes to have information disclosed and to whom; set up a code for those that may access information.
Always place telephone calls on HOLD, never lay a phone down to reference material.

What are the consequences for breaching confidentiality?
- As a student, it may jeopardize your standing in the nursing program.
- As a nurse, the Board of Nursing may suspend or revoke your license.
- Employer disciplinary action may be as severe as termination with no re-hire.
- The client could file a lawsuit against you with legal penalization.
- Criminal action proven can lead to a significant fine and possibly jail time ($250,000 and/or 10 years imprisonment if found guilty of selling client information or $25,000 if found guilty of unintentional disclosure).

HIPAA and HITECH Continued

Privacy and Security Rules were adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
The Privacy Rule gives patients more control over their protected health information (PHI).
The Security Rule addresses the confidentiality, integrity and availability of electronic PHI or ePHI.

The Health Information Technology for Economic and Clinical Health Act

HITECH changes to HIPAA
- Significantly expands the scope, penalties and compliance challenges of HIPAA
- Changes the application of the provisions of the HIPAA Privacy Rule and the HIPAA Security Rule
- Increases the penalties for HIPAA violations
- Expands the definition of a Business Associate
- Provides additional methods of enforcement
- Requires proactive auditing of covered entities
• Both the Department of Health and Human Services (HHS) and the Federal Trade Commission (FTC) have issued proposed rules pursuant to HITECH

HIPAA Privacy Key Terms

PHI:
Protected Health Information is individually identifiable health information created, received, transmitted and/or maintained by a covered entity

ePHI:
Electronic protected health information

Examples of PHI Include:
• Names and addresses
• Dates (date of service, DOB)
• Telephone/fax numbers & email addresses
• Social security numbers
• Medical record numbers
• Full face photos
• License/vehicle identification numbers
• Account numbers/fin
• Any other unique identifying number, characteristic or code
• Unique diagnosis or medical information; Any content of which might serve to identify the patient

PHI may be sent, communicated, or stored in any form
• Paper
• Electronic (including faxes, emails, smart phones, electronic files, and databases
• Oral (discussions, conversations)

HIPAA Privacy - TPO

TPO – no need for authorization:
• Treatment: activities related to patient care
• Payment: activities to pay or get paid for healthcare services
• Operations: day-to-day core activities (e.g., Medical record audits)

HIPAA Privacy

Minimum Necessary:
• ONLY information needed to perform your job functions

NPP: Notice of Privacy Practices
• Informs patient what his/her rights are regarding PHI and how PHI is used and protected by Bronson

HIPAA Privacy-Patient Rights
Examples of Patients’ Rights:
• Inspect and request a copy their records
• Request that PHI in their records be amended
• Ask for limits on how their PHI is used or shared
• Get a list of disclosures made of their PHI

Breach
• Unauthorized acquisition, access, use or disclosure of protected health information (PHI)

NEW RULES
• If security of “unsecured PHI” is “breached” we must provide notice without reasonable delay:
  • To the impacted individual
  • To the media
  • To Department of Health and Human Services (HHS)

HITECH Enforcement Context Post HITECH Civil Monetary Penalty(s)

<table>
<thead>
<tr>
<th>Violation Category – Section 1176(a)(1)</th>
<th>Each violation</th>
<th>All such violations of an Identical Provision in a Calendar Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Did not know</td>
<td>$100 - $50,000</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>(B) Reasonable cause</td>
<td>$1,000 - $50,000</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>(C) (i) Willful neglect – Corrected</td>
<td>$10,000 - $50,000</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>(C) (ii) Willful neglect – Not Corrected</td>
<td>$50,000</td>
<td>$1,500,000</td>
</tr>
</tbody>
</table>

Expanded Penalties:
• HITECH creates a private right of action that can be brought by state attorneys general on behalf of individual patients for HIPAA violations
• $100 per violation
• Maximum of $25,000 per year
• Courts can award damages, court costs and attorney’s fees against HIPAA violators

HIPAA Responsibilities
Your commitment to protecting PHI means:
• You speak in soft tones when discussing PHI
• Use (but DO NOT share) computer passwords
• Lock cabinets that store PHI
• DO NOT leave PHI unattended
• Promptly pick up output from printers and fax machines
• Remember to use a fax cover sheet with confidentiality language

HIPAA Security
Appropriate safeguards:
• Never share passwords

Page 14 of 95
- Log off computer if you walking away from it
- Always wear your ID badge
- Report all strange computer behavior or security incidents to security officer immediately
- Periodic security awareness and training
- Restricted access to varying functional components of its information systems using role based access and password protection
- Minimum password requirements and changes

Resources:
Current Nursing 140 (Nature and Art of Nursing) and 145 (Science of Nursing) Textbook and Companion Website.

Bronson Battle Creek, Risk Management Office (July, 2013).
Patient Safety and 2013 National Patient Safety Goals

PATIENT SAFETY

Patient safety is the primary goal for all health care providers and patient care organizations. These health care providers and patient care organizations follow patient safety-related standards that are written by The Joint Commission. The purpose of The Joint Commission Goals is to promote specific improvements in patient safety. The Goals highlight problematic areas in health care and describe evidence and expert-based solutions to these problems. Recognizing that sound system design is intrinsic to the delivery of safe, high quality health care, the Goals focus on system-wide solutions whenever possible.

PATIENT SAFETY GOALS FOR 2013

INCLUDES: Hospitals and Critical Access Hospital Care, Long Term Care, Behavioral Health Care, and Home Care.

Note: Changes to the Goals and Requirements are indicated in bold. Gaps in the numbering indicate that the Goal is inapplicable to the program or has been “retired,” usually because the requirement was integrated into the standards. For the entire listing of Goals go to: http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/

Goal 1 Improve the accuracy of patient identification
NPSG.01.01.01 Use at least two [patient] identifiers when providing care, treatment, or services.
NPSG.01.03.01 Eliminate transfusion errors related to [patient] misidentification.

Goal 2 Improve the effectiveness of communication among caregivers.
NPSG.02.03.01: Report critical results of tests and diagnostic procedures on a timely basis.

Goal 3 Improve the safety of using medications.
NPSG.03.04.01 Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.
NPSG.03.05.01 Reduce the likelihood of [patient] harm associated with the use of anticoagulation therapy.
NPSG.03.06.01 Maintain and communicate accurate patient medication information. (Reconciling Medication Information.)

Goal 7 Reduce the risk of health care associated infections.
NPSG.07.01.01 Comply with current World Health Organization (WHO) hand hygiene guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
NPSG.07.03.01 Implement evidence-based practices to prevent health care–associated infections due to multidrug-resistant organisms in acute care hospitals. Note 1: This requirement applies to, but is not limited to, epidemiologically important organisms such as methicillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile (CDI), vancomycin-resistant Enterococci (VRE), and multiple drug-resistant gram negative bacteria.
NPSG.07.04.01 Implement evidence-based practices to prevent central line–associated bloodstream infections.
NPSG.07.05.01 Implement evidence based practices for preventing surgical site infections.
NPSG.07.06.01 Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).
Goal 9  Reduce the risk of [patient] harm resulting from falls.
NPSG.09.02.01 Reduce the risk of falls.

Goal 14  Prevent health care associated pressure ulcers (decubitus ulcers).
NPSG.14.01.01 Assess and periodically reassess each [patient]'s risk for developing a pressure ulcer (decubitus ulcer) and take action to address any identified risks.

Goal 15  The organization identifies safety risks inherent in its [patient] population.
NPSG.15.01.01 The [organization] identifies [patient]s at risk for suicide.
NPSG.15.02.01 The [organization] identifies risks associated with home oxygen therapy such as home fires.

Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™
UP.01.01.01 Conduct a pre-procedure verification process.
UP.01.02.01 Mark the procedure site.
UP.01.03.01 A time-out is performed immediately prior to starting procedures.

Consumer Rights

Consumer rights are principles of care based on ethics and governmental regulations. Consumer rights are basic “rights” that each individual is entitled to. They are designed to help health care providers maintain the dignity of clients and to assure just treatment as human beings. Basic rights can include practices in allowing choices, providing privacy, providing confidentiality, practice of sexuality, practices of handling money, right or declination of religious practices, making daily decisions, and even accepting or declining care. It is important to treat clients as worthwhile human beings and treat them with dignity and respect.

Ethical principles:

*Ethics:* Is a systematic inquiry into principles of “right and wrong” and “good and evil” as they relate to professional conduct.

*Standards of professional conduct:* Behavior that each health care provider is expected to maintain. Standards of professional conduct not only include following “legal” rules, but following ethical principles and consumer care issues such as consumer rights. When standards of conduct are broken, it usually results in suspension (facility or license) to loss of employment or loss of licensure.

Commonalities in Ethics:

Participating in ethical practices includes some very basic questioning:

- Is it right?
- Is it balanced?
- How does it make us feel?
- Who is/may be injured?
- Is it just?
- Would I like to be treated like that?

When a care provider can answer that what they are doing is right, balanced, does not cause injury to the client, is just, and that we would accept being treated in the same manner, many times the practice is legitimate or ethical and the treatment/behavior is appropriate. If those questions are answered in the opposite manner, it is considered that the practice is not legitimate or ethical and that the treatment/behavior is not appropriate.

Sometimes it is difficult to decide what is best for the given situation or client. In times when there is conflict of ideas in relationship to ethics, it is common that a selected team is chosen to review the situation and make a decision about the treatment of care. Many facilities have “Ethics Committees” who specialize in addressing ethical issues and decisions. If the nursing student suspects a client is in jeopardy of having their “rights” violated, it is best to consult with their clinical instructor and possibly obtain a consultation with the ethics committee.

Ethics are influenced by:

Ethical practices and decisions are influenced by a variety of issues. That is often why there can be discrepancies in what makes an ethical issue just or unjust. It is important to know that there are influencing factors that may weigh into how ethical decisions are made. Common influencing factors include and are not limited to:

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Beliefs</th>
<th>Values</th>
<th>Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes</td>
<td>Obedience</td>
<td>Environment</td>
<td>Religion</td>
<td>Education</td>
</tr>
<tr>
<td>Race</td>
<td>Ethnicity</td>
<td>Media</td>
<td>Sense of justice</td>
<td>History of exposure</td>
</tr>
</tbody>
</table>

When ethics go wrong:
When a care provider’s judgment is clouded, he/she may not provide appropriate care for a client. Also, when a care provider has different ethical influencing factors, they may treat a client differently and often inappropriately. Common inappropriate behavior may include:

**Abuse:** Non-accidental physical, emotional, spiritual, psychological, or sexual mistreatment. (Example – physical hitting and taunting of a client).

**Neglect:** Not attending to a basic need of a client. (Example – not attending to regular client rounds or deliberately leaving a client on a soiled incontinent pad).

**Endangerment:** Placing a client in a dangerous situation when the client may have no control. (Example – using “hot” water above 105 degrees to bathe a client in a coma could subject them to burns).

**Exploitation:** Inappropriately or illegally using a client’s money or belongings. (Example – cashing a client’s social security check and using the money to buy yourself things or charging a client in a facility for a service when they already have paid for that service).

Who is at risk for mistreatment?
- Dependent people who require care given by someone else.
- The very young (infants and children).
- The aged (elderly).
- Pregnant women.
- The ill.
- Those with psychological or physical conditions.
- Females are at a higher risk.

Causes of wrongful behavior:
Studies have shown that there are usually contributing factors to wrongful behavior or even abusive behavior. Some of those include:

- Short staffing.
- Inadequate supervision.
- Care providers with violent/impatient temperaments.
- Unsafe/poor facility environment.
- Employee “burn-out”.
- Substance abuse.
- Learned behavior or living in an environment when the behavior is encountered.
- Psychological issues.

Even though these issues have been proven to promote abusive or wrongful behavior, it does not justify the behavior. It is UNACCEPTABLE to treat clients in any manner that is unethical or abusive.

Procedure for reporting wrongful behavior:
- Note exact facts (witnessed facts and quotes).
- Notify clinical instructor and charge nurse/immediate supervisor.
- Notify the Director of Nursing/Administrator if suspected that they will not be notified by the charge nurse/immediate supervisor.
- An option for anonymity reporting: call 1-800-882-6006 for the Department of Public Health.
- Call 911/police in an emergency situation.
- Call special services if necessary (Child Protective Services, Adult Protective Services, etc.).
Investigation process:
- The Director of Nursing must notify the Department of Public Health of the situation.
- The situation will be investigated.
- A formal investigation is filed externally/internally.

Consequences of not reporting abuse, being accused of abuse and being found guilty:
- As a student, it may jeopardize your standing in the program.
- There may be a monetary fine of $500.00 or more for not reporting abuse.
- The Board of Nursing may suspend or revoke a nursing license.
- Employer disciplinary action may be as severe as termination with no re-hire.
- A lawsuit may be filed with legal penalization.
- Criminal action found may lead to a significant fine and possible imprisonment.

Resources:
Current Nursing 140 (Nature and Art of Nursing) and 145 (Science of Nursing) Textbook and companion website.
Customer Service

Today’s marketplace is extremely competitive. To stay in business, all industries – including healthcare – must provide not just good customer service, but exceptional customer service. That means that, as students, you must meet and exceed the customer’s needs and expectations, go the extra step to assist them, and always put the customer first. You also need to remember that the customer includes the client and their family, co-workers, visitors, physicians, and the community.

To meet and exceed the customer’s needs and expectations, it is important to remember that there is no one way that is the right way. The customer and their needs and expectations are very diverse. You will serve and work with people from different cultures, races, and socioeconomic backgrounds. They are male and female, young and old, and they think, look and talk differently. You must constantly be aware of diversity when dealing with the customer.

In order to provide exceptional customer service, you must remember that you are responsible for satisfying the customer’s needs and expectations. We cannot afford to tolerate the “It is not my job” attitude and thinking. The customer does not know or care what your position or job description is.

The Ten Deadly Sins of Customer Service:

1. I don’t know.
2. I don’t care.
3. I can’t be bothered.
4. I don’t like you.
5. I know it all.
6. You don’t know anything.
7. We don’t want your kind here.
8. Don’t come back.
9. I’m right and you’re wrong.
10. Hurry up and wait.

In 11 seconds of contact, a customer forms 7 impressions about you and the facility you are working in!

1. Neat and clean.
2. Responsive and friendly.
3. Courteous and sincere.
5. Patient.
7. Professional.
Telephone Techniques

Answering the telephone:

It is important to be prepared mentally and physically to answer a ringing telephone.

1. Have a positive attitude about the call when the telephone rings instead of thinking of it as an interruption. See the call as an opportunity to be of assistance to a customer.
2. Focus on the caller.
3. Physically and mentally turn away from distractions.
4. Have a paper/message pad and pencil available next to the phone.
5. Turn off noisy equipment that will make hearing the caller difficult.
6. Stop talking or laughing before you pick up the phone.
7. Take a deep breath to help your voice to be clearer.
8. Smile – the warmth and friendliness will come through your voice.
9. Learn the specifics of answering the telephone, taking messages, and transferring a call for your assigned area.

Taking messages:

It’s important when taking a telephone message that all the information be accurately written. The following guidelines are the correct procedure for taking messages:

1. Date all messages.
2. Note time of call.
3. Record caller’s first and last name, and verify the spelling.
4. Record area code and telephone number and extension if indicated.
5. Record complete message.
6. Sign your name legibly on the bottom of the message form/paper.

Using voice mail:

Don’t play phone tag! Leave a meaningful message.
Use their name.
Give your name.
Give purpose of call.
Give needed information.
Ask for action.
Give your number slowly.
Give best time to reach you.
State urgency.
Be brief.
Communicate more effectively – some tips to help you:

Choose your words carefully.
- Always be polite – use please, thank you and you are welcome.
- Explain things simply and clearly in language appropriate to the customer.
- Avoid using technical terms, slang, jargon, or medical terminology.

Use an appropriate tone of voice.
- Do not speak loudly or shout, but do speak loud enough to be heard.
- Be sincere and avoid sarcasm.
- Do not patronize or “talk down” to customers.

Pay attention; be a good listener.
- Show interest.
- Focus on what the customer is saying.
- If you do not understand something, ask the customer to explain.
- Do not interrupt.
- Always ask if there are more questions.

Watch your body language.
- Smile and make body contact.
- Avoid slouching, turning away, crossing your arms or legs, or pointing a finger when speaking to a customer.

Make sure you understand – get it straight.
- To make sure you understand and make the customer aware that you understand, summarize in your own words what you think the customer said.
- If explaining technical information, ask the customer to repeat what you said in his or her own words, but be tactful – emphasize that you are checking to make sure you explained the information clearly.

Be aware of issues that may affect clear communication.
- Language or cultural differences.
- The customer’s age – young or old.
- Disabilities or health conditions that affect how the customer communicates.

If you are having difficulty in communicating, ask for help.

Resource:
Taken, in part, from the Nursing Student Orientation Manual developed by the Community Health Center of Branch County. Verbal permission given by Connie Winbigler, R.N., B.S., Associate Nursing Officer.
Michigan’s Right to Know Law

Michigan Right To Know Law:
The Occupational Safety and Health Administration (OSHA) has developed the “Employee Right to Know” law. This law is designed to protect the employee from chemical hazards in the work place.

The law states that the employee has the right to know the hazards of any chemical they work with. It requires manufacturers to provide employers with the proper information on the chemicals they use. It incorporates guidelines to help the employee and the employer make the work environment a safer place.

Material Safety Data Sheet (MSDS):
MSDS’s provide the following detailed information on a particular chemical:
- Chemical product and company identification.
- Hazardous ingredients, including mixtures and percentages of each ingredient in the chemical.
- Hazards identification – key hazards to be aware of in an emergency, and information regarding potential health hazards.
- First-aide measures – emergency and first-aide measures to follow immediately after exposure, along with information for physicians on treatment.
- Fire fighting measures.
- Accidental release measures – what to do in case of a spill, leak, or release into the air.
- Exposure controls and personal protection to avoid exposure to hazards.
- Physical and chemical properties that could affect how hazardous the chemical is in a given situation.
- Stability and reactivity – what could happen if the chemical is combined with air, water, or other chemicals?
- Toxicological information – how the substance was tested for health hazards.
- Ecological information – what happens if the chemical is released into the environment?
- Disposal considerations – instructions or limitations for proper disposal.
- Transport information – how to safely ship the chemical.
- Regulatory information – any regulations that apply to the chemical as issued by OSHA or the Environmental Protection Agency, etc.

Hazardous Material:
- Flammability – susceptibility of materials to burning.
- Reactivity – susceptibility of materials to release of energy (detonation, or of explosive decomposition).
- Health Hazard – Chemicals that can affect your health are known as carcinogens, toxic agents, corrosives, sensitizers, neurotoxins, nephrotoxins, reproductive toxins and agents that damage lungs, skin, eyes, and mucous membranes.
- Protective Equipment – Using the appropriate personal protective equipment such as gloves, goggles, respirators, or masks significantly reduces your risk of exposure to hazardous substances.

Labeling:
- Common and or chemical name.
- Name and address of the manufacturer.
- Potential health hazards.
Exposure:
- Duration – acute effects/chronic effects. Some hazards cause immediate reactions like a rash, burn, nausea, headache, or dizziness. Other effects may show up later as health problems in the form of allergies, damage to internal organs, or even cancer.
- How it enters the body – The ways your body can be exposed to chemical hazards include inhalation, skin and mucous membrane absorption, ingestion, and injection.

Cylinder Gases:
- Flammable/non-flammable.
- Compressed gas.
- Toxic inhalant.

Chemicals and Postings Within the Facilities:
Each facility you will work in will have a Hazardous Waste Manual. It will contain all of the chemicals used within the facility. In hospital facilities you will find Hazardous Waste Manuals on each unit that will contain an MSDS for each of the chemicals used on that unit. A complete file of MSDS for the facility is usually located in the Emergency Room, Materials Management, and Occupational Health Services. Information can also be obtained from the Department of Public Health.

Your Responsibility:
- Become familiar with the program.
- Do your best to follow it.
- Before using any chemical substances, read the label carefully.
- Never use a product from an unlabeled or illegibly labeled container.
- After reading a label, if more information is needed, refer to the Material Safety Data Sheet located in the department you are in.
- Clean up chemicals and hazardous waste materials.

Exposure Information:
- Chemicals can enter the body in four ways:
  1. Inhalation.
  2. Ingestion.
  3. Injection.
  4. Through the skin.
- Eye contact – Flush with water (up to 15 minutes).
- Skin contact – Wash three times – remove contaminated clothes.
- Ingestion – Contact ER or Occupational Health immediately.
- All exposures please fill out a facility incident report.

Although chemicals are part of our everyday world, they can present hazards. Knowing how and where to find chemical information, and what to do in the event of a problem, will help all of us to work safely with the chemicals we encounter.
Resource:
Taken, in part, from the Nursing Student Orientation Manual developed by the Community Health Center of Branch County. Verbal permission given by Connie Winbigler, R.N., B.S., Associate Nursing Officer.
Fire Safety and Emergency Conditions

FIRE SAFETY
Fire safety is critical. As a health care worker, you can anticipate annual in-service on fire safety. Never take the information for granted. Take the time to learn and memorize what you would need to do during a fire emergency. Be sure to learn where your fire alarms, equipment, and exits are located at each clinical site that you work and how to respond to a fire. Once in a clinical setting, you will be informed of the facilities “code” words for fire alarm activation. You will also be informed as to your specific role during a fire alarm. The information below is generalized, but used by many institutions.

Prevention is the key:
No smoking in rooms.
No smoking with oxygen.
Avoid electrical circuit overload.
Avoid use of faulty equipment – observe for faulty wiring and send for service.
Use 3-prong (grounded) electrical cords.
Know where the fire alarms (pull boxes) are.
Know where the fire extinguishers and hoses are.
Know where the exits are.
Know the fire plan for the unit you are working.
Update your fire safety knowledge regularly.
Never prop open “fire doors”.

How to react if a FIRE occurs:
Keep calm. Your clients are your first concern and responsibility. If you were to find a fire in your immediate area, you should follow the steps of the R.A.C.E. acronym, which is:

R = rescue/remove all clients, visitors, and staff from immediate danger.
A = activate the fire alarm system by pulling the nearest fire pull box. Then initiate the facility policy for fire.
C = contain/confine the fire and smoke by closing all doors and windows, lights should be left on in the area to assist the fire fighters.
E = extinguish fire/evacuate – if the situation is safe and the fire small, attempt to extinguish the fire. If the situation is unsafe, close the door to the room and begin to evacuate clients following the facility’s evacuation policy. Never use an elevator during a fire.

How to use a fire extinguisher:
To properly use a fire extinguisher, you should follow the P.A.S.S. acronym, which is:

P = pull the fire extinguisher pin. Twist the pin to break the plastic band and then pull the pin.
A = aim the fire extinguisher nozzle at the base of the fire. Do a quick squeeze and release of the handle to test the extinguisher.
S = squeeze the fire extinguisher handle while holding the extinguisher upright, starting approximately 12 back from the fire.
S = sweep the extinguisher nozzle from side to side, covering the area of the fire.
Types of Fire Extinguishers:
Type A = Water – use on paper and wood fires only.
Type BC = Carbon Dioxide (CO2) – use on electrical and grease/oil fires.
Type ABC = Tri-Class Dry Chemical – use on all types of fires.
Halotron = Halon – use on computers and electrical equipment (Removes O2 from room).

Use the right type of fire extinguisher for the fire that you are trying to extinguish. Most facilities, on the nursing units, carry the ABC (Tri-class dry chemical) fire extinguisher which is used to extinguish all types of fires.

If Clothing Catches Fire: STOP, DROP, & ROLL

Evacuation Routes:
You should be familiar with the primary and secondary evacuation routes to the nearest exits in your work area. The secondary route should be used when the primary route is blocked for some reason. It is important to review these routes before they are needed to ensure you can safely exit the building during a fire.

Evacuation Procedure During a Fire:
- Move horizontally first: this means to evacuate/move the clients to the opposite end of the floor, away from the fire area.
- Move vertically if fire spreads: this means to evacuate/move the clients to the next lowest level or out of the building.
- Do not use the elevators for evacuation or personal use.
- Evacuate ambulatory clients first, then those who will need assistance.
- Be aware of 1-2 person evacuation transfers and carries with a blanket to be able to evacuate non-ambulatory clients down the stairwells.
- When a room has been evacuated, close the door and place a pillow outside of the door.

Remember:
Most victims of a fire die as a result of smoke and fume inhalation. Stay as close to the ground as possible because heat and smoke rise. Cover your nose and mouth to prevent breathing in the dangerous smoke and fumes.

Resources:
Taken, in part, from the Nursing Student Orientation Manual developed by the Community Health Center of Branch County. Verbal permission given by Connie Winbigler, R.N., B.S., Associate Nursing Officer.
EMERGENCY SITUATIONS

Emergency conditions, just like fire safety, need to be reviewed on an annual basis. Take time to learn and memorize how you would respond during these situations. Remember, during an unexpected event, you want to be prepared. Once in a clinical setting, your clinical instructor will inform you of the facility’s special “emergency codes”. Your clinical instructor will also inform you as to your specific role during these emergencies. The information below is generalized, but used by many institutions.

Adverse Weather Situations:
- **Thunderstorm Watch** = weather conditions are favorable for developing into a thunderstorm.
- **Thunderstorm Warning** = a thunderstorm (maybe with lightening, high winds, and hail) is occurring. These can develop into tornados.
- **Tornado Watch** = weather conditions are favorable for developing into a tornado.
- **Tornado Warning** = a tornado has been detected.
- **Flood Warning** = heavy amounts of rainfall may cause flooding to occur, especially low-lying areas and areas near rivers and lakes.

What to do During Adverse Weather Conditions:
Your clients are your first concern and responsibility.
- Students should report to the nurse’s station for specific instructions.
- Stay calm and help to keep your clients calm.
- Stay indoors.
- Be aware of weather changes.
- Be tuned to a radio, T.V., or weather systems during storm situations.
- Be prepared: know where your vital equipment is located in case of loss of electricity (flashlights, water, portable oxygen for clients who will need it, medications, life-support equipment for those clients on ventilators, etc.)
- If your facility has a back-up generator, in case of electrical failure, it will come on usually within a few minutes of electrical loss. Some facilities have different electrical outlets that are specifically for use when the generator is on. If that is the case, in the facility in which you are working, you will need to switch your client’s life-sustaining electrical equipment over to those outlets (i.e. red outlets signify alternate generator-accessed electrical sources).
- Encourage visitors not to leave or travel in the weather.
- Draw curtains and position clients in the room away from windows.
- Be prepared to evacuate clients from their rooms to a non-windowed area in case of a tornado (hallway, basement, bathroom, etc.).
- If a client is not able to be evacuated from a room, move the bed as far from the window as possible, pull the privacy curtain (if available), cover the client with extra blankets, and shield the side rails with extra pillows.

Bomb Threat:
Stay calm. Do not leave the facility unless you are directed to do so.
If you are the person receiving the threat:
- Get someone’s attention and warn them of the situation (note, etc.)
- Keep the person talking on the phone.
- Note descriptions in voice (accent), sounds in the background, details, etc.
- Notify Security/Supervisor.
- Call internal code or 911.
- Be prepared to evacuate clients if ordered to do so.
- Be prepared to participate in the “search”.
- Identify “unusual” items that don’t typically belong on the unit.
Abduction:
*Prevention is the key:* be conscientious about application of alarm bands and setting alarms.
Don’t give out alarm codes.
Respond to all alarms immediately.
Stay calm and keep family calm.
Notify Security/Supervisor.
Call internal code or 911.
Know your facility exits, check all exits, and assign a watch person at all exits.
Be prepared to participate in unit/facility search.

Client Elopement:
*Prevention is the key:* Clients at high risk for elopement should be monitored regularly. Typically, these clients will have a monitoring device such as a “wander guard” wrist or ankle bracelet applied.
Don’t give out code alarms.
Assess for “wander guard” band placement regularly.
Don’t prop doors open and keep alarms to doors set.
Respond to all alarms immediately.
Stay calm and keep family calm.
Notify Security/Supervisor.
Call internal code or 911.
Know your facility exits, check all exits, and assign a watch person at all exits.
Be prepared to participate in a unit/facility search.
If client cannot be found in the facility or on the grounds, notify police (911) immediately.
Infection Control

Basic Terms:

**Nosocomial infection** – an infectious process that the client can develop, after admission to a facility, from poor infection control practices used by the facility and its employees. (i.e. facility acquired infection).

**Asepsis** – a process of utilizing equipment and technique that is without any microorganisms.

**Sepsis** – an ill state where microorganisms and their poisonous products have entered the bloodstream.

**Chain of infection** – the process by which a microorganism is transferred from one location to another, typically with human contact. By breaking the chain of infection, workers can prevent disease transmission (i.e. good hand washing).

Healthy Life-Style Management: Keeping yourself healthy is as important as any other infection control practice. The following are suggestions to keeping you healthier:

**Practice good infection control habits that will help to break the chain of infection:**

- Wash your hands often (before and after client contact and before eating).
- Practice good hygiene of your body (shower or bathe daily).
- Wear a clean uniform daily and change out of your uniform as soon as you get home.
- Avoid hugging your children until you have changed out of your uniform.
- Avoid wearing your uniform into “public” areas such as grocery stores and restaurants after the conclusion of your shift.
- Keep your nursing shoes in your locker and avoid wearing them home.
- Avoid touching your face with your hands.
- Keep your clients clean and practicing good hygiene.

**Maintain a balanced life-style which includes:**

- Eating a well-balanced diet.
- Exercising regularly.
- Obtaining adequate sleep.
- Caring for your spiritual needs.
- Practicing stress-relieving activities (meditation, imagery, massage therapy, reading, exercising, cooking, hobbies, etc.).
- Cleanliness.

**Maintain healthy medical practices by:**

- Scheduling regular check-ups.
- Seeking follow-up with a health care provider when ill.
- Not reporting to work with illnesses such as the fever, flu, bronchitis, etc.
- Maintaining appropriate immunizations and testing, such as:
  - Annual TB test or chest x-ray if unable to have TB test.
  - Hepatitis B immunization series.
  - Annual influenza immunization.
  - Up-dated childhood immunizations boosters and tetanus toxoid vaccine every 10 years.
  - Others as the Center for Disease Control (CDC) suggests.
Who is responsible for infection control?
Everyone is responsible for infection control. If you notice unacceptable behavior, you need to address the issue with the person involved and with your supervisor. Be a good role model and demonstrate proper infection control practices always. Educate your clients on infection control practices.

Communicating about infection control issues:
Many facilities have a nurse in charge of infection control issues. The Infection Control Nurse is your resource to education and assistance. They should also be contacted if you are caring for a client with an infectious process, especially contagious illnesses or “reportable” (to the Health Department) illnesses. Report any necessary information to the infection control nurse by utilizing the voice-mail system, written communication or direct contact. Each facility will have a listing of how this person can be contacted.

Be aware of the primary clinical manifestations of developing infection and notify your charge nurse/infection control nurse when these arise so appropriate follow-up care can be given. Classical clinical manifestations of infection include elevation of temperature (or with the newborn and elderly, lower body temperature), development of pus or thicker drainage from a body cavity or wound, redness or swelling of wound, foul or strong odor of body or wound drainage, increase warmth of an area of the body or wound, or increased pain in an area of the body or wound. Also symptoms such as diarrhea can also indicate an infectious process. Report clinical manifestations of infection to the physician as soon as possible.

Protecting ourselves and our clients:
- **Handwashing** is the most important thing that we can do to prevent the spread of infection.
  You should always wash your hands before and after caring for a client. You should also wash your hands before and after eating, toileting, applying lip balm or make-up. Also, wash hands after picking up items from the floor, sneezing, or blowing your nose.
- Never eat or drink in “work” areas. Food items should be kept limited to break room and cafeteria only.
- Keep your stethoscope clean. Cleanse with alcohol before and after each client use.
- Follow **universal precautions** with every client.
- Communicate necessary isolation with posting signs or indications on the cardex.
- Utilize personal protective equipment always:
  Use gloves for protection against human secretions.
  Use masks when dealing with air-borne or respiratory conditions.
  Use eye shields, glasses, or goggles to prevent splashes into the eyes such as during suctioning or dealing with secretion containers.
  Use gowns (disposable versus cloth) with all contact precautions. Use a gown only once, do not save or hang on the door.
  Use shoe covers if potential for body secretion spills onto shoes.
  Use specialized HEPA/TB masks when caring for TB clients.
  Use disposable equipment when possible.
- Utilize specialty Equipment:
  Door signs indicating precautions/isolation.
  Special rooms (private/negative pressure rooms) for contagious conditions such as TB, MRSA, VRE, etc.
  HEPA machines/filters.
  Approved HEPA TB masks/garb.
  Sharps containers.
Disposable equipment.
Red bag for infectious material handling of excessive human secretions such as with saturated wound dressings.
Non-recapping supplies or not recapping used needles and disposing into a sharps container immediately.

Keep the infectious process within the client’s room, do not transmit. Utilize double bagging and appropriate disposal. Follow isolation policies and procedures. Wash hands before leaving room and prior to any other client contact.

**Common infection control health conditions:**
Be aware of common health issues in your community and facility. Know how these diseases can be transmitted and what precautions you should take. Some of the more common conditions are:
- Tuberculosis (TB)
- Hepatitis (focus is on Hepatitis B).
- Human Immunodeficiency Virus (HIV).
- Methicillin-Resistant Staphylococcus Aureus (MRSA).
- Vancomycin-Resistant Enterococci (VRE).

Resources:
Current Nursing 140 (Nature and Art of Nursing) and 145 (Science of Nursing) Textbook and Companion Website.
Lab Sessions in Nursing 145 (Science of Nursing) – covers infection control, handwashing, dressing changes, linen care, hygiene, personal protective equipment, etc.
Risk Management and Incident Reports

**Risk management programs:** Designed to identify, analyze, and treat risks. The following elements are included in a risk management program.

- **Safety program:** The aim is to provide a safe environment in which the basic safety needs of clients, employees, and visitors are met.
- **Products safety program:** The aim is to ensure safe and adequate equipment; this involves ongoing equipment evaluation and maintenance.
- **Quality assurance program:** The aim is to provide quality healthcare to clients; this involves ongoing evaluation of all systems used in the care of the client.

Note: Nurses with legal questions often find risk managers a helpful resource.

**Incident, Variance, or Occurrence Report:**

An incident report, also called a variance or occurrence report, is used by healthcare agencies to document the occurrence of anything out of the ordinary that results in or has the potential to result in harm to a client, employee, or visitor. These reports are used for quality improvement and should not be used for disciplinary action against staff members. They are a means of identifying risks. More harm than good results from ignoring mistakes. Incident reports improve the management and treatment of clients by identifying high-risk patterns and initiating in-service programs to prevent future problems. These forms also make all the facts about an incident available to the agency in case of litigation.

The nurse responsible for a potentially or actually harmful incident or who witnesses an injury is the one who fills in the incident form. This form should contain the complete name of the person or people involved and the names of all witnesses; a complete factual account of the incident; the date, time, and place of the incident; pertinent characteristics of the person or people involved; and of any equipment or resources being used; and any other variables believed to be important to the incident. A physician completes the incident form with documentation of the medical examination of a client, employee, or visit with an actual or potential injury.

In some states, incident reports may be used in court as evidence. The nurse documenting a client incident should include a complete account of what happened in the client’s record; additionally, the nurse should prepare the incident report. **Documentation in the client record, however, should not include the fact that an incident report was filed.**

Resource:
Current Nursing 140 (Nature and Art of Nursing) and 145 (Science of Nursing) Textbook and Companion Website.
Computer Securities

The increasing use of computerized patient information systems to store and analyze patient data has necessitated the development of policies and procedures to ensure the privacy and confidentiality of patient information. Policies should specify what types of patient information can be retrieved, by whom, and for what purpose. Patient consent is necessary for the use and release of any stored information that can be linked to the patient.

The American Nurses Association, the American Medical Record Association, and the Canadian Nurses Association offer the following guidelines and strategies for safe computer charting:

- Never give your personal password or computer signature to anyone – including another nurse on the unit, a float nurse, or a doctor.
- Do not leave a computer terminal unattended after you have logged on.
- Follow the correct protocol for correcting errors. To correct an error after storage, mark the entry “mistaken entry,” add the correct information, and date and initial the entry. If you record information in the wrong chart, write “mistaken entry” and sign off.
- Make sure the stored records have back-up files – an important safety check. If you inadvertently delete a part of the permanent record, type an explanation into the computer file with the date, time, and your initials and submit an explanation in writing to your manager.
- Do not leave information about a patient displayed on a monitor where others may see it. Keep a log that accounts for every copy of a computerized file that you have generated from the system.
- Follow the agency’s confidentiality procedures for documenting sensitive material, such as a diagnosis of acquired immunodeficiency syndrome or human immunodeficiency virus infection.
- Do not look up information on yourself, family, friends, co-workers, etc.

Resource:
Current Nursing 140 (Nature and Art of Nursing) and 145 (Science of Nursing) Textbook and Companion Website.
Body Mechanics and Back Safety

Utilization of proper body mechanics can prevent back injuries and protect the health of an individual. The concepts of body mechanics include body alignment or posture, balance, and coordinated body movement. Good posture or alignment will help to reduce the stress on body parts, maintain balance, and promote healthy physiologic functioning of the body. Balance will help to maintain a center of gravity and provide stability. Balance can be increased by broadening the base of support (spread feet further apart) and lowering the center of gravity (by flexing the hips and knees). Coordinated body movement means that the care provider utilizes major muscle groups and takes advantage of the body’s natural levers and fulcums. Lift everything twice by thinking about how to do it mentally before doing it physically. The following are some helpful hints to utilize when applying body mechanics:

1) Develop a habit of correct posture (correct alignment) and broaden your base of support and lower your center of gravity when performing activities.
2) Utilize your longest and strongest muscles of the arms and legs to help provide the power when performing strenuous activities (back muscles are less strong and easily injured).
3) Contract your gluteal muscles of the buttocks downward and your abdominal muscles upward to stabilize your pelvis (internal girdle) when stooping, lifting, reaching, or pulling.
4) Work close to an object that is to be lifted or moved to help bring your center of gravity close to that of the object being moved. This increases the use of your leg muscles rather than your back.
5) Utilize the weight of your body (by rocking) as a force to help pull or push an object.
6) Slide, roll, push, or pull an object rather than lift it to reduce the amount of energy expended.
7) Elevate the client’s bed to a comfortable level when performing care activities or changing linens.
8) Ask for help from other care providers and use mechanical help (i.e. Hoyer lift).

Remember: Develop good habits of body mechanics and be a good role model to others. Preventing back problems is more effective than treating them after they occur.

Resource:
Current Nursing 140 (Nature and Art of Nursing) and 145 (Science of Nursing) Textbook and Companion Website.
List of Acceptable and Unacceptable Abbreviations

**Official “Do Not Use” List**

<table>
<thead>
<tr>
<th>Do Not Use</th>
<th>Potential Problem</th>
<th>Use Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>U, u (unit)</td>
<td>Mistaken for &quot;0&quot; (zero), the number &quot;4&quot; (four) or &quot;cc&quot;</td>
<td>Write &quot;unit&quot;</td>
</tr>
<tr>
<td>IU (International Unit)</td>
<td>Mistaken for IV (intravenous) or the number 10 (ten)</td>
<td>Write &quot;International Unit&quot;</td>
</tr>
<tr>
<td>Q.D., QD, q.d., qd (daily)</td>
<td>Mistaken for each other</td>
<td>Write &quot;daily&quot;</td>
</tr>
<tr>
<td>Q.O.D., QOD, q.o.d., qod (every other day)</td>
<td>Period after the Q mistaken for &quot;l&quot; and the &quot;O&quot; mistaken for &quot;I&quot;</td>
<td>Write &quot;every other day&quot;</td>
</tr>
<tr>
<td>Trailing zero (X 0 mg)*</td>
<td>Decimal point is missed</td>
<td>Write X mg</td>
</tr>
<tr>
<td>Lack of leading zero (X mg)</td>
<td></td>
<td>Write X mg</td>
</tr>
<tr>
<td>MS</td>
<td>Can mean morphine sulfate or magnesium sulfate</td>
<td>Write &quot;morphine sulfate&quot;</td>
</tr>
<tr>
<td>MSO₄ and MgSO₄</td>
<td>Confused for one another</td>
<td>Write &quot;magnesium sulfate&quot;</td>
</tr>
</tbody>
</table>

*Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

*Exception: A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report sizes of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

[http://www.jointcommission.org/assets/1/18/Do_Not_Use_List.pdf](http://www.jointcommission.org/assets/1/18/Do_Not_Use_List.pdf)
Addendum A
Borgess Medical Center
Welcome to Borgess Medical Center

This reference booklet was developed to assist students in becoming familiar with Borgess Medical Center and some of our current policy and procedures.

There are many resources available to you during your time at Borgess Medical Center. Take the opportunity to learn from the many knowledgeable experts that you will encounter during your experiences at Borgess.

If you have any questions, always remember to ASK!

Remember that the co-signed nurse at Borgess Medical Center has the ultimate responsibility for the patient. If you and your instructor have a different plan, then you (the student) should bring the instructor and the co-signed nurse together for a discussion prior to any interventions or administration of medications.

Good luck and we wish you a fulfilling educational experience.

Borgess Medical Center

Susan Kay Ryan, MS, RNC-NIC
Central Nurse Educator
Affiliation Liaison
269-226-7394
Borgess Medical Center

MISSION AND PHILOSOPHY
(Administrative Policy and Procedure BMC.201)

Foundation and Sponsorship
Borgess Medical Center is a non-profit Catholic health care institution founded in Kalamazoo by the Sisters of St. Joseph of Nazareth in 1889. It was founded in the tradition of many religious congregations with the intent to meet the needs of the communities it serves. As the communities’ needs have changed over time, the hospital has grown to a multi-purpose, regional health care facility. Within this time period, the Sisters of St. Joseph of Nazareth merged with several other communities of religious women to form the Congregation of St. Joseph. The Congregation of St. Joseph, as a cosponsor of Ascension Health, continues to sponsor Borgess Medical Center as an ecclesial community, dedicated to providing health care and health care education that are based on gospel values, and performed in the manner of Jesus as healer.

Mission
In harmony with the healing mission of the Catholic Church, the mission of Borgess Medical Center is to operate as a major referral center that provides holistic health care for its regional service area. In fulfilling its mission, the fourfold purpose of Borgess Medical Center is:

- To provide compassionate, comprehensive quality patient care to its regional service area;
- To provide an environment which is supportive of education for health care providers, patients, and families;
- To be a leading institution in developing new concepts in health care;
- And to fulfill community social responsibilities.

Our Values
To encourage and promote high standards of health care leadership, Borgess Medical Center affirms the values of Ascension Health. We are called to:

Service of the Poor: Generosity of spirit, especially for persons most in need
Reverence: Respect and compassion for the dignity and diversity of life
Integrity: Inspiring trust through personal leadership
Wisdom: Integrating excellence and stewardship
Creativity: Courageous innovation
Dedication: Affirming the hope and joy of our ministry

Individual Dignity and Justice
Recognizing the inherent dignity of each individual as created by a loving God, and following the example of Jesus, Borgess Medical Center employees participate in a healing ministry, dedicated to the concept of care for the total person from the moment of conception, throughout life’s journey to the moment immediately before, during, and after death. This holistic approach seeks to identify and integrate within the healing process the physical, emotion and spiritual need of each person who comes into contact with the Medical Center, without regard for sex, ethnic origin, age, disability, religious practice or preference, or financial status.
Ethics and Morality
Borgess Medical Center bases its philosophy of care on the principles of the gospel and the teachings of the Church as they relate to the inherent dignity of all persons. Accepting the basic norms set forth in the Ethical and Religious Directives for Catholic Health Care Services, 4th Edition, (as adopted by the United States Conference of Catholic Bishops [USCCB], and disseminated by the local ordinary), the Medical Center endeavors to maintain policies and procedures in accord with Catholic standards of medical and organizational ethics. Continuing medical-moral education for all members of the health care team is basic to the accomplishment of this goal.

Our Vision
By putting safety and quality at the core of all we do, Borgess Health will provide health care that is coordinated across the continuum based on meeting the needs and expectations of the patients we serve.
Diversity & Spiritual Care

Borgess Health traces its roots back to the mid-19th century. In 1885, Msgr. Francis O’Brien made it his personal mission to begin a hospital in Kalamazoo to meet health needs at a time when there were no resources in the community to care for the sick and dying. With the help of the Sisters of St. Joseph, Borgess Hospital opened its doors in 1889. The sisters committed themselves to serving all people as a “dear neighbor.” Since that time, Borgess has been committed to meeting the health needs of patients with hospitality, gentleness, and compassion.

Borgess is a part of Ascension Health, the largest Catholic health care provider in the United States. Borgess is committed to continuing Jesus’ mission of love and healing. We commit to Jesus’ healing mission by providing care that is holistic and spiritually-centered which strives to improve the health of individuals with special attention to the poor and the vulnerable.

It is the responsibility of each and every employee to bring Borgess’ mission to life. Every employee is called to help relieve the physical, emotional, and spiritual suffering of those who come to Borgess for care; every employee needs to be committed to attending to the whole person and promoting and defending the dignity of every patient who walks through our doors. In the spirit of the first eleven sisters who began this ministry, we, too, are called to welcome those we serve as “dear neighbors.”

Living the mission means integrating the values of Borgess Health into our work. Our values-Service of the Poor, Reverence, Integrity, Wisdom, Creativity, and Dedication-can transform the hurt that patients experience into hope. With these values, Borgess employees can bring healing even in the most dire and desperate situations.

Borgess is committed to diversity. Having a diverse workforce brings a rich array of employees working together to be SW Michigan’s best place for patients. In order for employees to work together effectively, all employees need to learn from one another as well as have listening hearts. With listening hearts, employees can grow to appreciate the different beliefs and values held by each other as well as those held by patients and family members.

Spiritual Care is a resource available to employees both for personal and professional reasons. Spiritual Care can assist employees who are in need of spiritual consultation when personal challenges arise. Also, chaplains are available for patients and family members. Chaplains can assist with a variety of issues including end of life issues, ethical issues, need for prayer and religious rituals, and provide a listening presence and spiritual support during times of trial and uncertainty.
Culture of Safety

When we think about how we treat patients, an initial idea that comes to mind is providing the safest possible care. Safety is important in all settings at Borgess Health. Safety is fundamental to excellent healthcare that we strive to deliver. Values, especially dedication and integrity come to life through our safety efforts.

In spite of safety, there are tragedies/deaths due to medical errors. Patients can also suffer from hospital-acquired infections each year. For many years no one wanted to discuss safety. Across the country, care providers including Borgess Health take pride in good outcomes. We save lives every day and give compassionate care even when the life cannot be saved.

Improving safety for patients is largely about changing long established routines, habits and practices that can sometimes result in harm. We are learning what is important to create a culture that supports safety. Some examples of safety practices include: surgical pause to be sure we are doing the appropriate surgery on the correct side, patient identification bands, room cleaning, preventing pneumonia associated with ventilators, and hourly rounding on the patients.

We invite you to look for the many aspects of safety and what is needed to make Borgess a safer place to receive care. Think about your own workgroup or team as you join them.

Thank you for your participation.
Patient Rights and Responsibilities

Patients at BMC have the right:

1. To receive health care without regard for gender, sexual orientation, ethnic origin, age, disability, religious practice or financial status.
2. To courteous and respectful care from all staff.
3. To know that efforts will be made to provide them with privacy and security.
4. To know the name and functions of any person providing care to them.
5. To obtain current medical information from the physician concerning their medical condition and expected medical outcome in terms that they can reasonably be expected to understand (when it is not medically advisable to give this information to them, it should be made available to an appropriate person on their behalf).
6. To be informed of any treatment procedure or planned operation and to participate in care decisions.
7. To know that efforts will be made to manage their physical pain as well as to address their psychological, spiritual and cultural concerns.
8. To refuse treatment and to be informed of all medical consequences should they refuse treatment.
9. To have an advance directive to express the choices of future care if unable to do so for self.
10. To have access to the Borgess Medical Center Biomedical Ethics Committee through the physician and/or health care worker.
11. To receive information concerning any experimental procedure which may be proposed as part of their care. To consent or decline to take part in research.
12. To receive information upon discharge concerning their continuing health care needs. To be informed of the need for, and alternative to, transfer to another facility.
13. To know that all communications and records concerning their care are confidential.
14. To receive, upon request, an explanation of the bill regardless of the source of payment.
15. To know that in most circumstances, they may upon proper identification, inspect their medical record and, for a reasonable fee obtain copies.
16. To obtain information as to any relationship of the Medical Center or physician to other health care and educational institutions in so far as their care is concerned to access protective services.
17. To be free from mental physical abuse and from physical and chemical restraints except those restraints authorized in writing by a physician for a specified and limited time as necessitated to protect them from injury to self or others.
18. To be informed of the Medical Center’s procedure for receiving and responding to patient, family and/or significant other complaint.
Patient at Borgess Medical Center have the responsibility:

1. To provide complete information about past illnesses, hospitalization, medication and other matters relating to their health.
2. To cooperate with all Medical Center personnel and ask questions if there is anything not understood.
3. To be considerate of other patients and assist in the control of noise.
4. To allow no more than two visitors in their room at any one time. To allow no visitors in their room with colds or other infections.
5. To keep appointments and to telephone the Medical Center if they cannot keep a scheduled appointment.
6. To provide information necessary for insurance processing and to assume ultimate responsibility for payment of all hospital bills.
7. To be respectful of property belonging to others, including the Medical Center
8. To help the physicians, nurses and other care providers in their efforts to return them to health by following instructions and medical advice.
9. To inform the administrator as soon as possible if they believe that any of their rights have been or may be violated (this can be done by dialing “0” and asking for the patient representative or for someone who can help them with their complaint).
Confidential Information, Administrative Policy and Procedure BH.402

Borgess Medical Center recognizes the right of the patient to privacy. All records, written and electronic, and all forms of communication, including oral, pertaining to the patient medical care shall be treated as confidential.

Individuals may access only the minimum amount of patient information necessary to perform their Medical Center responsibilities.

Information concerning the condition of a patient may be made public only by authorized members of the Public Relations Department, the Health Information Services Department, the Information Desk, and the patient in accordance with the Borgess Policy on Release of Information to News, other Communications Medical and State and Federal law.

Confidentiality of Computer Information

Individuals may use the computer workstations to access only that information necessary to perform their defined responsibilities.

Individuals are to maintain the confidentiality of their sign-on codes.

Individuals are expected to use the sign-on given to them to input and/or access only that information necessary to perform their respective job.

Individuals will be responsible for keeping confidential the printouts that they request/generate.

Smoking Policy

Borgess Medical Center will endeavor to provide safe, healthy and clean environment for all persons on Medical Center premises. In this effort, all patient, visitors and employees will be expected to comply with established rules that prohibit the use of all tobacco-related products on the Borgess Medical Center Campus.

Name Badge

- ID Badge must be worn at/or above the waist level with picture and name visible
- Do not place stickers or pins on your ID Badge
- Contact Human Resources if you have a badge issue or need it replaced

Cafeteria

The cafeteria is located on the ground floor of the main hospital building. Please check the cafeteria for hours of operation.
The Borgess Library is located on One West in Borgess Medical Center. Hours are 9 a.m. – 2:30 p.m. Monday through Thursday, and 9 a.m. – 1 p.m. Friday.

Our phone number is 269-226-7360 and email is librarrystaff@borgess.com.

The library is a restricted area for employees only. Borgess badges are required for admittance. If you do not have a Borgess badge, please check in with a library staff member.

The library collection includes clinical textbooks, journals, and anatomical models. Computers provide access to the Borgess intranet. Extensive resources are available from the library’s intranet pages.

A self-serve photocopier is also available; copies are ten cents per page.

Students doing clinical rotations at Borgess may borrow materials from our library. You must present your Borgess badge and we will ask you to fill out a Patron Registration Card. Materials can be checked out for approximately three weeks. We reserve the right to limit the number of items borrowed.
Parking

Park in the area across Shaffer Street by the Heart Center. Allow yourself time to find a parking spot.
Department Reference Manuals

Below is a list of reference manuals located on the Borgess Intranet:

- Administrative Policies and Procedures
- Approved Abbreviation Manual
- Biosafety Policy and Procedure
- Patient Care Policies and Procedures
- Micromedex
**Cardiopulmonary Resuscitation Policy “Code Zero”**

Code Zero: a critical event where a person suddenly develops respiratory distress, apnea, sudden unresponsiveness, pulselessness, or has no signs of life. A Code Zero requires early activation of trained responders, early cardiopulmonary resuscitation (CPR), early defibrillation, and early access to advanced care for best outcomes.

A Code Zero will be called on any person having a respiratory and/or cardiac arrest unless they are a patient with a “Do Not Resuscitate” (DNR) orders written on the physician’s order sheet with appropriate documentation in the Progress Record.

Code status must be obtained within 24 hours of arrival at Borgess Medical Center.

A “Do Not Resuscitate” order means no initiation of:

- Chest compressions
- Rescue breaths via bag-valve mask device
- Defibrillation
- Endotracheal intubation

The patient and/or family may request a change in the code status at any time.

When a patient with a “Do Not Resuscitate” order is taken to the OR, the DNR order is automatically rescinded. The change to full code status is completed prior to transport into the OR. The physician must clarify the patient’s code status prior to the patient leaving the PACU. When the patient/family and physician agree that DNR status should continue, the DNR status must be re-ordered post-operatively.

In the event of confusion regarding a patient’s “Do Not Resuscitate” status at the time that CPR is initiated, the physician at the arrest is responsible to clarify the patient’s code status.

Rapid Response:

- A rapid response is called by staff or families in the event of a patient on the general medical floor that develops acute deterioration. The rapid response team will respond within 10 minutes to the patient’s room to assess, evaluate, and treat any acute physiological changes. The team will also assist in the transfer to higher care if needed.
Hand Hygiene How and When

*Hand Hygiene (HH) = Proper use of Soap and Water or Alcohol Sanitizer.*

## SOAP AND WATER

You **MUST** wash with Soap and Water when:

- Hands are visibly soiled / contaminated.
- Before eating.
- After using the restroom.

**HOW TO USE:**

1. Wet hands with warm water. (avoid HOT)
2. Apply soap to hands. (3 to 5 ml)
3. Rub hands together for at least 15 seconds, covering all surfaces. (hands, fingers, nails)
4. Rinse with water.
5. Dry with clean paper towel.
6. Turn taps off using paper towel.

## ALCOHOL SANITIZER

Use Alcohol Sanitizer when:

- Soap and water are not required.

**HOW TO USE:**

1. Place enough product in your palm to thoroughly cover your hands.
2. Rub hands together briskly until dry.

**Note:** When Soap and Water are not required, you may choose Alcohol Sanitizer or Soap and Water for HH.

All staff members and Physicians need to perform Hand Hygiene when:

1. Entering and exiting a patient’s room.
2. **Before and after patient contact.** (Repeat HH before you touch pt. if you touched anything in the room.)
4. Before donning and after removing gloves.
5. **When moving from contaminated body site to clean body site during pt. care.** (HH & glove change)

*Please instruct and encourage visitors to perform HH before and after visitation.*

**Examples**

1. If you enter the room, wash your hands and immediately have patient contact, you do not need to repeat HH.
2. If you walk in washing your hands, do vitals, then need to start an IV, you must perform HH before you put on your gloves to start the IV.
3. If you are just checking on the patient or walk in the room to talk, you need to perform HH on the way in and on the way out.
4. If you enter a room to draw blood, wash your hands, then go directly to the glove box to put on gloves and immediately draw the blood, you do not need to repeat HH.
5. If you have just removed your gloves and are immediately going to exit the room, perform HH once.
6. If you have just removed your gloves but need to complete other duties in the room which do not require gloves, you must perform HH after removal of the gloves and upon leaving the room.
7. If you are caring for a patient in bed 1 and you need to provide care for a patient in bed 2, perform HH in-between contact with patients.

**REMEMBER:** Cleaning your hands before and after patient contact is one of the most important measures for preventing the spread of microorganisms in healthcare settings!
Prevent Occupational Exposure to Blood and Body Fluids

Occupational exposure risk for Health Care Workers is:

HIV = 1 in 300

Hepatitis C = 1 in 50

Hepatitis B = 1 in 5 (without Hep B vaccination)

What can you do to protect yourself?

1. **Hepatitis B Vaccination** - Complete the vaccine series.

2. **Wear personal protective equipment (PPE)** - OSHA requires health care workers (HCW) to wear gloves, when in contact with body fluid, non intact skin or mucus membranes. You must wear a gown, and face protection (mask, goggles, etc.) if your task has a potential for exposure (splashing, aerosolizing of fluid, or possible contamination of clothing)

3. **Be prepared when using sharps** -
   a. Organize your work area
   b. Make sure the area is well-lit
   c. Make sure a sharps disposal container is within reach.

4. **Be aware when using sharps** -
   a. Keep the exposed sharp in view
   b. Be aware of the people around you
   c. Don’t rush and stay focus
   d. When assisting a physician in a procedure, discuss how sharps are to be handled.
   e. Avoid hand passing sharps and use verbal alerts such as “sharp up, sharp down”
   f. Watch for sharps in linen, beds, on the floor or in waste containers

5. **Never recap needles**

6. **Surgery Injury Prevention strategies** -
   a. Use retractors (don’t use your hands)
   b. Use blunt retractors instead of sharp retractors whenever possible
   c. When possible a neutral zone (a place designated to place sharps during transfer) should be used.

7. **Use sharp safety devices** - Only draw blood using needles with a safety device and always initiate safety device before disposing.

8. **Report unsafe practices** -
   a. Report malfunction of safety devices to risk management by using the incident report system.
   b. Safety Hotline- 7-2338. Report safety issues that may affect patients, visitors and staff.
<table>
<thead>
<tr>
<th>CODE GREY (Bomb Threat):</th>
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<tbody>
<tr>
<td>(BMC. 3320)</td>
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<tr>
<td>1) If a bomb threat is received, complete Bomb Threat Information Form located on page 1 of BH phonebook and notify Security 6-8361</td>
</tr>
<tr>
<td>2) Director, Manager or Charge Nurse will instruct staff to search their immediate area in the Department</td>
</tr>
<tr>
<td>3) If a device is located, notify the Hospital Command Center at Ext. 6-7389. Do not touch, move or jar it. Relocate persons from the area. Close all fire and smoke doors</td>
</tr>
<tr>
<td>4) When search has been completed and Department has been secured.</td>
</tr>
<tr>
<td>5) Complete and sign Disaster Sheet and deliver to the Hospital Command Center Rm 191 1 Center or fax 6-5453</td>
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<tr>
<th>TORNADO WARNING:</th>
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<tbody>
<tr>
<td>(BMC. 3310)</td>
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<tr>
<td>Stage I</td>
</tr>
<tr>
<td>1) Inform employees, patients and visitors of the &quot;Tornado Warning&quot;.</td>
</tr>
<tr>
<td>2) Complete exam, procedure, etc. as soon as possible.</td>
</tr>
<tr>
<td>Stage II</td>
</tr>
<tr>
<td>1) Move patients to inner corridors, close doors and remain with patients</td>
</tr>
<tr>
<td>2) Close all corridor smoke barrier doors and fire doors</td>
</tr>
<tr>
<td>3) Complete Disaster Sheet and deliver to Alt Hospital Command Center LEC 124 or fax 6-5453</td>
</tr>
<tr>
<td>4) Do NOT exit to the basement. Remain close to your department</td>
</tr>
<tr>
<td>5) Employees, patients and visitors should be restricted from sun-porches. Doors should be closed.</td>
</tr>
<tr>
<td>6) Restrict use of telephones to Medical Center use only</td>
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<thead>
<tr>
<th>CODE PINK (Infant/Child Abduction):</th>
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<tbody>
<tr>
<td>(BMC. 3101)</td>
</tr>
<tr>
<td>1) Employees shall be observant for any infant or child being carried within the Medical Center. If observed contact Security at Ext. 6-8361</td>
</tr>
<tr>
<td>2) All staff on-duty will remain on duty until released by authorities</td>
</tr>
<tr>
<td>3) All staff are to refrain from discussing situation with anyone other than authorities</td>
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<tr>
<th>CODE ORANGE (Bio/Chemical event)</th>
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</thead>
<tbody>
<tr>
<td>(BMC. 3330)</td>
</tr>
<tr>
<td>1) Trained staff will respond to the ETC area to prepare for and set up the DECON tent and dress 4 staff in PPE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE YELLOW (Lock down of the facility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(BMC 3107)</td>
</tr>
<tr>
<td>1) Employees must present ID badge prior to entering facility.</td>
</tr>
<tr>
<td>2) Employees will enter BMC through Atrium area.</td>
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<tr>
<th>CODE ZERO (Cardiopulmonary Emergency):</th>
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</thead>
<tbody>
<tr>
<td>(BMC 4725)</td>
</tr>
<tr>
<td>1) Dial 1-2-3 with location or push the Code Zero Button.</td>
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<tr>
<th>CODE GREEN (Violent Person):</th>
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</thead>
<tbody>
<tr>
<td>(BMC.3102)</td>
</tr>
<tr>
<td>1) Dial 123 and give location</td>
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7/21/2010

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**BORGESS MEDICAL CENTER**
**EMERGENCY PREPAREDNESS GUIDE**
Dear Educational Student

We are excited to have you become a part of the “Borgess Team” as you do your clinical rotations here at Borgess Medical Center (BMC). The information contained in this book relates to the policies and procedures that you need to be aware of during your time at BMC.

Please read the enclosed material prior to beginning your clinical rotations at Borgess Medical Center. If you have additional questions after reading the book, please feel free to ask your instructor or your co-signed nurse. Your educational institution will need to verify for us that you have read this booklet. Please sign below and return this form to Susan Kay Ryan, Central Nurse Educator at Borgess Medical Center.

We look forward to having you as part of the staff at Borgess Medical Center.

I have read and understand all the material contained in the “Educational Student Orientation Booklet”.

___________________________________________________________
Student Signature

______________________________________________
Date
Addendum B
Bronson Methodist Hospital
(Kalamazoo)
WELCOME

Student Orientation Information

Bronson Methodist Hospital

2013-2014
Welcome to Bronson Methodist Hospital. We are excited to have you in our organization and part of our learning environment.

Bronson Healthcare Group is a not-for-profit, tertiary healthcare system serving southwest Michigan and northern Indiana. With a workforce of more than 6,000, Bronson is one of the area's largest employers. We offer a full range of services from primary care to advanced critical care and have multiple service locations in Kalamazoo, Calhoun and Van Buren counties.

Always mindful of our responsibility to the community, Bronson provides more than 40 million dollars in community benefits annually through outreach and charitable care for the under-insured. The health system also has a track record of clinical and workplace excellence as evidenced by numerous national achievements.

The material in this document will provide helpful orientation information to help in assuring you a successful experience. It will also give you a taste of the type of organization Bronson has become. We value the energy and stimulation students bring to us and hope you will value the expertise, wisdom, experiences and opportunities Bronson and its staff provides.

Please feel free to ask for the assistance and information you need.

Rosemarie Nedeau-Cayo, MSN, RN-BC
Staff Development Specialist, Education Services, Clinical Placement Coordinator
Bronson Methodist Hospital
Office: 269-341-8917
Pager: 269-513-3366
cayor@bronsonhg.org
VISION, MISSION, VALUES

To best serve our patients and their families, Bronson has developed a culture of excellence that provides care based on our vision, mission and values. *Bronson’s Plan for Excellence* builds on these strong underpinnings and provides further guidance and direction to our work.

Vision
Bronson will be a national leader in healthcare quality

Mission
Together we provide excellent healthcare

Values
- Integrity
- Patient and Family Centered Care
- Teamwork
- Evidence Driven Improvement
- Education
- Community Commitment
At Bronson, we understand that our patients' requirements are for care to be safe, effective, patient-and family-centered, timely, efficient and equitable.

We are committed to patient care excellence throughout the organization and our nurses have formalized their commitment into the following statement.

**Philosophy of Nursing Excellence**
Bronson nurses believe that nursing excellence results when the leadership, expertise, pride, respect and compassion of our nurses interconnect to form unique relationships with their patients, families, colleagues and the community.

**Diversity Commitment Statement**
Achieving inclusion in a diverse environment by maximizing the unique strengths and talents of each employee makes Bronson the best place for our patients and their families.

Bronson demonstrates this commitment to diversity through our:
- diversity council
- cultural competence training for employees
- language translation and interpretation services
- cultural observances and celebrations
- partnering with faith and community-based agency and organizations
CUSTOMER SERVICE:

Our goal: Enhance Service, Staff and Leadership Excellence.

This will include such things as:

- Identify and reduce disparities in care and service due to personal characteristics
- Achieve a culture of patient & family centered care
- Improve workforce and medical staff engagement

A big part of customer service is our interaction process with others. We include you, as a student, in our efforts to serve our customers including each other. Some of this is not going to be anything new, but sometimes when you are busy you might forget some of the basics involved. The following points serve as a reminder.

- When you greet people, introduce yourself, this includes staff when you come on to a unit for clinical. Be respectful and open to feedback. Talk with, not about people. Offer to help.
- Use their preferred name. Staff may be very casual, but be sure when interacting with patients to show respect and find out how they want to be addressed.
- Make eye contact, smile, speak slowly and use a pleasant tone in your voice.
- Ask for their questions
- Listen
- Avoid medical terms with the public, explain what you are doing and your role and why
- Acknowledge and apologize for delays or disappointments, when we are not able to meet customer requests.
- In closing, offer any additional help, confirm their understanding and satisfaction, say “thank you”.

Sometimes our customers are upset either due to their circumstances, stress, worry, anxiety or maybe because of our actions. When this happens we recommend the following service recovery strategy:

- Acknowledge: This is to restate what you’ve heard in your words. Statements such as: “You’ve been waiting a long time.” “It sounds like we haven’t met your needs.” Or “It sounds like you’ve had a rough experience.”
- Apologize: This doesn’t mean you created the issue or are at fault. Use words such as: “I’m sorry for…” or “I apologize...” or “I feel badly that you...”
- Amend: Tell them what you can do or offer options. Use words like: “I am going to see how we can...” or “What can I do to help?” Even if you don’t know what options are available, you can tell them you will find out or find another resource for them.
SAFETY

National Patient Safety Goals
The following safety goals apply throughout the Bronson System

2013 National Patient Safety Goals

- Goal 1 – Improve the accuracy of patient identification. Use at least two patient identifiers when providing care, treatment, and services.
  At Bronson we use name and date of birth.

- Goal 2 – Get important test results to the right staff person on time.
  Keep your nurse and/or preceptor informed about your patient so communication with other members of the team can be timely.

- Goal 3 – Improve the safety of using medications.
  Nursing Students cannot pass medications independently however we want students to have medication experience so decide with your instructor and preceptor how you can be part of the process. Educate patients on the purpose and side effects of all medications they receive.

- Goal 7 – Reduce the risk of health care–associated infections. Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.
  Our practice is to use hand washing with soap/water or alcohol based gel EVERY time you enter and exit a patient room or care environment...even if you don't plan to touch anything. There are 5 moments for hand hygiene.

Obviously there are other goals not listed. A full list can be viewed on The Joint Commission website.

FALL RISK
Patients can be at risk for falls. Although all patients are screened for falls, sometimes a patient doesn’t meet the criteria for Fall Precautions, but still can be at risk. If you are concerned please ask the nurse to re-assess the patients fall risk and discuss with the team potential interventions to minimize the risk.

BEDSIDE HANDOVER/PURPOSEFUL/TEMP ROUNдин
Literature has shown that two of the best ways to increase patient safety and satisfaction is through the use of bedside handovers and purposeful or “TEMP” rounding. Various units at Bronson have been in the process of implementing these two practices for about a year.

- Bedside handovers are moving from a “meet & greet” style to a complete report at the bedside. Including the patient in their care increases satisfaction and safety.
- TEMP rounding decreases falls and call light volume. Staff round on patients each hour offering Toileting opportunities, survey the Environment for call light, phone, water in reach, room tidy, alarms on. Movement: ambulation, up to chair, turn in bed, etc. and Pain assessment. All staff, including students can TEMP round. In PEDS the 4P model is used: Pain, Potty, Positioning, Pumps.

CODE BLUE
If you identify a CODE BLUE or near-CODE BLUE situation, dial 1-2-3 on any phone and state “Adult (or Pediatric) Code Blue, Unit (give full name, not the abbreviation), Room ____ and/or push the blue staff assist button on the wall. Get familiar with its location and the location of the crash carts and face
barriers. The staff assist button will only bring floor staff to your location. You still have to call “1-2-3” to get the code team.

SECURITY:

CONFIDENTIALITY
Confidential information is any information considered to be private and sensitive. Some examples you may run into during clinical include: protected health information (patient information), passwords and personal identification numbers. It might be in printed form or stored on a computer, smart phone or hand held device. You are responsible to protect it from unauthorized disclosure. Use only approved procedures when handling confidential information.

Computer information that you access are based on your role and responsibilities. This does not mean you can view any or all information stored there. Use/view only the information needed. When doing course work take precautions to de-identify any patient information, destroy notes from clinical do not discuss confidential information in a public place and never copy from a chart and send any information electronically, to yourself or others.

Your user ID is unique to you. You are responsible to maintain its safety. Do not share it with others, memorize passwords, don’t write them down. Log off computer applications when not actively using them. Don’t walk away from an application that is open.

Mobile computing devices (iPads, iPods, laptops, notebooks and other hand-held computing devices) are prohibited. Cell phones must have WiFi capabilities turned off while on campus. See Cell phone policy on page 15.

Violation of the policies will result in termination of the clinical experience for the students involved. If the student is also an employee such violations can also result in termination of employment. Routine auditing by IT is conducted.

STUDENT PARKING and SECURITY
The following page indicates student parking area. Security is available to escort students to and from the area as needed. Call them at 341-7893.

Security is also available to help when you’ve locked yourself out of your vehicle or if your battery needs a jump start.

Lock your vehicle; don’t leave anything visible that could suggest a valuable. Someone might try to break in if they THINK it is valuable, even if it is not. GPS units, MP3 players or other small electronics are favorite targets. Hide purses and bags in your trunk.

Space on any unit is at a premium. Do not bring valuables or extra bags, only what you absolutely need. If bags and “stuff” is left lying around it is not unusual for it to be policed up and you may lose it. Ask on the unit where students can “be”. Don’t assume you can hang out in break rooms or conference space.
CODES

- The following codes are used at Bronson. If heard, department procedures should be followed. Consult your instructor at the beginning of the clinical experience to determine your role in a code situation.
- There are Emergency Preparedness Booklets mounted on the wall at each Pod station.

CODE RED

CODE RED signifies that visible smoke or flame has been observed or detected. Employees will initiate Fire Emergency Procedures.

CODE BLUE

CODE BLUE is used to provide prompt intervention in the event of respiratory or cardiac arrest. The Code Blue response plan will be activate.

TORNADO WATCH

TORNADO WATCH signifies that a Tornado Watch has been issued for Kalamazoo County or surrounding geographical areas. Weather conditions are favorable for a tornado to occur.

TORNADO WARNING

Bronson has a two tiered tornado warning system. The two levels allow the hospital to clarify when to move critical patients, stop surgery and diagnostic procedures, and evacuate staff. (See next section for details of expectations.)

Tornado Warning Level 1: A Doppler radar tornado warning has been issued for Kalamazoo County.

Tornado Warning Level 2: A tornado has been sighted in Kalamazoo County or AirCare, through continuous weather monitoring, has determined Bronson to be at a heightened risk for direct impact.

WINTER STORM WARNING

WINTER STORM WARNING signifies severe snowfall or blizzard conditions, which may cause a staffing compromise or jeopardize visitor safety.

CODE BLACK LEVEL 1

CODE BLACK LEVEL 1 is an internal or external event involving incoming medical emergencies and casualties. This stage is managed by the Trauma and Emergency Center only. Incident Command is not activated.

CODE BLACK LEVEL 2

CODE BLACK LEVEL 2 is a catastrophic community event requiring additional inpatient services / resources at Bronson. The Incident Command Center will be activated.

CODE BLACK LEVEL 3

CODE BLACK LEVEL 3 is a catastrophic community event requiring multiple involvements of local agencies / hospitals including Bronson. The Incident Command Center will be activated.

CODE BLACK PLAN E

CODE BLACK PLAN E is an event that requires evacuation of an area/department of part/all of the hospital. The Incident Command Center will be activated.

CODE YELLOW Level 1

CODE YELLOW Level 2 signifies an external event that potentially threatens the safety and security of the Trauma and Emergency Center (T&EC), the T&EC will go into full controlled access.
**CODE YELLOW Level 2**  
CODE YELLOW Level 2 signifies an internal or external event that threatens the security of Bronson Methodist Hospital, which results in a full facility controlled access.

**CODE GRAY**  
CODE GRAY signifies a bomb threat. The Code Grey Response Plan will be activated.

**CODE PINK**  
CODE PINK signifies an infant or child abduction. The Infant or Child Abduction Response Plan will be activated.

**CODE ORANGE**  
CODE ORANGE signifies a chemical spill or release; decontamination. The Code Orange Response Plan will be activated.

**JOHN SILVER/ CODE SILVER**  
CODE SILVER signifies that a person(s) is acting in a threatening manner. Security should respond immediately to these events.

**TUBE SYSTEM MALFUNCTION/ FAILURE**  
A Tube System Down signifies that the tube system is not functioning properly. A Level 1 signifies the tube system between North and South Campus (Express Zone) is not functioning and a Level 2 signifies the total tube system is malfunctioning. The Tube System Response Plan will be activate.
Tornado Warning Level 1 and Level 2
FAQ Sheet
Effective January 1, 2012

Purpose: To implement a process that will ensure the highest level of safety for patients, visitors, and staff during a tornado warning.

What’s changing?
There will now be two levels for a Tornado Warning for the Bronson Methodist Hospital location. This will ensure that we move appropriate patients and staff when the hospital is at heightened risk for direct impact.

Tornado Warning Level 1: A Doppler radar tornado warning has been issued for Kalamazoo County.

Tornado Warning Level 2: A tornado has been sighted in Kalamazoo County or AirCare, through continuous weather monitoring, has determined Bronson to be at a heightened risk for direct impact.

Why? The different levels allow the hospital to clarify when to move critical patients, stop surgery and diagnostic procedures, and evacuate staff.

What do I do for a Tornado Warning Level 1?

Clinical Staff
• Move non-critical patients to inside corridors away from glass.
• Critical patients to remain in rooms moved away from windows/glass.
• Cover all patients with additional blankets and pillows for added protection.
• Close drapes, doors and blinds.
• Move all unused, freestanding equipment to an unoccupied room
• Direct all visitors to the tunnel.
• Complete all surgery/diagnostic procedures in process.
• Unless emergent, do not begin new procedures until “all clear” is announced.

Support Staff
• Manager/Supervisor is authorized to make decisions to insure safety of staff.
• If work area has windows or glass, evacuate to tunnel or Gilmore classrooms.
• If work area is within inner corridor or in the basement, you may be asked to continue working. (e.g. lab, radiology, etc.)

What do I do for a Tornado Warning Level 2?

All Staff : Same as Level one except:
• Cover and move all patients to inner corridors, unless doing so would put the patient at a greater risk * (see Emergency Preparedness manual for more details)
• All surgery and diagnostic procedures in progress should be completed or patients stabilized.
• All new cases should be postponed until "All Clear" announcement is issued.
• All staff working in ancillary or support service (clinical/non-clinical) departments evacuate to tunnel/Gilmore classrooms.
• Prepare to assist with evacuation in event of Code Black.

When does this go into effect?
   January 1, 2012

If I work at a site away from the Bronson Methodist Hospital location, what do I do in the event of a Tornado Warning whether Levels are announced or not?

• All patients and staff should report to the basement (or innermost corridors, if a basement isn't available) until warning is called off.
• Building specific procedures are located in the Emergency Preparedness Procedure Manual.
• Each site must have an NOAA radio to monitor the National Weather Service.
POLICY AND PROCEDURES

MANUALS
Manuals are online on the Bronson Intranet. The intranet can be accessed via any of the clinical computers. Click on the Internet Explorer icon, the home page will be the Bronson Intranet. The “Manuals” link is one of the major links on the left hand side of the home page. This will open another screen with links to Manuals for Bronson Methodist Hospital, Bronson Lakeview Hospital and Bronson Vicksburg Outpatient Center. At the bottom of the page is the link for the lab manual. The most efficient way to find a policy or procedure is to open the desired manual and enter the information desired in the search box. A list of possible documents will appear in a “results” page. The list is graded for relevance. You can click between the document tab and the results tab.

APPEARANCE STANDARD
The Appearance Standards are established to convey a positive and professional image to internal and external customers, and to maintain required guidelines relative to safety and infection control. Many factors contribute to a professional image, one of which is the professional appearance staff conveys to patients, visitors, and co-workers. This policy addresses specific expectations, and includes guidelines for dress and appearance. Bronson always reserves the right to determine what is acceptable or not acceptable in terms of professional image.

- Approved student uniform, in compliance with the school is expected. Ensure uniform is clean, fits, and is in good repair. Undergarments should not show through or be visible hanging out.
- Footwear must be clean, polished, and in good repair. Footwear shall be appropriate to the work duties and responsibilities performed, and meet safety needs of the work environment.
- All employees will wear hosiery or socks.
- Hair must be clean, combed, and neat. Extreme hairstyle or unnatural hair color (e.g., blue, green, etc.) is not appropriate within the professional work setting. Hair should be pulled back and secured.
- Nails must be clean and well groomed. No fake nails. They harbor pathogens.
- Facial hair including beards, side burns and mustaches shall be clean and neatly trimmed.
- Because of fragrance allergies/sensitivities among internal and external customers, perfume and cologne can be worn only in non-patient-care areas.
- Bronson identification badges must be worn during working hours. Identification badges are intended to promote customer service and security standards. For ease of identification, badges will be worn on upper torso clothing with name and photo clearly visible.
- Tattoos are not appropriate for the healthcare and professional work environment. Tattoos shall be appropriately concealed by clothing.
- Nontraditional piercings including but not limited to nose, eyebrow, tongue, lip, gauged ears, are not acceptable
- T-shirts and fleece are not in compliance with dress casual. They are considered sporting attire.

Bronson staff uniforms include:
- RN/LPN – Green or white pants and a white top. Tops may be child friendly in Peds, OB areas
- PCA – Teal pants and top
- Environmental Service Associates – burgundy pants and tops
- Unit clerks and other reception people - career wear in forest green shirts/sweaters/tops and black or tan pants.
• Clinical Support Staff (Radiology, Respiratory Care, Laboratory, Rehabilitation Services, Cardiovascular Services Neurodiagnostics, Pharmacy, Medical Assistants in ProHealth/Employee Health services) - navy scrubs
• Patient Transport – grey scrubs
• Patient Sitters – lavender scrubs
• Food Service – black/white server wear
• Security – law enforcement style

SMOKING
Bronson is a tobacco-free campus. Students may not smoke or use tobacco products during clinical hours at any Bronson location. This also applies to employees, patients, visitors.

ELECTRONIC COMMUNICATION AND CELL PHONE POLICY
• Personal cellular telephones, phone Internet and text messaging are permitted in designated areas only, and are to be used during breaks, lunch periods or for emergencies.
• Photos of any employee, physician, volunteer, pet therapy dog, student or patient are prohibited. Under no circumstances are the camera or recording device features to be used while on Bronson premises, or while engaged in Bronson business.
• Posting pictures of Bronson, Bronson employees at work, physicians or patients to social media outlets is prohibited. You may not use a cell phone while caring for a patient.
• Bronson respects the rights of others to engage in online communication. What is said online, during personal time, may impact the Bronson work environment. Bronson reserves the right to take disciplinary action when this type of communication adversely affects the work environment. Avoid commenting on or posting about Bronson or Bronson-related matters. Inaccurate, distasteful or defamatory comments about Bronson, its employees or patients should not be posted.
• Violation of this policy may be subject to corrective action, up to and including termination of clinical placement and/or contractual relationship.

STUDENT HEALTH and INJURY
• All students must meet the same requirements as employees. Students are also required to meet the same Employee Health requirements as employed personnel specific to the jobs they will be doing or the units in which they will be working. Immunization and testing services may be provided to students for a fee.
• Students and faculty are encouraged to be familiar with their program policies on injury. Students injured while at Bronson, please call the Bronson Employee Injury hot line at 806-1600 to report a work related injuries or incidents (available 24/7.) Directions for immediate care are provided and an injury report is initiated. Students may obtain treatment in the Emergency Department at their own or school’s expense. Students should have health care insurance coverage for any evaluation or treatment.

UNIT SPECIFIC MINIMUM REQUIREMENTS
Become familiar with how your unit responds to codes and emergencies. Know where the crash cart is located, what to do in the event of a fire, tornado, bomb threat, or child abduction etc. alarm. When in doubt, follow staff lead.
Additional Bronson related information that can be useful to you while you are here are on the following pages.

Again, welcome to Bronson, we hope you find your experience here valuable and an asset to achieving your goals.
ADDENDUM 1

PATIENT RIGHTS AND RESPONSIBILITIES:

The following information is given to patients about their rights and responsibilities. As a student at Bronson it is expected that you would also comply with them. If you have reason to believe patient’s rights are violated or become aware of a patient’s belief that their rights have been violated, you can speak to an instructor, unit management or the contact information at the bottom of the page.

Bronson respects the rights and human dignity of each patient. We are committed to making your experience at Bronson as positive as possible.

As a Bronson patient, you have the right to:

- information you can understand
- dignified, respectful, personal care
- reasonable response to your requests
- pain relief
- agree to or refuse treatment
- be told the risks of treatment
- be told what will happen if you refuse treatment
- personal privacy and confidentiality of your medical treatment and medical records
- be informed of any research or educational projects affecting your care or treatment

Ask staff for more information on patient rights and responsibilities. The information may also be found in Bronson’s Patient & Family Guide, in framed documents at each entrance, and online at bronsonhealth.com.

Concerns about Patient Care and Safety

We want to hear your concerns. Please speak with your doctor or nurse. If you are not comfortable, the Patient Relations department can help. Call (269) 341-8959. The Ethics Committee also helps patients and their families with hard choices. Call the Bronson operator at (269) 341-7654 for this service.
ADDENDUM 2

DESIRABLE AND DISRUPTIVE CONDUCT

Bronson strives to create a culture of safety. A professional work environment is crucial. It supports excellent communication in an environment free from fear and/or intimidation. Bronson will not permit or tolerate any disruptive conduct. Each allegation of disruptive conduct will be promptly investigated in accordance with applicable Human Resource policies.

To assist in identifying each type of conduct, the following examples are provided:

Good/desirable behavior examples:
- Treat others with respect, courtesy and dignity
- Conduct reflects a professional manner
- Responses to requests from patients, staff and leaders is timely
- Responses to pages is timely
- Encourages clear communication and utilizes tools that are implemented to improve communication and handoffs
- Report medical errors and opportunities to improve safety as soon as they are recognized.
- Participate in process improvement opportunities (example: RCA, FMEA)
- Respect patient autonomy and confidentiality
- Respect patient rights
- Follow hospital policies
- Refrain from bad/disruptive behaviors.

Bad/disruptive behavior examples:
- Profanity or disrespectful language
- Insulting comments that go beyond the bounds of professional comment
- Uncooperative or defiant approach to problems
- Throwing objects
- Refusal to complete a task or carry out duties
- Racial, ethnic or socioeconomic slurs
- Seductive, aggressive or assaulting behaviors
- Bullying or demeaning behavior
- Name-calling
- Raising voice, yelling or shouting in a hostile manner
- Disruption of meetings
- Inappropriate comments or illustrations placed in the medical record
- Criticizing other caregivers in front of patients, family members, or other employees
- Non-constructive criticism addressed to a recipient in such a way as to intimidate, undermine confidence, belittle or impute incompetence
- Behavior that disparages or undermines confidence in the hospital or its leaders
- Public comments about care being provided to an identifiable patient or the quality of care being provided to that patient
- Inappropriate responses to patient needs or staff requests
- Blames or shames others for possible adverse outcomes

Additional information regarding good and bad behavior may be found in policies regarding atypical events, HR policies and the medical staff policies.
**ADDENDUM 3**

**Patient Education/Teach Back/Ask Me Three**

Patient Education is a vital part of all Bronson staff and students’ role. A crucial part of the process is ensuring our education has been learned. Patient education materials are being developed and stored on the Intranet. They can be accessed through the Center for Learning/Patient Education page.

Teach Back is an evidence-based patient teaching strategy

Ask Me 3 is a method to improve communication between the patient and the health care workers. It will help the patient take better care of their health. The patient/family becomes part of the team to provide the plan for the health care needs they have.

Teach Back

- Teach Back is simply asking your patients to repeat in *their own words* what they need to do in a non-shaming way.
- Teach Back is not a test of the patient, but rather of how well you explained the concept.
- Teach Back creates an opportunity for dialogue in which the provider gives information, then, asks the patient to respond and confirm understanding before adding any new information.
- Teach Back is a chance to check for understanding and, if necessary, re-teach the information.

If patient is unable to restate what was taught

- Re-phrase the information up to twice
- Consider a different teaching strategy; if verbal instruction isn’t being understood perhaps utilize written material or a videotape.
- If patient continues to have difficulties teaching back what you have instructed consider having another staff member or a patient educator work with the patient on their learning needs.

When talking with patients & families **ALWAYS:**

- Use plain language
- Slow down
- Break it down into short statements
- Focus on the 2 or 3 most important concepts
- Check for understanding using Teach Back
- Ask open ended questions not Yes/No questions

Teach Back Language Examples

- I want to make sure I did a good job explaining this to you. Can you show me how you’ll do this when you get home?
- If you were talking to your neighbor, what would you tell them we talked about today? I want to make sure I explained everything clearly.
- I want to be sure we have the same understanding of...
- It’s my job to explain things clearly so...
- Can you tell me in your own words...?
- When you get home today what will you tell your wife you need to do each am.....with each meal.....perform.....etc.?
Ask Me Three

Ask Me Three is simply a framework for patients to get the information they need to care for themselves. It helps focus on important elements of information. It is the framework for our patient education materials.

Ask Me Three Language Examples

At Bronson Hospital our goal is to partner with you for your health care needs. Before you leave Bronson it is important that you understand the answers to the three questions below. Please write down any other questions you may have for your doctor, nurse or other staff.

1. What is my main problem?

2. What do I need to do?

3. Why is it important for me to do this?
Addendum C
Oaklawn Hospital
This orientation manual has been created to assist students in becoming familiar with Oaklawn Hospital and some of our current policies and procedures.

**Information that you should return to your instructor ASAP:** a signed confidentiality agreement (page 10) that also includes your driver’s license number. Please be sure to include your full name including middle initial. This documentation is used to assign computer access here at Oaklawn, if we do not have the materials you cannot receive an identification number to access the computers, which will delay your learning experience.

- You **cannot** bring memory sticks to download information from Oaklawn computers.

- You will be issued an identification badge that must be worn at all times while you are in the hospital and it must be returned to your clinical instructor on your final clinical day here at Oaklawn.

- Student parking is located on Green Street next to the Zion Lutheran Church. Students are not to park in the parking or parking ramp located adjacent to Oaklawn. Please find the enclosed map for appropriate parking locations.

Good luck and we wish you an enjoyable educational experience.

Oaklawn Hospital  
Education Department  
Christine Siebert RN, BSN-BC  
Education Service Coordinator  
(269) 789-8132

**Oaklawn Hospital**  
**200 North Madison**  
**Marshall, MI 49068**
MISSION STATEMENT

THE MISSION OF OAKLAWN HOSPITAL NURSES IS TO PROMOTE PHYSICAL, SPIRITUAL, AND EMOTIONAL WELL BEING OF OTHERS WITH CARING AND EMPATHY THROUGH RELATIONSHIP BASED CARE

VISION STATEMENT

TO BECOME THE RENOWNED PROVIDER OF ASTONISHING NURSING CARE
Oaklawn Hospital’s Mission Statement
We will provide personal, accessible and high quality care to improve the health and well-being of the communities we serve.

Oaklawn Hospital Vision Statement
Striving for Perfect Care Every Time.

Oaklawn Hospital’s Culture and Values
Respect
Leadership
Loyalty
Quality
Integrity
Teamwork
Diversity
Fact Sheet
Clinical Instructors/Students

1. **Parking:**
   Students - **Do not park in the parking ramp** across from the hospital. Student parking is located in the lot next to the Zion Lutheran Church just west of Marshall Middle School. If you have further questions or concerns on where to park, please consult your clinical instructor.


3. **No Smoking** allowed on hospital grounds or in any buildings by patients, employees, visitors or students.

4. Please follow your school’s requirements for dress code and remember to always **wear your Oaklawn name badge** while on the clinical unit.

*Please call Educational Services at ext. 8132 for Christine Siebert with any questions or concerns during your clinical rotation*
CODE SUMMARY

CODE BLUE  Cardiopulmonary Arrest
CODE GREEN  Violence Potential - “Show of Support”
CODE RED  Fire
CODE PINK  Stat C-Section
CODE ALERT  Infant/Pediatric Abduction
CODE D  Disaster
CODE E  Evacuation of Building, Paged every 3 min. over 15 min. (6 times)
CODE ORANGE  Lock Down of Facility (Quarantine)
Severe Weather  Paged as the actual condition
RRT-Adult or Pediatric  Rapid Response Team
BARRICADE IN PLACE  Find a Secure Place
Tools for Relationship-Based Care

Here are some things you can remember and do to help facilitate the Relationship-Based Care that we deliver here at Oaklawn. It is important to connect with your patient. These tools will help you and your fellow coworkers make the best possible experience for your patient and you.

Remember R-E-S-P-E-C-T

**Release**: This means to let go of whatever happened before you enter your patient’s room and be in the moment for this patient.

**Explain**: Introduce yourself. Tell them who you are and what you will be doing for them.

**Sit/Shake**: Take a minute to sit at the bedside to converse with every patient. If it is culturally appropriate shake their hand. Ask them what they want to be called. Always use their name in the conversation.

**Personalize**: Find out something about them other than their current diagnosis. Connect with them on that level. “I have a daughter around that age also.” Or “I grew up in that area.” Something that makes the experience personal.

**Engage**: What is one thing I can do for you today?

**Care Plan**: Review the plan of care for the day with the patient. Let them know what tests are ordered, what might need to be done that day. Then ask them if they have any particular order in which they would like to do these.

**Take time**: Let them know that you have time to sit and listen. Make sure your actions are congruent with your words. Don’t be heading/reaching for the door when you say you have time. Your time is one of the most precious gifts you can give a patient.
Teach Back
Evidence-based patient teaching strategy

- Teach back: Simply asking your patients to repeat in their own words what they need to do related to what you just taught them.
- You do not want your patients to view the Teach Back task as a test, but rather of how well you explained the concept.
- Creates an opportunity for dialogue in which the provider gives information, and then asks the patient to respond and confirm understanding before adding any new information.
- A chance to check for understanding and, if necessary, re-teach the information.

If patient is unable to restate what was taught:
  - Re-phrase the information up to twice and then
  - Consider different teaching strategy; if verbal instruction isn’t being understood perhaps utilize written material or videotape.
  - If patient continues to have difficulties teaching back what you have instructed consider having another staff member or a patient educator work with the patient.

When talking with patients & families ALWAYS:

- Use plain language
- Slow down
- Break it down into short statements
- Focus on the 2 or 3 most important concepts
- Check for understanding using Teach Back
- Ask open ended questions NOT Yes/No questions

Teach Back Language Examples

- I want to make sure I did a good job explaining this to you. Can you show me how you’ll do this when you get home?
- If you were talking to your neighbor, what would you tell them we talked about today? I want to make sure I explained everything clearly.
- I want to be sure we have the same understanding of.....
- It’s my job to explain things clearly so.....
- Can you tell me in your own words.....
- When you get home today what will you tell your wife you need to do each morning.....with each meal.....perform.....etc?
- As you understand it tell me about.....?
- So I can be sure of myself & my instructions, please tell me how you will.....
- Please tell me in your own words how/when/with what you will take your.....
***Student Parking ONLY in parking lot F Zion Lutheran Church***
CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

This Confidentiality and Nondisclosure Agreement (the “Agreement”) is made by the individual whose name and address is set forth below (“Individual”). This Agreement applies to any information obtained by an individual while at Oaklawn Hospital or any of its facilities or locations (collectively “Oaklawn”).

1. As used in this Agreement, “Confidential Information” includes, but is not limited to: (a) all patient medical records, or portions thereof, regardless of location; (b) the identity, condition or other identifying information regarding any patient individual sees at Oaklawn; (c) correspondence or verbal information addressed to or from workforce members of Oaklawn concerning a specific, identifiable patient; (d) patient information verbally given to me by the patient or other persons; (e) diagnoses; (f) assessments; (g) medical histories; (h) operative reports; (i) discharge summaries; (j) nursing notes; (k) medications; (l) treatment plans; (m) follow-up care plans; (n) requests for and results of consultations; (o) results of laboratory, radiologic, or other medical tests; (p) demographic data; (q) financial/funding information; (r) all passwords and codes provided to Individual; (s) information provided by and through Oaklawn’s computer software and system; and (t) all other types and categories of information in written, verbal, electronic, printed, or any other form which Individual knows or has reason to know Oaklawn intends or expects confidentiality to be maintained.

2. In exchange for access to Oaklawn Hospital’s facilities as determined by Oaklawn staff and Individual in furtherance of his or her visit to or employment by Oaklawn, Individual agrees to hold in confidence any and all Confidential Information and shall not disclose any Confidential Information to any other party or person at any time, except an authorized Oaklawn workforce member with a “need to know”, whether during or after the visit to or employment by Oaklawn. Individual understands and agrees that this Agreement does not grant Individual a license in or to the Confidential Information. Individual agrees that any disclosure or use of Confidential Information for any purpose will be considered grounds for administrative, civil and/or criminal action or performance management in the case of employees.

3. Individual, if an employee of Oaklawn Hospital, acknowledges policies Information Security, User and Password Management and Health Insurance Portability and Accountability Act are located on the Oaklawn Hospital intranet under the Policy Manager system and can be accessed by all employees at any time.

Signed in the Presence of
These Two Witnesses

Dated: __________________________

Signature of Individual

Individual’s Printed Name

Individual’s Address, Position and Affiliation (if visiting in an official, professional, or business capacity)

Information Below to be completed for Employees, Students & Physicians Only

Employee/Student/Physician Driver’s License Number: __________________________

Employee Number: __________________________

Bar Code Number: __________________________

Department Number: __________________________

Department Name: __________________________

Job Title: __________________________

E-96 personnel-mr/qi-lp/7-2-2013 CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT page 1 of 1
Addendum D
Clinical Orientation Manual
Competency Test
Directions: For true and false questions circle “T” for true and “F” for false. For multiple choice questions circle one answer.

1. T or F  Clients have the right to considerate and respectful care only if they are considerate and respectful of the staff.

2. T or F  A client has the right to refuse a recommended treatment or plan of care.

3. T or F  Talking in the staff break room about a client’s bad attitude, toward his special diet, is not considered an invasion of privacy since only hospital staff is present.

4. T or F  Each client has the right to have an advanced directive concerning treatment.

5. T or F  All clients/residents should be encouraged to do as much for themselves as they can.

6. T or F  It is appropriate to share client health care information with any family member that requests it.

7. The confidentiality of clients/residents must be protected with regard to which of the following types of information?
   A. Verbal.
   B. Written.
   C. Computer.
   D. All of the above.

8. The government felt that confidentiality was such an important issue in healthcare that congress passed the:
   A. Health Privacy Act (HPA).
   B. Health Insurance Portability and Accountability Act (HIPAA).
   C. Health Operations & Privacy Act (HOPA).
   D. Health Confidentiality Act (HCA).
9. Which of the following could be a consequence for breaching confidentiality?

A. As a nursing student, it could lead to dismissal from the nursing program.
B. As a nurse, the Board of Nursing may suspend or revoke your license.
C. As a nurse, your employer could terminate your employment.
D. A lawsuit could be filed with legal penalty.
E. All of the above.

10. List the National Patient Safety Goals (NPSG) for Hospital and Long Term Care settings in 2013. Give an example of how you would meet each goal.

#1
Example: ____________________________________________________________
___________________________________________________________

#2
Example: ____________________________________________________________
___________________________________________________________

#3
Example: ____________________________________________________________
___________________________________________________________

NOTE: [#4 through #6 not applicable or resigned from list]

#7
Example: ____________________________________________________________
___________________________________________________________

NOTE: [#8 not applicable or resigned from list]

#9
Example: ____________________________________________________________
___________________________________________________________

NOTE: [#10 thought #13 not applicable or resigned from list]

#14
Example: ____________________________________________________________
___________________________________________________________

#15
Example: ____________________________________________________________
___________________________________________________________

[#16 not applicable or resigned from list]

Universal Protocol
Example: ____________________________________________________________
___________________________________________________________
11. What are the principles that the Consumer’s Rights are based on?

   A. Ethical and governmental regulations.
   B. Specific hospital regulations only.
   C. County prosecutor’s office regulations.
   D. Previous legal documents.

12. Which of the following best explains the standard of professional conduct?

   A. The health care provider and nursing personnel must be available twenty-four hours per day, seven days a week, for work.
   B. The type of behavior that each health care provider is expected to maintain.
   C. The rule that the provider with the most education has the right to obtain their desired work hours over less educated providers.
   D. The type of behavior deemed appropriate by only the provider with the most seniority.

13. Which of the following may be a consequence if a nurse fails to report abuse or unethical behavior/treatment?

   A. There usually is no action taken in a majority of cases.
   B. The Board of Nursing (BON) may suspend or revoke the nurse’s professional license.
   C. A monetary fine is never an end result of legal action.
   D. The majority of these lawsuits are never taken seriously.

14. T or F  Elderly women, pregnant women, and young children are at greater risk for mistreatment/abuse.

15. T or F  Adequate staffing, high employee satisfaction, and a nurturing work environment increase the risk of mistreatment/abuse to clients/residents.

16. What is customer service?

   A. Excellent professional service and care provided throughout the client’s contact with a health care provider or health care service.
   B. The client’s privilege to make long distance phone calls.
   C. Making sure that the client knows what your job is and your job description.
   D. Customer service is helping only those people that you know to feel better.

17. Which of the following are qualities that will help to make a good first impression to customers?

   A. Disorganized and nonprofessional appearance.
   B. Professional appearance, organized, and courteous actions.
   C. Inappropriate responses to client/resident and a hurried and noncaring manner.
   D. Nonempathetic and stressed demeanor.
18. Which of the following may cause poor communication to occur between a client and the nurse?

A. Being a good active listener.
B. Using appropriate language skills.
C. Maintaining appropriate body language.
D. Significant language and/or cultural differences.

19. T or F Good communication skills include appropriate body language, active listening skills, and appropriate tone of voice.

20. T or F When you become aware that you have poor communication skills, there is never any way to improve upon them.

21. The “Michigan Right to Know” law is designed to protect:

A. clients from medical malpractice.
B. hospitals from extremely harsh accreditation guidelines.
C. hospital administrators from hiring substandard employees.
D. employees from chemical hazards in the work place.

22. The MSDS is the:

A. Material Safety Data Sheet.
B. Michigan Safety Data Sheet.
C. Marginal Security Documentation Sheet.
D. Medical Solutions Distribution Sheet.

23. Labeling of potentially hazardous chemicals must include:

A. research on past exposures.
B. phone numbers of emergency contacts.
C. name and address of the manufacturer.
D. work areas where this chemical is permitted.

24. If eye contact with a hazardous chemical is experienced, the eye should be:

A. bandaged securely (sterile technique) for 5-10 minutes.
B. flushed with saline.
C. flushed with running water 10-15 minutes.
D. exposed to air currents and an antibiotic ointment should be applied.

25. Documentation of chemical exposure would include a/an:

A. shift report sheet.
B. incident report.
C. kardex.
D. supervising manual.
26. What acronyms are used to assist staff in recalling their responsibilities in response to a fire and the use of a fire extinguisher?

A. For fire response:

_____ _____ _____ _____

B. For extinguisher response:

_____ _____ _____ _____

27. What does each acronym stand for:

A. For fire response:

_____ = ______________
_____ = ______________
_____ = ______________
_____ = ______________

B. For extinguisher response:

_____ = ______________
_____ = ______________
_____ = ______________
_____ = ______________

28. Identify three fire prevention techniques that you should follow?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

29. Identify three interventions that you would perform to protect your client in the event of a tornado warning?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

30. Identify what responsibilities you have in case of a client abduction or elopement?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

31. What is the main technique that can be used by health care workers to prevent the spread of infection to clients?

____________________________________________________________________________________
32. Identify four examples of personal protective equipment.

____________________________________________________________________________________

____________________________________________________________________________________

33. T or F  Clients may be a source of infection for health care workers.

34. T or F  Health care workers may be a source of infection for clients.

35. When should the nurse wash her hands?

A. Before and after touching a client.
B. Upon completion of a client’s procedure.
C. After removing gloves.
D. After picking up items from the floor.
E. All of the above.

36. Incident reports may also be called:

A. variance reports.
B. misconduct reports.
C. employee documentation reports.
D. error documentation reports.

37. Who should complete an incident report?

A. The assigned unit manager.
B. The shift charge nurse.
C. The witnessing nurse.
D. The involved team leader.

38. Documentation of an incident should include:

A. a news release.
B. a note in the client’s chart regarding the incident report.
C. completion of an incident report.
D. a memorandum to the CEO.

39. The incident report should include the:

A. complete name of the person involved.
B. name and position of the supervisor.
C. possible causes of the incident.
D. opinions regarding the party at fault.
40. Risk management programs are designed to:

   A. determine which employee or employees are at fault.
   B. identify, analyze, and treat risks.
   C. help agencies determine which employees are better risks.
   D. analyze the risk/benefit ratio of each unit.

41. T or F Client consent is necessary for the use and release of any stored information that can be linked to the client.

42. T or F Do not leave information about clients displayed on the monitor screen when you leave the computer.

43. T or F Never give your password or computer signature to anyone.

44. T or F Once you have logged on with your password you can leave the computer and no one but you can access the information on the system.

45. T or F Client confidentiality does not matter when working on the computer.

46. T or F Always follow the clinical facility’s confidentiality procedures when documenting sensitive material, such as HIV status.

47. When preparing to assist an adult client to move from the bed to a chair you can increase your balance and stability by:

   A. using minor muscles groups to their fullest advantage.
   B. increasing your base of support and lowering your center of gravity.
   C. rocking forward and helping to push the client to the chair.
   D. altering the client’s center of gravity by raising his arms.

48. Work close to an object that you are going to lift or move to:

   A. be able to make body contact with the object.
   B. be able to determine what the object will weigh.
   C. help bring your center of gravity close to the object.
   D. be able to use your back muscles to lift.

49. When lifting an object:

   A. use the strong muscles of your back.
   B. bend at the waist to pick the object up.
   C. bend your knees and use your stronger leg muscles to lift.
   D. curve your back and lean over the object that you are lifting.
50. When transferring a client from chair to bed, “rocking” is sometimes done to:

A. use the weight of your body as a force to pull the client to a stand.
B. move the client toward the front of the chair.
C. enable you to count to three with the client.
D. give you and the client time to think about the transfer technique.

51. When changing an occupied bed, the bed should be:

A. in the lowest position.
B. in the highest position.
C. with the side rails down.
D. in a position of comfort for you.

52. For the following unacceptable abbreviations, what is the acceptable documentation?

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