Healthcare Program Faculty & Student Orientation Packet

Deaconess Health System
Evansville, IN

Healthcare Program Faculty & Student Orientation Packet

<u>Content To Review</u>
Deaconess Health System
HIPAA and Confidentiality Requirements for Deaconess
Regulatory Agency Requirements
Equipment Updates
Parking
Regulatory Agency Statement

<u>The following documents must be signed, submitted & approved prior to student being onsite:</u>

Wet by hand signatures required

_____Regulatory Agency Requirements: Statement of Responsibility pg. 16

_____HIPAA Quiz pg. 17

_____ Non Employee's Statement of Confidentiality pg. 18

_____TB Testing within past 12 months

_____Flu Immunization for Current Season

_____2 Doses of MMR immunization, OR _____ titer indicating immunity.

_____2 Doses of Varicella immunization, OR _____ titer indicating immunity.

Deaconess Health System

Deaconess Health System is a system of six hospitals, located in southwestern Indiana. Also included are: a freestanding cancer center, a physician practice group with 14 ambulatory sites, two urgent care facilities, a preferred provider organization, and multiple partnerships with other health care providers.

Deaconess Hospital, a not-for-profit, acute-care hospital located in Evansville, Indiana, offers a broad range of inpatient and outpatient medical, surgical and diagnostic services. As a 288-bed tertiary care center, Deaconess is one of the largest hospitals in the region. Advanced care is available at Deaconess in emergency, cardiovascular, cancer, neuro, orthopedic and pulmonary services. Deaconess is a teaching hospital with a family practice residency program and provides a site for clinical education for several ancillary programs.

Deaconess Gateway Hospital is a 198 bed facility providing a full range of acute care services, including emergency medicine, cardiac, surgical services and comprehensive pediatric services -- provided through a partnership with Riley Hospital for Children. Deaconess Gateway Hospital is located at the Gateway Medical Campus in Newburgh Indiana, adjacent to The Women's Hospital and the Chancellor Center for Oncology.

The Women's Hospital is the only hospital within a 100-mile radius of Evansville that is dedicated solely to serving the healthcare needs of women and infants. With a special focus on family-centered care, The Women's Hospital houses 28 labor/ delivery/ recovery/ post-partum (LDRP) rooms, three high-risk antepartum rooms, 19 med/surg beds, six surgical suites, a ten-bay triage/ observation area, two well-baby nurseries and 21 neonatal intensive care beds.

The Heart Hospital is the only acute care heart hospital in the region dedicated to the treatment of heart and vascular care. The Heart Hospital is a regional leader in heart services by combining an experienced staff with state-of-the-art technology and the latest diagnostic and treatment services. The Heart Hospital houses two open heart surgical suites and three cardiac cath labs. One lab is specifically dedicated to EP, or heart rhythm diagnostic and treatment procedures. Patient-care areas include a 24 bed "universal bed/acuity adaptable" heart unit where patients stay in one room during their hospitalization with the appropriate level of care brought to them. In addition, 12 cardiovascular short-stay suites are dedicated to patient stays of less than 24 hours and designed to meet the needs of patients undergoing same-day procedures. The new outpatient diagnostic center, located on the first floor, offers a comfortable environment for patients undergoing outpatient testing.

Deaconess Cross Pointe provides mental health services and psychiatric care to meet the emotional and behavioral health care needs of teens, adults, seniors and their families. The east-side Evansville facility is fully accredited and offers care and treatment at all levels through both outpatient programs and a fully accredited 53-bed inpatient facility.

HealthSouth Deaconess Rehabilitation Hospital specializes in comprehensive medical rehabilitation, including physical, occupational, recreational, and speech therapy services for patients recovering from injury or illness. As the only hospital dedicated exclusively to rehabilitation in this region, HealthSouth is committed to providing state-of-the-art, results-oriented rehabilitation services. In addition, they have a satellite location on the 4th floor of Deaconess Hospital.

Deaconess Clinic is an ambulatory practice network of primary care and multispecialty providers within the Indiana and Kentucky regions.

Mission Statement

In keeping with its Christian heritage and tradition of service, the mission of Deaconess Hospital is to provide quality health care services with a compassionate and caring spirit to persons, families and communities of the Tri-State.

At Deaconess Hospital, our values are based on our commitment to quality. We define *quality* as the continuous improvement of services to meet the needs and exceed the expectations of the customers we serve.

Goals

To accomplish its mission, Deaconess Hospital is committed to improving the quality of life for the people of the Tri-State by:

- Demonstrating excellence in health care services
- Providing access to health care
- Providing charity care to those in need
- Promoting healthy lifestyles

- Offering spiritual and psychological support
- Supporting health related education
- Advancing health knowledge through research

The Deaconess CREDO

We are ambassadors of Deaconess, cultivating a nurturing atmosphere of:

Courtesy
Respect
Empathy
Dignity
Optimism

Patient Confidentiality and Clinical Students-in-Training

What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about. – From the classical Oath of Hippocrates.

Patient confidentiality is not a new invention, but much has changed since the time of Hippocrates. Once, patient confidentiality was a matter of professional ethics and judgment. Now confidentiality is viewed against a measuring stick of federal and state laws and regulations that define patients' rights and our responsibilities. Among these laws and regulations are the Health Insurance Portability and Accountability Act (HIPAA) and, more recently, the HITECH Act. The regulations enacted under HIPAA include a requirement that all "workforce members" be trained in the privacy and security policies of the facility in which they work. As a student-in-training you are considered by HIPAA to be a workforce member and this document is intended to summarize certain HIPAA-related policies of Deaconess Health System.

Policies in full: All Deaconess Health System policies regarding patient confidentiality are found on the Deaconess intranet, DWEB, under Quick Links/Policies and Procedures. The policies apply to all Deaconess facilities with the exception of Deaconess HealthSouth.

Notices of Privacy Practices: All patients receiving services at Deaconess facilities are provided a Notice of Privacy Practices. You may obtain a copy of this Notice by stopping by the facility registration desk. In addition, you'll see the Notice posted on a wall near all registration points. This Notice summarizes how protected health information may be used or disclosed by the facility and what rights all persons have with respect to their own health information.

Safeguarding Patient Information

Your use of patient records: Most Deaconess Health System facilities utilize an electronic medical record system EPIC, or an alternative electronic medical record system. Nevertheless, you will encounter departments that utilize paper records-even if only to the point of scanning these to the electronic medical record. If you are a clinical student in fieldwork assignment, you will generally have access to the paper and electronic records of the patients you are treating. Facility and departmental policy will determine the type of access appropriate to your role. Some general principles to keep in mind regarding paper records:

- ***DO*** throw discarded paper with protected health information on it (including label pages) into a shred container.
- ***DO*** ask where the shred containers are located.
- ***DO NOT*** remove paper records from the facility where you are working.
- ***DO NOT*** leave paper records where unintended parties can view them.
- ***For more information, see DHS P & P 60-09 S: Safeguarding Protected Health Information***

Your use of Electronic Records: Your access to any of the computerized patient management systems in use within the Deaconess Health System will be determined by facility and departmental policy. If you are granted access please remember:

- ***NEVER*** share your password with anyone – not even your supervisor, Information Technology or Clinical Informatics personnel. Remember: Your computer ID and password are your signature in our systems.
- ***NEVER*** allow another person to work at the computer under your ID and password - not even your clinical supervisor or a fellow student.
- ***NEVER*** document in a patient record under any ID other than one that was issued to you.
- ***ALWAYS*** log out of the application you are using if you leave it unattended – even if it's only for a minute or two.
- ***DO NOT*** attempt to copy or download patient information to any portable media or personal device.
- If you are an employee of a Deaconess facility, you may already have access to certain information management systems. If your needs as a student differ from your needs as an employee, you may be given a separate account to use when you are working as a student. Don't confuse the two**. If you are not given an account to use as a student, do not use your employee account while performing your student work.**

- ***For more information, see DHS P & P 70-13S: Password Policy***

Safeguarding Oral Disclosures

We are expected to take reasonable safeguards to reduce the likelihood of patient information being seen or heard by parties other than the intended audience.

Public areas and shared procedure areas:
- ***DO NOT*** discuss your patients in the elevators, cafeteria, lobby or other public areas.
- ***REMEMBER*** that anyone close enough to read your name badge can probably hear what you are saying. If you must discuss a patient's care in a corridor or other semi-public area, be mindful of the fact that unintended ears may hear your conversation.
- ***DO*** pull the cubicle curtain when talking to your patient in a therapy gym or other areas where another patient and their visitors might be present. It is OK to ask visitors to leave before discussing things with your patient.

Waiting rooms:
- ***YOU MAY*** call a patient by name in a waiting area but do not discuss their test results, procedures or other medical information without escorting the patient to a more private location.

Additional Important Information

Discussion of the patient with the patient's family, friends and other visitors: HIPAA clearly establishes that we must not discuss a patient's care with a family member or friend unless either the patient has agreed that we do so or has been given an opportunity to object to such discussion and has chosen not to do so.
- When a patient is able to make his/her own wishes known, find out from the patient the persons with whom you can share information.
- When the patient cannot make his or her wishes known, discussions of the patient's care can be undertaken with the patient's legal representative. State law recognizes the following as legal representatives:
  - A court appointed guardian; or, if there is no guardian,
  - A person designated by the patient in writing as a medical Power-of-Attorney or Health Care Representative; or if there is no POA or HCR
  - The patient's parents, adult siblings, adult children and spouse.
- ***For more information, see DHS P & P 60-11S: Disclosing Patient Information to the Patient's Family, Friends or the General Public***

Discussion of the patient's care with members of the patient's care team: Persons providing treatment to the patient should have access to any and all information necessary to provide appropriate care for that patient.
- ***DO*** feel free to discuss any aspect of the patient's care with his or her care team members.

Discussion of patients with staff members who are not involved in the patients' care: Persons not directly involved in care of the patient may receive or access patient information only to the extent necessary to perform their jobs. Certain departments of the hospital such as environmental services and engineering and maintenance require no access to patient information in order to perform their jobs. Others, such as patient accounts, require access only to portions of patient records.
- ***DO*** keep the "need to know" principle in mind if discussing a patient with staff members outside of patient's care team.

Discussion of patients with your fieldwork coordinator, clinical preceptor and fellow students: Sharing of information about patients among health care professionals-in-training is an important aspect of the educational process.
- When the patient's name or other unique identifiers of the patient such as the medical record number are not necessary to the conversation, leave them out.

  Social Media: Under no circumstances may you post any patient information to a social media account – even if you remove the patient name.

  Photographs of patients or patient information: You must not use any personally owned device to take a photograph of a patient or of patient information. ***For more information, see DHS P&P 50-15S Photographs of Patients.***

  Personal email and texting applications: You may not use a personal email account or text application to send information to any party including your supervisor about a patient.

Research projects and chart reviews: Research projects are subject to review by the Research Institute of Deaconess and may require approval of an Institutional Review Board. Many students perform chart reviews for research studies that may or may not involve patient treatment. If you plan to perform or assist in the performance of a research study while a student at Deaconess:

- ***DO*** seek guidance from the Research Institute and the study sponsor.
- ***For more information, see DHS P&P 50-07S: Research Oversight and Privacy Committee***

IMPORTANT LIMITATIONS

No employee, student or volunteer at any Deaconess Health System facility is permitted to access patient information except as needed to perform their assigned duties. Deaconess Health System reserves the right to terminate the clinical training experience of any student who accesses or attempts to access a patient record for any purpose not directly related to their fieldwork experience and assignments. This includes, but is not limited to, accessing for personal reasons the records of: yourself, your spouse, a family member, a friend or acquaintance, a VIP or person in the news, a fellow student or faculty member, a Deaconess employee, a medical staff member, a volunteer.

Access to a patient's information is considered to be related to your fieldwork experience if:

The person has been assigned to you for their care, or
The person is one on whom you are performing a case review in fulfillment of your fieldwork assignments, or
The person is one whose record you are reviewing for an approved research project.

Students wishing for personal reasons to review or obtain their own records or the records of another (a family member, for example) must submit a Medical Release of Information Form signed by the person whose records are being requested to the Medical Records Department of the facility where the records are maintained and where the copies you request will be provided. You may be requested to show your own ID when requesting records.

Breaches of Information

Any time patient information is seen, heard or acquired by unintended parties, the possibility of a privacy breach exists.
These occurrences can be accidental - as when a patient is handed the wrong discharge summary. Or they can be intentional - as when someone looks up a patient without a legitimate business need to do so.

In all cases, when you become aware of a possible breach of information, you must report the event as soon as possible to the supervisor or manager of the unit, department or clinic where you are working. The supervisor or manager has the responsibility to notify the facility Privacy Officer in order to investigate the issue and, if necessary, notify the patient. Report as much detail as you know or can gather including:

- What day did this happen?
- Who is the patient whose information was used or disclosed impermissibly?
- What was the information?
- What happened to the information?
- Who received it?

For more information, see DHS P&P 60-01S: Beaches of Protected health Information (PHI) or Personal Information (PI)

Questions: Questions not answered by this summary, our policies, or your clinical supervisor can be addressed to the Privacy Officer in the facility where you perform your student rotation:

Deaconess Health System	Amanda Frentz	812.450.7223
Deaconess Hospital (Mary Street, Gateway and Cross Pointe campuses including outpatient clinics)	Amanda Frentz	812.450.7223
The Women's Hospital	Vicki Belangee	812.842.4332
Evansville Surgery Center	Mary Rietman	812.428.0810
Deaconess Clinic	Sherry Schroeder	812.492.5122
Progressive Health of Indiana	Rebecca Rhymer	812.491.1385
The Heart Hospital	Kristine Georges	812.842.3582
Deaconess VNA Plus	Alicia Cave	812.425.4303

Regulatory Agency Requirements for Deaconess

This section provides an overview of Regulatory Agency requirements that nursing students and faculty should be aware of as they provide care to patients during their clinical rotations.

- **It is the responsibility of the healthcare program faculty to make sure all students review this information prior to the orientation session.**
- **All students and faculty will be required to sign and date the enclosed form verifying that they have read and understand the regulatory agency requirements as printed within this section of the packet.**

Infection Surveillance, Prevention, and Control

Bloodborne Pathogens

The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard incorporates the Needle stick Safety and Prevention Act of 2000. This standard is designed to protect employees from exposure to Bloodborne Pathogens (BBPs) such as the Hepatitis B Virus (HBV), the Hepatitis C Virus (HCV), and the Human Immunodeficiency Virus (HIV) as well as Other Potentially Infectious Materials (OPIMs). Associates and healthcare workers covered by this standard include those who:

- Have direct patient contact in which occupational exposure is related to tasks associated with job classifications involving blood and body fluids.
- Work with blood and other body fluid specimens
- Handle contaminated equipment

All associates and healthcare workers covered by this standard are required to follow the institution's exposure control plan, which includes procedures for:

- What to do if you are exposed to bloodborne pathogens
- Protecting your workplace from becoming contaminated
- Medical waste handling and disposal
- The use and disposal of protective clothing and personal protective equipment (PPE)
- The handling of needles and other sharps
- How to protect yourself from puncture wounds
- Receiving the hepatitis B vaccine series
- Standard Precautions

The OSHA Bloodborne Pathogens Standard applies to blood or body fluids or materials that are considered to be potentially infectious. These materials include:

- Blood
- Body fluids-semen, vaginal secretions, pleural fluid, cerebrospinal fluid, synovial fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other fluid visibly contaminated with blood, and all other body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- Tissues and organs (prior to fixation)
- Other-feces, urine, and vomitus only if they contain visible blood

Needle and Sharps Safety

The Needle stick Safety and Prevention Act of 2000 requires hospitals to develop an exposure control plan that includes the use of engineered safety devices (such as syringes, blood draw sets, catheters and IV connectors). These should be used to decrease the risk of exposure. To minimize your chances of an injury from a needle stick:

- Use devices with safety features provided by your employer/agency
- Plan for the safe handling and disposal of needles before using them
- Do not bend , break or recap needles
- Promptly dispose of used needles in appropriate sharps containers
- Report all needle stick and sharps related injuries immediately to ensure you receive appropriate follow-up care
- Inform your supervisor/instructor about any needle stick hazard you observe
- Receive the hepatitis B vaccine

Standard Precautions

You do not always know who has an infection and the person infected does not always know. Therefore, Standard Precautions should be followed on all patients. Standard Precautions involves the use of personal protective equipment (PPE) as barriers from contact with body fluids, nonintact skin and mucous membranes. PPE includes the use of gloves when hand contact with blood or body fluid is anticipated; a gown when a splash to the body is anticipated and a mask and eye wear when a splash to the face is anticipated. PPE is available throughout the facility and should be removed prior to leaving the area. PPE can be disposed of in a regular trash receptacle unless heavily soiled by body fluids/substances in which case it would be placed in a biohazard receptacle. Perform hand hygiene before and after donning and doffing PPE. Standard precautions will be utilized by any person who potentially may be exposed to blood or other body fluids, all body fluids shall be considered potentially infectious materials

Transmission Based Precautions

Transmission Based Precautions depends upon how the organism is transmitted and includes Contact, Droplet, Airborne, and Protective Precautions. Signs are posted on the door of patients requiring any of these precautions. The sign indicates which PPE is required, and is listed in appropriate donning order. Refer to the Infection Control Policies for more information.

Hand Hygiene

Hand hygiene is the single most important procedure for infection control to prevent the spread of microorganisms. Hands are the primary mode of transmission in healthcare. According to the CDC Guidelines, hand washing should be performed for a minimum of 15 seconds. Hand sanitizers may be used when not visibly soiled following manufacturer's recommendations. Alcohol based hand sanitizers kill multi drug resistance organisms, with the exception of C-difficile. Hand hygiene must be performed before and after all patient contact.

Infectious Waste

All waste should be separated at its point of origin and placed in the proper container. Infectious (biohazardous) waste is waste that is capable of transmitting a dangerous communicable disease. Examples include sharps, blood and blood products, dressings dripping with blood, anything with body fluids connected to blood borne pathogens, surgical specimens and other waste that has been intermingled with infectious waste. Infectious wastes are placed in red containers that are labeled with a biohazardous symbol and must have a lid closure. Other waste is placed into regular disposal containers. Waste containers should be emptied before becoming too full. Never use feet or hands to smash down waste in any type of waste container. Follow standard precautions when handling any type of waste and carry bags/containers away from the body.

Emergency Preparedness

Codes

At Deaconess: Dial 3911 to have a code announced.

Type of Code	**Deaconess**	**St. Mary's**
No pulse or respirations	Code Blue	Code Blue
Pediatric no pulse or respirations	Pediatric Code Blue	Code Blue
Infant Code	Code Pink (Women's Hospital)	Code Blue
Patient Condition deteriorating	Rapid Response	RRT
Fire	Fire Alarm	Fire Alarm/Drill Plan
Evacuation	Evacuation Alert	None
Security Alert	Code Gray (security only)	Call 2222

Bomb	Bomb Threat	Code L
Mass Casualty	Mass Casualty	Mass Casualty Plan
Infant /Child Abduction	Infant/child abduction	Code Amber
Active Shooter	Active Shooter	Active Shooter has been identified in ------
Elopement/Missing Person	Code Elopement	Elopement
Weapons of Mass Destruction	None	Homeland Security Response Plan
Hazmat	Hazardous Materials Alert	Hazmat Decontamination Plan
Weather Threat	Initiate precautions or Take Action	Severe Weather Plan
Helicopter Down	None	Helicopter Down Plan
All Clear	All Clear	All Clear

Code Blue Responsibilities
It is the responsibility of the student nurse to call the emergency number above in the event that he or she finds a patient is *not breathing and/or has no pulse*.

Rapid Response Team (RRT)
It is the responsibility of the student nurse to call the emergency number above in the event that he or she finds a patient's *condition is deteriorating and needs to consult a team with clinical expertise while calling the physician*.

- 70% of patients show a decline in respiratory function within 8 hours of arrest
- 66% of patients show some abnormal signs within 6 hours of arrest
- RRT can reduce 50% of patient non-ICU arrests

During a "**Bomb Threat**":

- Do not use cellular phones or two-way radios.
- Do not touch any suspected objects
- Report all suspected objects to the Command Center or Supervisor and move away from the area

Safety measures to minimize injury from **earthquakes** include:

- Moving to interior walls or under a heavy desk and away from windows
- Avoid using phone lines
- Avoid touching exposed wires or striking matches
- Do not use the elevators
- Do not exit the building

Some of the following features could indicate the possibility of a **bioterrorism outbreak**:

- Clusters of Patients arriving from a single locale
- Large numbers of rapidly fatal cases
- Any patient presenting with a disease that is relatively uncommon and has bioterrorism potential (e.g. pulmonary anthrax, tularemia, or plague)

Potential agents:
The four top diseases with recognized bioterrorism potential are Anthrax, Botulism, Plague, and Smallpox. These and other possible biological agents may be categorized into biothreat levels A, B, or C.
A – agents that pose the greatest threat because of their infectiousness, toxicity, relative ease of transmission, or high rate of mortality.
B – agents with moderate ease of transmission and morbidity with low rate of mortality.
C – emerging pathogens and potential risks for the future.

Radioactive Material deposited on the skin and/or clothing may emit:

- Alpha & Beta radiation
- Gamma radiation
- Neutron radiation

Fire Safety

Everyone has a role and responsibility in the event of a fire emergency. Become familiar with the location of alarms, emergency exits and how to use an extinguisher. The acronym currently used to identify actions in case of a fire is RACE.

R **R**escue the patient if in immediate danger
A Sound the **A**larm by pulling the fire alarm box
C **C**onfine the fire, close all doors, and if in smoke filled areas crawl low to safety

E **E**xtinguish the fire if you are properly trained and if it is safe

- **P** **P**ull the pin
- **A** **A**im at the base of the fire
- **S** **S**queeze the handle
- **S** **S**weep the nozzle back and forth

If a fire were called on another unit, you should do the following:
Close all the doors on your unit and clear the halls and passageways
Report to the pre-designated area of your unit for further instructions
Be prepared for evacuation if necessary

The hospital's fire doors should close automatically when the fire alarm sounds.

Remember, all facilities are non-smoking.

Hazardous Materials

All chemicals have Safety Data Sheets (SDS) which includes detailed information regarding the chemicals identity, hazardous ingredients, physical and chemical characteristics, physical hazards, health hazards, reactivity, precautions for safe handling and use and special protective information. Ensure you are familiar with a chemical before using it.

Electrical Safety

A low level of electrical current found on all electrical equipment.

Patients particularly susceptible to microshock include patients with the following devices: venous catheters or sheaths; internal fetal monitoring devices; and EKG electrodes.

An invasive device can allow a microshock to travel from the device to the myocardium and produce life-threatening dysrhythmias such as ventricular fibrillation

Use of extension cords is not recommended.

If a patient wants to bring in any personal equipment (i.e. hair dryer), these pieces of equipment must pass a safety inspection by biomedical engineering before they are used.

If a healthcare provider experiences any tingling sensations when using electrical equipment, the employee should remove the item from service, report the problem to Bio-Med, and tag the item to prevent others from using the problem item.

Pain

All hospital employees are responsible to report a patient's pain to the appropriate caregiver (physician or nurse).

The patient's self-report is a reliable indicator of the presence and intensity of pain.

Pain should be reassessed 60 minutes after oral, rectal, IV, IM, or SQ pain medications. This *must* be documented on the patient's chart *within the time frame*.

The pain scale used at both facilities ranges from "0" (no pain) to "10" (excruciating pain).

Remember: Patients who are comatose or have a decreased level of consciousness may experience pain.

Also note that non-pharmacological interventions can be used with or without medications to relieve pain.

Restraints

Deaconess classifies restraint use as Medical or Behavioral Restraints – The standards for restraint are not specific to the treatment setting but to the situation the restraint is used to address. The decision is driven not by diagnosis, but by comprehensive patient assessment.

- Medical Surgical Restraint standards –are applicable when it is necessary to limit mobility or immobilize a patient who is temporarily or permanently mentally incapacitated, and receiving medical, or post-surgical.
- Behavioral Restraint standards for management of violent or self destructive behavior are applicable when a patient behaves in a severely aggressive, assaultive, violent, or destructive manner that places the patient or others in imminent danger.

Restraints should be used only when all other alternatives have been exhausted. Since serious incidents and deaths can occur from restraint use, restraints require very close monitoring.

Geri chairs are *no longer to be* used on the acute care units at Deaconess

The use of any type of restraint ***requires*** a physician order.

An ongoing restraint flowsheet is required for **any** restrained patient at Deaconess and Behavioral Health patients at St. Mary's.

The Interdisciplinary Plan of Care **must** reflect that the patient is in restraints.

Education on restraints to the patient and family **must** be documented on the appropriate forms in the medical record.

A new order for restraints must be obtained every 24 hours.

The orders for restraints may **never be written for PRN use**.

If a patient in restraints arrives to your unit from the Emergency Department:
- The receiving nurse should initiate a Restraint Flowsheet if one has not already been started.
- The receiving nurse should obtain a physicians order for the restraint if one has not already been written.
- The receiving nurse should assess the patient on the need to continue restraints.

Abuse & Neglect

All cases of known or suspected abuse/neglect must be reported to the Case Management Department.

Abuse may be suspected as evidenced by:
- Multiple bruises in various healing stages
- Poor hygiene of a dependent
- Multiple pressure areas noted
- Inability to receive proper medications, nutrition, clothing from guardian

Conscious failure to report suspected abuse and/or neglect can result in a misdemeanor.

Population Served (Age)

Deaconess Health System serves patients of all age groups, but predominately the adult and geriatric patients are the largest population.

Medication Administration & Co-Signature Requirement

Any medication given by a student nurse **will be co-signed with a school of nursing instructor or supervising COA or Specialty Practice Nurse.**

This co-signature indicates that the instructor or supervising COA or Specialty Practice Nurse has checked the medication to be given and watched the student nurse give the medication to the patient.

Medication Safety & Inattentional Blindness

*A nurse picks out a prefilled syringe of pain medication for her patient. She reads the label and administers the medication intravenously. The patient receives **HYDRO**morphone instead of morphine and experiences a respiratory arrest.*

A nurse reaches in the refrigerator for a piggyback antibiotic for her patient. She reads the label, spikes the bag with IV tubing, and administers the medication to her patient. The patient receives a neuromuscular blocking agent instead of the intended antibiotic and dies.

Why did these medication errors occur when the nurse read the label each time before the medication administration?

The amount of information that can be taken in by our senses is limitless, but the brain has very limited resources when it comes to attentiveness. Our senses receive much more information than can possibly be processed at one time. In deciding what to focus on, the brain scans about 30-40 pieces of information (e.g., sights, sounds, smells, tactile information) per second, until something captures its attention. Our attention filter selects just a small amount of information to process, and the rest of the information never reaches our consciousness - thus the term *inattentional blindness*. Accidents happen when attention mistakenly filters away important information and the brain fills in the gaps with incorrect or incomplete information. Thus, in the examples above, the brains of the individuals involved in the errors filtered out important information on medication labels, and filled in the gaps with erroneous information that led them to believe they had the correct medication.

What is the solution? Be aware. Be attentive. It is an involuntary and unnoticed consequence of our adaptive ability to defend against information overload. Error-reduction strategies such as education, training, and rules are of little value. Instead, efforts should center on increasing visual contrasts within the medication labels to emphasize critical information, decreasing diversions, and limiting secondary tasks during the medication administration process.

Green M. "Inattentional blindness" and conspicuity. Visual Expert 2004
Angier N. Blind to change, even as it stares us in the face. The New York Times April 1, 2008
Federal Aviation Administration (FAA). FAA human factors awareness course.

National Sentinel Events

- Sentinel events are patient related events that may cause permanent loss of function or patient death
- Examples of tubing misconnection errors reported nationally to regulatory agencies were as follows:

  Enteric Tube feeding into an Intravenous Catheter
  Enteric Tube feeding into a Peritoneal Dialysis Catheter
  Injection of Barium into a Central Venous Catheter
  Intravenous infusions connected to epidural line
  Epidural solutions connected to peripheral or central IV catheters
  Intravenous infusions connected to indwelling bladder (Foley) catheter
  Intravenous infusions connected to nasogastric (NG) tubes
  Bladder irrigation solutions into peripheral or central line using a primary IV tubing

  Think about ways you can prevent these and other sentinel events from occurring

Surveyor Questions for Healthcare Program Students

The Joint Commission (TJC) or HFAP (Hospital Facilities Accreditation Program) Surveyors may ask questions of student nurses. Here are some sample questions from recent hospital surveys. Would you be able to answer these questions? Our goal is to prepare you to not only answer questions of surveyors, but to provide safe and competent care to the patients within our facilities.

1. How long have you been a student here?
2. Where did you learn about this floor/unit/care center?
3. Did you get oriented?
4. Do you get training in life safety issues, fire, etc.?
5. Did they teach you about patient safety goals?
6. Have you heard anything about the national patient safety goals?
7. What are the falls criteria?
8. How did you know how to give what medications? (Observed a walk through of medication administration)
9. What if the medication machine (Omnicell or Pyxis) failed? Just pretend I'm the patient – what would you do?
10. Where do you wash your hands?

Approved Abbreviation List

Deaconess Health System has developed a list of approved abbreviations that can be found within the Deaconess Intranet (DWeb) under Quick Links – as a separate link ("Abbreviations") or within the Hospital Policies & Procedures search link ("P&P 40-48").

Unapproved Abbreviation List

The following is a list of unapproved abbreviations as well as a list of abbreviations, which should be avoided. These abbreviations must not be used in any documentation.

U is not acceptable for units	Write out the word **units**
IU is not acceptable for international unit	Write out **international units**
Leading 0 must be used preceding decimal point	Write **0.**2 mg. Not **.**2 mg
Trailing 0 must not be used	Write 5 mg not 5**.0** mg
SS is not acceptable for sliding scale	Write out **sliding scale**
Ug is not acceptable for micrograms	Write **mcg** or **microgram**
Q.D. or Q.O.D. Is not acceptable for every day or every other day	Write out **every day** or **every other day**
MS or **MSO4** is not acceptable for Morphine Sulfate **Mg SO4** is not acceptable for magnesium sulfate	Write out **Morphine Sulfate** Write out **Magnesium Sulfate**
A.S., A.D., A.U. is not acceptable for left, right or both ears **O.S., O.D., O.U.** is not acceptable for left, right or both eyes.	Write **left ear, right ear, both ears** Write **left eye, right eye or both eyes**

Fall Prevention

Patients undergo a fall risk assessment. Patients identified as high risk are placed on appropriate precautions based on this risk assessment. Examples of fall prevention interventions may include: bed in low position, call bell in reach, bed alarm on, etc.

Care of the Dying

Patients reach their final transition via many routes. For some, it comes after treatment for cancer has failed, for others, years of living with a chronic disease weakens all body systems to the point of no return to normal functioning; yet another segment of the end-of-life (EOL) population has suffered an illness or trauma so severe that recovery is not possible. In the United States, 50% of patients die in hospitals, 25% die in nursing homes and 25% die at home. The most effective end-of-life (EOL) care is delivered by a multidisciplinary team whose roles overlap, and with the focus of care on the needs of the patient and family.

Palliative care and end-of-life care are terms often used interchangeably. Currently, palliative care is thought of as a more expansive concept than the traditional understanding of end-of-life care. Palliative care can be given to patients at end-of-life; however, it also can be given to patients who might still have a curable illness. The major difference between palliative care and end-of-life care is likelihood of cure. Patients at end-of life are typically given care during the last six months of life when the person is "actively dying."

Palliative care as interdisciplinary care that relieves suffering and improves the quality of living and dying, while treating patients with advanced non-curative illness." Palliative care focuses on the prevention and relief of suffering through the meticulous management of symptoms from the early through the final stages of an illness; it attends closely to the emotional, spiritual, and practical needs and goals of patients and those close to them."

End-of-Live (EOL) is defined as" the time period for patients in which there is little likelihood of cure for their disease; further aggressive therapy is judged to be futile, and comfort is the primary goal." This period of time is usually during the last six months of life. The hallmarks of EOL care are communication and coordination combined with excellent medical and nursing care to ensure that hospital patients have smooth transitions between the hospital and appropriate services, such as home care, nursing homes, or hospice. Figure 1 is a model of End-of-Life (EOL) care representing end-of-life illness and bereavement.

EOL care operates from the premise that the dying:

1. are not people for whom "nothing can be done"
2. but rather are patients who deserve to be assured that everything will be done to ensure that they will not die in pain and devoid of dignity, and
3. they will not die alone, isolated from those they love and who love them.

Needs of Patients at End-of-Life

1. Want to stay as independent as possible.

2. Need help making decisions.
3. Need help communicating with health care professionals.
4. Need help controlling pain.
5. Need practical support for personal care needs.
6. Need help for family caregivers.
7. Need help for referrals in their community.

The goal of end-of-life care is to ensure death with dignity*, characterized by a dying experience in which:
1. the patient's and family's wishes are respected,
2. the patient and family feel a sense of control over the situation,
3. the patient is physically comfortable,
4. the patient is psychologically comfortable,
5. the patient has spiritual support available according to her/his wishes.

*The integral component of death with dignity is patient comfort. Providing comfort to patients has been identified as a core nursing responsibility since the profession's inception. The concept appears in Florence Nightingale's treatises on nursing and nursing care; it continues to be addressed in current nursing texts and periodicals. In a 1995 article, Morse calls attention to the derivations of the words "patient" and "comfort." Patient comes from the Latin pati, which means, "to suffer." "Comfort" comes from the Latin confortare, which means "to strengthen." Literally, then, nurses who provide comfort to patients are strengthening those who suffer. This definition is particularly appropriate for nurses who provide care for patients at the end of life.

Strategies to Assist Patients and Families at End-of-Life
To assist patients and families to attain death with dignity, the following skills are necessary:
1. Expertise in the assessment and treatment of the physical, psychosocial, and spiritual dimensions of dying; strong interpersonal communication skills;
2. The ability to relate prognoses to patients and families; the ability to assist patients and families as they establish goals and plans based on an understanding of their current situation and their personal values.

Ensure the following:
- Comfort and dignity are optimized during end-of-life care
- Multidisciplinary team approach supporting the whole person
- Patients have the right to accept, refuse, withdraw from, or otherwise make decisions relating to the provision of their medical care
- Ethics committee available for consideration of ethical issues arising in the care of the dying patient
- The patient at or near death has the right to physical and psychological comfort
- The hospital provides care that optimizes the dying patient's comfort and dignity
- The hospital addresses the patient's and his/her family's psychological and spiritual needs
- Staff is educated about the unique needs of dying patients and their families and caregivers
- Patients and families will be given clear and honest answers in response to questions, offering hope when it is possible and support when hope is diminished
- Patients and families will be involved in all aspects of patient care
- Symptom control (pain control, nausea/vomiting, elimination problems, respiratory problems, etc.) will be managed appropriately via initial and ongoing assessments and interventions
- Encourage expressions of grief and refer to support groups as appropriate
- Pastoral care and Case Management available for referrals or requests
- Patient's value system and beliefs will be honored
- Patient and family will be offered privacy and as much time together as possible
- Family will be offered follow-up care (grief counseling, community pastoral services)

Organ Donation
- Indiana Donor Network will contact a patient's family when the time comes to ask if the patient will be a donor.

Cultural Diversity
- Culture is a set of beliefs and behaviors that are learned and shared by members of a group. Over time, these beliefs and behaviors become a tradition
- Culture diversity means that we care for patients in different age, sex, racial, and religious groups
- Cultural beliefs and customs can significantly affect health status
  - Differences about what causes illnesses

    - Role of family in health care decision-making
    - What treatment is best
    - How to provide treatment
- Many factors can affect a nurse's ability to provide culturally sensitive care
    - Lack of exposure to other cultures
    - Too little information
    - Inaccurate information
    - Biases
- Cultural competence requires the acknowledgement of the differences in the way patients and families from non-Western cultures response to illness and treatment
    - Research the uniqueness of various cultures
        - How cultural groups understand life processes (birth, childbearing, death, etc.)
        - How cultural groups define health and wellness
        - What cultural groups do to maintain wellness
        - What cultural groups believe to be the causes of illness
    - Identify how the cultural background of the nurse influences the way in which care is delivered
    - Resources are available in the Deaconess Hospital Health Science Library and St. Mary's Library

Equipment or System Updates

As any equipment or system changes occur, inservices and/or training sessions will be available for the nursing staff. Nursing students and faculty are welcomed and encouraged to attend these sessions.

Parking

Deaconess Hospital Mid Town Campus:

Students and faculty members may **not** park in the parking lot in front of the main entrance of the hospital, emergency room parking lot, or in the Mary Street Garage (the garage that is attached to the hospital).

Students and faculty may park in the Harriet Street Garage (the garage that is not attached to the hospital) and in most of the other designated parking lots.

Maps of the Deaconess campus (including the parking lots) are available at the information desk in the lobby of the main campus hospital.

Please call Security for a ride to or from your car by calling **450-7500**.

Deaconess Hospital Gateway Campus

Students and faculty may park in the employee-designated parking spots. This includes the outer edges of the regular parking lots. Please allow for the visitors to have the parking spaces in close proximity to the entrances.
Maps of the Deaconess Gateway campus (including the parking lots) are available at the information desk in the lobby of the hospital.

The Women's Hospital

Students and faculty may park in the visitor-designated parking lots since the employee parking lot is not large enough to accommodate students and faculty. Please allow for the visitors to have the parking spaces in close proximity to the entrances.

Regulatory Agency Requirements

Statement of Responsibility

By signing below, I acknowledge that:

I have read and understand that I am responsible for following the policies and procedures of Deaconess Hospital System with respect to the regulatory agency requirements.

____________________________________ ______________________________
Signature Date

____
Printed name

____
Name of Supervisor/Faculty

____
Name of Healthcare Program School

*** Please make an additional copy of this page with your signature.**

*****

Sign & Submit

HIPAA Quiz

Please complete the following quiz to test your understanding of the material you have just read.
Then sign the Statement of Responsibility and give it to your supervisor.

	True or False	
1		Healthcare students are subject to the same laws as employees with respect to patient confidentiality.
2		You may remove a chart from the facility so long as your supervisor has given permission.
3		You may take a cell phone picture of your patient's labs and email them via your Gmail account to your supervisor
4		All students are automatically given access to the computerized patient management systems of the facilities where they perform their fieldwork.
5		If you have been granted access to the computerized patient management system of a facility, you may share your log-in and password with others.
6		If asked by a member of the housekeeping staff what a particular patient's diagnosis is, you should feel free to tell the housekeeper since he or she is a workforce member.
7		Your mother has been admitted to the hospital. Even though you are not providing for her care, it is always OK to review her record.
8		If a patient tells you that they received another patient's discharge summary, there is nothing you need to do about this.
9		A summary of each facility's privacy practices is contained in a Notice that is available to every patient.
10.		Discarded paper records containing patient information are eventually shredded if they are thrown in the proper disposal container.

Statement of Responsibility

By signing below, I acknowledge that:

- A copy of "Patient Confidentiality and Clinical Students in Training" has been provided to me and I have read it.
- I understand that I am responsible for following the policies and procedures of Deaconess Health System with respect to the use and disclosure of protected health information.

Signature

Printed Name

Print name of Supervisor

Print name of University, College or Technical School

Discipline (Nursing, MA, OT, Speech, Lab, etc.)

Date

1 True
2.False
3.False
4. False
5.False
6.False
7.False
8.False
9.True
10.True

NON EMPLOYEE'S STATEMENT OF CONFIDENTIALITY

Confidential information is defined as information not to be disclosed to second parties. Confidential information may fall into one of several categories: patient, employee, financial, decision support, or business process. Confidential information may appear on paper, appear on a computer system, or occur in conversation.

I acknowledge the following responsibilities:

1. I understand that I am responsible for complying with the confidentiality policies and procedures which are available to me.
2. I will not disclose confidential information to any person or entity other than as necessary to perform my job and as permitted under policies and procedures.
3. I will not access confidential information unless I have a need to know this information in order to perform my job.
4. I will not take confidential information from the premises without permission from the information owner and only as provided for within policy.
5. I understand these additional responsibilities apply if my duties require computer system access:
   a) I understand that the ***user identification number and password*** issued to me is a unique code that identifies me to the Deaconess Health System, Inc.[1] computer systems. All system entries that I make will reference my identity with this code. This code replaces my handwritten signature and is, in fact, within the computer system, equal to a handwritten signature in legal terms.
   b) I understand that I am legally responsible for all entries that are made using my ***user identification number and password***. I further understand that any information I access from the Deaconess Health System, Inc. computer network is strictly confidential and to be used only in the performance of my necessary duties.
   c) I will notify my immediate supervisor or other department manager immediately if at any time I feel that the confidentiality of my code has been broken, so that he/she may have the old ***user identification number and password*** canceled and a new one issued.
   d) I will notify my immediate supervisor and the Human Resources Department if I should have a change of name.
   e) I understand that a transfer or change in my work responsibilities may require a change in the user accesses associated with my job.
   f) I understand that if I disregard the confidentiality of my password and system accesses, use the user identification or passwords of another person, allow another person to use mine, or fail to comply with these policies, I will be subject to the actions as outlined below.

6. I understand that if I disregard the responsibilities as outlined here:
   a) As an employee, I will be violating the standards of employee conduct and will be subject to disciplinary action up to and including discharge from the employment of Deaconess Health System, Inc.
   b) As a workforce member, I understand that Deaconess Health System, Inc., is entitled to all remedies available at law or in equity, including but not limited to monetary damages, temporary restraining orders and injunctions, to recover damages from and/or enjoin any such violation.

I have read and agree to abide with the above Statement of Confidentiality.

Signature	Printed Name	User ID (if applicable)	Date

School	Signature of Parent or Guardian (if Student under 18)

[1] For purposes of this Statement of Confidentiality, "Deaconess Health System, Inc." includes Deaconess Hospital, Inc.(including the Mary Street, CrossPointe and Gateway campuses), the Heart Hospital, The Women's Hospital of Southern Indiana, the Evansville Surgery Center, Deaconess Clinic, Progressive Health of Indiana and other joint ventures in which Deaconess has at least 50% ownership.