

Student Orientation



Welcome to St. Clare Hospital. Should you encounter any questions during your time at St. Clare, please contact our Clinical Educator at 608-356-1576 or mary.burns2@ssmhealth.com

General and department orientation must be completed prior to any “hands on” care.

This includes Step 1 & 2 on the Clinical Passport site:

- Health requirements – review requirements and make sure all documents are up to date and on file at the school
- Background Checks – make sure this is completed and on file at the school
- Infection Control/OSHA Blood Borne Pathogens/Safety Orientation – complete and turn in to your instructor
- HIPAA/Confidentiality & Compliance Training Orientation- complete and turn in to your instructor

We would also like you to:

- Complete the online module for the Electronic Health Record (EPIC) training – this is required in order to obtain your login & password.
- Review the information contained in this online manual. It is expected that students will be able to articulate their role in emergency procedures, if asked.

St. Clare Hospital – Who are we?

St. Clare Hospital is part of SSM Health – a Catholic not for profit health system that operates in 4 states: Missouri, Illinois, Oklahoma, & Wisconsin. We care for patients in a multitude of settings: outpatient, physician offices, hospitals, hospice, home care, & telehealth, just to name a few. We continue to be inspired by our founding sisters as they sacrificed themselves to provide compassionate and faith-based care to those in need. Our Mission statement is built upon their legacy.

Mission Statement

Through our exceptional health care services, we reveal the healing presence of God.

Vision

St. Clare Hospital will be the dominant healthcare provider and referral center in the northern market of SSM of Wisconsin’s service area by focusing on its key characteristics of exceptional healthcare and its Centers of Excellence. Our services will be provided in the most appropriate location and delivered in a high quality, customer/user friendly, efficient and seamless manner. St. Clare will be known in its market as the hospital that cares about its patients.

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Values

Respect – We respect life at all stages and promote the dignity and well-being of every person.

Compassion – We reveal the healing presence of God through compassionate care focused on the fullness of the person.

Excellence – We provide exceptional care and service through employees and physicians dedicated to our Mission.

Community – We cultivate relationships that inspire service and promote justice in our organization and throughout our communities, with special concern for the poor and marginalized.

Stewardship – We use financial, human and natural resources responsibly and care for the environment.

Core Commitments

St. Clare Hospital is committed to providing exceptional care to all our customers, including: patients and families, each other as employees and students, physicians, and the community. St. Clare Hospital has defined core commitments modeled after our values. See Attachment #1 –Values and Core Commitments.

Alcohol and Controlled Substances

To ensure a safe, productive work environment at St. Clare Hospital the use and/or possession, sale, purchase, manufacture, distribution or dispensation of intoxicants, including alcohol or controlled substances (drugs), other than over-the-counter drugs or lawfully prescribed drugs on hospital premises during work hours including breaks is prohibited.

Caregiver Misconduct

There are laws intended to protect patients in health care settings from abuse, neglect, or misappropriation of property. All patient allegations of verbal abuse, or of intimidating or threatening behavior by any caregiver will be taken seriously. If you suspect caregiver misconduct, you should:

- Immediately protect patient from possible further incident
- Immediately notify the following:
 - your instructor who will then notify
 - the department director, who will then notify
 - Human Resources Team Leader & VP of Patient Care Services, who will then consult with
 - Executive VP/Chief Operating Officer

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Corporate Responsibility Program

Our corporate responsibility program supports our efforts to live our mission and values while helping us assure we follow all laws, regulations and policies, as well as address ethical or legal issues that may arise in our work. The corporate responsibility program applies to everyone, including employees, physicians, contract labor, and anyone else acting on behalf of the organization.

If you identify a compliance or HIPAA issue or have a question, follow this process:

- Report the issue to your instructor, your instructor will then:
- Report the issue to the director or supervisor of the department. The director/supervisor will then:
- Contact the Executive Vice President/Chief Operating Officer - Compliance Officer
- If you are not comfortable talking to a director or if you want to report the issue anonymously, call the Compliance Line at 1-877-4CRP-ASK. The Compliance Line is available 24 hours per day, seven days a week. Callers who do not wish to give their names can remain anonymous. Calls to the Compliance Line will not be traced or recorded. Please be sure to give enough information and specific details.

Confidentiality

Any information concerning a patient's illness, family, financial condition, personal situation or any other confidential information about a patient, employee or the St. Clare Hospital facility that becomes known by you is to be treated as strictly confidential. All students are required to sign a Confidentiality Statement prior to beginning their clinical training experience. The Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules are covered by our Corporate Responsibility Program.

Disclosure of Unanticipated Outcomes

St. Clare Hospital supports disclosure of unanticipated outcomes that result in injury or harm to patients. In the event of an unanticipated outcome that results in injury or harm to a patient, the first priority is to provide for the immediate clinical needs of the patient. Notify your instructor immediately, and your instructor will notify the department director promptly who will follow appropriate procedures for disclosing the unanticipated outcome.

Diversity

St. Clare Hospital is committed to promoting a work environment that acknowledges the similarities and differences of all people and to valuing all diversity with employees, customers/patients, suppliers and the communities we serve. Honoring diversity in practices of faith, traditions and culture supports our mission of providing exceptional care to the people we serve and reflects our values of **Respect & Compassion**.

What is diversity?

Diversity includes all the differences that make each of us unique, including faith, traditions, and culture.

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Why is diversity important? Diversity affects patient outcomes, patient satisfaction, communication, and teamwork.

What is culture?

Culture is a component of diversity. It is learned and shared values of a particular group that guide thinking, actions, behaviors, and emotional reactions to daily living.

What is cultural competence?

Being aware of the effect that culture has on perceptions and values, and being sensitive to cultural issues can help us to provide excellent care to our patients and families.

Cultural considerations:

- Language-Use translation services, translated documents and educational materials
- Pain styles- stoic, expressive
- Religion- prayer, blood beliefs, spiritual leaders
- Dietary- Adjust as needed (ex. spicy/bland, Kosher, fasting, ethnic foods)

- Family- role in care, decision making authority
- Gender- male dominance, female modesty
- Death- end of life decisions
- Treatment- beliefs about illness, folk remedies, traditional cures
- Conflict styles- loss of face
- Eye contact- be careful if requesting eye contact; this may be a cultural issue

Do not stereotype

Every individual in a group is not the same. Listen to and respect the person's beliefs and ask appropriate cultural questions as needed. If the person is not cognitively intact, discuss possible issues with family members.

Do Not Use Abbreviations

Certain abbreviations and dose designations have been identified nationally to increase the potential for medication error. These have been placed on a "Do Not Use" status at St. Clare Hospital.

St. Clare Hospital's "Do Not Use" list is as follows:

Do Not Use Abbreviation

U
IU
QD
QOD
MgSO₄
Non Use of Leading Zeros (.25mg)
Use of Trailing Zeros (2.0ng)

Correct Substitution

Units
International Units
Daily
Every Other Day
Morphine or Morphine Sulfate
Use a Leading Zero (0.25mg)
Do Not Use a Trailing Zero (2mg)

- Documentation should be written without using items on the "Do Not Use" list.
- Medication orders will be monitored quarterly for "Do Not Use" abbreviations. Practitioners will be notified if noncompliance occurs.
- Noncompliance will be trended on the Performance Indicator Report and Quality Board Report.

Revised 2/2017

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Emergency Medical Treatment and Active Labor Act (EMTALA)

The Emergency Medical Treatment and Active Labor Act establish specific responsibilities for physicians attending to patients who present, on hospital property, for purposes of examination and treatment of medical complaint. The act describes the need for the provision of stabilizing treatment for all patients who possess an emergency medical condition.

Ethics

As a faith based organization we adhere to the Ethical and Religious Directives for Catholic Health Care Services. These address such issues as social responsibility, pastoral and spiritual responsibility, the professional-patient relationship, beginning of life issues, end of life issues, and our partnerships. When you are doing your clinical experience at St. Clare Hospital, you represent our facility/system and are expected to follow the directives. If you are faced with an ethical concern, please approach your instructor and the director of the department where you are working.

Electronic Health Record

Our Mission calls us to provide exceptional services to our patients. The use of an Electronic Health Record (EHR) is an enhancement to the delivery of that exceptional care. It is also a strategy to improve clinical quality by making patient care safer and more effective.

The Electronic Health Record

- Is a collection of software used by physicians and other clinicians to create the legal patient medical record which can be viewed via a computer on a secure password-protected site
- Will capture, transmit, receive, store, retrieve, link, and manipulate patient information
- Paper documents will still be used for certain things such as the surgical permit and admissions forms that require a patient's signature. When a patient is discharged, these documents are scanned electronically into the record making them a part of the legal medical record
- The EHR provides the tools to improve clinical quality and reduce the risk of medical errors such as electronic ordering, bar-coded patient and medication information.

The system St. Clare utilizes for our EHR is EPIC. There are various applications for the different departments & work that is done within the facility. We are fully functional in all departments.

Your training will consist of several eLearning Modules.

There are also resources available on our Intranet site such as Tip Sheets which may be helpful if you are struggling with "How To" do something. All of the nursing staff is also able to assist with questions related to the EHR.

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Point of Care Documentation

Documenting at the bedside at the time the care is being delivered

Inherent problems have been identified with paper-based clinical documentation, including records that were sometimes redundant, inaccurate or illegible. Clinicians often have to work with incomplete or inappropriate information, which affects staff communication and continuity of care. In answer to that, computers are appearing at hospital bedsides at an increasing rate across the country, allowing for more accurate, faster, and timely charting. This in turn leads to an increase in patient safety and reduction in errors.

Implementing the Electronic Health Care Record (EHR) is a key strategy for SSM Healthcare. With the implementation of the E.H.R., point of care documentation is the expectation to create a culture of patient safety.

Point of care documentation allows the patient information to become available immediately to all caregivers wherever they would like to access the information within the system, including at home for physicians, and across the continuum of care. There is increased patient safety by providing the right information at the right time. There is an improvement in the amount of time caregivers spend at the bedside, increasing patient satisfaction and reducing recovery time.

Benefits

- Accuracy
- Accessibility
- Comprehensiveness
- Legibility
- Safety
- Time and cost savings

How to accomplish the goal

Take the computer on wheels with you to the bedside and document:

- as you admit your patient
- as you perform assessments and do routine cares
- as you enter orders
- as you access other information to perform patient care, such as labs or reports

Do:

- Be mindful of the patient needs and perceptions while charting
- Develop the habit of point of care documentation

Avoid:

- Writing notes on patient care given and entering at a later time or at the end of your shift.
- Relying on memory for entry into the computer at a later time.

Only with point of care documentation can you meet the most important goal of patient safety!

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Patient Communication and Computerized Documentation

Nurses and other clinicians sometimes find it hard to interact with patients while trying to document information in the computer at the bedside. Patients may also perceive this as impersonal or detached, but there are some strategies that help both patients/families and clinicians to feel more comfortable with the computerized documentation process and to avoid negative perceptions.

First: Make contact: Greet the patient and/or visitors first. Make eye contact. Explain what you are going to be doing and check to see if there is anything they need.

Next: Set the stage:

Explain that computerized charting is safer for the patient, and that it allows their caregivers to check things like their blood pressure, lab results, and other information from different locations. Computerized documentation reduces that chance of their being asked the same questions by multiple people. It also saves information about their history and medications so it is available the next time they come to our healthcare system for care. Ask if they have any questions or concerns.

When you start to document:

You made contact – now keep contact. Don't just type and look at the screen. Look at the patient when asking questions. Take time to look at the patient for verbal cues to how they may be feeling.

Privacy concerns:

If patients and families are concerned about privacy, let them know the steps taken at the facility to keep patient information private and demonstrate those by your behavior. The privacy of information on the computer is safeguarded by many security measures. No one can access information without logging in with a unique ID and password and only caregivers with a need to know can view the information. Screens are always kept out of public view.

Technical problems:

Do not convey your frustration to patients or families verbally or nonverbally. You may just perceive it is expressing frustration, but a patient might see it as something that could hinder care. Stay calm, explain there is a problem and that there are procedures in place to handle it. Let them know what you are going to do to handle the problem.

EPIC Training (nursing students only)

- Go to <http://www.deancare.com/train-at-home/>
- Enter:
 - User name: DeanEmployee
 - Password: Train@Home1 (case sensitive)
- Type in your Full (Given) Name. *(This name will be used to track the student assessment score and provide the security to access EPIC. If there are nicknames or other names you go by, please include them as well.)*
- View the 11 required online eLearning modules *(This does not have to be done in one sitting)* and take the assessment. If you receive an 80% or higher, print the results page.
- If you do not successfully pass the assessment you will need to review the eLearning modules and take the assessment again.
- Add your name to the results page and give to your instructor. You will then be given your EPIC login information.

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Fall Preventions

All patients admitted to our facility are assessed for risk of falling. Patients at risk for falls are placed on falls precautions and identified by a flagging system – in the Electronic Health Record and with a yellow Fall Precaution clip on the patient's armband. It is especially important that if you are passing by one of these rooms that you look into to the room to make sure the patient is not attempting to get up on their own. If you see a patient on fall precautions getting up without assistance, stay with the patient and call for help. Please check with the patient's nurse prior to assisting the patient out of bed.

Gratuities

It is a violation of regulations and policies to accept any gifts in the form of money or gift certificates from patients and/or their families. Non-monetary gifts of minimal value such as cookies or flowers may be accepted from a patient or vendor. Please check with the Director of the department before accepting any gifts.

Harassment/Violence in the Workplace

St. Clare Hospital supports a work environment that is free from all forms of harassment or intimidation based on age, race, creed, color, handicap, marital status, gender, national origin, ancestry, sexual orientation or any other prohibited basis of employment discrimination. St. Clare Hospital & Health Services will not tolerate any acts or threats of violence including intimidation, verbal or physical harassment, verbal or physical assault, coercion or threatening behavior of any kind. If you feel that you are experiencing harassment, please notify your instructor immediately.

Identification

Whenever you are on hospital grounds wear your nametag which includes your name, school and title. You'll help yourself and the hospital by wearing your nametag because it helps security protect the premises by determining who belongs in the area and who does not.

Infection Control

Handling Contaminated Items- Standard Precautions

All patients should be considered to be potentially infectious. To best protect yourself and others always use the appropriate Personal Protective Equipment (PPE) (ex. gloves, gowns, masks, protective eyewear) for potential contact or exposure to all blood, body fluids, excretions and secretions, (except sweat), non-intact skin or mucous membranes.

When handling items contaminated with blood or body fluids:

- Wear gloves
- Wear mask, gown, and protective eyewear if splashing may occur.
- If items are contaminated with blood or body fluids that may drip or flake off, dispose of them in red bags for Bio-Hazardous waste.
- Put bags in appropriate place for pickup and disposal.

Blood Spills:

- Minor- wearing gloves wipe up the spill with disposable toweling and disinfect the area.
- Major- contact Environmental Services for assistance.

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Blood & Body Fluid Exposure

What should you do if you are exposed to blood or a body fluid?

Significant Exposure is defined as a percutaneous injury (e.g. a needle stick or cut with a sharp object), contact of mucous membranes, or contact of skin (when the exposed skin is chapped, abraded, or afflicted with dermatitis or the contact is prolonged or involving an extensive area) with blood, tissues, or other body fluids to which standard precautions apply including: a) semen, vaginal secretions, or other body fluids contaminated with visible blood, because these substances have been implicated in the transmission of HIV infection; b) cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial, and amniotic fluid, because the risk of transmission of HIV from these fluids has not yet been determined; and c) laboratory specimens that contain HIV (e.g. suspensions for concentrated virus).

The Exposed Person's Role

- First Aid (If a significant exposure occurs, risk can be reduced by immediate first aid) If a needle puncture, laceration (scratch), or other broken skin, cleanse the wound thoroughly with soap and water. If a mucous membrane or conjunctival exposure occurs, irrigate the affected area immediately with copious amounts of water or normal saline for at least 3 minutes.
- Notify your instructor immediately. The department director or patient care services manager (on off shifts) should also be notified.
- After the above treatment and report to your instructor, follow the process established by the department director/supervisor or PCSM.

Isolation

Different types of isolation precautions may be posted on the doors of patient rooms. Please be alert to such signs, and **read** and **follow** the instructions **before** entering the room. Check with the patient's nurse if you have questions.

Medication Administration

Medications will be administered based on physician orders and after review by a pharmacist. The person administering the medication must know:

- The indications
- Adverse reactions
- Contraindications
- Other basic information about the medication before administering or have the prescriber, trainer or other knowledgeable professional present
- Allergies

Safe medication administration practices include:

- The "5 Rights" check prior to administration
 - Right patient (using two different identifiers)
 - Right drug/feeding
 - Right dose or IV rate
 - Right route/tubing/connector
 - Right time

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- Verify the patient specific label with the product label.
- Verify the medication has not expired.
- Visual examination of sterile products to ensure that there are no particulates or discoloration.
- Unresolved, significant concerns about the medication is discussed with the prescriber or other qualified staff and resolved before the medication is administered.
- Verify no contraindications exist.
- Basic information on the purpose of the drug, potential clinically significant adverse reactions or other concerns should be provided to the patient and/or caregiver when a new medication is prescribed.
- All IV medications (IV push, infusions, piggybacks) must be administered and documented one at a time.
- Verify correct equipment and safety features used to manage medication administration (IV pumps, syringe pumps, etc.)

The bar code medication administration system provides an additional safeguard that complements the “5 Rights” of medication administration. All departments will scan all medications containing a bar code prior to administration for the appropriate checks.

Nursing Resources on the Intranet

There are multiple resources available to you on the St. Clare Intranet to assist you in caring for patients. Please review Attachment #2 to learn how to access those resources.

Occurrence Reports

All patient and visitor occurrences, whether they are near misses or have actually caused injury should be reported on an occurrence report. The person who observes or is intimately involved in the occurrence should, to the extent of their knowledge, complete the occurrence report. Complete the report at the time of the occurrence or discovery of the occurrence. Fill out the on-line form as completely as possible, providing only objective, factual information. Do not blame or include subjective information. Occurrence reports are confidential documents and not a part of the patient’s permanent chart. Inform your instructor before completing any occurrence report. Check with the director of the department where you work to find about any department-specific processes for reporting occurrences.

Pain Management

St. Clare Hospital believes all patients have a right to pain relief and every employee has a duty to respond to patients who are in pain. We believe pain is best measured by the individual experiencing the pain. The relief of pain is an important part of the care patients receive and will be responded to in a timely manner. Patients and caregivers will work in partnership in setting a goal for pain relief and in planning ways to meet the goal that may be either pharmacological or non-pharmacological via the patient’s Plan of Care. Optimal pain relief and high patient satisfaction are regarded as essential elements of patient care.

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Patient-Abuse Suspected

It is the responsibility of all caregivers to report suspected abuse. You should first inform your instructor and then go to the Department Director for direction and assistance with information gathering and/or reporting to the appropriate authorities. Patient Abuse can include Abuse, Neglect, or Misappropriation of Property.

Indicators for Identifying Alleged or Suspected Victims of Patient Abuse:

- Injuries to unusual parts of the body, on several different surfaces or in a central location
- Fractures that require significant force
- Multiple injuries in various stages of healing; patterns left by whatever implement was used to inflict the injury
- Reported cause of injury does not fit type of injury observed
- History of repeated ED visits
- Recurrent episodes of an injury being attributed to the individual being accident prone
- Reports of inappropriate touching, fondling or sexual activity
- Vaginal or rectal injuries or bleeding.
- Verbal assaults, threats or intimidation
- Withholding clothing, food, medical care or shelter that would expose the patient to great risk
- Patient is unkempt, dirty.
- Misusing or withholding an individual's resources
- Fears or signs of protecting self from the family member/caregiver
- Significant other will not allow patient to give history of incident
- Shaken baby syndrome
- Any report claiming abuse

Parking

- The hospital designates parking areas for employees, physicians, patients and visitors according to the attached map. Spaces in the east employee parking lot have been designated and signed for employees working the p.m. shift.
- Employees may park anywhere on the west side of the hospital from 5:00 p.m. to 7:00 a.m. weekdays, and anytime on Saturday, Sunday and Holidays.
- The use of all tobacco products (cigarettes, cigars, pipes and smokeless tobacco) is prohibited in all parking lots, vehicles and sidewalks on owned or leased SSM property.
- Employees in violation of this parking policy will be subject to disciplinary action
- Parking map is included in the Attachments #3

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Patient Safety

Our core business centers on patients and how we care for them. This includes keeping them safe and honoring their rights. Even staff members who do not give direct patient care have a role in keeping our patients safe. St. Clare Hospital promotes an “Always Safe” culture throughout the organization. National Patient Safety Goals have been established to protect patients. They are a set of standards required by Joint Commission that are aimed at eliminating the most common causes of patient care errors.

2017 National Patient Safety Goals

- Improve accuracy of patient identification
 - Use of Two Patient Identifiers
 - Eliminating Transfusion Errors
- Improve the effectiveness of communication among caregivers
 - Timely reporting of Critical results of tests and diagnostic procedures
- Improve the safety of using medications
 - Labeling Medications
 - Reducing Harm from Anticoagulation Therapy
 - Reconciling Medication Information
- Reduce the harm associated with clinical alarm systems
- Reduce the risk of health care associated infections
 - Meeting Hand Hygiene Guidelines
 - Preventing Multidrug-resistant Organism Infections
 - Preventing Central Line-Associated Blood Stream Infections
 - Preventing Surgical site Infections
 - Preventing Catheter-Associated Urinary Tract Infections
- The organization identifies safety risks inherent in its patient population
 - Identifying Individuals at risk for suicide
- Universal Protocol: The organization meets the expectations of the Universal Protocol

Your role is to participate in patient safety efforts by:

- Knowing the National Patient Safety Goals and how they pertain to your job
- Following all safety policies, identifying and reporting unsafe situation and errors, and taking action by correcting unsafe situations or alerting others of unsafe practices.

St. Clare Hospital has ongoing proactive patient safety initiatives to continually improve processes, policies, resources and the environment in order to promote patient safety. Our initiative is called “Always Safe – every day, every way”. We also have a Patient Safety Council which meets monthly and addresses patient safety issues. Patients are provided, on admission, with information on how to be proactive for their safety while hospitalized and after discharge.

Patient’s Rights and Responsibilities

In support of our Mission and Values, St. Clare Hospital has developed Patient’s Rights and Responsibilities. All employees, physicians, students and volunteers are expected to honor these rights. Please read attachment #5 Patient’s Rights and Responsibilities Reaffirmation policy.

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Personal Appearance and Conduct

Your personal appearance should reflect pride in your work as well as comply with hospital safety and uniform regulations. Please make sure you are following the personal appearance standards for your college/university. In addition, please cover all tattoos when completing clinical time at St. Clare Hospital.

Telephone

We discourage personal phone calls while on duty but in an **emergency**, messages may be relayed to you. Please give your department's MAIN telephone number. Personal cell phones should be turned off.

If you are required to answer the phone when you are working, follow these guidelines: answer the call promptly and identify your department and yourself, be friendly, transfer calls tactfully and hang up carefully.

Computer Usage

St. Clare Hospital computers and communication systems must be used only for business purposes.

Military Time

You need to use military time on your patient record entries. To properly document military time, follow these guidelines:

- From 1:00 am to noon – use the same digits as the twelve hour clock but omit the colon and add a zero before single hours. Midnight is 2400 hours.
Examples: 1:00 am = 0100, 5:00 am = 0500
- From noon to midnight – add 12 to the pm time. Noon is 1200 hours.
Examples: 2:00 pm = 1400, 8:00 pm = 2000

Student Health/Illnesses & Absences

Please take precautions to prevent accidents by observing safe work practices. If you are injured during your clinical rotation, regardless of how minor the injury may seem, inform your instructor immediately. Your instructor or the department director will assist you in filling out an Incident Report form, which you will need to present to the Emergency Room or Express Care, if applicable. St. Clare Hospital is not able to provide routine healthcare to students and requires that students maintain their own health insurance coverage.

Notification of illness or absence should be made as soon as possible before the start of the shift. Please notify your instructor as well as the department identified contact if you will not be in attendance as scheduled for your clinical experience. It is your responsibility to not expose staff or patients to illnesses.

Quick Reference for Emergency Code Alerts

St. Clare has chosen to follow the Clear Text initiative which is used for Emergency Code Alerts. You will notice the use of the Clear Text when an Emergency Code is paged overhead. In order to better understand what the Emergency Codes are and the expectation of actions please review Attachment #4 - Quick Reference for Emergency Code Alerts.

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Risk Management

Risk management is the dynamic process of identifying, assessing, preventing, minimizing, controlling, and managing the negative effects of accidental losses to the organization's property, equipment, employees, patients, and other customers or visitors. We are all responsible for managing risk, but the organization also has specialists known as Risk Managers. Risk managers are responsible for patient safety, security, and obtaining and managing insurance coverage in the event accidents or other losses occur. If an accident or loss occurs, you may be asked to assist in investigating and documenting how and why an injury or loss occurred. Investigations of accidents, injuries, loss or property, etc. are essential to learning the cause and preventing future losses. The purpose is prevention and not to blame someone. If you have questions or concerns of a risk management nature, contact your instructor, who can take the question or concern to the department director. The department director can then notify risk management as needed.

Safety and Security

To ensure a safe working environment, everyone must be aware of and practice the following safety guidelines:

- Learn and follow the Emergency Codes and processes
- Walk; do not run inside the hospital, even during emergencies.
- **Do not** operate equipment unless you are properly instructed on its use.
- Remove hazards such as water, paper wrappers, and other objects from the floors.
- Know the location of the nearest fire exit as well as the location of the fire-fighting equipment in your area
- Be on alert for fire hazards.
- Report any unsafe conditions such as wet floors, exposed wiring, defective equipment or obstructions left in halls or stairways.
- Never operate electrical appliances with wet hands.
- If you should observe an accident involving a patient, visitor or another employee, report the incident to your instructor and/or department director at once.
- Observe and obey all posted safety rules.

Security officers are available to intervene when a safety threat exists. They are available 24 hours / 7 days per week.

Safe Medical Device Act

- What constitutes a reportable incident?
 - An injury or death that was caused by (or partly caused by) a medical device failure.
- What constitutes a medical device?
 - A medical device is any medically designed object that is used on a patient for the purpose of diagnosis, therapy, treatment, or healing.
 - Medical devices include:
 - Equipment (hospital owned, physician owned, rented/leased equipment)
 - Equipment related supplies

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- Disposables
- Computer Hardware/Software
- What constitutes an injury?
 - An injury that requires medical or surgical intervention or causes the patient to have a medical disability that did not exist before the incident, is considered to be an injury that must be reported.
- How do you report a medical device incident or concern?
 - Inform Clinical Engineering, by telephone (Ext. 5044/11577) that the incident has occurred. This should occur within the same shift that the failure occurred.
- What information must be provided to Clinical Engineering, by the individual responsible for the medical device, at the time of the incident?
 - Contact Person (Person using equipment during failure)
 - Equipment Location
 - Equipment Description
 - Equipment Serial # or Hospital Log #
- What should be done with the failed medical device?
 - The failed medical device must be removed from service, red tagged, and held until the Clinical Engineering Department can evaluate both the device and the incident involved with the failure.
 - Under no circumstances should the medical device be put back into service until it has been repaired or the situation that caused the device failure has been resolved.

Team Dynamics

Individually we have a responsibility and the ability to positively impact the environment we work in. Not only do our patients and customers benefit but we do as well. Everyone wants to be part of a *high performing team*.

Delivering exceptional care requires positive team dynamics and effective communication

Everyone Is Part of the Team

- Physicians
- Staff
- Administrators
- All departments
- Contracted services
- Other customers

Characteristics of a High Performing Team include:

- want to remain members
- willing to share information
- strong interpersonal bonds
- committed to quality and process improvement
- resolve conflict effectively
- more satisfied with their roles and experience less stress
- communicate with courtesy and compassion
- take initiative to make things better
- understand the Mission, Vision, and Values of the organization and live them

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- trust, respect, and support each other
- energetic and enthusiastic
- welcome new members

The impact of positive team dynamics and effective communication include:

- Our patients receive better care
- Fewer errors occur
- Patient satisfaction scores increase
- Patients choose to receive care from us
- Patients refer others to use our services
- Others want to join our team
- We are comfortable communicating with other departments
- Team Dynamics cross all department lines and the team becomes “Organizational” versus “Departmental”

Tobacco-Free Campus

All St. Clare Hospital facilities are Smoke-Free. This includes buildings and all outside areas. Smoking restrictions are established for your safety and in the best interest of patient care. We ask that everyone observe the NO SMOKING regulations.

Again, Welcome to St. Clare Hospital. We hope you enjoy your experience here!

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Attachments

Attachment #1 – SSM Health Values & Core Commitments

SSM Health Mission Through our exceptional health care services, we reveal the healing presence of God.	
SSM Health Values	Value Descriptions and Core Commitments
Respect	We respect life at all stages and promote the dignity and well-being of every person, which includes: <ul style="list-style-type: none"> • honoring the values and informed choices of our patients, respecting their privacy and confidentiality, and ensuring their safety; • creating a safe, just and diverse work environment, providing fair wages and benefits, and promoting an appropriate work-life balance; and • protecting the sanctity of human life from conception to natural death and refraining from actions such as direct abortion, assisted suicide, euthanasia and embryonic stem cell research.
Compassion	We reveal the healing presence of God through compassionate care focused on the fullness of the person, which includes: <ul style="list-style-type: none"> • accepting patients where they are in their life's journey and embracing them in their totality as persons of mind, body and spirit; • providing a full range of spiritual and pastoral care services that are integrated with patient care; and • offering comprehensive palliative care and hospice services for patients and their families facing serious, life-limiting illness.
Excellence	We provide exceptional care and service through employees and physicians dedicated to our Mission, which includes: <ul style="list-style-type: none"> • creating a culture that promotes patient safety and the provision of evidence-based, high-quality care as its number one priority; • ensuring the organization's integrity in all interactions; and • promoting continuous quality improvement and innovation throughout the organization.
Community	We cultivate relationships that inspire service and promote justice in our organization and throughout our communities, with special concern for the poor and marginalized, which includes: <ul style="list-style-type: none"> • serving uninsured, underinsured and Medicaid populations within our communities, and considering first, though not exclusively, how significant business decisions impact the poor; • advocating for a just, sustainable health care system that is accessible and affordable for all; and • assessing unmet community health needs, collaborating with community partners in addressing these needs, and maintaining a community benefit program that allows us to track progress and report results to key constituents.
Stewardship	We use our financial, human and natural resources responsibly and care for the environment, which includes: <ul style="list-style-type: none"> • pursuing practices and programs that promote environmental sustainability in our operations; • developing the skills and talents of our employees and physicians through a commitment to personal and professional development; and • ensuring the long-term financial viability of our ministry through sound business practices and socially responsible investing.

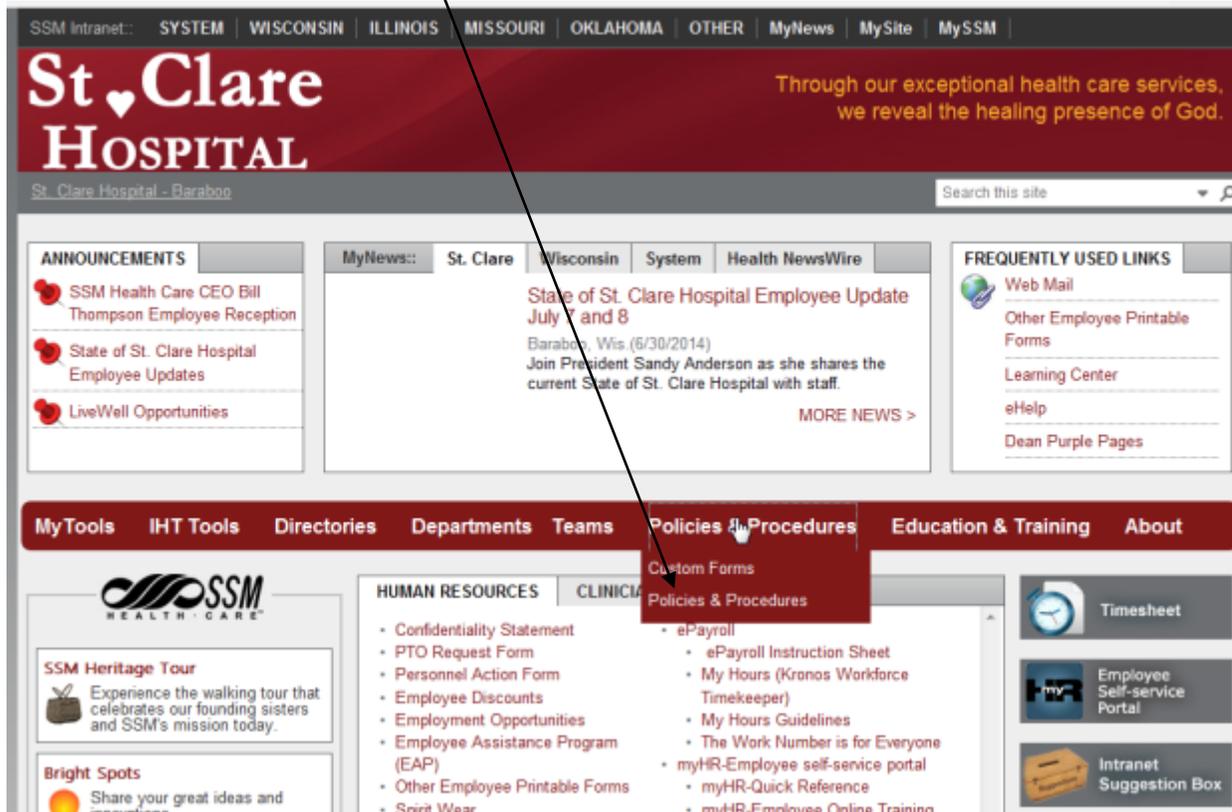
Student Orientation

Attachment #2 - Nursing Resources on the Intranet

Tips and Tools

You will need to refer to policies/competencies/protocols from time to time in the course of your work and/or clinical experience with us. All of our policies/competencies/protocols are on-line on our intranet and can easily be located under categories or by doing a keyword search. Here are the simple steps you need to locate policies/competencies/protocols:

- ▶ On the intranet home page, **scroll down and hover over the Policies and Procedures link** listed in the center of the page on the burgundy task bar
- ▶ Policies and Procedures will appear as you are hovering. Take the “Hand” and click on Policies & Procedures to open the link.



Student Orientation

► Once on the policy manual page, **select a policy manual to view by clicking on the name of the manual.**

MyTools IHT Tools Directories Departments Teams Policies & Procedures Education & Training About

Documents
Policies and Procedures
Custom Forms
People and Groups

St. Clare Hospital - Baraboo > St Clare Baraboo Policy and Procedure

Type	Name
	Administrative Manual
	Clinical Resource Management
	Education Services Manual
	Emergency Department
	Employee Manual
	Environment of Care Management Plan
	Hospital Plan for Patient Care Services
	Infection Control
	Intensive Care Unit Manual
	Lab Manual
	Medical Library - CME
	Medical Surgical Department
	Nursing Standards
	Performance Improvement and Patient Safety
	Pharmacy Manual
	Sterile Processing

► **Select the resource that will give you what you are looking for: policies, competencies, or protocols (will show policies for purposes of this education)**

SSM Intranet: SYSTEM WISCONSIN ILLINOIS MISSOURI OKLAHOMA OTHER MyNews MySite MySSM

St. Clare HOSPITAL Through our exceptional health care services, we reveal the healing presence of God.

St. Clare Hospital - Baraboo > St Clare Baraboo Policy and Procedure Search this site

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St. Clare Hospital - Baraboo > St Clare Baraboo Policy and Procedure

Type	Name
	Competencies
	Policies
	Protocols

+ Add new document

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► You will then see a chapter listing and you will need to click on the chapter where the policy you want resides. If you are not sure – check the table of contents or do a keyword search (shown on page 4)

St. Clare Hospital - Baraboo > St. Clare Baraboo Policy and Procedure

Search this site

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St. Clare Hospital - Baraboo > St. Clare Baraboo Policy and Procedure

Type	Name
Folder	Continuum of Care
Folder	Documentation
Folder	Medically Managed Detoxification Service
Folder	Medication Administration
Folder	Patient Rights and Ethics
Folder	Provision of Care
Folder	Staff Development
Folder	Staffing
Document	Table of Contents for Policies in Nursing Standards Manual

+ Add new document

► Select the policy you want by double-clicking on it.

► Select the “print” option if you need to print a hard copy.

St. Clare Hospital - Baraboo > St. Clare Baraboo Policy and Procedure

Search this site

MyTools IHT Tools Directories Departments Teams Policies & Procedures Education & Training About

Documents

Policies and Procedures

Custom Forms

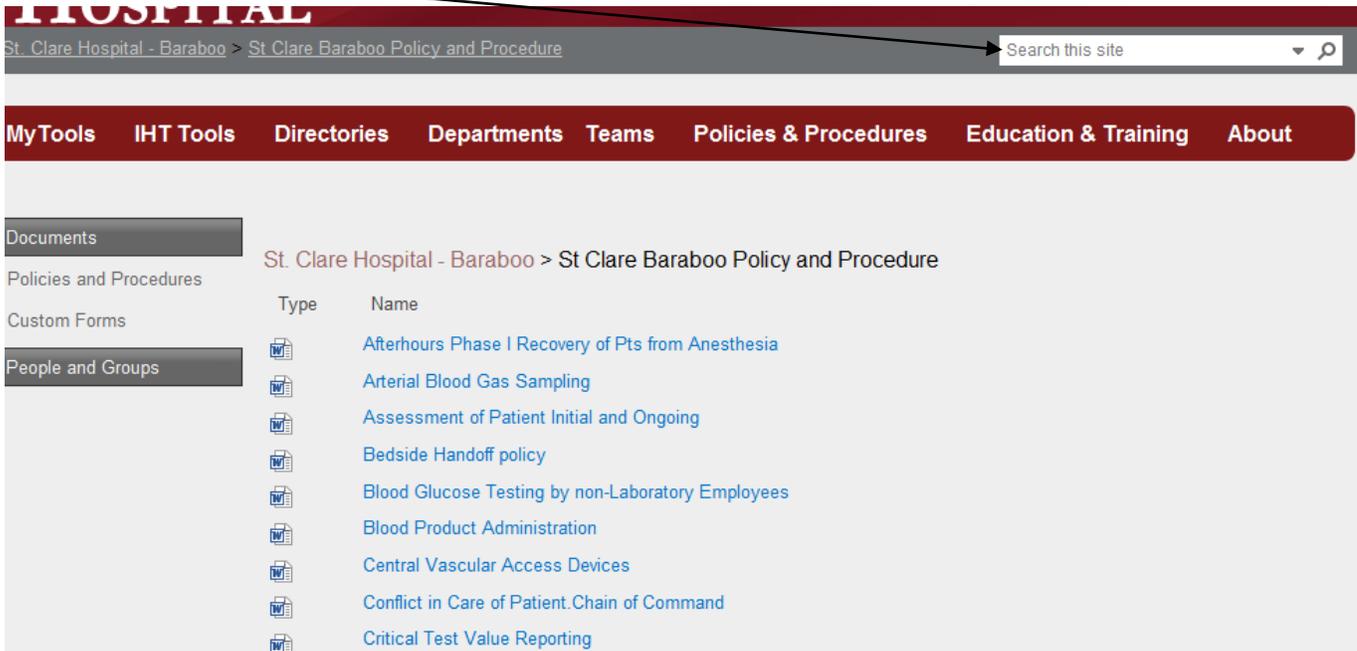
People and Groups

St. Clare Hospital - Baraboo > St. Clare Baraboo Policy and Procedure

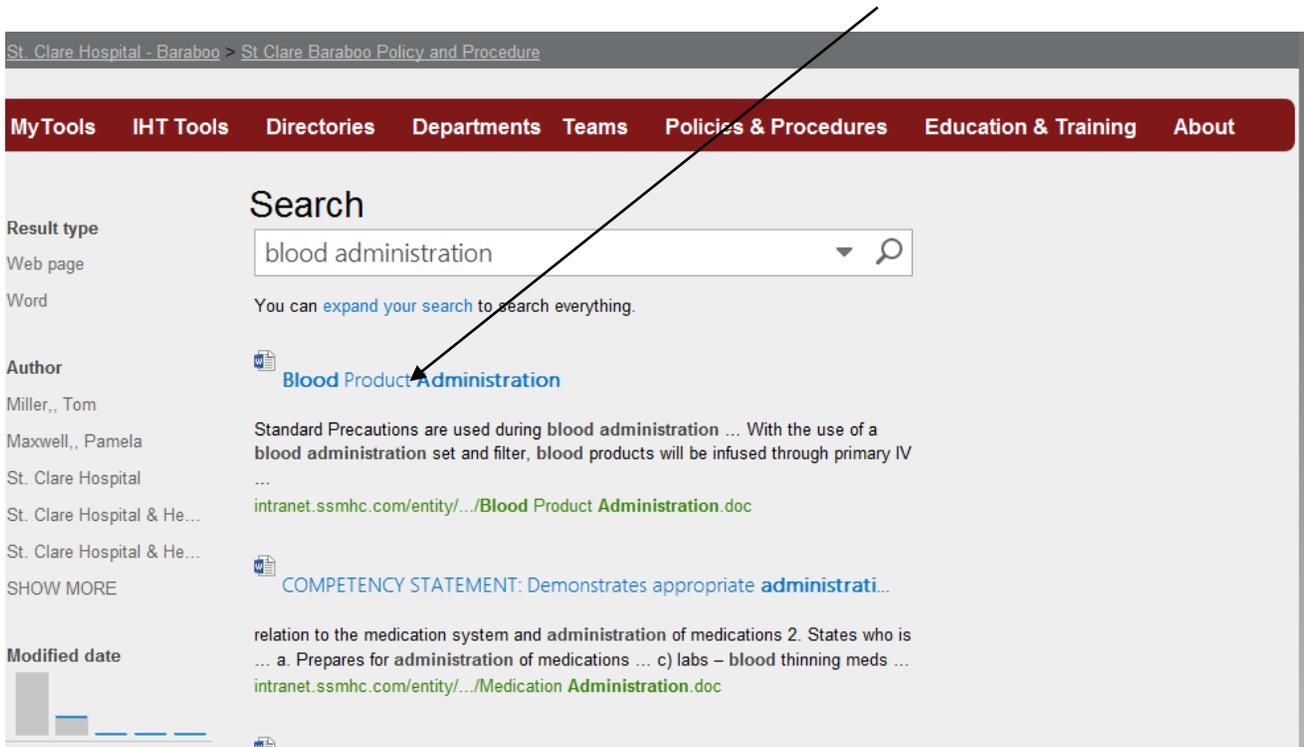
Type	Name
Document	Afterhours Phase I Recovery of Pts from Anesthesia
Document	Arterial Blood Gas Sampling
Document	Assessment of Patient Initial and Ongoing
Document	Bedside Handoff policy
Document	Blood Glucose Testing by non-Laboratory Employees
Document	Blood Product Administration
Document	Central Vascular Access Devices
Document	Conflict in Care of Patient.Chain of Command

Student Orientation

► **If you cannot find the policy that you are looking for, try searching by keyword in the "search" box.**



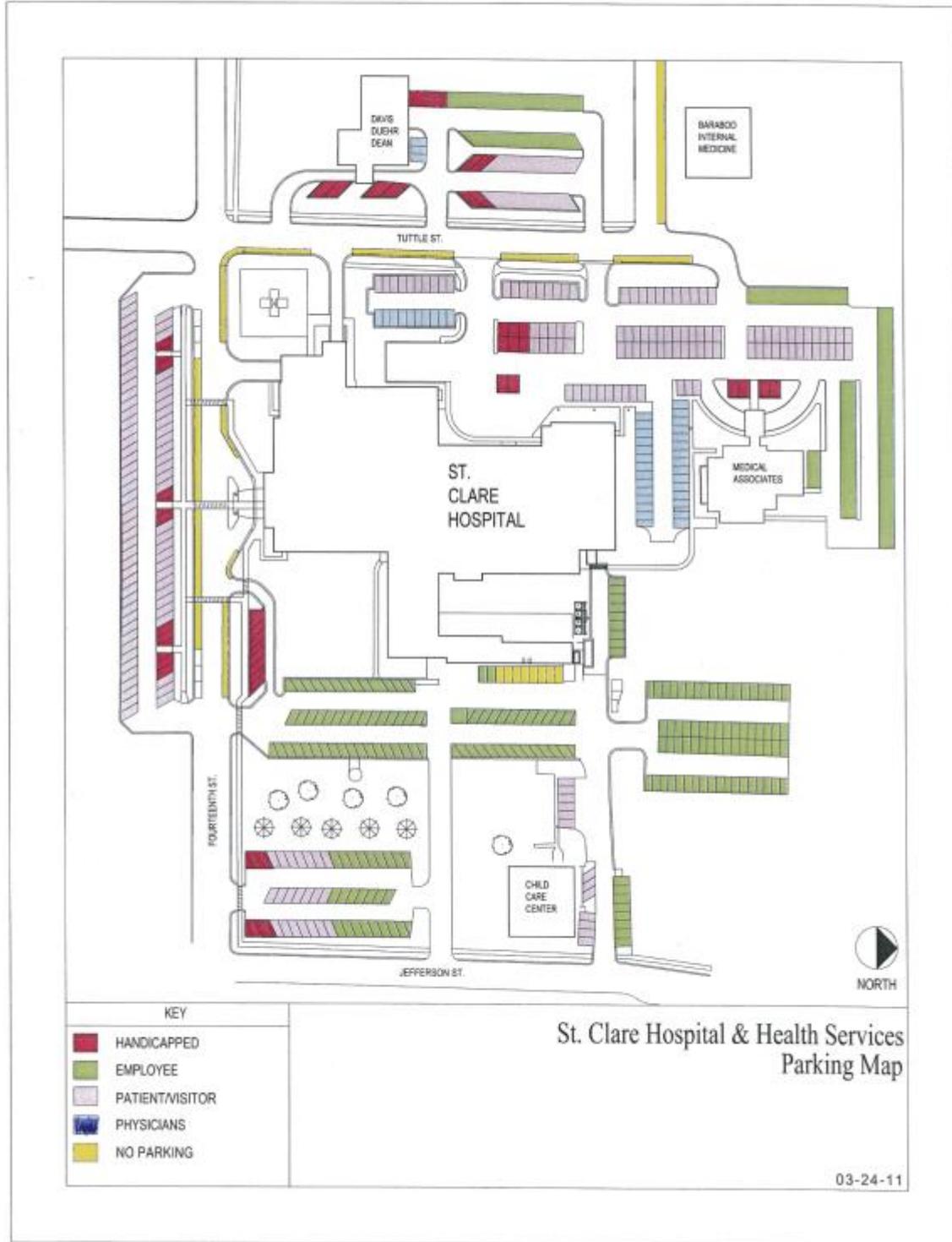
► **A list of all the policies with the keywords you put in will come up.** Double Click on the policy you are searching for to open it up.



➤ If you don't see a policy or you need assistance, talk with the charge nurse/director of the unit. Follow the same process for a competency or protocol you want to find

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Attachment #3 Parking Map



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Attachment #4 – Quick Reference for Emergency Code Alerts

Fire Alarm	Medical Emergency
<p>Description: Fire/Smoke Alarm</p> <p>Initiated by: Any staff person</p> <p>Overhead Announcement: <u>Fire Alarm</u> + Location</p> <p>Responders: Fire 1st Responders</p> <p>Action: Close doors on the floor of the fire <u>only</u> R – Rescue/Remove those in danger A – Activate Alarm (located near exits) C – Contain/Confine Fire E – Extinguish/Evacuate <i>Fire compartments are designated by RED reflective tape on upper door corners</i></p>	<p>Description: Patient, Visitor, or Staff requires immediate medical assistance</p> <p>Initiated by: Any staff person</p> <p>Overhead Announcement: <u>Medical Emergency</u> + Cardiac Team/Rapid Response Team/Trauma Level + Location</p> <p>Responders: Clinical Staff as determined by their role</p> <p>Action: Activate Medical Emergency Button (if available) or call Switchboard at 232 with the location and problem. Begin CPR, if trained until the team responds.</p>
Severe Weather Alert	“All-Hazards” Emergency Incident
<p>Description: Weather conditions are favorable for Severe Thunderstorms or Tornadoes</p> <p>Initiated by: Switchboard will announce a weather alert based on National Weather Service advisories/alerts</p> <p>Overhead Announcement: <u>Severe Weather Alert</u> + Severe Thunderstorm Warning/Tornado Watch/Tornado Warning</p> <p>Responders: All departments are responsible for following the hospital-wide and department-specific plans and protecting patients, visitors, staff, and property.</p> <p>Action: <u>Severe Thunderstorm Warning/Tornado Watch:</u> Close windows/blinds and <i>prepare</i> to move patients, visitors, and staff to safety <u>Tornado Warning:</u> Evacuate to basement/move to a safe place immediately and prepare for possible power outage</p>	<p>Description: An external or internal emergency event will impact the facility and may require additional resources to handle</p> <p>Initiated by: Established Incident Commander will advise Switchboard to announce overhead</p> <p>Overhead Announcement: <u>Emergency Incident</u> + Incident Command Alert or Incident Command Activation + Description of Emergency (Patient Influx, Utility Failure, Evacuation, HazMat Incident, etc.)</p> <p>Responders: All Staff</p> <p>Action: <u>Incident Command Alert</u> = initial notification to staff of emergency event. No action is required, additional info may be announced overhead. <u>Incident Command Activation</u> = All departments send staff-on-duty list to HR/Switchboard (HICS is activated). Refer to the Emergency Operations Plan and department-specific plans. <i>If your department has a 2-way radio, use designated channel</i></p>
Security Alert: Disruption	Security Alert: Building (Bomb) Threat
<p>Description: A person is displaying threatening behavior or there is an escalating situation which requires security intervention occurring.</p> <p>Initiated by: Any staff person needing assistance</p> <p>Overhead Announcement: <u>Security Alert</u> + Disruption or Active Shooter + Location</p> <p>Responders: Security Management Team (trained responders) and Law Enforcement (if determined to be necessary)</p> <p>Action: Any staff person needing assistance notify the Switchboard at 232 with the location and situation</p> <p><u>Disruption:</u> Only Security Management Team will respond to location paged. Keep patients, visitors, or staff from entering area</p>	<p>Description: A bomb threat has been received or a suspicious device was reported</p> <p>Initiated by: Any staff person who discovers a suspicious device or receives a threat</p> <p>Overhead Announcement: <u>Security Alert</u> + Building Threat + Description and Location (if known)</p> <p>Responders: All Staff</p> <p>Action: <u>If location of device is unknown:</u> Switchboard will page overhead that all available staff should begin search procedures. Staff closes doors and reports to supervisor for search assignment and procedure <u>If location of device is known:</u> Switchboard will page the location overhead and only the Security Management Team will respond to location paged</p>
<ul style="list-style-type: none"> • Dial 232 from any hospital telephone to report emergencies and to provide additional information relating to the ongoing code • Always refer to Environment of Care (EOC) Shared Drive for additional/detailed information 	

Student Orientation

Controlled Access and Egress	Internal Chemical Spill
<p>Description: Initiating building lockdown (controlled access) refers to the practice of restricting entrance to a property, a building, an area, or a room to authorized persons due to threat (Security, Weather, etc.)</p> <p>Initiated by: Administration or PCSM</p> <p>Overhead Announcement: <u>Controlled Access and Egress Plan now in effect.</u></p> <p>Responders: All departments are responsible for following the hospital-wide plan.</p> <p>Action:</p> <ul style="list-style-type: none"> • Identification/Name badges will still allow entry in to the building. • Per Life Safety codes; people will always be able to exit the building, even if the door is locked to outside entrants. • At no time will badged staff, patients or visitors not be allowed to exit the building without their consent. We can provide a brief explanation of the events taking place and a place to wait/shelter until the "all clear" has been announced. • While the plan is in effect; a medical screening examination for patients presenting to the Emergency Department for treatment must be provided by qualified clinical staff, per the Emergency Medical Treatment and Labor Act (EMTALA). 	<p>Description: An internal chemical spill has occurred, which requires immediate clean-up.</p> <p>Initiated by: All Staff</p> <p>Overhead Announcement: <u>Internal Chemical Spill</u> + Location</p> <p>Responders: Spill Clean-Up Team</p> <p>Action:</p> <ul style="list-style-type: none"> • If you spill or discover a hazardous chemical spill; report it using 232 immediately. • If you can contain the spill (by placing towels, absorbent pads, etc.), please do so. • Remove everyone from the area of the spill and close the door. • The Spill Response Team will respond to area and clean up the chemical.
Security Alert: Active Shooter	Missing Pediatric Patient
<p>Description: An individual or individuals is present with the intent to cause harm or death by brandishing or discharging a firearm, possessing a weapon other than a firearm, or who has taken hostages within the hospital or its facilities.</p> <p>Initiated by: Any staff person</p> <p>Overhead Announcement: <u>Security Alert</u> + Active Shooter + Location</p> <p>Responders: All staff follow <u>ALICE</u> protocol (<i>designed to be non-sequential</i>).</p> <p>Action: <u>Alert:</u> Initial Alert may be gunshot or PA announcement. <u>Lockdown:</u> If evacuation is not a safe option, barricade entry points. Prepare to evacuate or counter if needed. <u>Inform:</u> Call 911 and 232 when safe. <u>Counter:</u> Distract shooters ability to shoot accurately by throwing objects. <u>Evacuate:</u> Run from danger when safe, using non-traditional exits if necessary.</p>	<p>Description: A pediatric patient (age: 1 day-old to 17 years, 364 days-old) is missing from patient room.</p> <p>Initiated by: Any staff person who discovers patient is missing from room</p> <p>Overhead Announcement: <u>Missing Person</u> + Pediatric + Description and Location (if known)</p> <p>Responders: All Staff</p> <p>Action:</p> <ul style="list-style-type: none"> • To initiate; call Switchboard at 232 with brief description of individual and location • Secure all 1st Floor exits and initiate search of the building interior. Verify all people leaving do not match description of patient paged overhead.
Missing Person: Missing/Wandering Adult	Missing Person: Child Abduction
<p>Description: Missing or wandering adult patient or visitor</p> <p>Initiated by: Any staff person</p> <p>Overhead Announcement: <u>Missing Person Alert</u> + Adult + Description</p> <p>Responders: All available staff (search for missing person)</p> <p>Action:</p> <ul style="list-style-type: none"> • To initiate; call Switchboard at 232 with brief description of individual and location • Secure all 1st Floor exits and initiate search of the building interior, verify all people leaving do not match description of missing person. 	<p>Description: Newborn or Pediatric patient is missing</p> <p>Initiated by: Any staff person</p> <p>Overhead Announcement: <u>Missing Person Alert</u> + Newborn</p> <p>Responders: All available staff (to search for missing person)</p> <p>Action:</p> <ul style="list-style-type: none"> • To initiate; Infant Protection System in OB will activate alarm or call Switchboard at 232 with situation and location • Secure all 1st Floor exits and search belongings (outerwear, bags, etc.) of all people leaving building. Initiate search of the building interior.
<p>Dial 232 from any hospital telephone to report emergencies</p>	

Student Orientation

Attachment #5 – Patient Rights & Responsibilities

PATIENT RIGHTS:

- Receive quality, safe care within the range of services that the hospital provides.
- Receive care and have visitation privileges without being discriminated against because of age, race, color, national origin, language, religion, culture, disability, sex, gender identity or expression, sexual orientation, or ability to pay.
- Be informed of the hospital's policies about your rights and health care.
- Be treated with respect and dignity and be protected from abuse, neglect and harassment.
- Know the names and roles of hospital staff caring for you.
- Choose who can and cannot visit you, without regard to legal relationship, race, color, national origin, religion, sex, sexual orientation, gender identity or disability. You may withdraw or deny consent for visitation at any time.
- Have a family member, support person, or other individual be present with you for emotional support during the course of your stay, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated.
- Have a family member, support person, or other individual of your choice and your own physician notified promptly of your admission to the hospital.
- Be informed about your health problems, treatment options, and likely outcomes so you can take part in developing, implementing and revising your plan of care and discharge planning. Discharge planning includes deciding about care options, choice of agencies or need to transfer to another facility.
- Have information about the outcome of your care, including unanticipated outcomes.
- Request, accept and/or refuse care, treatment or services as allowed by hospital policy and the law.
- To ask for a change of provider or a second opinion
- Have information provided to you in a manner that meets your needs and is tailored to your age, preferred language, and ability to understand.
- Have access to an interpreter and/or translation services to help you understand medical and financial information.
- Have your pain assessed and managed.
- Have privacy and confidentiality when you are receiving care.
- Practice and seek advice about your cultural, spiritual and ethical beliefs, as long as this does not interfere with the well being of others.
- Request spiritual services.
- Request a consult from the Ethics Committee to help you work through tough decisions about your care.
- Consent or refuse to take part in research studies as well as recordings, films or other images made for external use.
- Be free from seclusion or restraints unless medically necessary or needed to keep you or others safe.

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- Have a safe environment, including zero tolerance for violence and the right to keep and use your clothes and personal items.
- Take part in decisions about restricting visitors, mail or phone calls.
- Receive protective oversight while a patient in the hospital, and to receive a list of patient advocacy services (such as protective services, guardianship, etc.)
- Have an Advance Directive (health care directive, durable power of attorney for health care, or living will) that states your wishes and values for health care decisions when you cannot speak for yourself.
- Receive compassionate care at the end of life.
- Donate, request or refuse organ and tissue donations.
- Review your medical record and receive answers to questions you may have about it. You may request amendments to your record and may request information on who has received your record. You may obtain copies of your record at a fair cost in a reasonable time frame.
- Have your records kept confidential. They will only be shared with your caregivers and those who can legally see them.
- Receive a copy of and details about your bill.
- Ask about and be informed of business relationships among payors, hospitals, educational institutions, and other health care providers that may affect your care.
- Know St. Clare Hospital's grievance process and share a concern or grievance about your care either verbally or in writing and receive a timely notice of the resolution. If you have a grievance or concern, please contact Administration at (608) 356-1402.
- You also have a right to present concerns to the:

Wisconsin Bureau of Quality Assurance
1 West Wilson Street
Madison, WI 53703
(608) 266-1865

OR

The Joint Commission
One Renaissance Blvd
Oakbrook Terrace, IL 60181
1-800-994-6610

PATIENT RESPONSIBILITIES:

You/your family have the responsibility to:

- Provide correct and complete information about yourself and your health, including present complaints, past health problems and hospital visits, medications you have taken and are taking (including prescriptions, over-the-counter and herbal medicines), and any other information you think your care givers need to know.
- Speak up and share your views about your care/service needs and expectations, including your pain needs and any perceived risk or safety issues.
- Provide correct and complete information about your Advance Directive if you have one and provide a current copy.
- Follow your agreed-upon care plan and report any unexpected changes in your condition to your doctor.
- Ask questions when you do not understand your care, treatment, and services or what you are expected to do. Express any concerns about your ability to follow your proposed care plan or course of care, treatment, and services.

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- Accept consequences for the outcomes if you do not follow the care, treatment, and service plan.
- Follow all hospital rules and regulations. Including respecting property and helping control noise
- Leave your personal belongings at home, have your family members take them home, or have them placed in Security until you are discharged.
- Respect the rights, property, privacy, dignity, and confidentiality of patients and others in the hospital.
- Respect hospital staff without regard to age, race, color, national origin, language, religion, culture, disability, sex, gender identity or expression, or sexual orientation,
- Keep our environment tobacco-free. You may not use any tobacco products while inside or outside this healthcare facility.
- Keep a safe environment free of drugs, alcohol, weapons, and violence of any kind, including verbal intimidation.
- Provide correct and complete information about your financial situation as best you can and promptly meet any financial obligations agreed to with the hospital.
- For more information about your Patient Rights and Responsibilities, please call the Patient Admissions Department at (608) 356-1438.