



KentuckyOne Health™



Student Orientation Handbook

Welcome

Welcome to KentuckyOne Health (KOH). We take great pride in the care we provide our patients and families. KOH embraces students and our role in the education of healthcare professionals as we live out the system vision. You are our future. Therefore, we want your experiences here to be such that you gain as many tools as possible for you to become confident and secure in your new roles. Thank you for giving us the opportunity to participate in the development of your future. Please let us know how we can further assist you in order to make the experience as valuable as possible.

— TO BRING —
wellness, healing
& **HOPE**
to all

Our Identity

We are a comprehensive health system strengthened by our Catholic, Jewish and academic heritages and inspired by our shared values.

Our Purpose

To bring wellness, healing and hope to all, including the underserved.

Our Future

To transform the health care communities, care delivery and health care professions so that individuals and families can enjoy the best of health and wellbeing.

Our Values

Reverence

Respecting those we serve and those who serve

Integrity

Doing the right things in the right way for the right reason

Compassion

Sharing in others' joys and sorrows

Excellence

Living up to the highest standards



REQUIRED FORMS TO BE COMPLETED AS A STUDENT AT KENTUCKYONE HEALTH FACILITIES

All forms must be completed and turned in to your clinical faculty, your preceptor or the clinical educator by the end of your first clinical day.

- **Student Confidentiality Agreement** (*Appendix A*)
- **Validation of Clinical Student Acknowledgement of Orientation** completed by student only. This validates that you had the opportunity to review the manual and ask any questions. (*Appendix B*)
- **Student Evaluation** (*Appendix C*)

STUDENT PRACTICE GUIDELINES

Student Expectations

- **Nursing students:** Must report off to the nurse caring for the patient at the end of duty and when leaving the floor for any reason. (*Refer to Appendix D-“5 P’s handoff tool” provided*)
- **PHI:** Will not copy any portion of the patient’s medical record, all documents with protected health information must be placed in the shred bins at the end of the clinical day
- **Electronic Devices:** Personal use of cell phones, computers, and other electronic devices unrelated to clinical expectations are prohibited while on duty, particularly when use may be observed by patient/family members, in the following areas: workstations, halls, elevators, any patient care or diagnostic area (*Refer to Personal Electronic Devices policy*)

Dress Code (*Refer to the KentuckyOne Health Dress and Appearance Standards policy*)

To convey a professional appearance, clinical instructors and students are expected to follow the KentuckyOne Health Dress and Appearance Standards policy.

- Uniforms
 - Business or business casual attire when not in a clinical setting.
 - Scrubs with or without lab coats as required by your school when in a clinical setting.
 - All clothing must be clean, neat and well fitting.
- Name Badges
 - Nametags must be worn at chest level at all times.
- Shoes
 - Close-toed shoes will be required in patient care areas. Shoes should be clean and in good repair at all times.
- Hairstyles

- Long hair must be pulled back away from the face. Hair may conform to current fashion but must be neatly groomed and not interfere with patient care or safety. Extreme hairstyles are not permitted.
- Make-up
 - Make-up must be conservatively applied.
- Facial Hair
 - Facial hair must be neatly trimmed and well groomed.
- Jewelry
 - Minimal jewelry, no more than three earrings per ear.
 - Facial and oral jewelry are not acceptable.
 - Buttons, badges, pins, which are objectionable because of their size or inappropriate message (such as profane or provocative language, political preferences, or business advertising) are not permitted.
- Fingernails
 - Artificial fingernails, nail extenders, nail wraps or other artificial nail components are not to be worn by healthcare workers who provide direct or indirect patient care. This includes acrylic, gel and other nail overlays. If polish is worn, it should be in good condition.
- Strong scents
 - Perfume, odor from tobacco products both smoke and smokeless must be avoided, as they may cause allergic reactions for patients, visitors and coworkers.
- Tattoos
 - Tattoos should be kept to a minimum and be covered if possible. Large, offensive, and those that depict violence, sexual and/or racial overtones must be kept covered.
- Students are encouraged to bring only the minimal items into the clinical setting. Students are encouraged to leave valuables, money, backpacks, and books at home. Bring only what is required to successfully complete the clinical.

Blood-borne Pathogens

Students who experience needlestick/sharps injuries or exposure to blood and body fluids may seek counseling as appropriate per the student's affiliating agency policy.

Needlestick/Sharps Injury Prevention – Think Safety First

- Always use the safety features provided, including the needless systems
- Always place needles and other sharps in a sharps container immediately
- Never recap needles
- Never place needles in the bed, the trash can or linen
- Never leave needles tables in the room
- Never overfill sharps container
- Always notify staff immediately of containers that need to be

Safety and Security

Please contact the Security department with any safety or security concerns. You can access a security officer immediately by dialing:

- Flaget - 502-224-4006
- *SJB* – Dial “0” from within the hospital; Security Extension 6789
- *SJH* – 859-313-1852
- *SJE* - 859-967-7055; Security Office – 859-967-5288
- *SJE* Women’s Hospital – 859-967-7054
- *SJJ* – 859-887-6770
- *SJL* - 606-330- 5010
- *SJM* – Dial “0” for the operator, they will radio security
- *SJMS* – 859-497-5660
- If you are here during the evening or night hours and wish to be escorted to your car, please contact them.

Appropriate Behavior

KOH values all our customers. As a result, sexual harassment and/or abusive language are prohibited. In addition, please refrain from jokes or other behavior that may be offensive to others.

KOH has a procedure for appropriately dealing with problems that may arise in the course of your association with the facility. Consult your instructor for information. As a result, KOH asks that you refrain from openly expressing personal problems, frustrations, or negative comments about your colleagues, instructors, or institution to or in the presence of staff, patients, or visitors.

Assignments

- Patients you are assigned to during your clinical rotation will also be assigned to a KOH clinician.
- The clinician will provide you with a patient report if a clinical experience begins after the unit report

Health Requirements

All students are required to meet health requirements as outlined for KOH employees. Clinical instructors must be able to provide documentation of up-to-date student vaccinations while in the clinical setting.

- TB Screening:
 - Where available, the T-spot/IGRA blood test for evaluation of active or latent tuberculosis may be utilized in place of a 2-step Tuberculin Skin Test (TST).
 - Negative TST within the last twelve months prior to the start of the clinical. If student is a past-reactor, a written statement from a physician that the student does not have active TB is required.
- Infectious Disease Immunity
 - Demonstrate immunity to Rubella, Rubeola, Mumps and Varicella. Immunity is demonstrated by either documentation of two MMR vaccines and/or two Varicella vaccines or serum titers.
- Hepatitis B Vaccine
 - Hepatitis B vaccine series is recommended, but not required.
- Influenza Vaccine
 - Students and faculty who have responsibilities within a patient care facility are required to be vaccinated for influenza annually.

Patient Rights

- Right to considerate care that respects the patient's personal value and belief systems
- Right to receive from his/her physician current information concerning his/her diagnosis, treatment, and prognosis in easily understood terms. When it is not medically advisable to give such information to the patient, it should be shared with an appropriate person on his/her behalf. The patient has a right to know the name of the physician responsible for coordinating his/her care.
- Right to receive from his/her physician information necessary to give informed consent prior to the start of any procedure or treatment. Except in emergencies, the information should include, at minimum, the specific procedure and/or treatment, the significant risks involved and the expected length of recuperation. When alternatives for care or treatment exist, or when the patient inquires about alternatives, the patient has a right to such information. The patient also has the right to know the name of the person responsible for procedures and/or treatment.
- Right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of this action.
- Right to formulate advance directives and appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law.
- Right to receive every consideration of privacy and confidentiality concerning his/her own medical care and treatment.
- Right to expect that all communications and records will be treated as confidential.
- Right to expect that KOH will make a reasonable response to the patient's request for services. The hospital will provide evaluation, service, and/or referral as indicated. The patient may be transferred to another facility only after he/she receives complete information and explanation concerning the needs for and the alternatives to a transfer.

- Right to obtain information about any relationship of the hospital to other health care and educational institutions which could impact care of the patient. Also, the patient has the right to obtain information concerning any professional relationships among individuals who are providing treatment
- Right to know if there are plans for the hospital to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in research projects.
- Right to expect continuity of care and to know in advance what follow-up plans and services will be needed after discharge.
- Right to examine and receive an explanation of all his/her bill regardless of the source of payment.
- Right to know what rules and regulations apply to patient behavior.
- Right to appropriate assessment and management of pain.

Health Insurance Portability and Accountability Act (HIPAA)

- A federal law imposed on all health care organizations including hospitals, physician offices, home health agencies, nursing homes, and other providers, as well as health plans and clearinghouses.
 - Requires organizations to take measures to safeguard patient information in every form including written, electronic, and verbal.
 - Requires organizations to train workforce on patients' rights to privacy and control over their health information.
- What is confidential? (Information about a patient in any form, (written, electronic, or verbal) is *protected health information (PHI)* including:

○ Name	○ Email Address
○ Age	○ Phone #
○ Date of birth	○ Medical Record #
○ SS#	○ Admission Date
○ Address	○ Discharge date
- Protecting Patient Privacy
 - Do not look at or access information about a patient unless it's necessary to do your job.
 - Do not leave medical records lying around
 - Do not discuss what you overhear about a patient or share information gained in the course of your clinical with family and friends.
 - Do not discuss patients outside of the unit in public areas such as elevators, hallways, or cafeterias.
 - Use treatment and consultation rooms when talking with or about patients and family.
 - Do not use your computer access privileges to view/obtain information about yourself, your friends, family members, neighbors, church members, etc.
 - Do not share information about the patient with their family members or outside agencies unless you are authorized to do so.
 - Dispose of patient information by shredding it or placing it in a locked confidential storage container located in the department.

- If you see an individual without identification in a confidential or secure area, do not leave them unattended. Ask if they need assistance and for identification if necessary.
- If you are not involved in the care of the patient or the welfare of the family, remove yourself from the area of confidential patient discussions.
- Put phone calls on hold (after asking them to please hold) to prevent others from hearing background conversations about other patients.
- Knock and pause before entering the patient's room.
- Maintain patient's privacy during treatments by:
 - Closing the door or using a protective screen or curtain
 - Ask visitors to step out of the room if exposing the patient
 - Exposing only parts of the body necessary for treatment
 - Provide someone of the same gender to be present at the patient's request.
- Remember that inappropriate access or sharing of patient information will result in disciplinary action up to and including termination the clinical assignment

Overhead Paging Codes

The Hospital uses specific codes to alert staff about hazards or potential hazards in the area and call designated staff to action. These codes are designed to communicate information to those that need it without unduly alarming patients and visitors. Please review the following:

SJH/SJE/SJMS

- **Code Red – Fire**
- **Code Blue – Cardiac or Respiratory Arrest of adult or child**
- **Code Green– Ante-partum Emergency mother or child (SJE only)**
- **Code Grey – Uncontrolled Patient**
- **Code Yellow – Internal/External Disaster**
- **Code Orange – Hazard Communication**
- **Code Pink – Missing Child**
- **Code Golden – Missing Adult**
- **Code Silver- Weapon in house**
- **Code Black- Bomb threat**

Designated people have assigned roles in response to these codes. You are responsible for looking up these policies in our computer manuals and being familiar with your role.

Infant/Child Security

To protect the safety of newborns, it is vital that special care be taken to assure these young patients are released only to the mother or person legally responsible for their care.

An **infant security system** has been installed in the Nursery at SJE and SJMS. If you have any questions regarding specifics to this system, please see the Unit Manager for the

Mother/Baby Unit. **Be aware that no baby may be transported by anyone not wearing a special pink ID badge.** Always be aware that there is a risk of a child being abducted. Be observant of individuals loitering, persons in uniform without appropriate identification, and any other suspicious individual. Question people without proper identification - who they are and why they are on the unit. Direct any suspicions to the Charge Nurse. If you suspect that an infant or child is missing, immediately notify the Charge Nurse. A **Code Pink** overhead page indicates that an infant or child is missing and for all staff to man hallways, stairways and elevators.

Resources available online at KentuckyOne

- ClinicalKey for Nursing
 - A clinical search engine that provides resources for evidence-based practice, drug references, patient education, literature searches, ect.
- Clinical Pharmacology
 - A clinical search engine that provides resources on drugs, drug interactions, clinical calculators, patient education, ect.
- Elsevier Clinical Skills
 - A search engine that provides over 1,400 different clinical skills and procedures with competency management features
 - It is evidence-based
 - Provides educational materials/information for each procedure in the form of videos, illustrations and extended text
- Clinical Tools
 - This area hosts a variety of clinical tools developed by staff nurses at Saint Joseph Health as well as other tools we have found to be helpful in our practice from other colleagues that are willing to share their work through our website resource.

We want you to stay with us!!!

KOH Employment Opportunities

KOH offers several work-related opportunities while you are in school. Please contact Human Resources at 859-313-1768 for further information.

To support your professional growth, KentuckyOne facilitates a professional development program founded on Benner's Model of Novice to Expert. Personal demonstration of differentiated interpersonal clinical and leadership skills earns you an opportunity to advance a long a three-level continuum of recognition and compensation. Additionally, we offer a Nurse Residency, Nursing Certification Support and free continuing education (online and workshops). Pursuit of advanced nursing education is supported through Tuition Reimbursement per year.

CLINICAL RESOURCES

RAPID RESPONSE TEAM (RRT)

Does your patient need a second set of eyes?

When to call (Activation Criteria):

Respiratory Distress

- RR < 8 or > 30
- O₂ Sat < 90%, despite increasing O₂ requirements

Acute Change in Vital Signs

- HR < 45 - >130
- SBP < 90 - >190
- DBP >110
- VS change 20% from baseline



Other Warning Signs

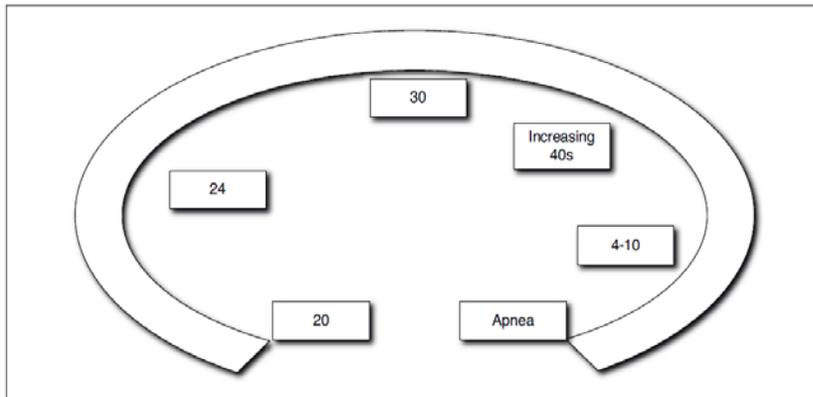
- Acute bleeding
- Acute change in capillary refill > 2 sec with evidence of decreased tissue perfusion
- Acute change in LOC: Glasgow Coma scale decrease 2 or more from previous assessment (consider recent narcotic/sedative administration; hypo/hyperglycemia)
- Acute Mental Status changes
- Agitation or delirium
- Chest Pain
- Failure to respond to treatment
- Seizures (new, repeated, or prolonged)
- Signs and symptoms of stroke
- Uncontrolled pain
- Uncomfortable with patient's situation or MEWS > 5

Review the Tables for:

- Methods to Activate
- Methods to Document
- SBAR Communication
- Modified Early Warning Score

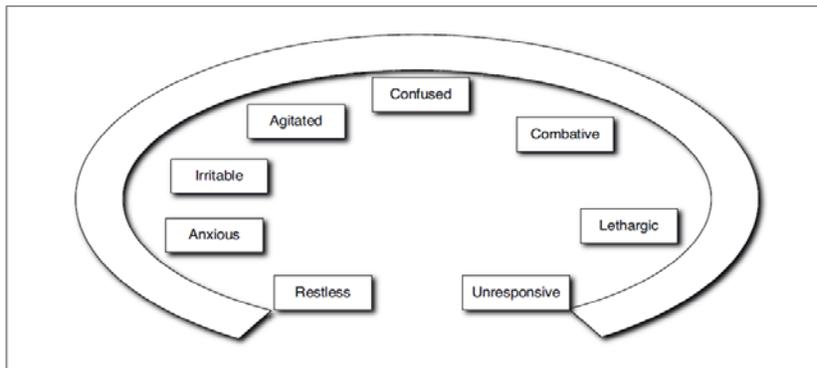
Adult Deterioration Bell Curves

Respiratory Bell Curve



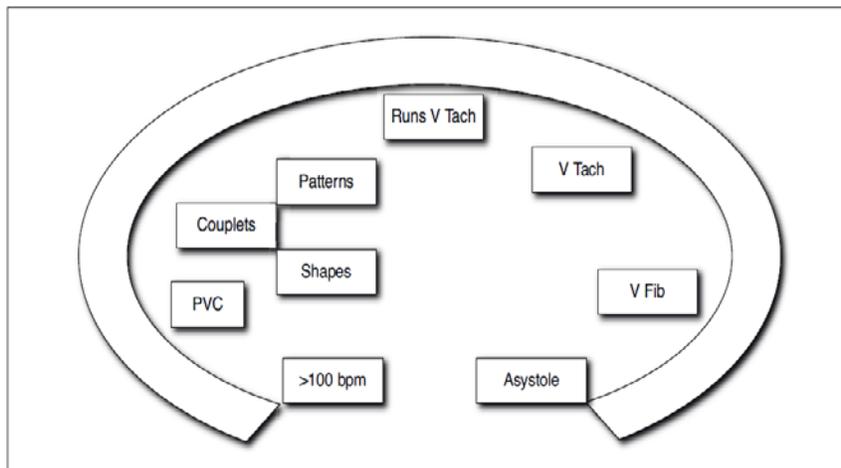
Sources: Dellinger et al. 2012; Dennison 2013

Neurologic Bell Curve



Sources: Dennison, 2013; Schubert, 2012

Cardiac Bell Curve



Sources: Dennison, 2013; Huff, 2011

Note: V Tach = ventricular tachycardia; V-Fib = ventricular fibrillation

Huff, J. (2011). *Exercises in arrhythmia interpretation* (6th ed.). Philadelphia, PA: Lippincott Williams & Wilkins; Dellinger, R., Levy, M., Rhodes, A., Annane, D., Gerlach, H., Opal, S., ...Moreno, R. (2012). Surviving sepsis campaign: International guidelines for management of severe sepsis and septic shock. *Critical Care Medicine Journal*, 41(2), 580-636. Schubert, C. (2012). Effect of simulation on nursing knowledge and critical thinking in failure to rescue events. *The Journal of Continuing Education*, 43(10): 467-471. Dennison, R. (2013). *Pass CCRN!* (4th ed.). St. Louis, MO: Mosby

RAPID RESPONSE TEAM (RRT)

RRT Team Members	Methods To Activate	Methods To Document	SBAR Communication
<p><u>SJH Rapid Response Team</u></p> <p>Critical Care Nurse Respiratory Therapist</p> <p style="text-align: center;">--or--</p> <p>Nurse Practitioner Respiratory Therapist</p> <p><u>SJMS Rapid Response Team</u></p> <p>Rapid Response Team Members:</p> <p>ED Nurse ED Physician Resp Therapist</p> <p>Rapid Response Team (RRT) members are skilled in:</p> <p>ACLS Critical care experience Experts in rapid assessment and intervention</p> <p>Why use an RRT?</p> <p>RRT has been shown to decrease</p> <ul style="list-style-type: none"> • number of codes • ICU admissions from floor • patient deaths 	<p>Call operator to activate the Rapid Response Team and give patient location</p> <p>Tell RRT what is happening and how they can assist</p> <p>RRT will assist with assessment and management of pt and pt's nurse will be responsible for calling MD, meds and interventions unless they require specialized skills</p> <p>Initial RRT interventions may include:</p> <ul style="list-style-type: none"> • Rapid physical assessment • O2 Sat • EKG monitoring • VS monitoring <p>Begin SBAR for MD communication</p> <p>RRT can use Critical Care Standing Orders if indicated</p>	<p>SBAR completed and MD notified if appropriate</p> <p>RRT interventions documented on RRT forms</p> <p>A nurse's note and appropriate patient care flow sheets will document patient status leading to activation of the RRT. Followed by "See Rapid Response notes for interventions."</p> <p>The RRT nurse will complete the RRT progress note/standing order sheet.</p>	<p>Purpose of SBAR: Provides clear, concise, pertinent information to MD</p> <p>Situation:</p> <p>Reason for initiation of RRT: Acute change in: Resp status Vital signs Cardiac status Mental status Other</p> <p>Background:</p> <p>Admission diagnosis Past medical history Allergies Surgery/Procedures</p> <p>Assessment:</p> <p>VS, O2 sat, Fio2, Abn lab results, EKG, recent CXR, pertinent physical exam</p> <p>Recommendations/Response</p> <p>Recommendations - to suggest to MD and or/ orders from MD</p> <p>Response - Patient condition in response to interventions</p>

Modified Early Warning Score (MEWS)

Overview: Evidence indicates that hospitalized patients exhibit abnormal physiologic data several hours before a catastrophic event. Staff nurses need to identify critically ill patients before their clinical condition deteriorates.

Purpose: MEWS is an evidence-based, simple method of using routine physiologic measurements (vital signs) to identify patients at-risk for clinical deterioration, irrespective of their location.

Objectives: MEWS increases awareness of at-risk patients and promotes early activation of resources (charge nurse, RRT, experienced staff nurse) to decrease the number of codes occurring on the Medical-Surgical and Telemetry units.

Modified Early Warning Score (MEWS)								MEWS Action Algorithm	
Score	3	2	1	0	1	2	3	MEWS	Inpatients Action (EXCLUDES DNR, Comfort Care /Hospice Patients) <i>*Note: Nurses may notify RRT for any score at their discretion.</i>
Central Nervous System (CNS)- Level of Consciousness		Confused or agitated		Alert	Drowsy/ Respond to voice or newly confused	Respond to pain	Unresponsive	0 – 2	Continue routine/ordered monitoring
Respiratory Rate (breaths/min)		< 8		9 - 14	15 - 20	21 - 29	≥ 30	3	Increase VS frequency to every 4 hours X 3; Calculate the MEWS each time. Inform charge nurse.
Heart Rate (Beats/min)		≤ 40	41 - 50	51 - 100	101 - 110	111 - 129	≥ 130	4	At first reading, inform charge nurse to assess patient. Increase VS frequency to every 1 hour X 3; include pulse oximetry-Calculate MEWS each time. Strict I & O – call if UOP <100mL/4 hrs; if Foley catheter present, observe UOP < 30 mL/hr. If score is 4 at change of shift, re-evaluate to determine if this score is patient's baseline.
Systolic Blood Pressure (mmHg)	< 70	71 - 80	81 - 100	101 - 199		≥ 200		5	Call RRT. Increase VS frequency to every 1 hour include pulse oximetry-Calculate MEWS each time. Strict I & O – call if UOP <100mL/4 hrs; if Foley catheter present, observe UOP < 30 mL/hr. Inform physician. If patient remains "5" for three consecutive readings, request order for possible transfer to higher level of care. Is end-of-life discussion with patient/family indicated?
Temperature (F)		≤ 95.0 ⁰		95.1 ⁰ – 101.2 ⁰		≥ 101.3 ⁰		≥ 6	Call RRT and physician stat. Recommend transfer to higher level of care. Is end-of-life discussion with patient/family indicated?

Process:

1. Identify if the patient is a DNR, Comfort Care or Hospice Patient
2. Each vital sign parameter will be scored 0 to 3
3. Total all five parameters for the MEWS score
4. Follow the action algorithm based on the total score. *Nurses may notify the RRT for any score at their discretion.*
5. Calculate the MEWS:
 - Within the first 4 hours of the start of the shift
 - With any admission to the unit
 - If previous MEWS score recommends increasing frequency of vital signs

References: Maupin, J.M., Roth, D.J. & Krapes, J.M. "Use of the Modified Early Warning Score Decreases Code Blue Events" (Dec 2009). *The Joint Commission Journal on Quality and Patient Safety*. Vol 35(12) p. 598-603
 Rees, R.E. "Early Warning Scores". (2003) Update in Anesthesia (issue 17; Article 10) Adapted (new material added to CNS-Level of Consciousness line) from Subbe, C.P. et al: (Oct. 2001). Validation of a modified early warning score in medical admissions. *QJM*. 94: 521-526.

TYPES OF ISOLATION

INFECTION TYPE	STANDARD	CONTACT	CONTACT PLUS	CONTACT CONTAINMENT	AIRBORNE	DROPLET
MRSA	X	X				
VRE	X	X				
Clostridium Difficile	X		X			
Multi-Drug Resistant Organisms (MRDOs), including, but not limited to: ESBL's, CRO's, CRE's, KPC's, MDR Acintobacter baumanii	X			X <i>Double clean required at discharge or room transfer</i>		
Influenza	X					X
Bacterial Meningitis	X					X
Active or Suspected TB	X					
Measles	X				X	
SARS	X	X			X	X
Rubella	X					X
Shingles: Open, draining, disseminated	X	X			X	
Varicella (chickenpox)	X				X	
Scabies	X	X				
Bed Bugs	X	X				
Lice	X	X				

Student/ Faculty Parking

Flaget Memorial Hospital

- Employee/Student is located behind the main hospital in the Employee Parking Lot. You must scan your badge to get into the hospital doors by Materials Management.

Saint Joseph Berea

- All day shift Berea employees must park in the designated employee parking lot behind the hospital at the bottom of the hill .
 - Employees may park in the upper parking lot, behind the hospital from 4:30pm - 7:30am.
 - 2nd shift employees may park on top of the hill at the beginning of their shift, so long as it begins at 2:30pm or later.
 - All other day shift employees may move their cars up the hill after 4:30pm.

SJE Campus

- Park in the employee parking lot located off of Blazer Drive directly behind the hospital or in front of the hospital in the lot closest to Richmond Road. Please enter the hospital through the front entrance. Security monitors the parking areas and will have unauthorized vehicles towed.

Saint Joseph Jessamine

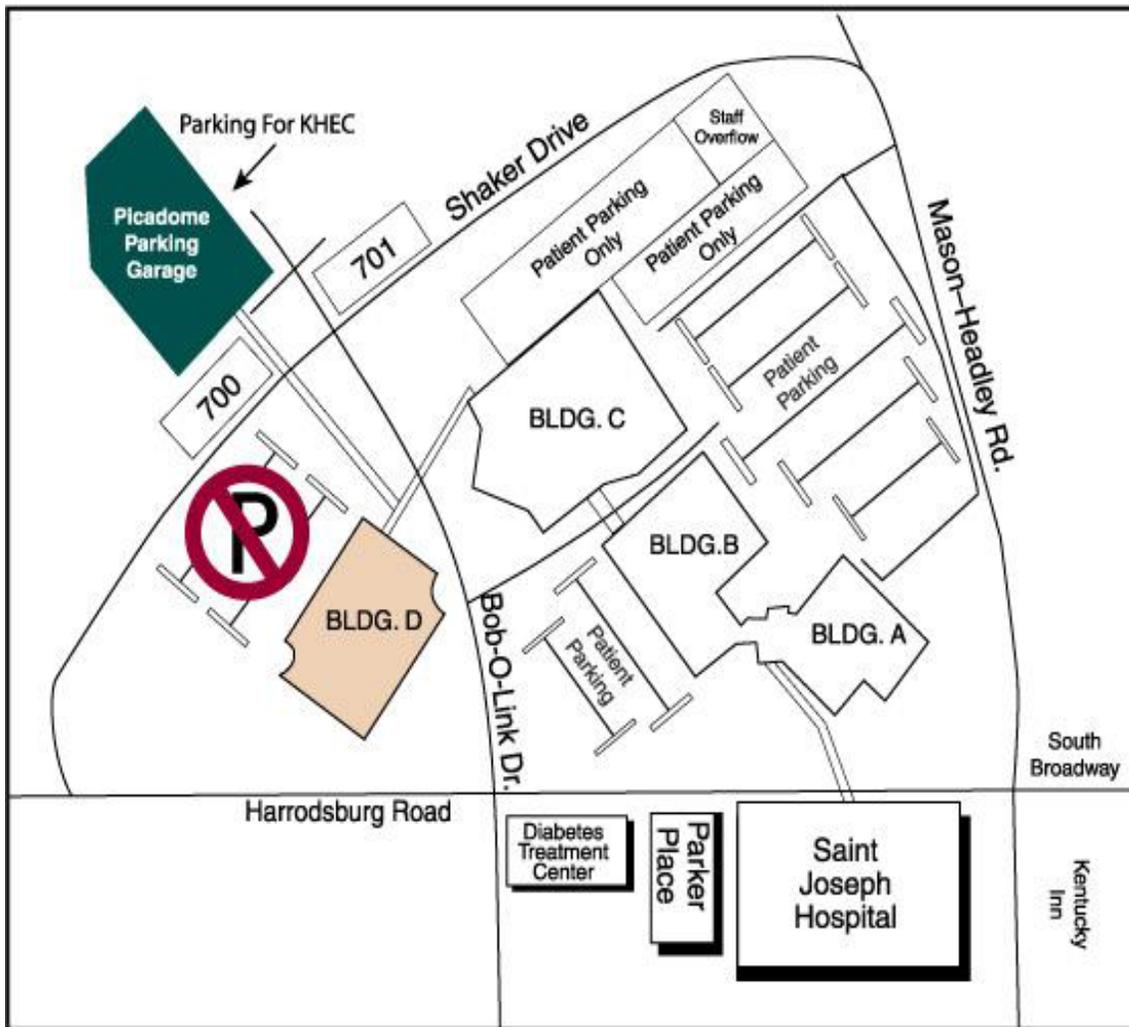
- Parking is available in front in the patient/visitor lot.

SJL Campus

- Park in the last two rows of employee parking lot. Security monitors the parking lot.

SJH Main Campus

- **Parking for students and faculty** is located in the **Parking Garage** behind the 700 Bob-O-Link building (Lexington Clinic Sports Medicine). The roof level of the garage connects to building D of the KOH Office Park via a pedway. Continue to take this pedway to Building A when it connects to the first floor of the hospital near the chapel. Security monitors the parking areas and will have unauthorized vehicles towed.
- **Outside street level parking adjacent to Building D is reserved for patients only!!!**
- See map on Next page



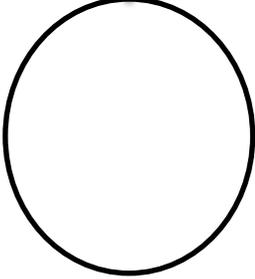
SJM

- The parking area is located across the street from the hospital and if that is full there is a secondary parking area located across from Seton Complex.

SJMS Campus

- Park in the last two rows of the front parking lot closest to the interstate. If that is full, you may move up to the next row. Security monitors the parking lot.

Please cut out parking pass and hang on rear view mirror of car.




KentuckyOne Health

**Student/Faculty
Parking**

School Program:

Name: _____

Unit: _____

From: _____

To: _____



Appendix A Student Confidentiality Agreement

Acting in accordance with our core values and standards of conduct, KentuckyOne Health regards security and confidentiality of data and information about individuals, including patients and residents, their families, medical staff and employees, and business and financial data and information to be of utmost importance. Each employee, student, volunteer, medical and professional staff member, employee or agent of a medical staff member, independent contractor, contractor, vendor or person granted access to KentuckyOne Health data and information agrees to maintain the security and confidentiality of the data and information in the manner described in KentuckyOne Health and Catholic Health Initiatives Information Technology Services policies and procedures and by this Confidentiality Agreement.

In the course of your job for KentuckyOne Health, you may have access to protected health information about, patients, clients, residents, employees, medical and professional staff, students or other independent contractors and individuals. In addition, you may have access to KentuckyOne Health business and financial data and information that may include, but is not limited to, information concerning employees, intellectual property, non-public financial contracts, materials of a competitive nature, business practices, payroll and benefits information, billing and personnel records, and technical information such as ideas and inventions (whether this information belongs to KentuckyOne Health or was shared with us in confidence by a third party), that may be received from any source and in any form (i.e., paper, magnetic or optical media, oral conversations, film, etc.). KentuckyOne Health information and data is hereafter referred to as “protected health information” and/or “confidential information”.

As a condition of continued employment or affiliation with KentuckyOne Health, and to obtain access to any of the above described protected health and/or confidential information, you acknowledge and agree that your access to such information is for the purpose of performing your job, and further, you agree to the following:

- 1) I will look at and use only the protected health information and confidential information I need to care for and treat my patients, clients, residents or other individuals, or to perform my job. I will not look at protected health information or seek other confidential information that I do not need to perform my job for my own personal benefit or profit, for the personal benefit or profit of others, or to satisfy personal curiosity. I will not use my work access privileges to view my own protected health information or the protected health information of my family, friends, or co-workers. I understand that KentuckyOne Health will issue user identification and secured private passwords to access the information and that KentuckyOne Health has the ability and reserves the right to monitor access and use of protected health information and confidential information to determine my compliance with policies and procedures and the terms of this Confidentiality Agreement.
- 2) I will not share protected health information and confidential information with anyone who is not authorized to have access to it. I will not share this information with other persons in casual conversation.
- 3) I will handle protected health information and confidential information maintained in any medium or form, including but not limited to, paper and electronic, diskette or CD, with care to prevent unauthorized use or disclosure of protected health information or other confidential information. I will follow security and confidentiality policies and procedures and take reasonable measures to protect information for which I have responsibility. I will not release, remove or copy protected health information or confidential information for other than what is required in completion of my job duties.
- 4) I will handle protected health information and confidential information with care to prevent unauthorized use or disclosure including the use of e-mail to send information. Because electronic messages may be intercepted by other people, I will not use e-mail to send individually identifiable health information or any confidential information unless authorized by KentuckyOne Health. I will perform only those e-mail transactions for which I have responsibility or authorization or for what is required in completion of my job duties and in accordance with KentuckyOne Health and Catholic Health Initiatives Information Technology Services policies and procedures.
- 5) I will return or dispose of protected health information and confidential information that I no longer need in accordance with the policies and procedures of KentuckyOne Health and Catholic Health Initiatives Information Technology Services.

6) If I am conducting research, I will follow Federal and State regulations and KentuckyOne Health Institutional Review Board (IRB) policies and procedures to maintain the confidentiality and security of protected health information and confidential information.

7) If my responsibilities include disclosing protected health information or confidential information with outside parties including, but not limited to, ambulance drivers, contractors, consultants, home care providers, insurance companies, or research sponsors, I will follow KentuckyOne Health and Catholic Health Initiatives policies and procedures.

8) All passwords, verification codes, or electronic signature codes assigned to me are equivalent to my personal signature:

- I will use my own password, verification or electronic signature code only.
- I will only use my password, verification or electronic signature code in accordance with KentuckyOne Health and Catholic Health Initiatives policies and procedures.
- I will not attempt to learn or use the passwords, verification codes, or electronic signature codes of others.
- I am responsible and accountable for all entries made and retrievals accessed using such passwords or codes regardless of any intentional or negligent act or omission by me.
- I will not use my password, verification or electronic signature code after my employment or affiliation with KentuckyOne Health ends.

9) If I become aware that another person has access to or is using my password, verification or electronic signature code, or if I become aware that another person is using passwords, electronic signature or verification codes improperly, I will immediately notify my manager or the KentuckyOne Health facility HIPAA Security Officer, HIPAA Privacy Officer, local Privacy Coordinator or Corporate Responsibility Officer.

10) I will follow KentuckyOne Health and Catholic Health Initiatives Information Technology Services policies and procedures regarding the access and the use of computers, information systems, intranet, or the internet, including policies and procedures regarding the administrative, physical, and technological safeguards to portable devices that may contain protected health information or confidential information in order to carry out my job responsibilities.

11) I will not copy or download software that is not approved by KentuckyOne Health and Catholic Health Initiatives Information Technology Services.

12) I understand and agree to abide by the obligations of this Confidentiality Agreement and KentuckyOne Health and Catholic Health Initiatives policies and procedures related to Privacy, Information Security, Information Technology and Confidentiality. If I do not follow these requirements, I understand that I may be subject to disciplinary action, up to and including, loss of privileges, being dismissed from my position, and/or termination of contract or affiliation with KentuckyOne Health.

13) I understand that the obligations of this Confidentiality Agreement will survive the termination or expiration of my employment or affiliation with KentuckyOne Health. In the event of any breach of this Confidentiality Agreement, KentuckyOne Health shall be entitled to recover monetary damages or injunction or any and all other remedies available.

By my signature below I am indicating that I have read, understand and agree to adhere to the conditions of this Confidentiality Agreement for continued employment or affiliation with KentuckyOne Health.

Full Student Name (Print): _____ Last Four Digits of Social Security Number: _____

Signature: _____ Educational Institution: _____

Program: _____ Department assignment: _____

Date: _____



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**Appendix B
Clinical Student
Acknowledgment of Orientation**

I have read the student orientation handbook and reviewed the *Our Values and Ethics at Work* electronic booklet located on the KOH Faculty/Student Orientation web page and the 2016 *Safety Booklet* information located in the Faculty handbook. *Our Values and Ethics at Work*
http://www.kentuckyonehealth.org/documents/Education%20_%20KHEC/Ethics%20at%20Work%20FINAL.pdf
The full 2016 *Safety Booklet* is located on the Intranet Education home page.
<http://intranet.lexington-ky.catholichealth.net/education/education.asp>

I understand the expectations and I agree to abide by Hospital policy, protocols, and standards of practice during my assignment at KentuckyOne Health.

Student Name (Print): _____ Date: _____

Educational Institution: _____

Program: ADN BSN MSN DNP Other: _____

Dates/Times on Unit: _____ Unit/Department: _____

I have read and understand the KentuckyOne Health Student Orientation Handbook that has been given to me in written format or discussed by my instructor. All my questions have been answered satisfactorily.

Student Signature: _____ Date: _____

Orientation to the unit shall be provided by the Clinical Instructor or Preceptor:

- Introduction to Unit Manager
- Unit Routines & Staff Assignments
- Use of equipment on unit
- Layout of unit (supplies, reference books, fire alarm, extinguisher, evacuation route)
- Teaching Sheets & Electronic Resources
- Resources for Patient Care: Chaplains, Case Managers, and Support Services, Intranet

Date of unit orientation: _____ Faculty Signature: _____

Date of unit orientation: _____ Preceptor Signature: _____

(Practicum students only)

This form must be returned to KentuckyOne Health Educational Services Department at the facility of your clinical by the end of the first clinical day.



**Appendix C
Student/Faculty Evaluation (Circle One)**

Name of School Affiliation: _____
 Type of Student: Nursing PT Speech Respiratory Pharmacy Other: _____
 Facility: _____ Unit: _____ Dates: From: _____ To: _____

We would like you to evaluate your time spent here in our facility during your clinical rotation. Your input is very important as we continuously strive to improve and enhance the quality of services we provide. Please share your thoughts and suggestions by circling your rating of each item. **Please return this completed evaluation to your clinical area Unit Manager or Education Services at the facility of your clinical experience. Thank you for your feedback.**

Rating Scale

N/A = Not Applicable
 1 = Poor (Needs Major Revisions)
 2 = Fair (Revision Needed)
 3 = Good (Could Use Slight Revisions)
 4 = Excellent (No Change Suggested)

Learning opportunities were available to help me meet my clinical objectives.	4	3	2	1	N/A
Resources were available to assist me with my learning needs.	4	3	2	1	N/A
Staff displayed professional and caring behaviors.	4	3	2	1	N/A
Opportunities were available to collaborate with different types of health care providers.	4	3	2	1	N/A
Staff members were open to questions and assisted me with problems as needed.	4	3	2	1	N/A
Patient care supplies were available as needed.	4	3	2	1	N/A
Equipment was in good working order.	4	3	2	1	N/A
How would you rate the care here if you were a patient?	4	3	2	1	N/A

If you marked a 2 or less, what could be done to improve this clinical experience?

Appendix D



SafetyFirst: 5Ps for Patient Handoffs

Did you know that patient handoffs are one of the most high-risk situations in health care?

Making patient handoffs safe and seamless is easier when we learn and adopt the 5Ps for patient handoffs: Patient or project, Plan, Purpose, Problems and Precautions. Here's how it works:

- **Patient or project**
 - What will you be handing off? *Mr. Campbell, who just had knee replacement surgery, is being moved from surgery to the medical-surgical floor.*
- **Plan**
 - What needs to happen next?
- **Purpose of the plan**
 - What is the desired end state? How will you help make sure that the patient handoff is complete and critical information about the patient communicated?
- **Problems**
 - What do you know about the patient that is different, unusual or complicated about this patient? For example: *Mr. Campbell is a diabetic and has been struggling lately to keep his blood sugar levels under control.*
- **Precautions**
 - What could be expected to be different, unusual or complicated about this patient?

Safe patient handoffs use direct communication between current and future care providers and occur as close as possible – timely – to the transfer of care. Minimizing outside interruptions and using other safety behaviors such as repeat-backs and read-backs and asking clarifying questions also lead to safer patient handoffs.