



KentuckyOne Health™



Student Orientation Handbook

This handbook will provide you with a helpful overview of important information at KentuckyOne Health and key safety policies

Revised October 2012

Other Information:

- **Eating and Drinking** is not permitted in the nurses station or patient care areas. All food and beverages should be consumed in the cafeteria, snack bar, or other appropriate area.
- **Medical Library:** Go to intranet, click on departments, and then click on medical library. Located on the ground floor at the Harrodsburg Road campus. Open from 8:00 a.m. – 4:30 p.m. M-F. Faculty and students are welcome to utilize our resources within the library (books and journals must remain in the library). Students may use the computers in the library for internet searches. There are small TV/VCR combos that can be used for watching instructional videos.
- **Safety and Security:** Please contact the Security department with any safety or security concerns. You can access a security officer immediately by dialing 1852 at the west campus and 0 at the east campus. If you are here during the evening or night hours and wish to be escorted to your car, please contact them.
- **Parking:**
 - **West Campus:** Students must park in the parking structure connected to the Saint Joseph Office Park at Building D. A map and parking tag are attached at the end of this booklet. The parking tag must be hung from the rearview mirror. Security monitors the parking areas and will have unauthorized vehicles towed.
 - **East Campus:** Students are to park in the employee parking lot **located directly behind** the hospital off of Blazer Drive. The parking lot in front of SJE is for patients/visitors only. Security monitors this lot and will tow unauthorized cars.
- **Educational Services:** If the unit staff is unable to assist you with your educational needs, proper use of equipment, or other questions, please call us to assist you. We can be reached at 859/313-2187.

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 your clinical begins after the unit report.
- Students will give the clinician report on their patient(s) prior to leaving the unit.
- The clinician will serve as a resource to facilitate communication with other departments and services.

Health Requirements:

All students are required to meet health requirements as outlined for KOH employees.

1. Negative ppd with in the last six months prior to the start of the clinical. If student is a past-reactor, a written statement for a physician that the student does not have active TB is required.
2. If born in 1957 or later: two MMR vaccinations since the age of one, or documentation by the student's physician that he/she has had the mumps, measles, and rubella or negative titers for mumps, measles, and rubella.
3. Hepatitis B vaccine is recommended.
4. All faculty and students must demonstrate immunity to chicken pox either by history of the disease, demonstrated antibody titer, or varicella vaccine (two injections, one month apart).
5. Annual Influenza vaccine: For all team members not receiving the Influenza vaccine a surgical mask will be **MANDATORY**, in patient care settings, and staff will be advised by leadership when the requirement for mask will be initiated.

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.

Patient Responsibilities

- Provide accurate and complete information about present and past illnesses, hospitalizations, medications and other related matters. The patient is responsible for reporting whether he/she clearly comprehends a contemplated course of action and what is expected from him/her.
- Following the treatment plan recommended by the physician and others responsible for his/her care. To cooperate with all healthcare team members and to ask questions about any direction or information given which many need clarification.
- Accepting the medical consequences if he/she refuses treatment or does not follow the physician's instructions.
- Being prompt in paying the hospital bill, inquiring about the bill, and in providing necessary information for insurance processing.
- Being considerate of others, following all hospital rules and regulations and encouraging visitors to be considerate as well.

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	Address	Medical History	Diagnosis
Medications	Age	SS #	Observations
Medical Record #	Phone #	E-mail Address	

The fact that the patient is in the hospital and more...

Protecting Patient Privacy:

- Do not look at or access information about a patient unless it's necessary to do your job.
- Do not discuss what you overhear about a patient or share information gained in the course of work with people such as family and friends.
- Do not discuss patients outside of the unit in public areas such as elevators, hallways, or cafeterias where individuals outside the healthcare team may hear you.
- Use treatment and consultation rooms when talking with or about patients and family.
- Do not use your work access privileges to view/obtain information about friends, family members, neighbors, church members, etc.
- **Do not use your work access privileges to view or print your own health information.**
- 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 your department. Documents placed in these containers are picked up weekly and shredded on-site to protect patient privacy.
- 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.
- Expose only parts of the body necessary for treatment.
- Leave the patient's room while visitors are with the patient.
- Ask visitors to step out of the room if exposing the patient during a procedure.

- Use mobile screens, drapes, shades, closed doors, or other appropriate measures and provide someone of the same gender to be present at the patient's request to maintain privacy during treatment.
- Remember that inappropriate access or sharing of patient information will result in disciplinary action up to and including termination the clinical assignment
- Don't leave patient records lying around.

Confidentiality Agreement

By signing you agree to:

- *Dispose of health information properly.*
- *Follow the organization's policies and procedures.*
- *Use computers and information systems only for performing job duties.*
- *Use confidential information only to perform job duties.*
- *Share confidential information only with those who need the information to do their jobs.*
- *Handle health records carefully to protect individual privacy.*

Penalties for Breaking the HIPAA Privacy Rule:

- *Criminal penalties under HIPAA: Maximum of 10 years in jail and a \$250,000 fine for serious offenses.*
- *Civil penalties under HIPAA: Maximum fine of \$25,000 per violation.*
- *Organization actions: Employee disciplinary actions including suspension or termination for serious violations of organization's policies and procedures.*

Safety and Infection Control Information

Standard and Other Precautions

Students must follow standard precautions when caring for patients. If the patient is on other infection control precautions, such as transmission precautions, a sign will be posted on the patient's door. This information is also reviewed in depth in the student handbook. Follow infection control precautions, as posted on door of the patient's room. See the nurse to obtain personal protective equipment if you must enter the patient's room or have other contact with the patient. If a patient needs to be placed in transmission precautions, there is a Transmission Precautions Manual on every unit with resource information as well as the signs to be placed on the door.

Needlestick Prevention

To avoid a Needlestick, think SAFETY!

- Place needles and other sharps in a sharps container immediately.
- Do NOT recap needles.
- Do NOT place needles in trash or linen.
- Do NOT leave needles in bed or on bedside tables.
- Do NOT overfill sharps container.
- Utilize ALL needleless components.

Occupational Exposure

An occupational exposure is defined as direct contact with potentially infectious material such as a patient's blood and/or body fluids or instruments that have come in contact with a patient's blood or body fluids. This may occur from a needle-stick or cut with a contaminated instrument, a splash, or contact with a break in the skin barrier.

In the event of an occupational exposure:

EXPOSURE CONTROL PLAN:

- Exposure to blood (needle stick, splash, or spray) should be reported immediately to Employee Health. A variance report should be completed.
- Report to the laboratory for post exposure testing.
- KOH is not responsible for any health care expenses incurred by occupational exposures of students or its faculty.

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.

For your information and convenience, a list of pertinent codes is outlined below:

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. Please see the Unit Manager for the Mother/Baby Unit regarding specifics of this system. **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.

Life Safety Information

KentuckyOne Health has a life safety program to protect patients, visitors, and staff from the dangers of fire. As a part of your unit orientation, you will need to familiarize yourself about location of fire alarms and extinguishers and evacuation routes specific to the area to which you are assigned.

Fire Notification

If fire, smoke, or excessive heat is detected within the Hospital, the fire notification system is activated. You will hear over the paging system: **Code Red** and the location of the fire. When an alarm is activated, smoke and fire doors throughout the building close. In addition, staff and students are to close doors to patients' rooms, clear corridors, and implement other response procedures.

Role in Fire Response

In all cases, your primary role is to ensure the safety of yourself and others in the area. If you discover a fire in the area:

Remember R-A-C-E:

- **Rescue** people who are in immediate danger by moving them away from area.
- **Alarm.** Pull the alarm and call hospital emergency number. Tell the operator **Code Red** and location.
- **Contain** the fire. Close all doors. Reassure patients who stay in their rooms.
- **Extinguish/Evacuate.** Fight the fire only if it is small and contained, like a wastebasket fire. Use the proper fire extinguisher to put out the fire. Be sure that you have a clear exit path for escape. Evacuate as instructed.

To use a fire extinguisher, think P-A-S-S:

- ❖ **Pull** the pin. Twist the pin to break the plastic tie.
- ❖ **Aim** at the base of the fire.
- ❖ **Squeeze** the trigger.
- ❖ **Sweep** from side to side continuing to aim at the base of fire.

Hazardous Materials

Depending on the assignment at the Hospital, faculty and students may use or work around hazardous materials, such as cleaning supplies and chemicals. These materials may adversely affect one's health if they are not handled safely and properly. In the hospital, hazardous materials are labeled to alert staff to the potential dangers. In addition, Material Safety Data Sheets (MSDS), which provide more detailed information and emergency response and spill procedures, are found on the following website:

<http://hq.msdsonline.com/SJHSKYs/Search/Default.aspx>

Your Clinical Instructor is responsible for knowing and sharing information about the hazardous materials which are common to a specific unit.

Medical Waste

Dispose of any waste that is wet with body fluids or blood in a red bag. Do not put other types of waste in the red bags. Large volume liquid wastes such as chest tubes and suction canisters are to be placed in the red barrels. Sharps are disposed of in the sharps disposal containers.

Chemotherapy Waste

Although students will not be giving chemotherapy, please be aware of the precautions associated with the disposal process. All IV bags and tubing must be placed in zip-locked yellow chemo bags and placed in a specific chemotherapy trash canister. The canister must be double lined with red bags. Needles and other sharps can be disposed of in the regular sharps container if they are empty. Syringes with remaining chemotherapy must be disposed of in a separate plastic container labeled “chemotherapy only”. Please become familiar with policies related to a chemotherapy spill or chemotherapy exposure.

External Disaster Plan (Code Yellow)

If a “**Code Yellow Standby**” is paged, report directly to your Clinical Instructor. Notify the Charge Nurse of how many students are available to help. All students should stay on the unit to which faculty is assigned unless reassigned elsewhere. Precepted students’ availability should be reported to the Charge Nurse by the preceptor.

Tornado

If a **weather warning** is announced:

- Move ambulatory patients away from windows to an inside corridor.
- Extension tubing is available to continue oxygen therapy.
- If a patient cannot be moved, turn him away from the window and cover patient with blankets.
- Close all room and fire doors.

Bomb Threat (Code Black)

- Remain calm, note time, record and prolong conversation-stay on the line.
- Note background noises and any characteristics of the caller.
- Ask caller to describe where the bomb is, what kind of bomb, when it is to explode.
- Call hospital emergency number after the caller hangs up.

Electrical Safety

The hospital is an environment that has multiple electrical hazards as a result of the amount of electrical equipment necessary for patient care as well as being a setting for care of the electrically sensitive patient. This results in a potential for accidental injury ranging from severe burns to electrocution. The most immediate life-threatening consequences of severe electrical shock are ventricular fibrillation and respiratory arrest.

All electrical equipment used in KentuckyOne Health must be inspected by Clinical Engineering before it is used. This includes patient, employee, and hospital owned equipment.

Equipment that is safe to use in patient care areas is tagged with an inspection sticker and must be within the annual inspection date of the label.

Patient-owned electrical equipment is prohibited in patient care areas except when its use is essential to patient care. **Exception:** up-to-date razors and hair care equipment may be used.

Responsibilities of caregivers when using electrical equipment:

- Make sure the equipment is labeled with an inspection sticker and is within the inspection date.
- Check the equipment for signs of damage or malfunction. If either is present, unplug the equipment and give to staff for appropriate reporting.
- Remember that electricity and water do not mix!
- Do NOT touch electrical equipment, plumbing, or metal fixtures when touching another appliance.
- If several pieces of equipment are attached to a patient, they should all be plugged into the same group of outlets.
- All equipment in patient care areas must have a 3-prong plug and a 3-wire grounding cord. Patients may use radios, etc. using a battery but may not plug such equipment into outlets.

Equipment Failure

- Inspect medical equipment each time you use it.
- If you have a problem:
 1. Take it out of service.
 2. Complete an equipment failure tag. *Do not change any settings.*
 3. Call Clinical Engineering and describe the problem.
 4. Complete a variance form including the KOH property number (silver ID tag)

It is a federal law that healthcare facilities must report any incident in which there is reason to believe that a medical device caused or contributed to the death, serious illness, or serious injury of a patient.

Reportable Occurrence

An incident report (IRIS) must be filled out for any happening, which is not consistent with the routine operation of the hospital or the routine care of a particular patient. It may be an accident or a situation which MIGHT result in bodily injury or property damage. Consult the

Charge Nurse and Unit Manager for assistance in completing this online form on the intranet.

Power Outage

Emergency electrical outlets are red. These are backed up by a generator. All critical patient care equipment must be plugged into red outlets.

Assistance Please

If a patient or visitor becomes combative, you should immediately page for help.

1. Dial hospital emergency number: call **Code Grey**.
2. Follow instructions from team.
3. If the patient or visitor has a weapon, call a **Code Silver**.

Smoking Restrictions

All KOH facilities are tobacco-free. Tobacco products are not allowed on hospital property.

Hospital Policies and Procedures

These are located on the Intranet, the KOH internal communication and resource site. It can only be accessed from a computer inside the hospital. The medical library is available with computers and printers. Available resources on the Intranet include: P&P Seeker located on the left hand side of the home intranet page, Administrative, Patient Care Services and many unit specialty unit policies are accessible. Standing Orders/Consents, Education-Patient Care Information, Variance Reports, Clinical Care Site, Mosby eClinical Reference Solutions, Unit Specific Scope of Services... and much more can be accessed from the home page.

Click on the Internet Explorer icon on the hospital computer desktops. This will take you to our hospital Intranet not the Internet. From this home page, click on the appropriate link.

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.

Thank you!

We hope your clinical experience provides you with many educational experiences that will enhance your professional education. We appreciate the opportunity to partner with your nursing school to provide the clinical sites for your continued learning.

Medication Errors and Dangerous Abbreviations

A major cause of medication errors is the use of dangerous abbreviations and dose expressions. Underlying factors contributing to many of these errors are illegible or confusing handwriting by clinicians. The KOH Patient Safety Committee has determined that several abbreviations and dose expressions are unacceptable. This action is in concordance with recommendations of the Joint Commission on the Accreditation of Health Care Organizations (JCAHO) ¹ and the Institute of Safe Medication Practices (ISMP)².

BANNED	REASON	KOH STANDARDS
Do not use “U” as an abbreviation for “units”	“U” can be confused with “o” or “4”	Write out the word “units”
Do not use “ug” to indicate microgram	Misinterpreted as “mg”	Write “mcg” for microgram.
Do not use trailing zeros	Potential for ten-fold dosing errors	Write numerals as 2 mg, not 2.0 mg.
Do not use “naked” decimals	Potential for ten-fold dosing errors	Write numerals as 0.1 mcg, not .1 mcg
Do not use “IU” (for international unit)	Mistaken as IV (intravenous or 10 (ten)	Write “international unit”
Do not use “Q.D.” or “Q.O.D.” (Latin for once daily and every other day, respectively)	The period after Q can be mistaken for an “i” as in q.i.d., and the O can be mistaken for “i”	Write “daily” and “every other day”
Do not use “T.I.W.” (for three times a week)	Mistaken for three times a day or twice weekly	Write “three times weekly” “3 times weekly”
Do not use “c.c” or “c” (for cubic centimeter)	Mistaken for U (units) when poorly written	Write “ml” for milliliters
Do not use “L” for left and “R” for right	Mistaken for each other	Spell out the words “left” and “right” on specimens, orders, consents, and schedules.

¹ JCAHO Sentinel Event Alert, Issue 23, September 2001, available at www.jcaho.org

² ISMP Medication Safety Alert, available at www.ismp.org

Expectations and Techniques

Expectation: Clear & Complete Communications

I am responsible for professional, accurate, clear and timely verbal, written, and electronic communication.

Techniques:



Include the “5Ps” as part of standardized structured hand-off process when transferring & sharing patient care or other work responsibilities (Patient/Project, Plan, Purpose, Problems, Precautions)



Use SBAR to communicate issues or concerns requiring action (Situation, Background, Assessment, Recommendation)



Use Repeat-Backs and Read-Backs with 1 or 2 Clarifying Questions



Document legibly and accurately

Expectation: Personal, Patient & Team Safety

I will demonstrate an open, personal and team (200%) commitment to safety.



Technique: Practice Team Member Checking and Team Member Coaching using ARCC (Ask a question, Request a change, voice a Concern, invoke Chain of Command)

Expectation: Have A Questioning Attitude

I will “think it through,” and ensure that my actions are the best.



Technique: Stop and resolve when questions arise (Validate & Verify)

Expectation: Pay Attention To Detail

I focus on the details at hand to avoid unintended errors.



Technique: Practice Self-Checking with STAR (Stop, Think, Act, Review)

Saint Joseph Health System

SJH SJE SJB SJMS SJJ

CORE MEASURE CHECKLIST

ACUTE MYOCARDIAL INFARCTION (AMI)

- A. Patient a confirmed/potential AMI?
- B. AMI order set placed on chart?
- C. EKG within 10 min of arrival or symptom onset? **Date/Time:** _____
- D. **(AMI-1)** ASA on arrival or within 24 hrs of arrival? **Date/Time:** _____
- E. **(AMI-2)** ASA at D/C?
- F. **(AMI-3)** ACEI/ARB for **EF < 40%**?
- G. **(AMI-3)** ACEI/ARB at D/C for **EF < 40%**?
- H. **(AMI-5)** BB at D/C?
- I. **(AMI-8a)** PCI within 90 min **or (AMI-7a)** lytics for STEMI within 30 min of arrival?
- J. **(AMI-10)** Statin at D/C?
- K. ASA and BB currently prescribed?

HEART FAILURE (HF)

- A. HF order set placed on chart?
- B. **(HF-1)** HF education/booklet given?
- C. **(HF-2)** Last documented EF: _____ % (Date: _____)(Info available in heart station)
- D. **(HF-3)** ACEI/ARB for **EF < 40%**?
- E. **(HF-3)** ACEI/ARB at D/C for **EF < 40%**?

COMMUNITY - ACQUIRED PNEUMONIA (CAP)

- A. **(CAP-3a)** BCs drawn prior to antibiotics?
- B. **(CAP-6a, 6b)** Antibiotics according to **CAP orders:** ICU vs Non-ICU admission?

SURGICAL PATIENTS (SCIP/STS)

- A. Pre-op checklist completed?
- B. **(SCIP Inf-1)** Antibiotic within 1 hr before incision? (see ref on back)
- C. **(SCIP Inf-3)** Antibiotic stopped within 24 hrs of surgery end time? (see ref on back)
- D. **(SCIP Inf-4)** Cardiac surgery patients: controlled 0600 glucose on PODs 1 and 2?
- E. **(SCIP Inf-9)** FC DCd POD 1 or 2 (day of surgery is POD 0)? **D/C Date/Time:** _____ If FC continued after POD 2, physician reason obtained and documented on POD 1 or 2?
- F. **(SCIP Card-2)** Pt on BB before arrival: 1. Received BB during perioperative period?
2. Received BB POD 1 and/or POD 2?
- G. **(SCIP VTE-2)** VTE therapy started within 24 hrs before to 24 hrs after anesthesia end time?

CARDIAC SURGERY

A. BB within 24 hrs before incision? If not indicated, reason documented by MD, NP, PA?							
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HF D/C MED REC MUST BE VALIDATED BY TWO NURSES OR

SIGNATURES

CHECKLIST INITIATED

BY: _____ DATE: _____

NURSE NAME (PRINTED)

INITIALS



MR-850

CORE MEASURE CHECKLIST

Drugs listed by Generic Name (Brand/Trade Name) – NOTE: THIS LIST IS NOT ALL-INCLUSIVE

BETA BLOCKERS	ANGIOTENSIN CONVERTING ENZYME INHIBITORS (ACE-I)	ANGIOTENSIN RECEPTOR BLOCKERS (ARB)
Acebutolol (Sectral)	Benzepiril (Lotensin)	Azilsartan (Edarbi)
Atenolol (Apo-atenolol, Tenormin)	Captopril (Capoten)	Candesartan (Atacand)
Betaxolol (Kertone)	Enalapril (Vasotec)	Eprosartan (Teveten)
Bisoprolol (Zebeta)	Fosinopril (Monopril)	Irbesartan (Avapro)
Carteolol (Cartrol)	Lisinopril (Prinivil, Zestril)	Losartan (Cozaar)
Carvedilol (Coreg)	Moexipril (Univasc)	Olmesartan (Benicar)
Esmolol (Brevibloc)	Perindopril (Aceon)	Telmisartan (Micardis)
Labetalol (Normodyne)	Quinapril (Accupril)	Valsartan (Diovan)
Metroprolol (Toprol)	Ramipril (Altace)	
Nadolol (Corgard)	Trandolapril (Mavik)	
Nebivolol (Bystolic)		
Oxprenolol (Trasicor)		
Penbutolol (Levatol)		
Pindolol (Novo-pindol)		
Propranolol (Inderal)		
Sotalol (Betapace)		
Timolol (Apo-timol)		

ANTIBIOTIC REFERENCES: For antibiotic selection, please see the following order sets as appropriate.

1. Community-Acquired Pneumonia (CAP) orders (http://intranet.sjhlex.org/MD_Orders/core_measures_orders.asp)
2. Surgical Antibiotic Prophylaxis NON-CABG-VALVE Pre-OP orders (http://intranet.sjhlex.org/MD_Orders/SURGERY_orders.asp)
3. Surgical Antibiotic Prophylaxis NON-CABG-VALVE Post-OP orders (http://intranet.sjhlex.org/MD_Orders/SURGERY_orders.asp)
4. CABG-VALVE Antibiotic Prophylaxis Pre-OP orders (http://intranet.sjhlex.org/MD_Orders/SURGERY_orders.asp)
5. CABG-VALVE Antibiotic Prophylaxis Post-OP orders (http://intranet.sjhlex.org/MD_Orders/SURGERY_orders.asp)

STATINS
Atorvastatin (Lipitor)
Simvastatin (Zocor)
Rosuvastatin (Crestor)
Lovastatin (Mevacor)
Fluvastatin (Lescol)
Pravastatin (Pravachol)
Pitavastatin (Livalo)

PATIENT IDENTIFICATION

Physician Core Measure Reference

CORE MEASURE	INDICATOR	RATIONALE
Acute Myocardial Infarction (AMI)	AMI 1 - Aspirin on arrival	Prevents subsequent AMI in 3.5-4% of patients.
	AMI 2 - ASA at D/C	Prevents 25% of subsequent vascular events (AMI, stroke).
	AMI 3 - ACEI/ARB for LVSD	Prevents 20-22% subsequent AMI and stroke.
	AMI 5 - Beta Blocker at D/C	15% relative reduction in short-term mortality following AMI.
	AMI 7a - Fibrinolytic within 30 min	18% reduction in early mortality with fibrinolytic therapy.
	AMI 8a - PCI within 90 min	The relative risk for mortality increases 1.08 for each 30 min delay.
	AMI 10 - Statin at discharge	Reduces risk of death and recurrent cardiovascular events.
Pneumonia (PN)	PN 3b - BC Prior to ABX in ED	BCs optimize therapy; optimized therapy improves survival rates.
	PN 5c - Antibiotics within 6 hours	Early antibiotics improve in-hospital and 30-day mortality.
	PN 6 - Appropriate ABX Administered	Improves infection-related mortality rates by 34%.
Heart Failure (HF)	HF 1 - D/C Instructions: 1) activity level; 2) diet; 3) discharge medications; 4) follow-up appointment; 5) weight monitoring; 6) what to do if symptoms worsen	Reduction in re-hospitalization or death in patients exposed to an education intervention by 35%.
	HF 2 - Evaluation of LVEF	LV performance drives treatment choices in patients with HF.
	HF 3 - ACEI or ARB for LVSD	40% reduction in 6-month mortality in patients with severe CHF.
Surgical Care Improvement Project (SCIP)	SCIP-Card 2 - Patients on BB therapy prior to arrival who received a BB.	Patients with a history of AMI have a 20-30% reduction in coronary events all-cause mortality.
	SCIP-Inf 1 - Prophylactic ABX within 1 hr of surgical incision	Poor timing of preop antibiotics increases risk (2.4-6.7x) of postop infection.
	SCIP-Inf 2 - Appropriate ABX	Appropriate antibiotic reduces incidence of postop wound infection
	SCIP-Inf 3 - ABX discontinued within 24 hours after surgery end time	Prophylactic antibiotics should be discontinued 24 hrs after surgery and 48 hrs after cardiac surgery; documentation of infection is required if resumed after this time.
	SCIP-Inf 4 - Cardiac patient with controlled 6am postop serum glucose	Intensive insulin therapy reduces mortality (34%), bacteremia (46%), and renal failure (41%).
	SCIP-Inf 6 - Surgery patients with appropriate hair removal	Hair removal with a razor prior to surgery increases risk of wound infection compared to clippers.
	SCIP-Inf 9 - Removal of urinary cath	Patients twice as likely to develop UTI with catheter dwell > 48hrs.
	SCIP-Inf 10 - Periop normothermia	1.50C core temp decrease triples risk of morbid myocardial events.
	VTE 1 - Recommended VTE prophylaxis ordered	Risk of DVT/PE varies: Critical Care/SCI (60-80%), Hip/Knee Replacement (40-60%), G-Surg (15-40%)
	VTE 2 - Received appropriate VTE prophylaxis	Significant reduction in DVT when appropriate DVT proph is utilized.
Immunizations (IMM)	IMM-1 - Pneumococcal Vaccination Status	A single dose of Pneumococcal vaccine protects against 23 types of pneumonia
	IMM-2 - Influenza Vaccination Status	Combined with pneumonia, influenza is the nation's 8th leading cause of death. Up to 2/3 of all deaths attributable to pneumonia and influenza occur in patients hospitalized during flu season.

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)							
Score	3	2	1	0	1	2	3
Central Nervous System (CNS)- Level of Consciousness		Confused or agitated		Alert	Drowsy/ Respond to voice or newly confused	Respond to pain	Unresponsive
Respiratory Rate (breaths/min)		< 8		9 - 14	15 - 20	21 - 29	≥ 30
Heart Rate (Beats/min)		≤ 40	41 - 50	51 - 100	101 - 110	111 - 129	≥ 130
Systolic Blood Pressure (mmHg)	< 70	71 - 80	81 - 100	101 - 199		≥ 200	
Temperature (F)		≤ 95.0 ⁰		95.1 ⁰ - 101.2 ⁰		≥ 101.3 ⁰	

MEWS Action Algorithm	
MEWS	Inpatients Action (EXCLUDES DNR, Comfort Care /Hospice Patients) *Note: Nurses may notify RRT for any score at their discretion.
0 – 2	Continue routine/ordered monitoring
3	Increase VS frequency to every 4 hours X 3; Calculate the MEWS each time. Inform charge nurse.
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.
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?
≥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.

SAINT JOSEPH HOSPITAL RAPID RESPONSE TEAM (RRT)

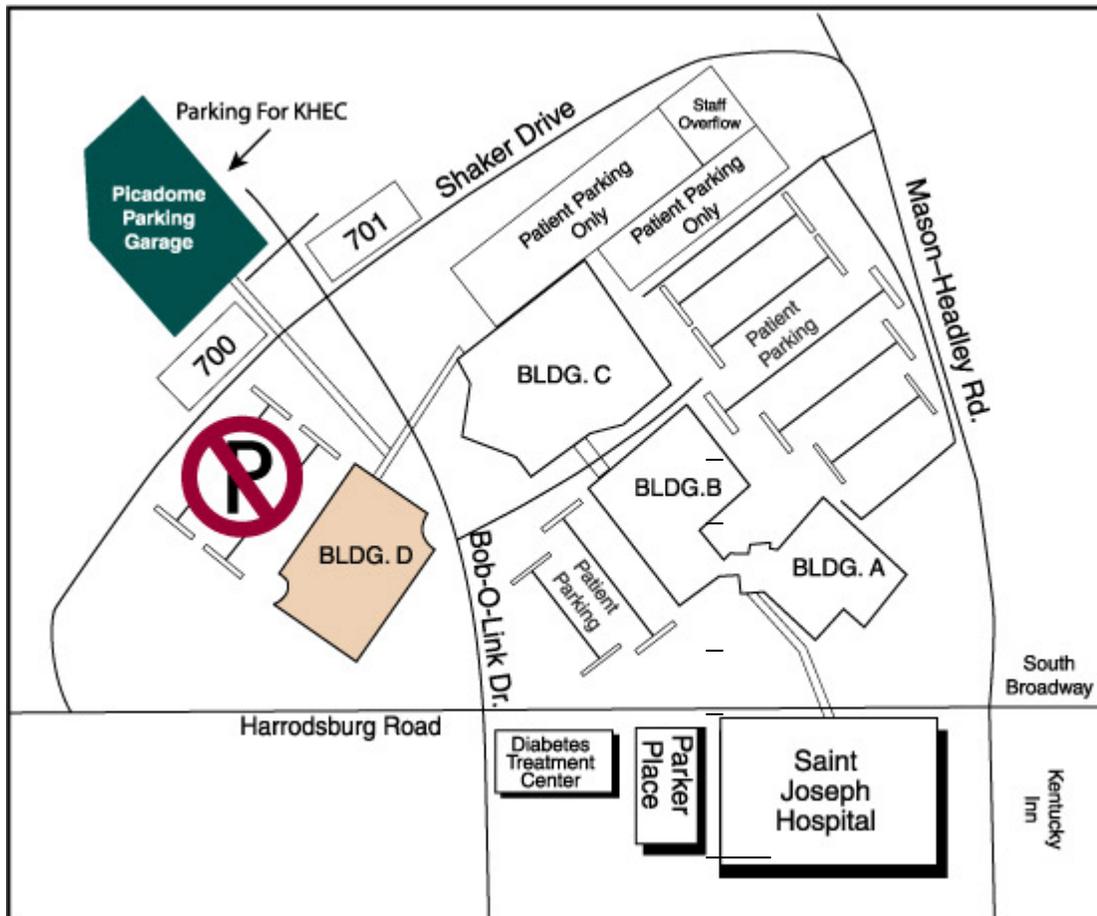
<u>SJH Rapid Response Team</u>	<u>Activation Criteria</u>	<u>Methods to Activate</u>	<u>Methods to Document</u>	<u>Communication</u>
<p>Rapid Response Team Members:</p> <p>Critical Care Nurse Respiratory Therapist</p> <p style="text-align: center;">--- OR ---</p> <p>Nurse Practitioner Respiratory Therapist</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>Staff member uncomfortable with patient situation;</p> <p>Respiratory distress: RR <8 - >30 O2 Sat < 90 despite increasing O2 requirements</p> <p>Acute change in: HR < 45 - >130 SBP < 90 - >190 DBP >110</p> <p style="text-align: center;">--- OR ---</p> <ul style="list-style-type: none"> • VS change 20% from baseline • Acute change in LOC: Glasgow Coma Scale decrease of 2 or more from previous assessment (consider recent narcotic/sedative administration hypo/hyperglycemia) • Significant bleeding • Seizures (new, repeated, or prolonged) • Failure to respond to treatment • Agitation or delirium • Uncontrolled pain • Acute ↓cap refill >2 sec with visual evidence of decreased tissue perfusion 	<p>Call 1111 to tell 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: <i>Provides clear, concise, pertinent information</i></p> <p>Situation:</p> <p>Reason for initiation 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, ABG results, EKG, recent pertinent physical exam</p> <p>Recommendations/Interventions:</p> <p>Recommendations - suggest to MD and document from MD</p> <p>Response - Patient status in response to interventions</p>

Student/Faculty Parking

SJH Main Campus:

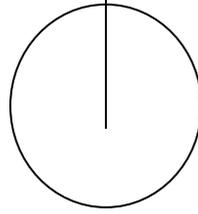
Parking for students and faculty is located in the **PARKING GARAGE** behind the 700 Bob-O-Link building (Lexington Clinic Sports Medicine). The roof level of the garage connects to Building D of the KOH Office Park via a pedway. Continue to take this pedway around to Building A where it connects to the first floor of the hospital near the chapel.

Outside street level parking adjacent to Building D is reserved for patients only!



SJE Campus:

Please park in the employee parking lot located off of Blazer Drive directly **behind the hospital.** Hello



KentuckyOne Health™
Student/Faculty
Parking

School/Program:

Name: _____

Unit: _____

From _____

To _____

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



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: _____



Student Clinical Group Acknowledgment of Orientation

I have read the orientation student guide and received additional information and instruction, as it pertains to my assignment, about Hospital policy, procedure, and practice.

I have reviewed the “Our Values and Ethics at Work” electronic booklet (located on the KOH student/faculty web page) and have read and agree to abide by the Confidentiality Agreement.

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: _____ Date: _____

Educational Institution: _____

Program: _____

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 Preceptor:

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

Date of unit orientation: _____ Faculty Signature: _____

Date of unit orientation: _____ Preceptor Signature: _____

This form must be returned with the appropriate signatures to:

Educational Services

1451 Harrodsburg Road
Saint Joseph Office Park
Building D, Suite 402
Lexington, KY 40504
Fax: 859-313-3104
Email rosepatrick@sjhlex.org



Preceptor Student Acknowledgment of Orientation

I have read the orientation student guide and received additional information and instruction, as it pertains to my assignment, about Hospital policy, procedure, and practice.

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