

KING'S DAUGHTERS MEDICAL CENTER

Taking Medicine Further

WELCOME TO THE KDMC STUDENT EXPERIENCE

KDMC Mission: To Care. To Serve. To Heal.

KDMC Vision: World Class Care in Our Communities

KDMC Goals

(LD.02.01.01 EP 3)

Our Mission: To Care. To Serve. To Heal.

- **To Care:** We deliver efficient, high quality care to our patients, and we care about each other as well as the people we serve.
- **To Serve:** We are among the best in the nation in delivering high-quality customer service. We are on the journey from “good to great.” Our intent is understood that to lead, you must first serve.
- **To Heal:** Through the knowledge and skills of all the special people who care for our patients, healing occurs every day at KDMC. Our daily activities promote mental, physical and spiritual healing throughout our communities.

Our Vision: World Class-Care in Our Communities.

- This transformational vision statement explains KDMC’s intent to continuously improve in everything we do to be the best possible choice for our customers. Through the collective expertise, innovation and commitment of highly qualified people working together as a team, our organization will ascend to national prominence within the healthcare industry.

Our Five Key Priorities

- **Customer** - We are a customer-driven organization; we care for our patients like our family.
- **Quality** - We take personal responsibility to provide high quality care & service and strive to continuously improve.
- **Community** - We strive to continuously earn the loyalty of the communities we serve.
- **Finance** - We use our resources responsibly and offer the best-valued healthcare.
- **Culture** - We demonstrate respect for individual contributions of all team members.

CARING Standards for Nurses

Caring

INFORMATION

- Provide information/updates regarding all tests and procedures during walking rounds
- Explain specific steps of procedure prior to “hands on” treatment

RESPONSIVENESS

- Anticipate needs
- Responds to requests and concerns within 5 minutes
- Observe advance directives provided by the patient

EDUCATION

- Provide and document education on new diagnosis and Medication

Accountability

CRITICAL THINKING SKILLS

- Optimize time management
- Prioritize important and urgent customer needs
- Recognize abnormal findings and initiate contact within 15 minutes for critical labs, with the physician to obtain orders for intervention

SAFE PRACTICE

- Assess, document and take action to ensure patent IV, site and dressing per policy
- Ask when in doubt
- Adhere to policy and procedure
- Observe the Universal Protocol and National Patient Safety Goals
- Consistently practice hand hygiene
- Reconcile medications

HIGH STANDARDS

- Demonstrate high ethical standards
- Hold team members accountable to SPIRIT and CARING Standards
- Advocate for customers’ special needs
- Provide the kind of care you would want your family to receive

RESPONSIBILITY

- Document, timely and accurately, a concise clinical picture of patient’s status and interventions
- Re-evaluate care plan with each status change, every 24 hours and based anticipated discharge needs
- Document and secure patient belongings with each admission and transfer
- Report any unusual event via SAFE form

Respect

SENSITIVITY

- Maintain HIPAA compliance
- Protect privacy of information
- Identify customer’s cultural, ethic and spiritual needs and integrate into plan of care

COMPASSION

- Demonstrate compassion toward customers, family members and teammates
- Demonstrate sensitivity to family and customer end of life needs

DIGNITY

- Demonstrate respect for all customers
- Engage the customer in developing individualized goals
- Keep patient covered to protect physical privacy

Impression

ENVIRONMENT

- Maintain clean workspace, free of clutter and eat and drink in designated areas.
- Assess patients’ rooms for cleanliness, clutter and proper equipment function with hourly rounds
- Create a quiet and calm environment
- Assess and identify risks for falls for each customer

Nurture

BASIC CARE NEEDS

- Offer and provide customers with daily baths, shave, brushing and washing of hair, clean teeth, oral care, and skin care
- Change linens daily and as needed
- Offer toileting hourly and as needed
- Be proactive and responsive to patient’s incontinence needs
- Provide fresh water in pitcher every shift

COMFORT

- Be proactive in effectively managing pain with follow-up to assess effectiveness of intervention
- Assess position and pain with rounding, intervene as needed
- Provide comfortable room temperature per customer request

Gratitude

BUILDING RELATIONSHIPS

- Recognize team member/co-worker for job well done with customer care
- Speak positively about physicians, other team members and other departments
- Remember that patients have a choice in healthcare providers
- Be worthy of the trust customers hold for you

Safety, Security, & Emergency Preparedness

(HR.0.1.04.01 EP 2 and EC.03.01.01 EP 1-3and EM.02.02.07 EP 7)

KDMC extensions: 84487 or 80451

As a KDMC team member, you are a front-line advocate for patient safety. Here are a few ways that you can help keep our customers safe, along with you and other fellow team members!

Fire Safety:

Possible Fire – Your role is to **RACE**:

Rescue

Alarm

Contain

Extinguish

Evacuate horizontally, than vertically in case of a possible fire.

Fire Extinguisher – Your role is to **PASS**:

Pull pin

Aim at base of fire

Squeeze trigger

Sweep at base of fire

ABC Fire Extinguisher: **Can be used on any type of fire**

Code Situations:

1. **Code Blue** – Cardiac Distress
 - a. Your Role: Observe
2. **Code Red** – Possible Fire
 - a. Your Role: Follow nurse's directives
3. **Code Pink** – Possible child abduction
 - a. Your role: Observe all hallways, exits and stairwells for anyone carrying an infant or anything that could conceal an infant, ex: jacket, bag, etc. If possible, follow the suspected abductor and memorize a description of the individual. **DO NOT** attempt to confront or stop the individual.
4. **Code Orange** – Any potentially dangerous situation or violent person
 - a. Your role: **STAY AWAY!** Team members should take any measures possible to avoid the situation or interaction with the dangerous area. (I.e. lock office door, keep hallways clear).
5. **Code 13** – Male Assistance
 - a. Your role: Assist if male
6. **Code 99** (and 99R) – Mass Casualty
 - a. Your role: Assist nurses as directed
7. **Code Lavender** – Emotional/Spiritual Support Needed by King's Daughters Team Members or patients/families who need extra support and care
 - a. Code Lavender Team – led by Pastoral Care Team will respond after directly contacted to provide spiritual or emotional support as needed

MSDS – Material Safety Data Sheet. A MSDS provides you with hazard information associated with the chemical as well as first aid information, spill cleanup information and more information specific to the chemical. A MSDS can be obtained by calling the 1-800 phone number (yellow sticker) that is present on phones throughout the Medical Center.

Hazardous materials – Your role if you spot a hazardous material on the floor:

- C**ontain the spill
- L**eave the area
- E**mergency first aid
- A**ccess MSDS
- N**otify Supervisor

In-house emergency response number = 22; dial for immediate response to an emergent situation.

Electrical Safety:

Before using electrical equipment, always:

- Visually inspect the equipment for broken or damaged parts.
- Check the equipment power cord for frayed or broken wires.
- Check the power plug and assure all three prongs are intact.
- Visually inspect any equipment accessories for physical damage (such as transducers, cables, electrodes, etc.)
- Visually inspect electrical outlets for cracks or breaks.
- Assure that the power plug fits firmly into the outlet.

If any of the above problems are found, follow these steps for the safety of all:

- Immediately remove defective equipment from service, label it “defective” (with a brief description of the problem), and contact Bio-medical engineering at ext. 81771.
- Immediately discontinue use of defective or broken outlet, label it “defective” and report it to Plant Operations for repair.

Normal Electrical Receptacles	Emergency Electrical receptacles
<ul style="list-style-type: none"> • Normal receptacles and cover plates are IVORY • Power is supplied by a commercial vendor (AEP) • During a commercial power outage, this outlet will have NO power 	<ul style="list-style-type: none"> • Emergency receptacles and cover plates are RED • Power is supplied by a commercial vendor (AEP) under normal conditions. • During a commercial power outage, these outlets will have be powered by emergency power generators

Risk Management

(EC.03.01.01 EP1-3 and HR.01.05.03 EP 7)

RL6 Reporting (former EASY)

- Online reporting tool for incidents involving a patient, team member, physician, visitor, or other person on premises (Patient falls, Medication errors, Equipment/device issues, Wrong surgery site, Non-patient falls, etc.)
- Critical part of the Risk Management Program
- Event that does not reflect the normal course of business within a particular department
- Event may be anything which did or could have (near miss) resulted in an injury, loss or damage to a person
- Injuries occurring to team members must be reported by the First Report of Injury (FRI) and sent to the Human Resources Department within 3 days.

4 Categories of SAFE Events & Corresponding Reports:

1. **Fall** (patient fall - in room, bathroom, from bed, from chair, from wheelchair, hallway, etc.)
2. **Medication** (wrong dose, time, medication, patient, omission, refusal of medication, pharmacy stocking issue, etc.)
3. **General** (visitor fall, consent-related, fire, electrical, patient elopement, chemical spill, water/sewage, etc.)
4. **Device** (equipment malfunction, device related error, etc.)

- Access EASY (Experience Automated System) on KDMC's intranet – request help
- The risk management team will review all EASY reports electronically
- It is important to not copy, place, or reference report in medical chart

Medication Event Hotline:

- Use to anonymously report medication events
- Call extension 81203
- Report information such as patient name, unit, date of event, what happened, medication involved, and patient outcome - if known

Sentinel Events – An unexpected occurrence involving death or serious injury, or risk thereof.

1. Unanticipated death or major permanent loss of function, not related to the natural course of the patient's illness or underlying condition (includes nosocomial infections that result in mortality or loss of function)
2. Suicide of a patient in a setting where the patient receives around-the-clock care (hospital) or within 72 hours of discharge
3. Unanticipated death of a full-term infant
4. Abduction of any patient receiving care, treatment, or services
5. Discharge of an infant to the wrong family
6. Patient rape
7. Hemolytic transfusion reaction
8. Surgery on the wrong patient or body part
9. Unintended retention of foreign object in an individual after surgery or other procedure
10. Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
11. Prolonged fluoroscopy with cumulative dose >1500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose

Types of Sentinel Events:

- Sentinel Event – the event actually happened
- Near Miss – the event almost happened, but did not actually occur

What happens:

- A root cause analysis is conducted and is used for internal process improvement

Reporting Sentinel Events:

- Cherene Fannin, Risk Management Team, 408-0180. Contact Switchboard (dial “0”) if after hours.
- Amanda Stanley, Coordinator Follow-Up Care, 408-0185 (Issues with RL6 Reporting)
- The Patient Safety Officer Council includes Director of Risk Management (408-0180), Director of Accreditation (408-0558), Director of Transitions of Care (408-0380) and Director of Accreditation (408-0558).
- Switchboard (dial “0”) can contact the Administrator on call.

Fall Prevention

(HR.01.04.01 EP 2 and HR.01.05.02 EP 8)

- **What are the types of falls?**
 - **Unassisted** – An event in which there is sudden, uncontrolled, unintentional, and non-purposeful downward movement from a standing, sitting, or lying position to the floor or into another object (chair, etc.).
 - **Assisted** – An event in which there is a controlled purposeful downward movement of a patient’s body from a standing, sitting, or lying position, in order to prevent or reduce injury from an impending fall. This includes patients who sit on the floor voluntarily, and patients who are assisted to the floor by staff.
- **General information about “falls”**
 - Many studies have indicated that the majority of falls occur from the door of the patient’s room to the bedside. Other common locations include the corridor, bathroom, and toilet. Falls may result in increased length of hospital stay, discomfort, injury, increased morbidity or even death for patients. Regulatory agencies, such as the Joint Commission, require reporting of patient falls and programs for the prevention and management of patient falls.
- **Universal Fall Precautions: “The Three E’s”**
 - **Environment** – Place “over bed table” and patient care articles within reach. Remove spills, clutter and unnecessary equipment immediately. Ensure patient’s walk way is free of obstacles and well lighted.
 - **Equipment** – Keep bed in low position with the wheels in locked position, lock wheel chair when parked, individualize room equipment to meet patient’s needs and report and remove defective equipment promptly.
 - **Education** – Teach the patient and family their role in fall risk reduction and provide the Medical Center’s educational brochure for their review (nursing function, however team members may offer reminders concerning this information), orient patient to their room, call lights, and safety devices such as grab bars, instruct patient/family about medication side effects (clinical personnel).
- **RED Arm Bands**
 - In addition to Universal Fall Precautions, certain patients may be identified by the nursing staff to be “High Risk” for potential falls and may have additional interventions included in their plan of care. A red arm band is a visual cue to all team members to identify this particular patient as “High or Maximal Risk” for potential falls.
- **Fall Prevention Arm Bands:**
 - **Red**- high fall risk
 - **Yellow** –moderate fall risk
 - **Green** – low fall risk
- **How does all of this affect me?**

- All KDMC team members must play a role in patient safety. These precautions apply to **all** adult inpatients. *Every KDMC team member must be aware of and alert to the implementation of Universal Fall Precautions.*
- **What if there is a fall?**
 - Immediate, initial assessment and stabilization of the patient should be managed by clinical personnel. At the discretion of the charge nurse and/or nursing supervisor, additional departments or disciplines may be notified for immediate attention as indicated by circumstances associated with the fall.
 - Any team member observing real or potential fall risk concerns for a patient should immediately report that concern to the patient's nurse and/or the charge nurse on duty.

Restraints

- KDMC strives to provide a restraint-free environment for all patients. However, if a patient cannot be controlled by all non-physical means, two measures can be taken to help keep patients safe and prevent harm to others:
 - Restraint - a physical/mechanical force used to involuntarily restrain movement and control physical activities involving whole or portion of patient's body in order to protect himself/herself or others from injury
 - Seclusion - Involuntary, solitary confinement of a patient in a room from which the patient is physically prevented from exiting. Seclusion is used only for patients housed in the Behavioral Medicine Department and the Emergency Department awaiting transfer to Behavioral Medicine Unit

Patient Arm Band Legend

(HR.01.04.01 EP 2)

LOW FALL RISK-**Green**



MODERATE FALL RISK-**Yellow**



HIGH FALL RISK-**Red**



DO NOT RESUSCITATE/NO CODE BLUE -**Blue**



AV SHUNT/MASTECTOMY NO STICKS OR B/P IN THAT EXTREMITY-Pink

PRONE TO CHOKE/INABILITY TO SWALLOW PROPERLY-Purple

RED FENWALL BAND FOR BLOOD ADMINISTRATION -Red/white with black letters and numbers

CRR 8173 CRR 8173 CRR 8173 CRR 8173

National Patient Safety Goals - “Do Not Use” Abbreviations

(HR.01.04.01 EP2)

The Medical Records Committee has created a list of abbreviations that should **not be** used due to potential problems that could occur as a result. This list was formed to meet National Patient Safety Goals established by the Joint Commission. The use of these abbreviations applies to all orders and all medication-related documentation when handwritten or entered as free text into computerized charting.

Abbreviation	Necessary Term
U U	units
IU	international units
MS MSO ₄ MgSO ₄	morphine sulfate or magnesium sulfate
QD Q.D. qd q.d.	once daily
QOD Q.O.D. qod q.o.d.	every other day
Lack of leading zero Example: .# mg	Always use zero before decimal point 0.# mg
Trailing zero #.0 mg	Never write zero by itself after decimal point # mg

2016 Hospital National Patient Safety Goals

(HR.01.04.01 EP 2)

The purpose of the National Patient Safety goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name and date of birth or name and medical record number. This is done to make sure that each patient gets the correct medicine and treatment.

NPSG.01.03.01

Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups, and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01

Use hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01

Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01

Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01

Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01

Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks

NPSG.15.01.01

Find out which patients are most likely to try to commit suicide.

Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

Up.01.03.01

Pause before the surgery to make sure that a mistake is not being made.

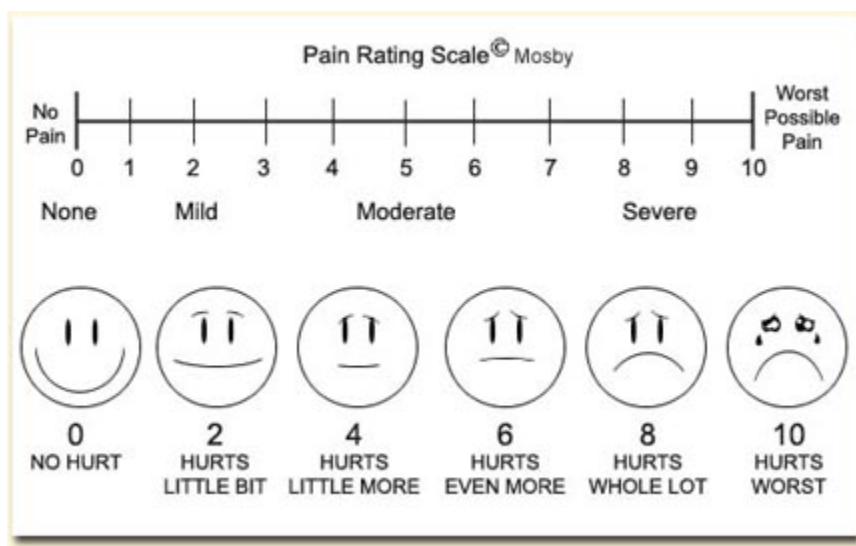
Pain Assessment and Management

(HR.01.04.01 EP4)

Patients at KDMC deserve the very best care. High quality care includes addressing pain. Each patient has a right to have their pain assessed and managed, and each team member at KDMC can play a part in meeting that patient need. Team members are encouraged to be familiar with the standards of care for pain management.

- Pain is considered the “5th” vital sign at KDMC. Pain is measured each time vital signs are taken. Other vital signs include temperature, pulse, respiration, and blood pressure.
- Pain is complex and subjective. Only the patient knows and can verbalize their pain. Age specific and cultural factors may play a role in a patient’s expression of pain.
- Expression of pain may include non-verbal signs such as:
 - Facial expressions: frown (wrinkled forehead), grimace, fearful, sad, muscle contraction around mouth and eyes
 - Physical movements: restlessness, absence of movement, slow movements, cautious movements, guarding, rigidity, generalized tension (not relaxed), trying to get attention (beckoning someone)
 - Vocalizations: groaning, moaning, crying, noisy breathing
 - Increased heart rate and/or blood pressure
- Pain is assessed and managed by licensed professionals. However, any concerns regarding a patient experiencing pain should be immediately reported to the appropriate caregiver, charge nurse or manager.
- Patients rate the intensity of their pain on a numeric scale of 0-10. Children and any other patient that may have difficulty understanding the numerical scale use the Wong Baker Faces Scale.

Numerical Pain Scale and Wong Baker Faces Scale



Prevent the Spread of Infections

(HR.01.04.01 EP 4, NPSG.07.03.01 EP 6, and IC.01.05.01 EP 7)

WASH YOUR HANDS!

Hand Hygiene Technique:

- A. When decontaminating hands with a waterless antiseptic agent, apply the product to palm of one hand & rub hands together, covering all surfaces of hands & fingers until hands are dry.
- B. When washing hands with soap & water, wet hands first with warm water, apply the soap & rub hands vigorously together for at least 15 seconds, covering all surfaces of the hands & fingers. Rinse with warm water and dry thoroughly with disposable towel. Use towel to turn off the faucet.

*** Artificial nails are prohibited for direct patient care providers ***

- Wash your hands with soap & water when they are visibly dirty.
- If hands are not visibly soiled, you can use the alcohol-based waterless antiseptic hand gel for routinely decontaminating hands before and after patient contact.
- Hand hygiene (hand washing and the use of alcohol-based hand gel) is the single most effective means to reduce the spread of infections to ourselves and patients.
- Use proper hand hygiene before and after patient contact. This will prevent you from carrying pathogens into the room and will prevent you from carrying pathogens out of the room.
- **KDMC, in compliance with National Patient Safety Goals, conducts surveillance to monitor KDMC Team Members (nurses, physicians, volunteers, EMTs, clerks, Food Service workers, students etc.) for Hand Hygiene Compliance. ***

Health Care Acquired Infections & Multi-Drug Resistant Organisms

(NPSG.07.03.01 EP 6)

- The dreaded superbug is a bacterium that has evolved and developed a resistance to antibiotics. Some have even built up immunity to multiple antibiotics.
- Clinically we refer to them as Multiple Drug Resistant Organisms or MDROs
- The thing that makes MDROs important is they are VERY DIFFICULT TO TREAT and antibiotic options are extremely limited.
- MDRO infections result in:
 - An increased length of stay
 - An increase in the cost of treatment
 - Increased morbidity and mortality
- **The best defense against MDROs is to wash your hands with soap and water.**
- Don't pressure your medical provider for antibiotics if they say you have a viral infection.
 - Antibiotics don't work against viruses and overuse of antibiotics just helps the bacteria build up resistance.
 - If your provider prescribes antibiotics complete the course of treatment. Don't just stop taking the antibiotic when you feel better. If you do you may just make the bacteria stronger for the next person or its next attack on you.
- **Considerations for care of patients in isolation:**
 - Don't "isolate" our isolation patients. You are still expected to do your hourly rounding and to meet their needs just like any other patient.
 - Be sure to use the proper technique to transport isolation patients. This may include masking the patient.
 - Educate the patient/family about isolation precautions and the specific MDROs they are dealing with. Answer all of their questions.
 - Remember to document that you provided education, and to whom.
- **MRSA** (Methicillin Resistant Staph Aureus) is a type of staph bacteria that is resistant to many antibiotics called beta-lactams, (methicillin, oxacillin, penicillin and amoxicillin).
 - Control of MRSA or other infections involves breaking the chain of infection!
 - **How do we break the chain?**
 - Alter the host, the environment or the agent by proper hand washing by staff and patients, wearing gloves when coming in contact with possible contaminated items. Treat carriers; follow proper isolation procedures and education.
 - **Spread of MRSA occurs from a colonized patient to another by health care worker's hands.**
 - Colonized patient - A person that carries the organism/bacteria but shows no active signs or symptoms of infection. Staph aureus colonizes in the nose most commonly.
 - Active patient - A person that has a positive culture for MRSA in urine, blood, wound etc.
 - **Isolation** - Place the patient in CONTACT ISOLATION if they are found to be ACTIVE for the duration of their stay.
- **EBOLA Virus** - Ebola Hemorrhagic Fever (Ebola HF) is a severe, often fatal disease in humans and nonhuman primates (such as monkeys, gorillas, and chimpanzees). The natural reservoir host of Ebola viruses remains unknown; the manner in which the virus first appears in a human at the start of an outbreak is unknown. However, researchers have hypothesized that the first patient becomes infected through contact with an infected animal.

- When an infection does occur in humans, there are several ways in which the virus can be transmitted to others. These include:
 - Direct contact with the blood or secretions of an infected person
 - Exposure to objects (such as needles) that have been contaminated with infected secretions
- During outbreaks of Ebola HF, the disease can spread quickly within health care settings (such as a clinic or hospital).
- Exposure to Ebola viruses can occur in health care settings where hospital staff is not wearing appropriate protective equipment, such as masks, gowns, and gloves.
- Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola viruses though 8-10 days is most common. When infection occurs, symptoms usually begin abruptly.

Symptoms of Ebola HF typically include:

Fever
 Headache
 Joint and muscle aches
 Weakness
 Diarrhea
 Vomiting
 Stomach pain
 Lack of appetite

Some patients may experience:

A Rash
 Red Eyes
 Hiccups
 Cough
 Sore throat
 Chest pain
 Difficulty breathing
 Difficulty swallowing
 Bleeding inside/outside of the body

- **Patient Placement**
 - Single patient room (containing a private bathroom) with the door closed
 - Patient will be placed in combined **CONTACT and DROPLET ISOLATION**
 - Maintain a log of all persons entering the patient's room
 - Team members and visitors must wear the appropriate PPE anytime they enter the patient room
 - **Students are restricted and will not enter the patient's room at any time**

Isolation Card Instructions

(HR.01.04.01 EP 4, NPSG.07.03.01 EP 6, and IC.01.05.01 EP 7)

ISOLATION CATEGORY	PRIVATE ROOM	MASKS	GOWNS	GLOVES
CONTACT	YES*	YES, FOR CLOSE CONTACT (within 3 feet of patient)	YES, if soiling likely and if clothing likely to come in direct contact with patient and patient's equipment.	YES, Always wash your hands or use alcohol hand gel after removing gloves.
CONTACT FOR C DIFF	YES	YES, FOR CLOSE CONTACT	YES, if soiling likely and if clothing likely to come in direct contact with patient and patient's equipment.	YES, Always wash your hands with soap and water after removing gloves. Alcohol gel is not sufficient
DROPLET	YES*	YES, FOR CLOSE CONTACT (within 3 feet of patient)	NO, unless soiling of your clothes is anticipated.	NO, unless touching potentially infective material (Standard Precautions - used with ALL patients)
AIRBORNE STUDENTS WILL NOT ENTER AIRBORNE ISOLATION AT ANY TIME !	YES* Negative Air Pressure Room Required	YES, N-95 Respirator is required. Fit test for respirator is required. SEE TB POLICY	ONLY to prevent gross contamination	NO, unless touching potentially infective material (Standard Precautions - used with ALL patients)
PROTECTIVE	YES	YES	YES	YES Use disposable stethoscope and BP cuff. Do not bring equipment into room
IMPORTANT POINTS TO REMEMBER:	Standard Precautions apply to all patients at all times.	Wash your hands or use alcohol hand gel between patients even if not in a specific category of isolation.	Do not carry items (such as a patient's chart) into CONTACT, PROTECTIVE, & DROPLET PRECAUTION isolation rooms.	Always wash your hands or use alcohol hand gel As you leave patient's room.

Proper Sharps Disposal

(HR.01.04.01 EP 4 and IC.01.05.01 EP 7)

- All sharps must be disposed in an OSHA-approved, puncture-resistant, leak-proof, biohazard-labeled, spill-proof container.**

- The size of the sharps container must be adequate to contain the sharp without forcing it and risking injury to the person disposing of it.

- Spikes used on blood products must be disposed of in sharps container. Always use a large sharps container for this, not the smaller wall-safe sized container.

- Never bend, break, re-cap or manipulate needles or other sharps.

- Never dispose of needles or other sharps in a plastic bag - they must be placed in an OSHA-approved sharps container.

- Think about who may come in contact with these items once they are disposed and be sure to dispose of them properly.

Please call Infection Control at 80564 or Team Health and Wellness at 89760 for questions.

Flu Facts

(IC.02.04.01 EP 2 and HR.01.04.01 EP4)

- The flu (influenza) is an infection of the nose, throat, and lungs caused by influenza viruses. Flu is a serious contagious disease.
- Each year in the United States, on average, more than 200,000 people are hospitalized and 36,000 people die from seasonal flu complications.
- Flu viruses cause illness, hospital stays and deaths in the United States each year.
- There are many different flu viruses and sometimes a new flu virus emerges to make people sick.
- Two groups of people more susceptible to the flu than most include cancer patients and expectant mothers.
- The flu can be very serious, especially for younger children and children of any age who have one or more chronic medical conditions, such as asthma or other lung problems, diabetes, weakened immune systems, kidney disease, heart problems, and neurological and neuromuscular disorders.
- These conditions can result in more severe illness from influenza, including the H1N1 virus.

How does it spread?

Both H1N1 flu and seasonal flu are thought to spread mostly from person to person through the coughs and sneezes of people who are sick with influenza. People also may get sick by touching something with flu viruses on it and then touching their mouth or nose.

Symptoms

- Fever (usually high)
- Headache
- Extreme tiredness
- cough
- Sore throat
- Runny or stuffy nose
- Muscle aches, and
- Nausea, vomiting, and diarrhea, (much more common among children than adults).

Infecting others

People infected with seasonal and H1N1 flu shed virus and may be able to infect others from 1 day before getting sick to 5 to 7 days after. This can be longer in some people, especially children and people with weakened immune systems and in people infected with H1N1 flu.

Prevention

- Get a flu vaccine for yourself and your children to protect against seasonal flu viruses including H1N1.
- Take everyday steps to prevent the spread of all flu viruses. This includes: Covering your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. If soap and water are not available, alcohol-based hand cleaners are also effective.
- Throw away tissues and other disposable items used by sick persons in your household in the trash.
- Keep surfaces like bedside tables, surfaces in the bathroom, kitchen counters and toys for children clean by wiping them down with a household disinfectant according to directions on the product label.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Teach your children to take these actions too.
- Try to avoid close contact (about 6 feet) with sick people, including anyone in the household who is sick.

Treatment

Antiviral drugs can treat both seasonal flu and the new H1N1 flu. These drugs can make people feel better and get better sooner. But they need to be prescribed by a doctor, and they work best when started during the first 2 days of illness. These drugs can be given to children. The priority use for these drugs is to treat people who are seriously ill or who have a medical condition that puts them at high risk of serious flu complications. When you are sick or have flu symptoms, stay home, get plenty of rest, and check with a health care provider as needed.

Our new policy **requires** every team member throughout King’s Daughters Health System – regular full-time, part-time, supplemental, contract and /or agency staff, volunteers, **students**, interns, and all medical providers- receive the influenza vaccine or wear a mask at all times or when within six feet of another person.

Abuse, Neglect & Exploitation

(PC.01.02.09 EP3)

All suspected cases of child or adult physical or sexual abuse, neglect, domestic violence or exploitation are required to be reported in accordance with Kentucky state law KRS 620.030. KDMC provides Administrative Policy C(9), which outlines the procedures used to identify and report suspected cases. If you suspect a patient is a possible victim of physical or sexual abuse, neglect, domestic violence or exploitation, please immediately notify your assigned unit social worker during normal business hours. After normal business hours, immediately notify the On-Call social worker available 24/7 via the Switchboard Operator at ext. 4000. If you have any questions regarding your role in reporting suspected cases of physical or sexual abuse, neglect, domestic violence or exploitation, please contact Courtney Preece, Director of Social Work/Case Management at ext. 81355 or *Cherene Fannin*, Associate General Council at ext. 80180. The role of the social worker is to assist patients and their families with issues that accompany illness or inhibit recovery and rehabilitation. Through the development of an individualized psychosocial and discharge planning assessment, the medical social worker collects and analyzes patient information to assist in understanding social, emotional and environmental factors underlying a patient’s illness.

Definition		Physical Indicators	Behavioral Indicators
Emotional Abuse	A serious mistreatment of another person’s feelings or emotional needs	<ul style="list-style-type: none"> • Speech disorder • Disruptive behavior • Compulsive • Phobic • Obsessive • Hysterical outbursts 	<ul style="list-style-type: none"> • Biting • Antisocial • Destructive • Sleep disorder • Lack of mental/emotional development • Suicidal
Physical Abuse	Any act resulting in non-accidental harm or injury	<ul style="list-style-type: none"> • Bruises & welts • Burns • Fractures/dislocations • Lacerations/abrasions • Missing teeth/hair 	<ul style="list-style-type: none"> • Feels deserving of punishment • Wary of adult contact • Afraid to go home • Inappropriate maturity • Monosyllable responses
Sexual Abuse Or Exploitation	Unlawful forced sexual contact, assault or intercourse	<ul style="list-style-type: none"> • Difficulty walking/sitting • Pain, swelling or itching of genitalia • Torn/bloody underwear • Lacerations to external genitalia • Venereal disease • Pregnancy 	<ul style="list-style-type: none"> • Non-participation in physical ed. class • Withdrawal • Fantasy or infantile behavior • Bizarre/sophisticated sexual behavior • Poor peer relationships • Change in school performance
Physical Neglect	Failure to meet basic requirements in physical development, medical and educational needs, and proper supervision	<ul style="list-style-type: none"> • Underweight • Poor growth pattern • Poor hygiene • Inappropriate dress • Unattended physical or medical needs • Bald patches on scalp • Speech disorder • Physical underdevelopment 	<ul style="list-style-type: none"> • Begging/stealing food • Extended school stays • Poor school attendance • Constant fatigue • Inappropriate seeking of affection • Assuming adult responsibilities • Alcohol and/or drug abuse
Exploitation	Obtaining or using another person’s resources, including, but not limited to, funds, assets, or property, by deception, intimidation, or similar means, with the intent to deprive the person of those resources	<ul style="list-style-type: none"> • Inaccurate, confused or no knowledge of finances • Unexplained or sudden inability to pay bills, purchase food or personal items • Isolated from friends or relatives 	<ul style="list-style-type: none"> • Unexplained money withdrawal from bank • Mismanagement of funds

AIDET Communication Tool

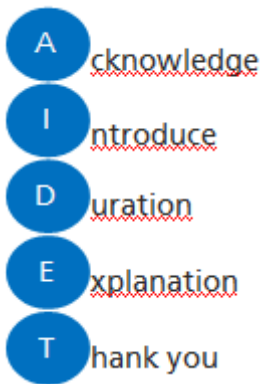
(HR.01.05.03 EP 6)

When we do something every day, we assume our patients and families are familiar with the fundamentals and know what to expect. Due to this assumption, we forget meaningful aspects of the patient experience.

Patients are less anxious when equipped with necessary information. When customers' minds are at ease, they develop trust in us, which creates smoother interactions.

The Studer Group has designed a simple, yet effective method to help put patients at ease. This method is "AIDET."

AIDET is a framework for team members to communicate with patients and families, as well as with each other. It is a simple acronym that represents a very powerful way to communicate with people who are often nervous, anxious and feeling vulnerable. It can also be used with other staff and colleagues, especially when we are providing an internal service.



Acknowledge

Say hello and greet the customer with a smile. Use their names to help create a lasting positive impression. Attitude is everything.

Introduce

Introduce yourself, your skill set, professional certification, and your training. This builds credibility, and the patient's confidence, right up front. Escort customers to where they need to go rather than pointing or giving directions.

Describe

Describe what tasks you will be performing to the patient and family. This alleviates uncertainty and makes them feel more comfortable. Let others know if there is a delay and how long it will be. Make it better and apply service recovery when needed.

Explanation

Go into detail about important aspects of what you're doing, how procedures work and who to contact if they need assistance. Communicate any steps they may need to take. Make words work. Talk, listen and learn. Remember, an educated patient is a happy patient.

Thank you

Quite simply, thank the patient and family for choosing your department...unit...service line. "Thank you" goes a long way. Foster an attitude of gratitude.

Cultural Diversity & Sensitivity

(HR.01.04.01 EP 5)

Why is it important?

Hospitals serve diverse patient populations. Patients come in all shapes and sizes, each with unique ethnic and cultural practices. In order to provide the very best care, it is essential to understand that each culture has distinguishing beliefs regarding health and illness, they do not all agree on what is appropriate treatment for disease, or what is proper behavior when ill. These differences can cause frustration on the part of the provider, which could result in inferior care. Considering these differences, being sensitive to diversity, and customizing the care provided to patients is the key ingredients in providing very good care.

Two ways to show sensitivity

Knowledge: Knowledge is the first step to understanding, so learning more about the cultures, values, and beliefs of the patient populations you serve. You cannot learn everything there is to know, but you can be aware of the most common patterns of the culture. There is a great deal of variation among each group and the individuals within the groups. Ultimately, your customer will be the best place to learn. Your patients, coworkers, and family members are usually more than happy to share their culture with people who genuinely want to learn. Don't be afraid to ask about your customer's culture, and share with them information about your own. If you would like to learn more about cultures and their beliefs, visit <http://www.kdmc.net/policy/religiou.htm>.

Attitude: Understanding that different people's ways of doing things may be different but equally valid is essential. A common stumbling block to cultural competence comes through believing that your culture's way of doing things is the only right and natural way, and that all other ways are inferior. Cultural beliefs and traditions are adaptations to different environmental circumstances, and evolved because they lead to the survival of its members. The healthcare provider who genuinely tries to understand and is sensitive to the beliefs and values of his or her patients will be much more effective than one who merely sees them as strange or annoying.

References: Galanti, Geri-Ann (2001). *Patient Diversity: Beyond the Vital Signs Leaders Guide*. CRM Learning.

Language Services (HR.01.04.01 EP 5)

Not all of KDMC's customers speak English, which makes providing very good care a challenge. KDMC provides team members with two resources to help translate information: a list of interpreters and the Telelanguage Services line. A list of local interpreters is maintained in the Admitting Office and with the Social Workers. If a language interpreter cannot be contacted in a quick and efficient manner, please use the Telelanguage Services resource. The Telelanguage Services line is a telephone service that interprets messages from one language to another. The policy for contacting language interpreters can be found in the Administrative Policies located on the KDMC intranet.

When working with an interpreter, either in person or on the phone, provide the interpreter specific questions to relay. Group your thoughts or questions to help conversation flow quickly. Also, expect interpreted comments to run a bit longer than English phrases. Interpreters convey meaning for meaning, not word for word. Concepts familiar to us often require explanation or elaboration in other languages and cultures.

Telelanguage Services Line Details:

- **Necessary information.** You will need the access number (1102-KDMC), Organization Name (King's Daughters Medical Center), to be connected to an interpreter. The Telelanguage Services interpreter will assist with language identification if necessary.
- **Interpreter identification.** The interpreters identify themselves by first name and number only. For reasons of confidentiality, they do not divulge either their full names or phone numbers.

Patient Rights & Responsibilities

(HR.01.04.01 EP 6)

King's Daughters Medical Center recognizes and supports the fundamental legal and personal rights of patients which include their rights to considerate care that safeguards dignity and respects their cultural, psychosocial and spiritual values.

Customers are given a copy of the *Patient Rights and Responsibilities* document as they become a patient within the medical center. This information can be accessed through Patient Registration, the Patient Information Guide, and/or clinical team members can obtain the form from EasyID. A few examples are listed below.

Effective healthcare requires open communication, respect for personal and professional values, sensitivity to differences and collaboration between patients, physicians and other healthcare professionals.

King's Daughters Medical Center will provide all patients the right to participate in treatment decisions, actions and concerns pertinent in providing their care. In turn, the medical center staff expects responsible and cooperative behavior on the part of patients, relatives and visitors.

Patient Rights:

- Considerate and respectful care at all times and under all circumstances with recognition of his/her personal dignity;
- Have their expressed personal, cultural and spiritual values and beliefs considered when treatment decisions are made;
- Know the identity and professional status of persons providing service to him/her and to know which physician or other practitioner is primarily responsible for his/her care;
- Participate with physician and other healthcare providers in planning their healthcare treatment;
- Make advance treatment decisions (called advance directives) and to have them honored;
- Express concerns and or complaints about their care without fear of recrimination or penalty and to have your concerns reviewed and when possible, resolved;
- Be informed by a responsible care giver about continuing healthcare requirements after discharged from the medical center;
- Be informed of medical center policies, procedures, rules and regulations applicable to the patient's conduct

Patient Responsibilities:

- To provide to the best of your knowledge, accurate and complete information relating to their health status;
- To follow the treatment plan recommended by the physician and/or practitioner primarily responsible for your care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care, implement the responsible practitioner's orders, and enforce the applicable hospital rules and regulations;
- For assuring that the financial obligations of healthcare are fulfilled as promptly as possible;
- For following medical center rules and regulations affecting patient care and conduct;
- For being considerate of the rights of other patients and medical center staff including assisting in the control of noise, smoking and number of visitors;
- For reporting whether you clearly understand the planned course of action/treatment and what is expected of you.

If patients are not able to exercise their rights, next of kin or a legally authorized surrogate has the right to exercise their rights on their behalf. Patients may contact the patient representatives with questions or to voice a concern about a possible violation to their rights.

Ethics Committee

(HR.01.04.01 EP 6)

The purpose of the Ethics committee is to respond to requests for assistance in resolving conflicts and dilemmas in patient care. The committee is comprised of nurses, clergy, physicians, Medical Center administrators and legal professionals. The objective of the Ethics Committee is to assist all concerned parties in reaching an agreement on how to go forward from a conflict or medical dilemma in a patient's care.

When to ask for an Ethics Committee review:

- When conflicts develop among the patient, the patient's family and/or the physician concerning decisions in medical care;
- When dilemmas concerning medical care arise, making it difficult to decide how to proceed and/or where knowledge of the ethical aspects of the situation might help all those involved; or
- After other reasonable means have failed to resolve the problem.

After a request is made, within one working day a designated member from the Ethics Committee will evaluate the case by examining the chart and talk with those involved. The Ethics Committee member will decide whether a review is necessary. The committee will address the situation and invite those who may be involved to discuss and resolve the case.

How to request an Ethics Committee review:

- Contact your direct supervisor
- If the situation continues, pursue resolution through the proper chain of command
- Physicians, patients, family members, team members or others responsible for healthcare decisions may request a case review
- The person who identifies the dilemma is responsible for ensuring proper resolution

Corporate Compliance

(HR.01.04.01 EP 6)

The Medical Center intends that its Corporate Compliance Plan will significantly reduce the risk of unlawful conduct in operations. This Plan demonstrates the Medical Center's good faith effort to comply with applicable statutes, regulations and other Federal or state health care program requirements, and it will be revised or supplemented as necessary to reflect updates or additions to those statutes, regulations or requirements.

King's Daughters Health Systems' (KDHS) Office of Audit, Compliance & Ethics (OACE) is delegated the responsibility to manage and oversee the organization's compliance program (Program). The Program is designed to (a) promote team member awareness of compliance with legal requirements and (b) to prevent, detect, and respond to instances of fraud, waste and abuse. Further, the Program assists KDHS to achieve its financial, operational and strategic goals while maintaining compliance with state and federal laws and regulations. This goal is accomplished by identifying and conducting organizational audits, reviews and investigations; supporting effective monitoring programs; and fostering the values of knowledge, honesty, integrity, respect and professionalism as provided in the Code of Conduct.

Code of Conduct

The Code of Conduct sets out basic principles, which all of the Medical Center, its subsidiaries, director, officers, and employees (team members) must follow. This Code of Conduct applies to all business operations and all team members. Non-team members, such as contracted healthcare provider, sales agents or external advisors and consultants will be

required to conduct themselves in a manner consistent with the Code of Conduct while acting on behalf of the Medical Center

The Code of Conduct provides the principal guidelines to conduct daily business activities ethically and legally. The Code of Conduct is the “Constitution” of our Program and ensures that we meet our compliance goals. The Code of Conduct is mandatory and is to be followed by team members, medical staff, vendors/contractors, and volunteers. The Code of Conduct is available at teamkdmc.com > Request Help > Compliance Handbook.

Who is KDMC’s Corporate Compliance Officer?

Paula Willis and she can be reached at 606-408-0161. The Anonymous Corporate Compliance Hotline for reporting a suspected violation is 606-408-4145 or toll-free 877-327-4145. The Corporate Compliance email address for reporting a suspected violation is coporatecompliance@kdmc.kdhs.us.

Legal and Regulatory Compliance

The Medical Center will comply with all federal, state, and local laws and regulations, as well as provisions of the Medical Center’s Corporate Compliance Program.

- **Adherence to Health and Safety Laws**
- **Environmental Protection**
- **Prohibition of Discrimination, Harassment and Violence**
- **Regulation of Controlled Substances**
- **Screening of Excluded Individuals**
- **Not-for-Profit Tax-Exempt Status**

Business Ethics

The Medical Center is committed to the highest standards of business ethics and integrity, and requires honesty of its team members and contracted providers. The Medical Center is committed to ensuring that its billing and reimbursement practices fully comply with applicable federal, state, and local laws, regulations, guidelines and policies, and that all billing is accurate and thoroughly recorded.

- **Accurate Books and Accounts**
- **Anti-Kickback/Bribes**
- **Antitrust**
- **Billing**
- **Fraud, Waste and Abuse**
- **Gifts and Gratuities**
- **Intellectual Property**
- **Marketing and Advertising**
- **Research**
- **Travel and Entertainment**

Conflicts of Interest

Team members and other service providers owe a duty of complete loyalty to Medical Center and may not use their positions to profit personally at the expense of Medical Center, financially or otherwise. All actual or potential conflicts are to be directed to the Office of Audit, Compliance & Ethics or Legal Services Department for evaluation and resolution. A potential conflict of interest exists when the team member and/or his/her immediate family member, works for or has a financial relationship with:

- A company that does business with KDHS;
- A company that is seeking to do business with KDHS;
- A company that competes with KDHS

Reporting Compliance Concerns. Compliance concerns can be reported as follows:

- Office of Audit, Compliance and Ethics
- Compliance Hotline at 606-408-4145 or 877-327-4145 (can be anonymous)
- Compliance Concern Form (located on teamkdmc.com > *Team Tools* > *Reporting* > *Compliance Concern* (can be anonymous)
- Email corporatecompliance@kdmc.kdhs.us (not anonymous)
- Call Paula Willis (Compliance Officer), 606-408-0161
- Call Mona Thompson (VP/Chief Compliance & Governance Officer), 606-408-4496

Appropriate Use of Resources

Medical Center team members and contracted providers, as well as any other individuals affiliated with Medical Center, have a duty to preserve and protect the assets of the Medical Center and ensure their efficient use

Confidentiality

Medical Center team members, contracted providers, and others affiliated with Medical Center are obligated to maintain the confidentiality of patients, personnel, business and operational information of Medical Center, and information gained from business or professional relationships with third parties.

Professional Conduct

In addition to this Code of Conduct, Medical Center has established codes of conduct specific to the responsibility of healthcare providers to patients and to each other.

Responsibility

Any violation of the responsibilities outlined in this Code of Conduct and Medical Center policies and procedures may lead to disciplinary action, up to and including termination of employment or termination of a business relationship. Conduct that violates the law may also result in civil and criminal penalties ranging from fines to imprisonment.

Health Insurance Portability Accountability Act (HIPAA)

(HR.01.04.01 EP 6)

What Does HIPAA Do?

- HIPAA imposes new restrictions on the use and disclosure of all patient health information. An example would be when a patient gives health information to a covered entity, or the covered entity creates or receives information about the patient's health or healthcare claims; that information becomes protected health information, or PHI.

Who is covered by the HIPAA Privacy Rule?

- Healthcare provider (KDMC), Health Plan (KDMC Flexible Benefits Plan) and a Healthcare clearinghouse.

What is protected health information (PHI)?

- PHI is any health information or patient information used or disclosed by a health care provider, health plan, public health authority, employer, life insurer, school or university, or healthcare clearinghouse in any form – oral, recorded, on paper, or sent electronically, or: any personal health information that contains information that connects the patient to the information such as the individual's name or address, social security or other identification numbers such as phone numbers, physician's personal notes, billing information or email addresses.

HIPAA Frequently Asked Questions

Q: What does this mean to KDMC?

A: HIPAA gives patients more control of their health records and sets boundaries on the use and release of their health records, requires KDMC to establish safeguards to protect the privacy of health information, holds violators accountable with both civil and criminal penalties and enables patients to find out how their information might be used, and about certain disclosures. Further, it limits releases of and requests for information to the minimum necessary and gives patients the right to examine and copy their own records in most instances.

Q: What Should I do?

A: Speak quietly when **discussing a patient's condition** with family members in waiting rooms/ hospital rooms, avoid using **patient names** in cafeteria, elevators and public areas, isolating or locking records, not leaving records in open areas, utilizing secure passwords on computers having PHI, logging out of the system when leaving unattended and use shredders for all discarded documents containing PHI.

As a team member of KDMC, you should have access to and request only that amount of PHI that is “**minimally necessary**” for you to do your job. You are not allowed routine and unimpeded access to patient records that you do not need as part of your job. You should not take PHI home with you.

All privacy issues should be directed to the Privacy Officer. Contact Switchboard (dial “0”)

KDMC and the federal government take privacy and HIPAA very seriously. Failure to adhere to these standards can result in fines, prison, or termination.

Use of Personal Computer or Communication Devices

The use of personal computers, I-pads, and/or communication devices by students while at KDMC are to be used **ONLY** for school specific assignments. No user shall at any time use his or her personal device (i.e., desktop or laptop computer, cell phone, PDA, iPad, jump drive, or similar electronic equipment) to access, download, transfer or store any KDMC customer (patient) information, or any other confidential or proprietary content. In addition, cell phone and/or I-pad camera use is **never** permitted in patient care areas. Please be advised that the Medical Center assumes no responsibility for loss, theft, or damage to any personal electronic devices. KDMC shall have the right to remove or refuse access to any student or faculty member whose actions do not meet KDMC's standards for safety, health, and/or ethical behavior, including adherence to these guidelines. Cell phone use is not permitted in patient care areas during clinical time.

Documentation

There is to be no printing, copying, downloading, or duplication of the medical record at any time. All entries into the medical record made by students must be co-signed by their instructor. If they are with a preceptor during a practicum, then all medical record entries must be co-signed by the preceptor. If a student is employed as a team member at KDMC then they will need separate EPIC access and student ID badge. Students are not to use any access codes or badges that they use as a team member while here as a student. These are two entirely different and separate roles and require separate access.

Performance of Patient Care

Patient care is to be performed only under the direct supervision of the nursing instructor or assigned preceptor.

Student EPIC Highlights

- Students will have “view-only” access to EPIC; this way, students can view necessary information for learning purposes.
- Only access information on patients that you are assigned to take care of and access only information that you need to take care of the patient.
- Do not access your own, family members, or friends health information using your Epic access. You may go to Medical Records on the 1st floor of the Lexington Garage to access your own medical information or test results.
- Use only the student EPIC access that you are given. Do not use anyone else’s Epic access or let anyone else use yours at any time for any reason.
- If you are a KDMC team member, do not use your team member badge or EPIC access while here as a student. Also, do not use your student access while here as a team member. Those roles are completely separate and independent of each other.
- Medications are to be given in the presence of and under direct supervision of your instructor using the instructor PYXIS access or under your assigned preceptor. You are not to give medications unless hip-to-hip with either your instructor or preceptor. You **do not** give meds under the direction of anyone else at any time.
- If your EPIC access is not working or you forget your access code or password, you can call the help desk at 408-HELP for assistance.
- You must document everything that you do for a patient completely, accurately and in a timely manner.
- Everything that you document must be documented under the instructor EPIC access and co-signed by your instructor or assigned preceptor.

Student Parking

To ensure that our customers have parking close to the campus, we ask that students **only** park in **Lot K at 23rd and Carter**. We ask that you help us reserve the Lexington Ave. and 24th Street parking garages for our customers. If a student has special needs, please call MaDonna Bryant at 606-408-0108 for arrangements. Thank you for your cooperation and consideration.

Smoking

For the health of our customers, team members, and all those who visit us, KDMC is now a smoke-free campus. Smoking is prohibited inside the building or within 20 feet of the campus, including parking lots. There is a smoking area on the 4th floor of the Lexington Ave parking garage. Smoking cessation aids (gum, patches) are available for purchase in the KDMC family pharmacy in Medical Plaza B and in the KDMC gift shop. Anyone interested in smoking cessation classes should contact

Chelsea Williams or Matt Enix at 606-408-9760. Thank you for your consideration for the health of those who come to KDMC.

Student Scavenger Hunt

(Optional per instructor discretion)

Make sure you know where these things are on every unit you have a clinical experience. This is for your own information but is very important.

Item	Unit _____ Location	Unit _____ Location	Unit _____ Location	Orientee Initials
Code Blue Button in nurses station				
Code Blue Button in patient rooms				
Crash cart				
Cardiac monitor/defibrillator				
Doppler				
Manual BP cuffs				
Fire alarms				
Fire extinguishers				
Evacuation plan				
Nearest family waiting room				
Employee lounge				
Employee bathroom				
Medication room				
Soiled utility room				
Stockroom				
Patient kitchen area				
Telemetry monitor				
Reference books (unit specific manual, Lippincott manual, PDR, etc.)				
Computer for intranet				
Call light system				
Equipment: -IV pumps -wheelchairs -glucoscans -fax/scan machine -telephones				

EXHIBIT A

AGREEMENT WITH KING'S DAUGHTERS MEDICAL CENTER

I, _____, having enrolled in the _____ program conducted by _____ (school) at the premises of King's Daughters Medical Center ("KDMC") understand and agree to the following.

1. The program requires a period of assigned, guided clinical experience to be conducted at KDMC.
2. These clinical experiences are assigned by the instructor for their educational value and thus no payment (wages) will be expected.
3. It is understood that I will be a guest within KDMC's facility and will conduct myself accordingly. I will follow the rules and regulations of the facility known to me.
4. It is understood that neither the School nor KDMC is responsible for any medical care expenses incurred as a result of negligence on my part. I am aware of the recommendation of the School and requirement of KDMC that each enrollee carry medical and hospitalization insurance.
5. I have read and agreed to adhere to the School's policies, rules and regulations related to the program for which I am applying.
6. I understand information regarding a patient or former patient is confidential and is to be used only for clinical purposes within an educational setting. I have reviewed KDMC's Privacy Rules and Regulations and I agree to abide by them and I have been trained by School in the application of the HIPAA requirements to students. I agree that outside the educational setting, I will not disclose or use such confidential information, unless expressly agreed upon in writing by KDMC.
7. I understand the education experience and knowledge gained during the program do not necessarily entitle me to a job with KDMC
8. I understand that any action on my part inconsistent with the above understandings may warrant suspension of training.
9. I understand that I will be required to have tuberculosis test and/or chest x-ray, present proof of immunity to rubella and rubeola or proof of taking the second MMR, proof of immunity to or sign a waiver for hepatitis B, proof of influenza vaccination or declination (IC 02.04.01 EP2 and HR.01.01.01 EP 4), and a signed statement of health prior to reporting to KDMC for clinical practice.
10. I understand that it will be recommended that I take the seasonal flu shot annually and present proof of taking the shot or signing a waiver against each year.
11. I authorize the School to provide to KDMC my relevant educational records, including transcripts, evaluations, ect.

I have read and agree to these conditions for enrollment.

Signature of Student

School

Date

EXHIBIT B

CONFIDENTIALITY AGREEMENT WITH KING'S DAUGHTERS MEDICAL CENTER

Federal and State laws and regulations mandate patient confidentiality. While these laws and regulations cover all patients (even those who have died), there are specific restrictions on information related to mental health and chemical dependency. Releasing medical information without proper authority may result in liability for, among other things, violations of the Health Insurance portability and Accountability Act ("HIPAA") or the Federal Law on Confidentiality of Substance Abuse Patient Records and regulations relating to either of these statutes, invasion of privacy, defamation (harming the reputation), libel of slander. Violations of HIPAA or the Federal Law on Confidentiality of Substance Abuse Patient Records may result in criminal as well as civil action or monetary penalties. Charges for breaking these laws or their implementing regulations range from misdemeanors to felonies. Penalties for breach of patient confidentiality range from paying a fine to incarceration in a correctional facility.

In addition to the legal restrictions, the core commitments of the Medical Center require that all patients be treated with respect and have their privacy protected. All employees, the students and/or volunteers, therefore, are held accountable for the observation of confidentiality and the subject of patient identity, information, and accounts. Each employee, student and/or volunteer shall be expected to observe the strict confidentiality concerning patients even after his/her relationship with the Medical Center ends.

Breach of confidentiality is defined as unauthorized use, discussion or release of confidential information regarding patients, their identity, and /or their hospital records (hard copy and computer). This includes unauthorized retrieval of records on the computer, checking the labs of other data without a need to do so, and conversations or discussions that may be overheard by unauthorized persons.

Breach of confidentiality is considered a major offense at the Medical Center. This violation of personal conduct justifies immediate termination of the employee/student/volunteer status without regard to the employee's/student's/volunteer's length of service or prior record of conduct.

By signing below, I certify that I understand the importance of maintaining confidentiality and that I agree to abide by the privacy policies and procedures adapted by the Medical Center. I further certify that I have received training on HIPAA's privacy rule. I understand I may be subject to immediate termination for breach of patient confidentiality if I am an Employee of the Medical Center, or they have my status as a student or volunteer terminated immediately if I am a student volunteer.

Signature of Student

School

Date

Exhibit C

RESPONSIBILITIES OF THE STUDENT

- FOLLOW ALL APPLICABLE KDMC POLICIES AND PROCEDURES.
- DO NOT PERFORM INDEPENDENT ACTIONS, BUT RATHER PERFORMS UNDER THE DIRECTION AND SUPERVISION OF AN INSTRUCTOR AND/OR PRECEPTOR.
- PARTICIPATES IN KDMC STUDENT ORIENTATION AND RECEIVES STUDENT PACKET.
- FOLLOW SCHOOL'S APPLICABLE POLICIES AND PROCEDURES.
- WEARS KDMC AND SCHOOL OF NURSING NAME BADGES.
- FOLLOWS KDMC SMOKING AND PARKING POLICIES.

I have read and agree to the above responsibilities.

Signature of Student

School

Date