



**St. Joseph's Hospital and Medical Center**

A member of CHW

# *Orientation Packet for Per Diem Labor Staff*

St. Joseph's Hospital & Medical Center  
350 West Thomas Road  
Phoenix, Arizona 85013  
602.406.3000 Main Line

Last Revision 03-25-11

**Clinical Manager:** **Gina Mitchell, RN**  
**Office Location:** CCO Staffing Services  
**Phone Number:** 602-406-4372  
**Rightfax:** 602-728-9044  
**Pager Number:** 602-746-9227

# Table of Contents:

<b><i>Contents</i></b>	<b><i>Page(s)</i></b>
St. Joseph's Hospital Mission, Vision & Core Values	3 - 4
AIDET & Nursing Care Bundle	5
Compliance/Safety/Security	6-7
Infection Control & MDRO's	8-9
HIPAA	10
Pain Management/Palliative Care	11
Pharmacy Overview	12
Documentation: Emtex/Empower	13
Standard of Conduct	14
Patient Rights/Cultural Diversity	15-16
National Patient Safety Goals	17
Questions and Answers	18
Point of Care Testing	19
Basic Unit Orientation	20
Education Verification Form	21

## **Our Mission**

St. Joseph's Hospital Mission is committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- delivering compassionate, high-quality, affordable health services;
- serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- partnering with others in the community to improve the quality of life

## **Our Vision**

Inspired by the vision of our founders and community partners and the dedication of our employees and physicians, we commit ourselves to enhance the health and well being of the individuals, families and communities we serve by transforming our structures and services. We are attentive to the spiritual dimension of life. We are dedicated to providing acute, outpatient and related health care services.

Catholic Healthcare West improves the health of its patients and assists the communities it serves by demonstrating leadership through:

Advocacy and care for those who are poor

Stewardship of financial, human and environmental resources

Superior clinical outcomes and service quality

Health and healing in the broader community

# *St. Joseph's Hospital Core Values*



## Dignity

Respecting the inherent value and worth each person possesses.

## Collaboration

Working together with people who support common values and vision to achieve goals.

## Justice

Advocating for social change to promote human dignity, demonstrating special concern for those who are poor.

## Stewardship

Safeguarding the human, financial and ecological resources entrusted to our care as we promote healing and wholeness.

## Excellence

Demonstrating a commitment to quality in our work through teamwork and innovation.

## Nursing Patient Care Mode: AIDET & Nursing Care Bundle

Our goal is to provide the best patient care possible. Each and every person who directly or indirectly touches the patient plays a key role in making this happen. As a contract employee coming to our organization for the first time, it can be rather overwhelming to learn everything that you need to know. We understand this so we have created this guideline for you. Our expectation is that you utilize each of these processes as you care for your patients. AIDET is the process that should be used by all procedural staff. The bundle is a set of practices and processes that are used for every patient by every bedside caregiver with every encounter. By utilizing AIDET and the nursing bundle we are able to give high quality care to each patient and improve patient outcomes.

<b>A</b>	<b>ACKNOWLEDGE</b>
<b>I</b>	<b>INTRODUCE</b>
<b>D</b>	<b>DURATION</b>
<b>E</b>	<b>EXPLANATION</b>
<b>T</b>	<b>THANK YOU</b>

### Nursing Bundling includes (for bedside staff only):

- At shift start, bedside report/handoff should always be done with both nurses. The off going RN will introduce the new one and together answer any questions or concerns that the patient has.
- Within the first hour of caring for your patient, the white board must be filled out with caregiver names, plan/goals for the shift, important info the patient wants the caregivers to know, and pain goals. Pain goals includes what the patients goal is for pain, what their current pain level is (on 1-10 scale), how often they can receive the pain med and when it is due again.
- Round on all patients every hour on day shift/every two hours on night shift.
- When rounding, address the three P's: Pain, Potty and Positioning
- Assess any additional comfort needs, i.e. room temperature, fluids, etc
- Conduct an environmental assessment, i.e. is the call light within reach, are personal belongings within reach etc.
- Using key words to ask "Is there anything else I can do for you before I leave the room?"
- Tell the patient when you will return. By setting the expectation, the patient will have less anxiety and concern.
- Document rounds on the log sheet located in each patient room.

## COMPLIANCE/SAFETY/ SECURITY

# SAFETY

Safety must be practiced by all members of the workforce to protect employees, patients, and visitors. As a contracted employee on premises, you have a responsibility to maintain the same safety standards as all other employees. Tips to maintain safety procedures include:

- Keep a neat and orderly workplace

- Be aware of your surroundings

- Report any potential safety hazard to the supervisor in your work area

- Report all safety incidents to the supervisor in your work area

- Use good body mechanics to do all your work

When moving a patient, utilize the appropriate lifting techniques, available equipment, or assistance from other staff.

## **SECURITY**

- All contract labor must park at the lot assigned and communicated through your agency
  - All staff must wear a name badge at all times while on the premises
  - SJHMC supports a "ZERO TOLERANCE" policy regarding workplace violence
    - Any security concerns must be called to 63363



### **Emergency codes:**

**CODE BLUE** - adult cardiac or respiratory arrest; If first responder, call 5555 with unit and room number

**CODE GREEN** - pediatric cardiac or respiratory arrest; If first responder, call 5555 with unit and room number

**CODE YELLOW** - chemical spill; Call 6100 and describe your spill

Refer to the Right to Know Manual for MSDS information

**CODE 1000** – fire;

R = Rescue, reaming calm and keep visitors with patients

A = Alarm, Call Ext. 61000 or fire pull station

C = Confine, Close all doors, windows, clear hall

E = Extinguish or Evacuate

**CODE 2000** - pediatric / infant abduction; Be alert and observe hallways, stairwells, elevators, etc. If suspected abductor sighted, contact Security-do not detain

**CODE 5000** - external disaster; stay in your unit and follow the supervisors instructions according to the SJHMC Disaster Plan. Do not leave the area unless instructed to do so

**CODE 6000** - internal disaster; Stay in your unit and follow the supervisors instructions according to the SJHMC Disaster Plan. Do not leave the area unless instructed to do so

**CODE 7000** - missing patient; In order to increase the safety of our patients in our hospital environment, our patients, when leaving their assigned nursing unit, are issued a badge that has "Patient Passport" on it.

To prevent a code 7000, we ask all staff and students/faculty to observe the patients walking around in the common areas of the hospital (i.e. Cafeteria, outside) to ensure they have their "Patient Passport" identification badge on. If not, assist them back to their floor or contact Protective Services at 63363.

### **Loss of Electricity**

Use RED outlets to access emergency generator power

### **Use of a Fire Extinguisher**

P = Pull the pin

A = Aim

S = Squeeze

S = Sweep

# INFECTION CONTROL

**All contract staff must have documentation of current Infection Control education, including Blood Borne Pathogens and TB in their files. This education is done prior to any assignment at SJHMC. In addition:**

## **Standard Precautions**

- Standard Precautions are used for ALL patients regardless of their diagnosis. Policies and procedures have been designed to promote safe practice that will protect staff from exposure to blood or body fluids

## **Hand Hygiene**

- Hand Hygiene is the most important thing you can do to prevent the spread of infection.
- Disinfect hands before and after contact with patient, before and after eating, after glove removal, after touching items that may be contaminated, after sneezing or coughing, before and after handling infants, and after touching animals.
- When hands are not visibly soiled, decontaminate your hands with an alcohol based hand rub. Apply the gel to the palm of your hand. Rub your hands together until they are dry.
- The use of an alcohol-based hand gel is PREFERRED to washing with an antimicrobial soap.
- Alcohol-based hand gels are fast, easy, and efficient
- "Gel In – Gel Out" at each patient contact

## **Exposures**

- In the event of an exposure to blood, body fluids, or if you accidentally get stuck with a needle, notify a staff member and report to the staffing office who will work with your agency to tell you the next steps to take

## **Isolation**

- Patients in isolation will have a special sign on the door indicating the type of isolation (Airborne, Droplet, or Contact Precautions).

## **Personal Protective Equipment**

- Gloves are worn when you anticipate exposure to blood or body fluids or when handling lab specimens or tubes of blood. Gloves should be worn if the you have any cuts, abraded or severe chapped skin, or dermatitis. Gloves should not be used if they are cracked, peeling, discolored, or have punctures or holes. Remember to disinfect your hands after removing gloves
- Gowns are worn to protect the body and exposed areas of the arms and when you anticipate contact of clothing with blood or body fluids.
- Masks and Face Protection is worn to protect the nose, mouth, and eyes
- Use proper respiratory etiquette when in the hospital and especially around patients

## **Artificial Nails**

- Artificial nails or enhancements are not allowed

## **Infection Control: 602-406-3955**

- Refer to the SJH Intranet for IC Policies

# Multi-drug Resistant Organisms (MDRO)

- **What is MDRO?**
  - Multi-drug resistant organisms (MDRO) are bacteria that demonstrate resistance to more than one antibiotic
  - Patients can remain colonized for extended periods of time and can have intermittent positive cultures
  - **Patients with an MDRO are kept in contact isolation for the duration of their hospitalization**
- **Examples:**
  - MRSA: Methicillin Resistant Staphylococcus Aureus
  - VRE: Vancomycin Resistant Enterococcus
  - VISA: Vancomycin Intermediate Resistant Staph Aureus
  - ESBL: Extended Spectrum Beta Lactamas
  - Other gram negative organisms
- **C-difficile (C-diff)**
  - Is a spore forming bacillus that is often associated with antibiotic use
  - Disease is related to the toxins produced by the organism
  - C-diff is not an MDRO, but acts like one
- **Control Measures**
  - ✓ Hand hygiene      Contact precautions
  - ✓ Thorough daily disinfection of the patient room, bathroom, objects, and medical equipment
  - ✓ Limit the use of antibiotics
  - ✓ Proper handling of contaminated/bio hazardous waste
  - ✓ Follow manufactures guidelines when using disinfectants
- **Contact Precautions are used for all patients who have a resistant organism identified.**

The Microbiology Lab places a statement in the final culture result of resistance to assist the department in identifying these patients and promptly instituting isolation precautions: \* \* \* **RESISTANT ORGANISM** \* \* \*

We should also be alert to patients who may be admitted from an extended care facility, as they can often have colonization of these organisms.  
These patients are placed in Contact Precautions until their status is known.
- **Interventions to help decrease the risk of MDROs include:**
  - Strict adherence to hand hygiene practices
  - Dedicate the use of noncritical medical items to the patient
  - Room and environmental cleaning of frequent touch surfaces as often as possible, at least daily
  - Use Standard Precautions in addition to Contact Precautions
  - Review and monitor antibiotic usage and patterns of resistance via the Hospital Antibiotic Subcommittee
  - Use hospital approved disinfectant on medical equipment between patient use (EKG machine, X-Ray equipment, etc.) Follow manufacturer guidelines when using disinfectants.
  - Patient will be placed in a private room if available. May be cohorted with patient with like organism, if private room is not available or may consult with Infection Control for appropriate placement.

# **Confidentiality of all Hospital and Patient Information**

*All contract staff must have documentation of HIPAA education in their files.*

*This education is done at the staff agency, prior to coming to SJHMC.*

## **HIPAA – Privacy/Security Rules and Patient Care**

- The HIPAA Privacy rule requires us to safeguard ALL forms of patient information including oral, electronic, and paper.
- HIPAA requires us to guard against publicly identifying patients/discussing Protected Health Information (PHI) in elevators or hallways, etc.
- Keep consults quiet and if at all possible step off to a more secluded spot
- When discussing case with patients at the bedside, ask if they want family/visitors present.
- Privacy Rule sets the standard/asks the question – who can access PHI?
- All information access is “role based”: Only access PHI on patients directly in your care.
- Never access data of friends, family, neighbors or myself.
- Any paper containing PHI MUST be placed in the shredder bin
- Information Security is the assurance of the data’s confidentiality, integrity and availability.
- The information is accessible only by authorized people and processes.
- The information has not been inappropriately altered or destroyed. The information is available when needed.

**Safeguarding Protected Health Information = HIGH PRIORITY!**

**Questions – Call Facility Privacy Official x63355 or x65149**

# Pain Management/Palliative Care

Pain is a multidimensional phenomenon and is thus difficult to define. It is a personal and subjective experience, and no two people experience pain in exactly the same manner. You may find pain control a difficult task when caring for individual clients, but it is one of the most important areas of care because people cannot function adequately when they are in pain. Pain is best viewed as a personal experience, not merely as a manifestation of a medical condition.

## **The Joint Commission on Accreditation of Healthcare Organizations**

### **(TJC) standards on pain requires organizations to:**

- Recognize the individual's right to appropriate pain assessment and management*
- Identify persons with pain in initial assessments and ongoing (as needed) reassessments*
- Educate clients, residents, laypersons, and their families about pain management as needed*

- SJHMC understands that managing our patients pain is a 24 hour responsibility that is shared by a multidisciplinary health care team
- We have a pain service that is here to help with this initiative
- A physician order must be obtained for a pain consult
- The pain management phone line is x68846
- It is important to document your patients pain levels, interventions used and patient response to the interventions
- The pain scale is on the white boards in each patient room. Utilize it to get a baseline pain goal. Also document the frequency of the pain medication on the board, along with the time the next dose is available.
- Always try to anticipate your patients pain needs and offer medications when available rather than waiting until the patient asks.

# Pharmacy Overview

- The supervisor on your unit will give you a temporary Omnicell access to pull out ordered medication for your patients
- All medication entries on the MAR must match what was pulled out of Omnicell, as well as matching with the time that the med was given to the patient. The policy allows for a 30 minute window, before or after medication was given.
- Medication Reconciliation is an important medication safety process that we employ at SJHMC. If admitting, transferring, discharging, or sending your patient off the floor for any procedure, you must work with the unit supervisor to assure that you understand all the components of the Medication Reconciliation process.
- Medication syringes are used one time only. If you do not use the entire syringe of medication, the waste must be done and witnessed in a timely manner.
- **Insulin pens are for use with only one patient.**
- Please refer any medication questions or concerns to the unit supervisor or directly to the pharmacy.
- Any medication errors or adverse reactions must be reported immediately. If any employee completes and submits an event report within 48 hours of becoming aware of the event, and depending on the nature of the event, there may not be any disciplinary action taken; however, additional education or training for the involved individuals may be required.



# Documentation: EMTEK/Empower

You will be given a logon to the EMTEK Documentation System (for inpatient units) or the Empower Documentation System (for ED) by the unit supervisor/lead. Correct documentation is the foundation for all things surrounding a patient's hospital stay. Patient care documentation must be done in an accurate and timely manner. The documentation should tell the story of the patient stay. Documentation in the patient record should only be used for patient care events. Other issues (physician or staff concerns, etc) should be documented in other ways, but not in the patient's legal record. Take a few minutes at the beginning of your shift to go over the unit specific documentation system with your unit supervisor. If you have any concerns or questions during your shift, or if you are unsure if you have documented on all required components, please talk to the unit supervisor.

## **General areas that you will be responsible for charting on EMTEK (policy #27027):**

- *Initial shift assessment:* includes expected outcomes for the shift, performed and documented within 2 hour of beginning of shift.
- *End of shift summary:* includes expected outcomes evaluation (progress, met expectations or failure to attain), and note of handoff
- *Documentation form responsibilities:* VS, I&O, Neuro, Equipment/Procedures, Daily Care, Site Care (lines/wounds), Progress notes, Restraint Charting, Care Plan and admit profile/ discharge instructions where applicable
- *Interdisciplinary "Progress Notes":* should include abnormal assessments, interventions, evaluation of meds given and response, evaluation of plan of care (expected outcomes).
- *Charting by exception:* requires a narrative note of ABN findings, changes in patient condition and/or assessments with focused reassessments based on patient type or problems.
- *Pt/Family Education:* every shift must have a note which documents any patient/family education, even informal education through conversation.

## **General Empower charting includes:**

- Chart all vitals, notes, meds given, procedures performed
- Vitals should be done a minimum of 2hours or more often if the patient warrants.
- Vitals should be done no more than 20 minutes from discharge/transfer
- Vitals must be done within 20 minutes of applicable meds
- Frequently view the patient tracking screen for new orders
- Other charting information will be included in the ED welcome letter



## II. ETHICAL CONDUCT

CHW is committed to the highest standards of business ethics and integrity. Employees are charged with representing CHW accurately and honestly, as well as dealing fairly with its competitors, customers and vendors, and refraining from any activity intended to defraud anyone of money, property or services. CHW also expects supervisors, co-workers, vendors, volunteers and medical staff members will treat one another with dignity, respect and courtesy.

### Honest Communication

Employees are expected to communicate with candor and honesty in performing their job responsibilities and in dealing with CHW's attorneys and auditors. Employees are not to make false or misleading statements to any patient, person or entity doing business with CHW.

### Misappropriation of Proprietary Information

Employees must not steal or misappropriate confidential or proprietary information belonging to another person or entity. They also must not use any customer list, price list, contract, publication, document, computer program, information or product in violation of a third party's interest in such product. Employees must not copy documents or computer programs in violation of applicable copyright laws or licensing agreements. Employees must not use confidential business information obtained from competitors in violation of a covenant not to compete, prior employment agreements, or other contracts.

### Confidential Information

Employees must not disclose confidential patient or business related information to unauthorized persons.

Employees must protect a patient's personal privacy and preserve the confidentiality of a patient's medical treatment program, including the patient's medical records, in accordance with all applicable laws and CHW policies

Employees possess and have access to a broad variety of confidential, sensitive and proprietary information. Much of the information regarding CHW, its hospitals, patients and employees is private and must be kept confidential. If you have any questions whether information falls within these categories, seek guidance from your manager, facility privacy official, human resources representative, Facility Compliance Liaison, System Compliance Directors or the CHW Hotline at 1-800-938-0031.

The privacy principles of CHW require that all Protected Health Information (PHI), as defined in the rules and regulations of the Administrative Simplification Section of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), be maintained and secured in a manner required by the HIPAA and other applicable federal and state laws and CHW policies. These principles shall also extend to the protection of business information proprietary to CHW. CHW has developed and implemented specific broad policies and procedures to uniformly support these privacy principles.

- **Right to Privacy:** CHW Patients have certain rights regarding privacy and the confidentiality of their PHI. The CHW Facilities will limit the use and access to PHI as required by law and CHW policy.
- **Patient Rights:** CHW Patients have certain rights related to their PHI, and all facilities and employees shall comply with CHW policies and procedures.
- **Provision of Notice:** As required by law, notice of how CHW uses and discloses PHI shall be available to CHW patients.
- **Privacy Officer:** The CHW Board of Directors shall appoint a privacy official to be known as Chief Privacy and Data Security Administrator. This CHW employee is required to identify necessary personnel to carry out this function and approve CHW system-wide policies and procedures to implement these privacy principles.
- **Education:** CHW entities shall provide education to their workforce on these privacy principles.

## Patient Rights

- Patients are treated at all times with care, concern, and respect. They are entitled to prompt and courteous responses to their needs for treatment or service
- Medically necessary care is provided to patients conditioned on informed consent. A patient's refusal of care or procedure is respected. Care is provided in an efficient as possible manner, consistent with our obligation to maintain quality. Patients are entitled to complete disclosure of all charges.
- Patients are informed of their right to self-determination. This right respects the competent adult patient's right to participate in and make his/her own health care decisions after receiving his/her physicians complete disclosure of the nature and consequences of proposed health care, including significant benefits, risks and alternatives. A patient has the right to accept medical care or to refuse treatment, and to be informed of the medical consequences of such refusal.
- Medicare beneficiaries are given a variety of written notices upon admission or at discharge, including notices that care is subject to a Quality Review Organization (QIO) and Utilization Committee review. Also, additional patient rights apply for Medicare patients in long-term care facilities and home health agencies, including a requirement that patient be informed of their rights in a language they understand.
- If a patient has been declared incompetent by a court, or is assessed by his/her primary care physician to lack "capacity", which means the ability to understand the nature and consequences of proposed health care, including significant benefits, risks, and alternatives, the patient agent holding power of attorney for healthcare, surrogate decision maker, conservator/guardian, next of kin or other legally authorized responsible person has an obligation to act in the best interests of the patient to the extent permitted by law.
- CHW medical centers provide patients at discharge with information regarding the availability of any post-hospital services they may require, consistent with applicable laws, assuring patient choice is appropriately maintained at all times.
- A patients special needs are considered in planning for optimal care by providing special programs in response to such needs. For example, a pain management policy may serve as a guide for optimizing pain control of each patient served.

# Cultural Diversity

Culture is the learned or shared knowledge, beliefs, traditions, customs, rules, arts, history, folklore and institutions of a group of people used to interpret experiences and to generate social behavior.

Cultural identity includes a number of different things, including:

- **SYMBOLIC OBJECTS:** such as spiritual or religious items of clothing. When encountering objects with which you are not familiar, politely ask about their significance, but don't press the issue if the patient or family does not appear willing to explain.
- **LANGUAGE:** Includes slang terms, words that indicate status, and level of intimacy. Always use surnames unless you are given permission by the patient or family member to use their first name.
- **TOPICS AND PATTERNS OF CONVERSATION:** In many cultures, it is inappropriate to initiate a serious conversation immediately. Take a few moments to introduce yourself to the patient and family in order to build rapport and trust.
- **TOPE OF VOICE:** Use a soft tone of voice, emphasize courtesy and respect, and refrain from harsh criticism or confrontation.
- **NON-VERBAL CLUES SUCH AS GESTURES, FACIAL EXPRESSIONS, BODY LANGUAGE AND PERSONAL SPACE:** A handshake is customary among many Americans, however it is not always welcome among other cultures where it may be considered rude or intrusive, especially between opposite genders.
- **FAMILY AND KINSHIP STRUCTURE, COMPOSITION AND AUTHORITY:** How the family is constructed determines one's values, the decision-making patterns within the household, and who will be responsible for the patient and health care decisions.
- **CONCEPT OF TIME, INCLUDING PASSAGE, DURATION AND POINTS WITHIN:** Individuals who are past-oriented value tradition and doing things the way they have always been done. They might be reluctant to try new procedures. Present-oriented people focus on the here and now and may be relatively unconcerned with the future, dealing with it when it comes. They may show up late or not at all for appointments. Future-oriented people may become so caught up in the "what-ifs" of the future that focusing on the present moment may be difficult.
- **COOKING AND DINING TRADITIONS:** What time of day does the patient eat their main meal? Do they have special needs for preparation, utensils, or diet? Some cultures place great value on the meal as an event when the entire family gathers together.
- **SPIRITUALITY AND RELIGION:** What one believes affects one's responses to health, illness, birth, dying, death and other life events. A person's source of meaning and purpose fosters a sense of well-being as well as solace and comfort during times of crisis.

**Being culturally sensitive or competent does NOT mean knowing everything about every culture.**

**It is instead respect for differences, eagerness to learn, and a willingness to accept that there are many ways of viewing the world.**

# National Patient Safety Goals

The following NPSG are addressed with our patient population in all inpatient and ED areas:

- **Improve the accuracy of patient identification-with source document**
  - two identifiers used are name & DOB
  - two person verification for blood
- **Improve the effectiveness of communication among caregivers**
  - critical test results to physician within 30 minutes, use RBV (read back verify) for TONO
- **Improve the safety of using medication**
  - Use medication reconciliation process outlined by hospital
  - Label all medication, unlabeled meds are discarded, no pre-labeling
  - Use of anticoagulation protocol with education to patient/family
  - Use of guardrails on pump with Heparin infusion
- **Reduce the risk of health care associated infections**
  - Gel in/Gel out, education to pt/family about hand washing/gelling
  - Appropriate MDRO isolation & education to pt/family
  - Follow all isolation procedures completely
  - Follow Surgical Care Improvement Process guidelines
  - 15 second alcohol "Hub Scrub" for central line access
- **Accurately and completely reconcile medications across the continuum of care**
- **The organization identifies safety risks inherent in its patient population**
  - Staff can call RRT for clinical concerns
  - Educate family on ability and process to call RRT for patient concerns not addressed by healthcare team
- **Universal Protocol**
  - Procedural checklist, side/site marking, and time out for bedside procedures

# Questions and Answers

- Q. How do I access hospital Policy and Procedure manual?
- A. Contact the unit manager/supervisor/ lead to obtain a copy of any policy.
- Q. How do I report an adverse event?
- A. Contact the manager/supervisor/lead to report the event. They will assist you to complete the online event reporting document. If you have any doubts about what is considered an “event”, please contact the leadership team.
- Q. What do I do if I identify the need for an ethics consult?
- A. An Ethics consult can be called by anyone on the healthcare team. If you need an Ethics consult, first contact the unit leadership team. By dialing “O”, you will be provided with the information you need to contact the on-call ethics committee person.

# POINT OF CARE TESTING INFORMATION

NAME: \_\_\_\_\_ ID #: \_\_\_\_\_  
If you have any concerns or questions please call the Laboratory and ask for Point of Care

## GLUCOSE:

- Patients identification is done at the bedside with patient armband
- The **financial account number** is used as the **patient ID**
- Critical values are  $\leq 40$  or  $\geq 400$  mg/dL and **MUST** be repeated
- Use comments to document critical results in the meter (Select "comment", and then select appropriate comment)

## URINE DIPSTICK:

- Label urines with patient label, your initials, date, and time of collection
- Wait 60 seconds before reading strip, handle end up.
- Urine dipstick QC is performed in the lab when vials are obtained

## OCCULT BLOOD:

- Hemoccult card is for stool/fecal contents **ONLY**
- For Hemoccult **WAIT** 3-5 min after sample application before developing (yellow cap)
- Gastroccult card is for gastric samples **ONLY** and is used for pH and occult blood testing.
- Do not add Gastroccult developer (orange cap) to the pH Test Area
- Instructions for use can be found on both cards
- The on board controls are run on each patient test, when reporting patient results record "OBC ok" or "controls ok", testing **MUST** be repeated if QC fails.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Basic Unit Orientation

- Tour of unit and surrounding areas
- Location of restrooms, elevators, cafeteria
- How to obtain supplies, equipment
- Location of all fire alarms, fire extinguisher and drill procedures
- Location of all exits, emergency procedures
- Explain RRT and Code Blue process
- Location of “Right to Know” regulations and procedures
- Policy & Procedures(how to access)
- Identification of unit and hospital resources
- Point of care testing and password

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



# Education Verification Form

- Mission, Vision, and Values
- AIDET/ Nursing Care Bundle
- Compliance, Safety, and Security
- Infection Control & MDRO's
- HIPAA
- Given job description
- Pain Management
- Ethical Conduct
- Pt Rights/Cultural Diversity
- Unit Orientation
- NPSG
- Point of Care Testing

I have been given/seen the SJHMC orientation information for Clinical Contract Staff, and understand that I am held to the standards therein. If I have questions about any processes or patient standards, I understand that I have a responsibility to ask the unit resource to ensure the high quality standard of care is maintained for all patients.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_