

Student Checklist and Orientation Manual



From day one.

Patient Rights and Responsibilities

Patients have the right to exercise their rights, including:

- Participating in the development and implementation of the plan of care and ability to request or refuse treatment
- Involving family or guardian in care
- Designating a decision maker
- Excluding any or all family members from participating in care decisions

Patients have the right to their confidential information, including:

- Access to their clinical records within a reasonable time frame
- Receipt of an itemized bill within a timely manner for all services provided

Patients have the right to:

- Receive respect for their values, philosophy, religion and cultural practices
- Participate in ethical questions including conflict resolution
- Comfort and dignity
- Care at end of life, including palliative care
- Availability of pastoral care, spiritual services and cultural practices

Patients have the right to security, personal privacy and a safe setting, including:

- Freedom from any form of abuse or harassment
- Freedom from restraint and seclusion, unless clinically necessary
- A treatment environment that is physically and emotionally secure
- Information regarding the identity and professional status of individuals providing service
- Information regarding the proper identity of the physician or practitioner primarily responsible for the care
- Access to protective services

Patients have the right to be informed of their rights and responsibilities, including:

- Complaint resolution initiated through any staff member
- A grievance procedure to resolve complaints and conflict in a timely manner
- Information regarding how to report any concerns or complaints regarding abuse, neglect or personal property issues directly to the Facility Licensing Division of the Department of Public Health and Human Services, the Joint Commission and/or the Rehabilitation Accreditation Commission (CARF)
- Other concerns may also be referred to the Mountain Pacific Quality Health Foundation (the Professional Review Community Medical Center)
- Information received in a form, manner and language that can be understood
- Translation or interpretation services

Community Medical Center embraces the standards of conduct that include ethical business and professional behavior.

Patients and families have the responsibility to communicate information:

- That is accurate and complete about present complaints, past illnesses, hospitalizations, medications and other matters relating to health
- That tells the physician or nurse of any change in how the patient feels
- That reports unexpected changes in the patient's condition

Participates in treatment decisions:

- Discuss care options with the physician or nurse
- Ask the physician or nurse what to expect regarding care
- Work with the physician or nurse to develop a plan of care
- Request or refuse treatment
- Tell the physician or nurse of any requests regarding care
- Ask for pain medication when pain first begins
- Help the physician and nurses measure pain
- Tell the doctor or nurse if pain is not relieved
- Follow the treatment plan developed with the practitioner
- Accept the consequences of not following the treatment plan or instructions

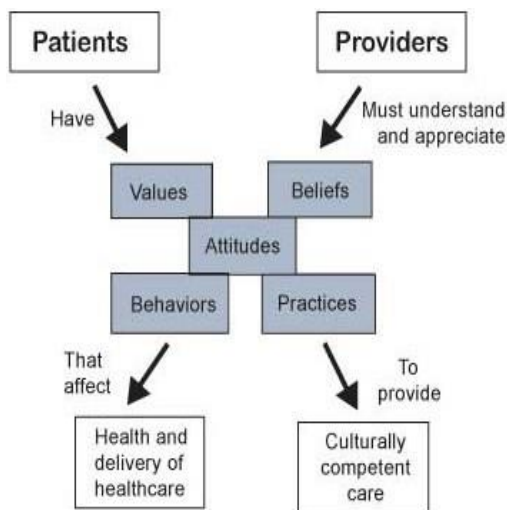
Respect Community Medical Center

- Adhere to Community Medical Center rules and regulations concerning patient care and conduct, as well as personal belongings
- Act with consideration and respect for other patients personnel and property
- Adhere to tobacco-free campus policies
- Satisfy financial obligations

Communicate

- Ask who is taking care of the patient, if they do not identify themselves
- Express concerns
- Inform staff of ways we can improve patient care or our service
- Inform staff of ways we can make family or visitors feel more welcomed

HIPAA



HIPAA is the United States Health Insurance Portability and Accountability Act of 1996. There are two sections to this Act. HIPAA Title I deals with protecting health insurance coverage for people who lose or change jobs. HIPAA Title II includes an administrative simplification section, which deals with the standardization of healthcare-related information systems. In the information technology industries, this section is what most people mean when they refer to HIPAA. HIPAA establishes mandatory regulations that require extensive changes to the way that health providers conduct business.

HIPAA seeks to establish standardized mechanisms for electronic data interchange, security, and confidentiality of all healthcare-related data. The Act mandates the following:

1. Standardized formats for all patient health, administrative, and financial data.
2. Unique identifiers (ID numbers) for each healthcare entity, including individuals, employers, health plans and health care providers.
3. Security mechanisms to ensure confidentiality and data integrity for any information that identifies an individual.

(SearchDataManagement.com)

HIPAA PRIVACY, SECURITY and CONFIDENTIALITY AGREEMENT

Information about patients, employees or volunteer staff of any of the above Community Medical Center must be treated as confidential. It is the obligation of every employee, volunteer, professional staff member or student to maintain confidentiality. Confidential information includes (but is not limited to) patient records and patient-related information, including financial information; employee records; any information of a private or sensitive nature; or any information whose unauthorized or indiscreet disclosure could prove harmful to a patient, employee, or volunteer at the healthcare Community Medical Center. We require that all interns, employees, specified professional staff, volunteers and students must sign the following confidentiality agreement:

1. The student will protect the confidentiality of patient and hospital information.
2. The student will not release unauthorized information to any source.
3. The student will not access or attempt to access information other than that information which the student has authorized access and a need to know in order to complete their job on any given day.
4. The student will not disclose their computer security code to anyone.
5. The student will not use another person's computer security code.
6. The student will not fax patient information outside of the hospital unless required for patient care; required by a third-party payer for ongoing certification of payment of a hospitalized patient; required for placement of patient. No information will be faxed without a Confidentiality Statement.
7. The student will not leave patient information or other information of a confidential nature on answering machines.
8. The student will report breaches of confidentiality to their clinical instructor and the department Director or Supervisor. The student understands that failure to report breaches in confidentiality is an ethical violation and subjects them to disciplinary action.
9. The student understands that any violation on their part of the above conditions could result in disciplinary action to include termination of the student's experience.

Conflict of Interest Statement

A conflict of interest exists anytime your loyalty to Community Medical Center is, or appears to be compromised by an outside interest. Appearances count; for example, if you are a close friend of a vendor who appears to be receiving favorable treatment or pricing, such an appearance of bias may be construed as a conflict of interest, causing other people to lose confidence in Community Medical Center. You may not engage in any personal business or professional activity, nor hold any direct or indirect financial interest, which conflicts with the duties and responsibilities of your position within Community Medical Center. If you have any doubt, treat the situation as if a conflict exists until you have properly disclosed and resolved the potential conflict through your supervisor, quality or risk management or other appropriate channels. You have a duty to disclose actual or potential conflicts.

Risk Assessment Occurrence/Event Reporting

Occurrence/event reports are used to report any incidents, accidents and lost or damaged property, occurring at Community Medical Center involving patients, employees, or visitors. An occurrence/event is an event not consistent with the routine operation of the hospital or the care of the patient.

The occurrence report must be an accurate account of details and completed promptly. This serves two purposes:

1. To inform the Administration and the appropriate Safety Committee(s) of the occurrence, provide statistical data which can be used to prevent recurrence of occurrences, and to take corrective actions to improve the quality of care.
2. To alert the Quality and Risk Management Department of the occurrence so that further investigation and/or intervention can be pursued, when appropriate. If you should need to report any incidents, accidents, lost or damaged property, please contact the Quality/Risk Management Department.

Injuries

It is understood and agreed by all parties that in the event of an injury sustained by a student when performing services under the terms of the affiliation agreement, students will be provided first aid and/or emergency care at the expense of the student. It is recommended that all students have personal health insurance. The student's health insurance shall be billed for any necessary treatment and any balance will be billed to the student. The responsibility for follow-up care if needed remains with the student.

Background Check Information

In connection with a student's application for participation in clinical rotations at hereafter referred to as COMMUNITY MEDICAL CENTER, and as a condition of acceptance at these COMMUNITY MEDICAL CENTER for such rotations, the student voluntarily agrees that Community Medical Center, its agents or designees, may request and obtain one or more background checks regarding that student; including criminal background check, exclusion database lists and national sexual offender lists; and the information received from the background checks may be shared between these COMMUNITY MEDICAL CENTER and the student's school. Community Medical Center can also receive and use for its purposes any such background checks from the school. All costs associated with the background checks; including criminal background check, exclusion database lists and national sexual offender lists; is the responsibility of the student and/or school. This includes background checks that may need to be run more than once. All students must fill out the Criminal Background Sexual Offender Check Release Authorization.

The background check; including criminal background check, exclusion database list; (Office of Inspector General/OIG <http://exclusions.oig.hhs.gov/>) and national sexual offender list;(<http://www.nsopw.gov/en-us>) must cover the past 7 years, and must be run within 6 months prior to the start of the student's program that will require clinical rotations. An initial background check prior to the first year in a program is required and then that background check information can be used until the end of the program, if the student returns in the same program for sequential years.

Telephone facsimile (fax), photographic or digital (pdf) copy of the background release and background check information executed will be as valid as the original.

It is the school's responsibility to verify an approved background check is on file for each student with the school. In some cases the student may submit a background check directly to the clinical site. In this case the background checks will be approved or denied by the clinical site.

The student must report to Community Medical Center designee, within 48 hours, any criminal charges, arrests or indictments that occur at any time during rotations at these COMMUNITY MEDICAL CENTER. The student must also report any criminal charges, arrests or indictments that have occurred after the background check that was cleared to begin the student's training experience. Failure to do so could lead to termination of the relationship. The reported information may be shared with the student's school.

Drug Screen

It is the schools responsibility to verify that the student has successfully completed 10 panel drug screen is no more than **30 days** from the start of the school year; I am verifying that the results show no discrepancies.

Cultural Competence and Diversity in the Workplace

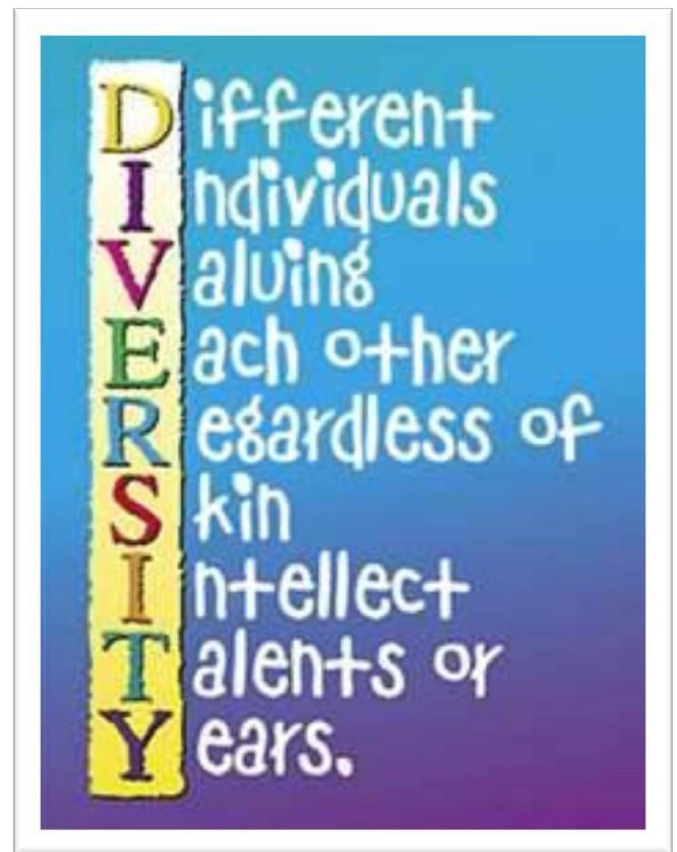
All human beings have more in common than they have differences. That is no more apparent than when a person is being treated in a medical setting. Health care is more than treatment of diseases or bodies. It is also the care of an individual who comes to us with a social, cultural, family, and religious history. Cultural skill entails the ability to collect relevant data regarding the patient's presenting problem, as well as accurately perform a culturally-based assessment in a sensitive manner.

Cultural competence and the understanding of diversity in the workplace are based on several core beliefs:

- Each patient is a unique person
- Individuals are complex
- Cultivating compassion requires that we understand situations from the others' point of view and engage in self-reflection regarding how our actions are affecting the other person
- We can appreciate the similarities as well as the differences among people and acknowledge strengths and weaknesses of each individual

The goals of developing cultural competence and an understanding of diversity in the workplace are to:

- Improve the quality and efficacy of medical care for all patients
- Reduce health inequity, reduce disparity
- Better communication between patient and healthcare provider regarding medical history and symptoms, resulting in more accurate diagnosis and better care
- Increase respect and trust between patient and provider, increasing the likelihood of compliance with recommended treatment



“As health care workers, we are ethically obligated to the provision of culturally congruent care to all individuals that enter our health care systems and facilities and all clients have the right to such care. The delivery of culturally congruent healthcare presents a challenge for the health care provider. It requires, first, that we open our minds. It required an honest examination of one's own values and beliefs, a willingness to learn and a great deal of creativity.”

*Cultural, Ethnic, and Religious Reference Manual for Health Care Providers,
JAMARDA, Resources, 1995*

Infection Control and Hand Hygiene

Hand hygiene is the single, most effective method for prevention of infection, for both you and our patients. Community Medical Center abide by the Centers for Disease Control and Prevention Guidelines, which are summarized next.

Rationale for hand hygiene

- Potential risks of transmission of microorganisms to patients
- Potential risks of health-care workers colonization for infection caused by organisms acquired from the patient
- Morbidity, mortality, and costs associated with health-care associated infections

Indications for hand hygiene

- Contact with a patient's intact skin
- Contact with environmental surfaces in the immediate vicinity of patients
- After glove removal

Techniques for hand hygiene

- Amount of hand-hygiene solution
- Duration of hand-hygiene agents
- Selection of hand-hygiene agents
 - Alcohol based hand rubs are the most efficacious agents for reducing the number of bacteria on the hands of personnel
 - Antiseptic soaps and detergents are the next most effective and non-antimicrobial soaps are the least effective. Vigorous rubbing the hands for 15 seconds is recommended.
- Soap and water are required for visibly soiled hands or when caring for patient diagnosed with C.diff. or other spore causing infections.
- Alcohol-based hand rubs are recommended for routine decontamination of hands for all clinical indications (except when hands are visibly soiled) and as one of the options for surgical hand hygiene.
 1. Apply a palm full of the product and cover all surfaces of the hands.
 2. Rub hands until hands are dry.

Expectations of patient care managers/administrators

- Written statements regarding the value of, and support for, adherence to recommended hand-hygiene practices
- Role models demonstrating adherence to recommended hand hygiene practices

Indications for, and limitations of, glove use

- Hand contamination may occur as a result of small, undetected holes in examination gloves
- Contamination may occur during glove removal
- Wearing gloves does not replace the need for hand hygiene
- Failure to remove gloves after caring for a patient may lead to transmission of microorganisms from one patient to another

(CDC, 2002)



Immunization Information:

<http://www.cdc.gov/>

Centers for Disease Control and Prevention

CDC 24/7: Saving Lives. Protecting People. Saving Money through Prevention.™

Please refer to the website above for any questions pertaining to Infection Control, Hand Hygiene or Immunization information.

Immunization Approved Requirements

All students are required to have current immunizations listed below, not only for their safety, but also for the safety of our patients, staff, volunteers and visitors.

MMR (measles, mumps, rubella)

- 1) 2 official records receiving shots (1957 rule for only one MMR no longer applies)
OR
- 2) Positive results from a titer for each (measles, mumps, rubella) showing immunity.

Varicella (chickenpox)

- 1) Record of two vaccinations recommended by the CDC
OR
- 2) Positive titer results showing immunity
OR
- 3) Student has recollection of having the disease. The student will need to provide documentation in writing. It must be signed and dated with the approximate date or age the student had the disease. (see page 9) If one of the other two requirements above has been met, this will not need to be filled out.

Hepatitis B

- 1) Record of 3 shot vaccination series **and** titer with reactive or positive results
OR
- 2) A titer with reactive or positive results if the student has previously received the vaccines
OR
- 3) Student must have documentation they have **started** the series of 3 shots and a titer.
OR
- 4) Can be declined but student must sign a declination.

Tetanus w/ Pertussis (Tdap)

*****One record required in the last 10 years*****

- 1) Required for all nursing students
****Please note: this must be the Tdap (tetanus w/ pertusis) not td (tetanus diphtheria) vaccination.**

Record of Flu shot

*******Yearly vaccination is required.*******

- 1) If student will not be doing clinical during flu season, this shot will not be required
- 2) Keep in mind if shot is not required at the beginning of the rotation, but the rotation carries over into the next flu season, the student will be required to obtain the shot.

If the student is unable to provide records for or flu shot, they will be required to wear a mask during flu season.

TB (PPD-tuberculosis)

- 1) Record a negative TB skin test in the last 12 months (If the test is positive, a chest x-ray required.) This only needs to be done at the beginning of a program after that an annual TB questionnaire will need to be filled out. (See below)
OR
 - 2) Negative Quantiferon TB blood test.
OR
 - 3) Fill out Positive Responder Form. Ask Community Medical Center for this form if you have a positive test.
AND
 - 4) Each year a student attends the same program they must fill out a TB questionnaire provided by the COMMUNITY MEDICAL CENTER. This questionnaire will then be sent to Community Medical Center' appropriate department along with a copy of the original negative TB test to be reviewed and a determination will be made by that department if an additional test is necessary based on the risk factors stated in the questionnaire.
- ★ **Even if the student chooses to wear a mask for any of the reasons accepted above they must not be sick when they report to clinicals.**

Students/Interns Professional Appearance

Professional appearance is of primary importance when delivering or supporting patient care at our healthcare Community Medical Center. We believe that appearance impacts the level of confidence that families, patients and employees have in our Community Medical Center. When you have a neat appearance and appropriate attire, you convey a professional attitude of excellence. The following guidelines apply to all student/intern participants. As indicated, patient care/clinical staff (staff whose primary job involves work in a patient care area) have more specific guidelines for safety. A member of the Executive Team may further define appropriate standards of appearance to meet particular and/or unique circumstances in their department or unit. The Executive Team may also grant approval for deviation from the personal appearance guidelines for special events.

| Guidelines for Professional Appearance | | |
|---|--|--|
| Type | Acceptable | Unacceptable |
| Pants | <ul style="list-style-type: none"> • Pressed, clean slacks that come to mid-calf or longer • Corduroy or gabardine slacks and khaki slacks • Dress slacks • Undergarments must be worn | <ul style="list-style-type: none"> • Jeans of any type or color • Sweatpants • Shorts of any kind • Bib overalls • Spandex, leggings, or stretch pants • Running pants • Pants that are worn, torn, frayed, or faded • Visibly skin-tight pants • Undergarments that show through outer clothing • Bare legs |
| Shirts / Blouses/ Jackets | <ul style="list-style-type: none"> • Collared shirts • Blouses • Golf or polo shirts • Sweaters • Turtlenecks • Sports jackets • Suit jackets • Undergarments must be worn | <ul style="list-style-type: none"> • Logo T-Shirts • Sweatshirts • Midriff-baring tops • Tank tops or shirts that do not cover the shoulder • Shirts that are sheer, revealing, or low-cut • Shirts that are worn, torn, frayed, or faded • Visibly skin-tight or backless tops • Undergarments that show through outer clothing |
| Dresses and Skirts | <ul style="list-style-type: none"> • Dresses and skirts (no more than two inches above the knee in length) | <ul style="list-style-type: none"> • Miniskirts • Spaghetti-strap or dresses that do not cover the shoulder • Visibly skin-tight skirts/dresses • Skirts/dresses that are sheer, revealing, or low-cut • Bare legs |
| *Scrubs – <i>Patient care / Clinical staff</i> (Scrubs determined appropriate by department Director) | <ul style="list-style-type: none"> • Clean, pressed, solid colored scrub bottom (pant/skirt) with scrub top to match or compliment • Scrub jackets of complimentary color • Turtle necks or T-shirt (without logo) with finished collar under scrub top • Undergarments must be worn | <ul style="list-style-type: none"> • All unacceptable items listed in above columns • Fleece vest or jacket worn over scrubs |

| | | |
|---|---|--|
| Footwear – <i>Patient care / Clinical staff</i> (Stipulated for safety) | <ul style="list-style-type: none"> • Tennis or walking shoes • Clogs (ex: Danskos or Birkenstocks) • Socks or nylons must be worn at all times | <ul style="list-style-type: none"> • Bare feet • Slippers • “Flip-flops” • Open-toed shoes |
|---|---|--|

| | | |
|--|--|--|
| Footwear – <i>Non-Patient care / Non-Clinical staff</i> (Stipulated for safety) | Loafers, dress shoes, or clogs Dress boots Heeled pumps Tennis shoes or walking shoes Open-toed shoes Socks or nylons must be worn at all times | Bare feet Slippers “Flip-flops” |
| Hats and/or Head coverings | Job required hats and/or head coverings <ul style="list-style-type: none"> • Hats and/or head coverings while undergoing chemo • Hats and/or head coverings required for religious observation | Baseball hats |
| Hospital Identification Badge | Badge worn above waist Name, picture, and job title are visible | Defacement of badge (ex: stickers that cover name, picture, or job title) |
| Jewelry <i>Patient care / Clinical staff</i> | Two rings Earrings that do not dangle off the ear more than ½ inch | Earrings that dangle off the ear more than ½ inch Nose studs Any other visible piercing |
| Jewelry <i>Non-Patient care / Non-Clinical staff</i> | Earrings (only two per ear) Rings | Any other visible piercing More than two piercings per ear |
| Tattoos | Covered tattoos are required | Visible tattoos that are perceived as offensive or inappropriate as determined by the department Director |
| Personal Hygiene | <ul style="list-style-type: none"> • Clean and neat | Offensive body odor |
| Nails | <ul style="list-style-type: none"> • Well-maintained • Clear or lightly polished • <i>Patient Care / Clinical Staff</i>: • | Chipped nail polish Decorations such as glitter, strips, etc. <ul style="list-style-type: none"> ❖ Any type of artificial nail ❖ Nails longer than 1/4 inch |
| Hair | <ul style="list-style-type: none"> • Clean and neat • Facial hair that is well-groomed | <ul style="list-style-type: none"> • Hair dyeing that is not a natural color • <i>Patient Care \ Clinical Staff</i>: • Hair longer than shoulder length that is not pulled back |
| Fragrances | <ul style="list-style-type: none"> • None | <ul style="list-style-type: none"> • Cologne or perfume • Aftershave • Scented lotion or body spray |
| Makeup | <ul style="list-style-type: none"> • Conservative | <ul style="list-style-type: none"> • Heavy |

***** See individual Community Medical Center policies for specific appearance policies*****

You are expected to check with your supervisor about specific appearance standards for your department or unit. Any clothing and/or accessories (including jewelry) that interfere with patient care and/or your ability to effectively perform work duties are prohibited. Supervisors and/or Managers have the authority to address your appearance. If you dress inappropriately, you will be asked to leave and return in appropriate attire.

Hospital provided scrubs should not be worn or carried off the premises without your supervisor’s or manager’s approval.

Identification badges

The Hospital identification badge must be worn above the waist. Your identifying information must be visible at all times. The badge may not be altered or have anything affixed that would prohibit proper function. Your badge must be in your possession at all times for the purpose of time recording and identification in the case of an emergency and/or disaster. If your identification badge is lost or stolen, you must report it immediately. If your badge is lost or willfully damaged, there will be a replacement charge.

2020 Hospital National Patient Safety Goals

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. This is done to make sure that each patient gets the correct medicine and treatment.

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. Give the patient written information about the medicines they need to take. 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 the 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.

Identify patient safety risks

NPSG.15.01.01

Reduce the risk for 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.