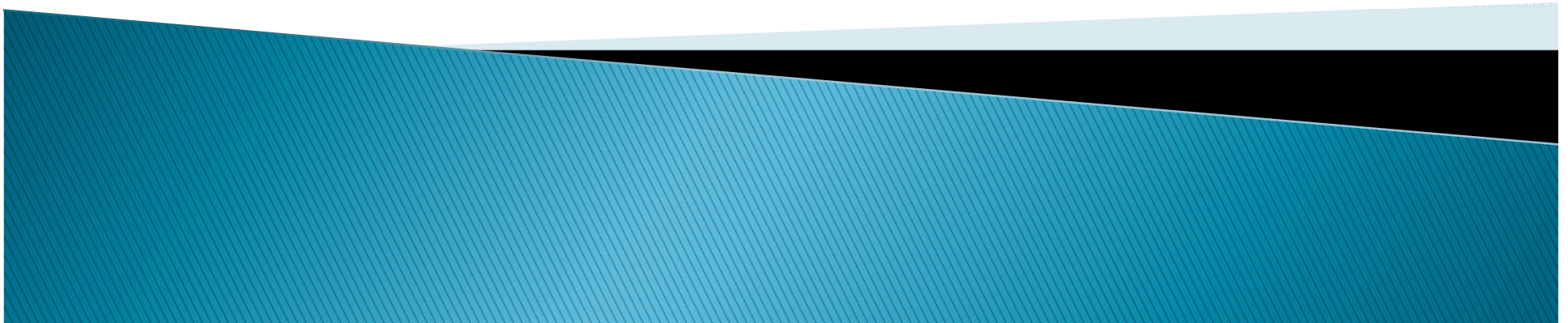


Sharp Health Care Student Orientation Checklist

Find all training materials and
documents at:

www.sharp.com/instructors-students/



Joint Commission on Accreditation of Hospitals (JCAHO)

- ▶ An independent, not-for-profit organization, The Joint Commission accredits and certifies more than 20,500 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

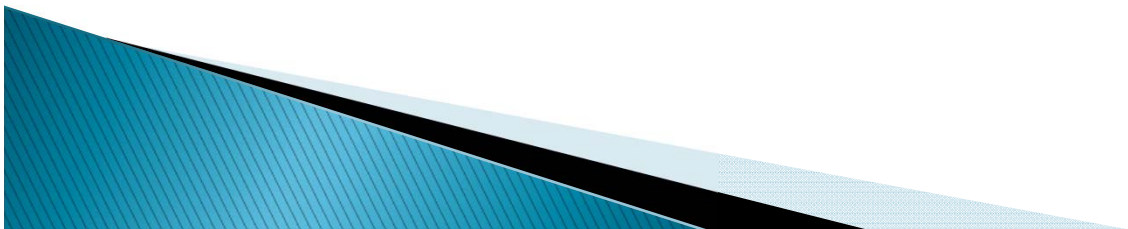
Our Mission: To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

Vision Statement: All people always experience the safest, highest quality, best-value health care across all settings.



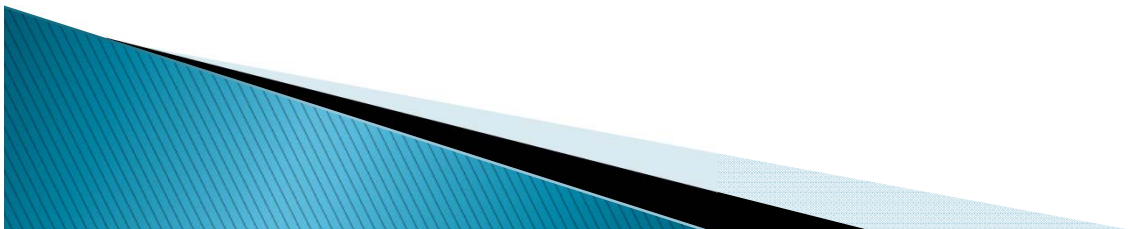
Sharp Student Orientation

- Regulatory requirements for each student
 - Student Competency Answer sheet – must be graded, remediated & signed by instructor
 - Signed Code of Conduct
 - Signed & Witnessed Confidentiality & Non-Disclosure agreement
 - HIPAA Certificate
 - Student Orientation checklist
 - Cerner EMR & Bar Coding Requirement/Tutorial
 - All documents stored in school file for 3 years
- Review upon orientation
 - Parking for Students
 - Body Fluids Exposure
 - Safe Patient Mobilization
 - Student–RN Communication Tool
 - Student Dress Code
 - Emergency Codes
 - Expectations Protocols and Sharp HealthCare



The Sharp Experience

- ▶ Sharp Healthcare Values and Mission
- ▶ Pillars of Excellence
- ▶ AIDET
- ▶ Sharp Healthcare 5 “Must Haves”
- ▶ Behavioral Standards



The Sharp Experience

- The best place to work
- The best place to practice medicine (and Nursing)
- The best place to receive care
- The best health care system in the universe!

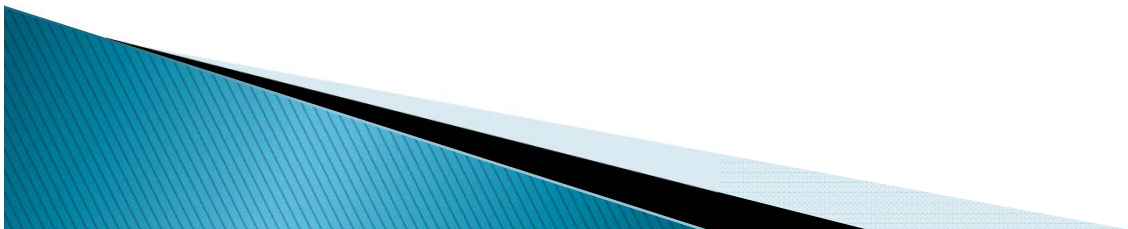


Sharp Values, Vision, and Mission

Mission

To improve the health of those we serve with a commitment to excellence in all we do.

Our goal is to offer quality care and services that set community standards, exceed patient's expectations and are provided in a caring, convenient, cost effective and accessible manner.



Pillars of Excellence

The seven pillars are a visible testament for the foundation for its vision to transform the health care experience

- **Quality** – demonstrate and improve clinical excellence to set industry standards and exceed customer expectations
- **Safety** – Keep patients, employees and physicians safe & free from harm
- **Service**–Overall patient and physician satisfaction in Sharp hospitals and affiliated medical groups
- **People**–Increasing employee satisfaction and retention and reducing employee turnover
- **Finance**–Increasing available cash on hand to reinvest in operations and reducing workers compensation claims
- **Growth**–Increasing total net revenue to reinvest in operations.
- **Community**–Be an exemplary public citizen by making a difference in the community and supporting the stewardship of our environment



AIDET

5 Steps to Achieving Satisfaction

- ▶ AIDET is a framework for Sharp's staff to communicate with patients and their 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 as we communicate with other staff and colleagues, especially when we are providing an internal service.



AIDET in practice

- ▶ Acknowledge
- ▶ Introduce
- ▶ Duration
- ▶ Explanation
- ▶ Thank-you



Five “Must Haves”

The five Must Haves of The Sharp Experience are:

- Greet people with a smile and “Hello,” using their name when possible
- Take people where they are going, rather than point or give directions
- Use key words at key times. “Is there anything else I can do for you? I have the time.”
- Foster an attitude of gratitude. Send thank-you notes to deserving employees
- Round with reason to better connect with staff, patients, family and other customers

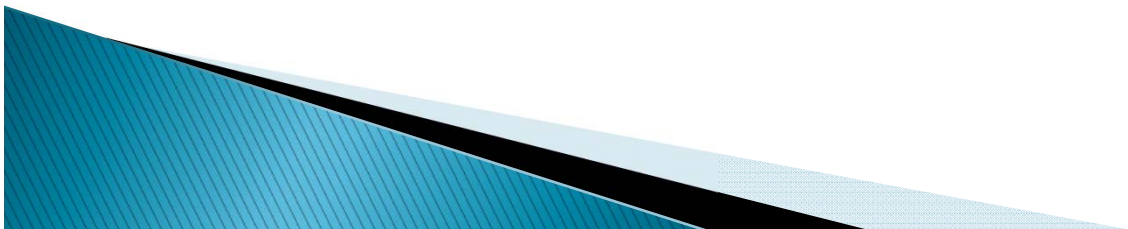


Behavior Standards

Sharp HealthCare employees have worked together to develop the 12 behavior standards after which to model daily actions.

The standards uphold the Pillars of Excellence.

Each month, the entire workforce focuses on improving one standard. Standards are tied to annual performance reviews.



12 Behavioral Standards

Please carry a copy with you each clinical day

Attitude is everything
Make Words Work
Make It Better
Thank Somebody
All for One, One for all
Think Safe, Be Safe

Look Sharp, Be Sharp
It's a Private Matter
Vive La Difference
Keep in Touch
To "E" or not to "E"
Get Smart



Clinical Unit Tour

completed by clinical instructor: kept in school file for 3 years

- ▶ Chain of command
- ▶ Population served
- ▶ Documentation
- ▶ Medication Delivery System and Access
- ▶ Review of Student Expectations & Protocols
- ▶ Applicable Equipment
- ▶ Reportable Patient Issues
- ▶ Policies & Procedures
- ▶ Restraints & Seclusion



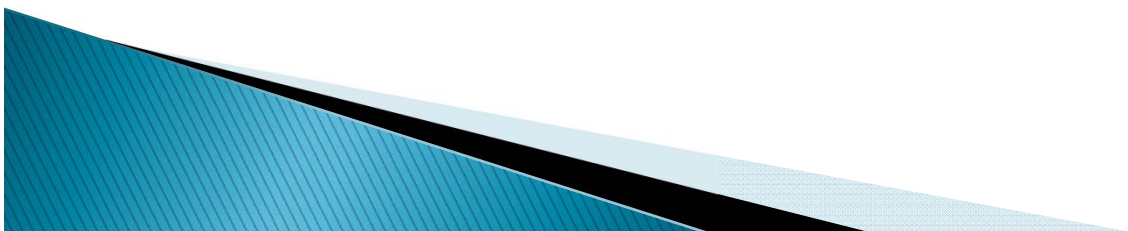
Chain of command

Defined in health care as a formal line of responsibility to both deliver appropriate care and feedback about perceived appropriateness and the impact of care.

Purpose: facilitate communication, teamwork, and collaboration between the decision maker and the front line staff.

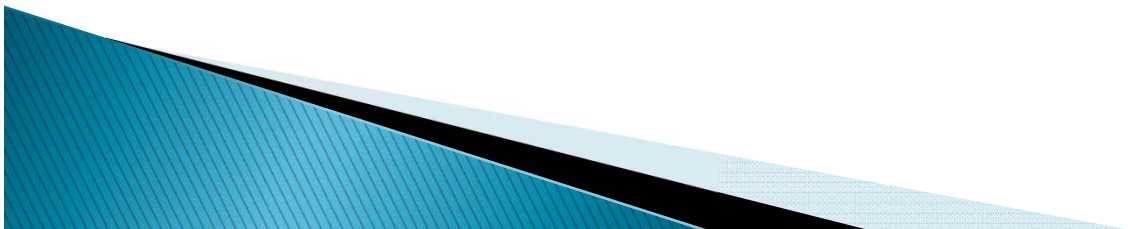
Fails if the next person up in the hierarchy refuses to act, has not been trained to act, fears retaliation, or enables behaviors.

Effective only if leadership demonstrates a willingness to act



Population Served

- ▶ Serves 3 million residents of San Diego County
- ▶ Largest Healthcare System in San Diego
- ▶ Largest private employer in San Diego
- ▶ Three specialty hospitals
- ▶ Four Acute Care Hospitals
- ▶ Three Medical Groups



Documentation

- ▶ Online Cerner EMR/Bar Coding tutorial required for all students
- ▶ Username and password will be provided by instructor
- ▶ Computer availability is limited
- ▶ Be conscious about using computers needed by staff
- ▶ Instructor will guide you in available computers
- ▶ DO NOT PRINT SCREEN–if staff prints screen, notify instructor, document will be shredded



Medication Delivery

- ▶ Students do not receive access to PYXIS
- ▶ Students may deliver medication under the supervision of an RN or clinical instructor only



Do not use abbreviations list

- **Facts about the Official “Do Not Use” List**
- In 2001, The Joint Commission issued a *Sentinel Event Alert on the subject of medical abbreviations*, and just one year later, its Board of Commissioners approved a *National Patient Safety Goal requiring accredited organizations to develop and implement a list of abbreviations not to use*. In 2004, The Joint Commission created its “do not use” list of abbreviations (see below) as part of the requirements for meeting that goal. In 2010, NPSG.02.02.01 was integrated into the Information Management standards as elements of performance 2 and 3 under IM.02.02.01.



Do Not Use List

Official "Do Not Use" List	Do Not Use	Potential Problem	Use Instead
▶ U, u (unit)		Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
▶ IU (International Unit)		Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
▶ Q.D., QD, q.d., qd (daily)			
▶ Q.O.D., QOD, q.o.d, qod			
▶ (every other day)		Mistaken for each other	
▶ Period after the Q mistaken for "I" and the "O" mistaken for "I"			Write "daily"
▶ Write "every other day"			
▶ Trailing zero (X.0 mg)*			
▶ Lack of leading zero (.X mg)		Decimal point is missed	Write X mg
▶ Write 0.X mg			
▶ MS			
▶ MSO4 and MgSO4		Can mean morphine sulfate or magnesium sulfate	
▶ Confused for one another			Write "morphine sulfate"
▶ Write "magnesium sulfate"			



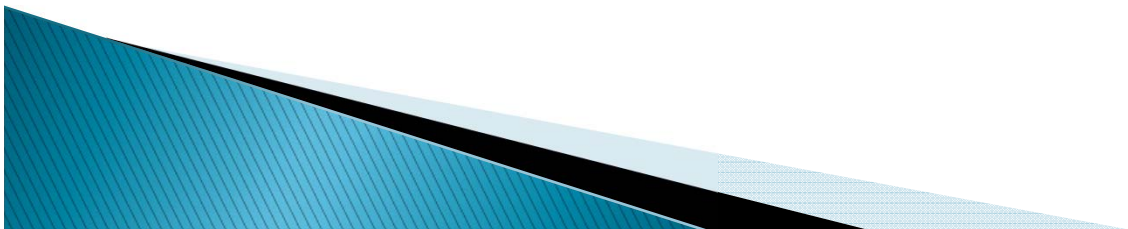
Equipment

- ▶ Accu-check—students will not receive a code:
 - Instructor will orient:
 - Students may perform with RN or instructor
- ▶ Other: e.g. B/P, pumps, call lights, bed alarms
 - if unfamiliar with equipment, do not use; ask for instructions



Waste Management

- ▶ Follow standards and protocols
- ▶ Sharps in Sharp Box
- ▶ Contaminated material disposed of in Biohazard Receptacles



Abuse

- ▶ Report unethical, unsafe, abusive, or neglectful treatment to instructor
- ▶ California Board of Nursing (BRN)
 - The law mandates nurses reporting
 - Child Abuse and Neglect
 - Elder Abuse



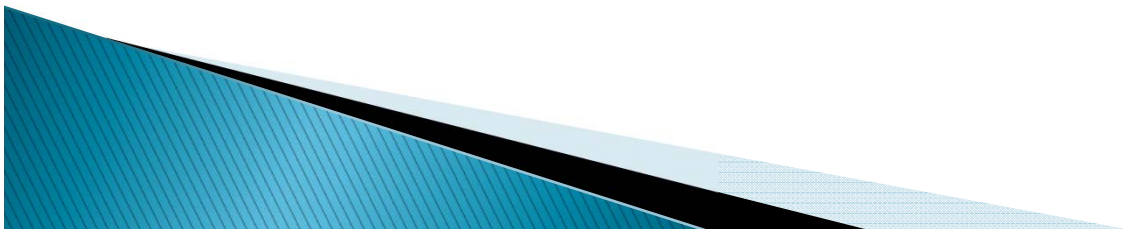
Policies & Procedures

- Go To Sharp Internet
- Click on P (at the top of the page with alphabet)
- Click on Policies and Procedures
- Type in the Policy or Procedure you are seeking



Restraints & Seclusion

- If your patient is restrained, review chart for appropriate orders
- Do Not apply restraints without supervision by staff
- Students are not involved in the care of patients in seclusion
- Review Policy: Restraints and Seclusion



Student Performance

- ▶ Appearance/Dress Code/Valuables
 - Nursing Consortium Dress Code
 - No artificial fingernails, clear polish, tip < ¼ inch

- ▶ Patient Rights–Confidentiality
 - Do NOT print screen
 - Cell phones are not permitted in any patient care areas, while walking in the hallways, or at nursing stations



Consortium Dress Code

San Diego Nursing Service–Education Consortium

Student Dress Code

These guidelines are minimum requirements expected of faculty and students for pre-clinical and clinical assignments. In addition, schools understand that facilities may require affiliating faculty and students to adhere Picture ID at all times.

Dress: School Uniform

Low, closed toe shoes, strap on clogs

Wedding ring, one small stud earring

Hair color natural, neat, if long secured back, facial hair trimmed

Cover Tattoos at all times

Finger Nails short (1 / 4 in), clear polish only, no acrylics

Make up in moderation

No perfumes or scented lotion

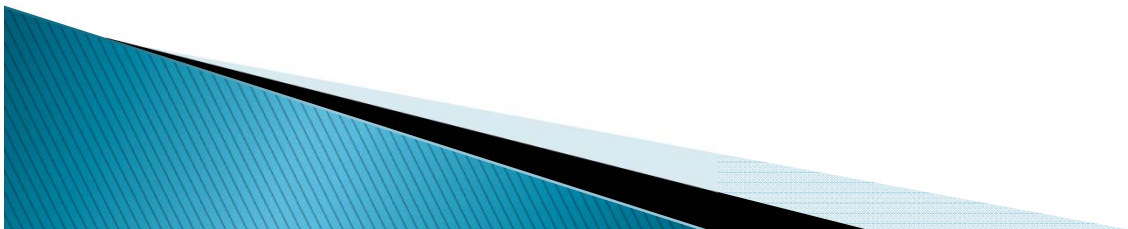
No low necklines

No visible undergarments



Patient Rights

- ▶ All patients, family, and visitors have a right to expect personal attention, understanding, and sensitivity.
- ▶ Review Patient Rights and Responsibilities which are posted on each patient care area
- ▶ Mental Health Patients have additional rights



Safety

- ▶ Standard Safety Guidelines

Body Fluids

Patient Mobilization/Fall Prevention

Emergency Codes

Fire

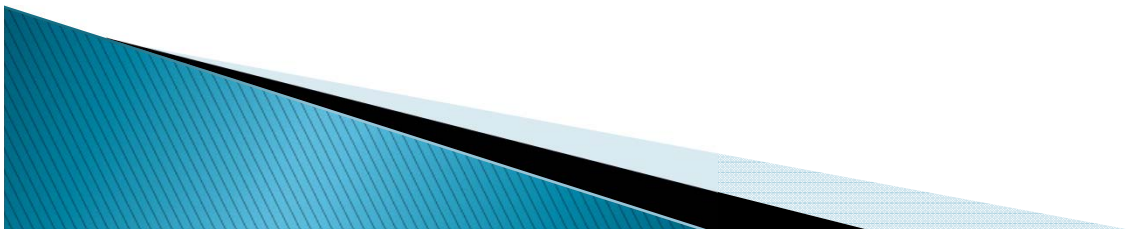
Material Data Sheet

National Patient Safety Goals



Body Fluid Exposure

- ▶ Body and Fluid Exposure
 - Evaluate within two (2) hours of exposure
 - Care at Sharp Facility Recommended
 - Must know health care provider/insurance
 - Sign consent for HIV, no testing if declines to sign
 - Results confidential



Safe Mobilization

Know patient's level of assistance

- ▶ Lift devices required for dependent transfers
- ▶ Use Appropriate body mechanics
- ▶ Review Policy: Safe Patient Mobilization



Emergency Codes

- ▶ Call *** for all codes.
- ▶ State Clearly, Code_____, and location, your name, repeat twice
 - Blue (Cardiac Arrest)
 - Red (Fire)
 - Green (Psychiatric Emergency)
 - Yellow (Police, weapon)
 - Pink (Neonatal Arrest)
 - Purple (Infant Abduction)



Fire

- ▶ Rescue—know which patients are non ambulatory, assist to safety
- ▶ Alarm—pull alarm, call Code Red ***
- ▶ Contain—close all doors and windows
- ▶ Extinguish—PASS
 - Pull
 - Aim
 - Squeeze
 - Sweep



OSHA: Occupational Safety and Health Admin

OSHA standards are rules that describe the methods that employers must use to protect their employees from hazards

- provide fall protection;
- prevent trenching cave-ins;
- prevent exposure to some infectious diseases;
- ensure the safety of workers who enter confined spaces;
- prevent exposure to harmful chemicals;
- put guards on dangerous machines;
- provide respirators or other safety equipment; and
- provide training for certain dangerous jobs in a language and vocabulary workers can understand.



Material Safety Data Sheet (MSDS)

- ▶ Provides workers with procedure for handling or working with substance in a safe manner
- ▶ Includes information on physical data, toxicity, health effects, first aid reactivity, storage, disposal, protective equipment, and spill handling procedures.
- ▶ Barricade spill, notify staff and/or instructor



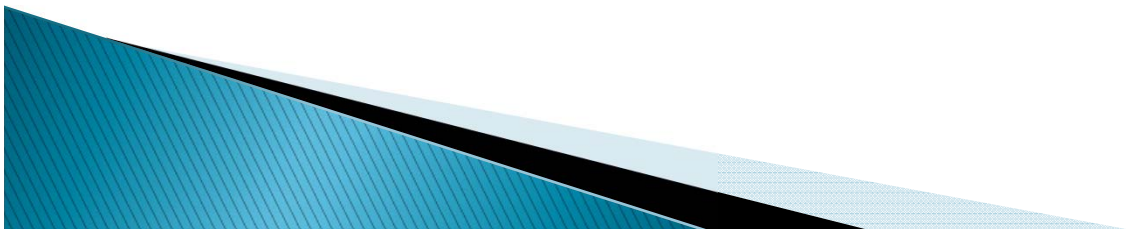
National Patient Safety Goals 2016

- ▶ Identify Patients Correctly
- ▶ Improve Staff Communication
- ▶ Use Medication Safety
- ▶ Use Alarms Safety
- ▶ Prevent Infection
- ▶ Identify Patient Safety Risks (Suicide)
- ▶ Prevent Mistakes in Surgery



Student Expectations & Protocols

- ▶ Bring copy of E&P each clinical day
- ▶ Come prepared
- ▶ Be on time for report
- ▶ Have goals and objectives prepared: utilize the RN/Student Communication tool (not to be “handed in” to RN: tool for preparation)
- ▶ Always report to RN if leaving the unit
- ▶ Alert RN if unable to complete treatments
- ▶ Report all abnormal findings asap to RN
- ▶ Know how to find your clinical instructor
- ▶ Be prepared to observe only when necessary
- ▶ Ask questions
- ▶ No cell phones, eating at nursing care areas
- ▶ Follow dress code: 12 Behavior Standards: EMR requirements: Medication policy



Nursing Student Clinical Rotation Evaluation

- ▶ Please complete at the end of your clinical rotation
 - Please be honest, clear and concise
 - Sharp strives for continual quality improvement
- ▶ Submit to your clinical instructor
- ▶ Acknowledging your RN preceptors
 - With a “Catch me Caring” or thank you note when your RN preceptor has done a stellar job: please submit to your clinical instructor



Remember

For each clinical day

- ▶ Bring a copy of Behavioral Standards
- ▶ Student/RN Communication tool (completed)
- ▶ Copy of Expectations & Protocols for Students and the RN preceptor
 - ▶ *Please fill out the Clinical Evaluation at the end of the rotation*
- ▶ For all information and documents:
www.sharp.com/instructors-students/

