

Decatur Memorial Hospital Student Nurse Orientation

Welcome to Decatur Memorial Hospital Student Nurse Online Orientation. We have high expectations that your clinical experience will be a positive one and look forward to assisting you. In order to prepare you for your clinical experience, you are required to complete this orientation module, there will be a test you will need to print, complete and return to your instructor prior to your first student visit at the hospital.

With every clinical semester you will need to renew your computer access and review the precision blood glucose monitoring with your instructor.

The Mission, Values, and Vision of Decatur Memorial Hospital.

Mission: To improve the Health of the people of Central Illinois

Values: We strive for certain values at DMH, we take into consideration these values when making decisions and actions.

CARES:
C ompassion
A gility
R espect
E xcellence
S ervice

Vision: The greatest care delivered by the best people.



So what is your role?

- ☞ The student nurse will provide care within the framework of the Illinois Nurse Practice Act.
- ☞ The student will be responsible for patient care consistent with their competency level in school and will be held to the same legal expectations as a licensed practitioner.
- ☞ Students are expected to abide by standards and policies set at DMH. Policies should be reviewed prior to initiation of a procedure. Policies are located on the Intranet.
- ☞ Please do not come to the hospital if you are sick. (fever > 100, Rash, please inform your instructor if you come into contact with any contagious condition)
- ☞ All students are asked to appropriately wear their school uniforms. They must display their college identification badge at chest level at all times. Refer to “DMH Appearance Policy” for all other requirements.
- ☞ A student will never take full responsibility for a patient. They will function under the supervision of an instructor and/or qualified preceptor.
- ☞ Clinical objectives and the student’s role will be communicated with staff nurses prior to participation in patient care.
- ☞ Students cannot witness or obtain consents, take orders, or receive critical values.
- ☞ Students will report off to their designated nurse prior to leaving the floor.
- ☞ All errors should honestly be reported to student’s instructors and incident reports be completed promptly. Incident reports are located on the Intranet.



DMH Nursing Philosophy

Nursing Practice at Decatur Memorial Hospital encompasses a wide variety of specialty practice areas from outpatient ambulatory care to advanced practice anesthesia. In all of these areas, we implement a professional practice model that emphasizes the autonomy and accountability of individual nurses and groups of nurses as they design and deliver care for their diverse patient populations.

Nursing leaders are expected to be transformational in their approach to nursing practice, leading us toward innovative solutions to meet the demands of the future. We do this through a council structure at both the hospital wide level and department level where all practicing nurses have the opportunity and accountability to design and improve the practice of nursing in their respective settings. These councils, along with their nursing leaders, focus on measurable positive outcomes in the delivery of nursing care, continually evaluating evidence to design innovative processes for care improvement.

We deliver nursing care within a patient care framework developed by nurses across the practice spectrum that places caring relationships with our patients and families as the key driver for innovation and excellence. Each practice specialty is responsible for designing a care delivery model which fits this framework and matches patients needs synergistically with nurses who have the appropriate skills, knowledge and experience to address those needs. These staffing models are evaluated regularly by practicing nurses and leaders to continuously improve our effectiveness in meeting patients' needs and in establishing a positive work environment for nursing practice.

Linda Fahey RN, MSN
Vice President of Nursing

We would like to invite you to visit one of our nursing councils, contact one of our professional nurses if you are interested:

Professional Practice

Unit Base Council

Clinical Practice Council

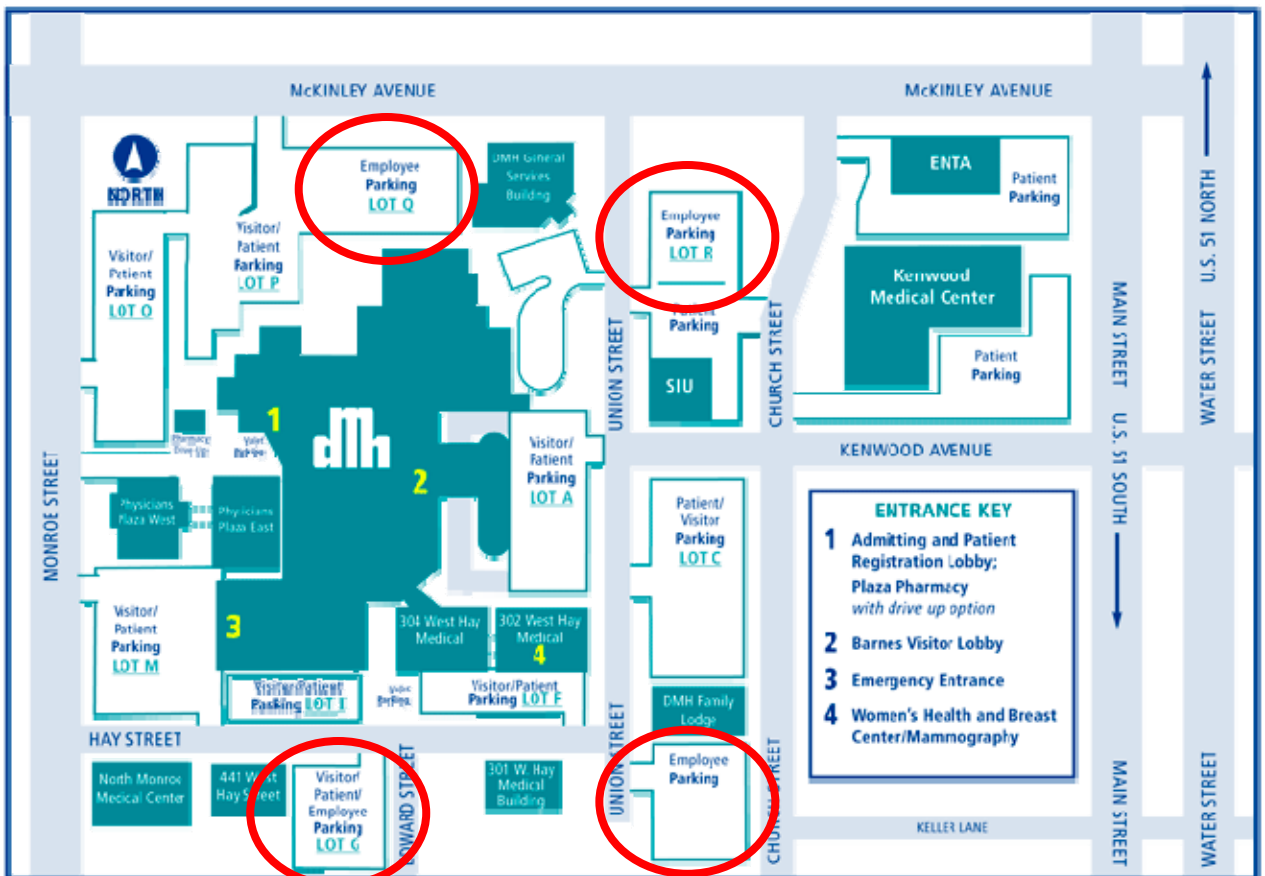
Research

Nurses Notes (Nurse News Letter)

Parking

You will be issued a student parking permit that should be visibly placed in the rear passenger window of your vehicle.

Students may park in the lots indicated for employee parking.



DECATUR MEMORIAL HOSPITAL - 2300 NORTH EDWARD STREET - DECATUR, ILLINOIS 62526

Customer Service

At DMH we put our customer first.

Listen to your patient's concerns, using **"HELP?"**

H- Hello my name is...

E-Explain why you are there....

L-Listen to the patient...

P-Provide accurate information

?-Ask, "Is there anything else you need?"

In 2008 the CMS (Centers for Medicare/Medicaid) began to require hospital to publicly report patient satisfaction data captured through their HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey instrument. The survey was designed to produce comparable data on the patient's perspective on care that allowed objective and meaningful comparisons between hospitals in areas that are important to consumers. The HCAHPS survey asks how *often* something was done and asks the patient to evaluate the care with a frequency scale of never, sometimes, usually and always. Results are publicly reported to make hospitals accountable for their actions and improve the quality of care.

Cultural Diversity

As Health Care Advocates it is our responsibility to provide the best possible care to all of our patients, regardless of age, race, gender or ethnic origin. We want to create an environment that is respectful to all of our patients. Cultural Diversity is considering the differing views about health and health care. Avoid stereotyping; don't assume an individual patient follows that culture's particular view. It is important to ask your patient open ended questions to assess their views and desires. Effective communication is crucial to provide the best possible care for our patients. DMH has many resources available to assist in communication, ask one of the DMH staff members.

Nursing students have a big role in assessing our patient's diversity, and we want to hear your assessment.

Suspected Abuse, Neglect, Violence and Exploitation Assessment

Working in a healthcare setting we have an opportunity to identify and have an impact on acts of violence. If you suspect one of your patients is a victim of abuse, neglect, violence or exploitation, please inform one of our professional staff members.

Confidentiality and Privacy

HIPPA (Health Insurance Portability and Accountability Act of 1996)

Decatur Memorial Hospital has pledged to our patients to keep their information confidential and to respect their privacy, there is zero tolerance for a breach of confidentiality.

Confidentiality means you may not disclose any information you have heard or read about a patient, this includes the patient's name or any identifying factors about that patient. Never discuss confidential information about patients and their families, unless it is with an authorized person in a private area.

Privacy is also important with electronic transition, never copy part of a patient's chart, never download patient information (such as to a memory stick), and never put patient information into an email.

"What you learn about your patient here stays here." Students who participate in a clinical rotation here are agreeing to maintain our high level of confidentiality.

Emergency Preparedness

*****Dial 2345 to report an emergency*****

Code Red = there is a fire somewhere at the hospital **RACE** is a national acronym used to help you remember what you must do in case of a fire So if there is a fire remember

RACE:

R – Rescue: Your first priority is to remove patients from immediate danger.

A - Activate: Pull the nearest red fire alarm box and dial 2345 (fire alarms are usually located by the fire exits, Locate the fire alarms during your clinical time.

C- Confine: Close all the doors

E- Evacuate/Extinguish: Know the location of all fire exits should evacuation become necessary

Use the proper fire extinguisher to extinguish or control a fire, only if trained to do so.

DMH uses the acronym PASS.

Emergency Situation Codes (dial 2345)

CODE WORD	SITUATION	YOUR ROLE
CODE BLUE	Cardiac arrest in the hospital at the designated location	Avoid area. Do not use elevators to area.
CODE BLUE EXTERNAL	Unresponsive patient or serious patient condition on the hospital grounds	ECC staff, Anesthesia, Respiratory and Security respond.
CODE GREEN	Oxygen system outage	Patients need to be placed on portable oxygen supply.
CODE LEAVE	Patient elopement.	Designated departments search for the patient.
CODE MAJOR	Greater than 25 patients will be arriving in ECC in rapid succession. All normal hospital functions will cease.	Call back initiated by Director. Perform duties as assigned in External Disaster Plan.
CODE MINOR	ECC is aware of an influx of a number of patients that will affect other hospital departments	Avoid ECC area.
CODE ORANGE	Bomb threat has been received	Do not use any equipment, light switches, elevators. Close doors until area has been cleared. Report all suspicious packages.
CODE PINK	Pediatric arrest in the hospital at the designated location	Avoid area. Do not use elevators in area.
CODE RED	Fire situation in area designated	Avoid area. Do not use elevators to area. If part of fire response team, bring fire extinguisher to location of Code Red.
CODE YELLOW	Hazardous material spill in area designated	Avoid area – do not attempt to clean up major spills.
CODE SECURE ALL FLOORS	A threat of violence to patients or staff with a weapon involved	Quickly clear hallways of any equipment, patients, families. All persons (including staff behind closed (locked if possible) doors until released
CODE SHELTER	Widespread reduction in air quality (ex. Chemical fume cloud).	Follow departmental plans and overhead paged instructions. Be ready to evacuate if necessary.
CODE STORK	Denotes an infant abduction in Pediatrics or OB (using the Code Alert system)	Have proper identification available at all times. Watch for suspicious persons with children or packages.
CODE STRONG	Activates a team of employees to respond to designated area to assist in controlling a situation/violent patient	Avoid area.
AMBER ALERT	Denotes an infant abduction in an area not covered by Code Alert system	Have proper identification available at all times. Watch for suspicious persons with children or packages.
WATCH CODE	The Weather Service has stated conditions are favorable for severe weather.	Avoid windows; pull drapes. Patients may be moved to safer locations.
WARNING CODE	The Weather Service has stated severe weather has occurred in the area.	Visitors/families will be moved to the South end of Kirkland Lobby. Avoid elevators.
WEATHER CODE	Weather conditions are such that employees are unable to safely travel to work.	Staffing may be altered. Employees may be sleeping at the hospital. If you are unable to get to work, call immediately as transportation may be provided.

DMH has a Rapid **Response Team (RRT)** - to provide rapid and timely intervention of a declining patient. To initiate the Rapid Response Team call #5555 with the room location they should respond to. For additional information you may access this policy on the DMH.

Equipment Safety

It is everyone's responsibility to identify equipment in need of repair and removing it from the department. A work order is then filled out and sent to engineering. Be aware of tags indicating equipment is not working properly. Tagged equipment should not be left in a patient care area. Any piece of electrical equipment, regardless who brings it in to DMH, is required to be inspected the engineering department. The Safe Medical Devices Act requires us to report serious injuries or deaths of patients or employees related to medical devices to the Food and Drug Administration (FDA)

Personal Safety Tips

- Use proper lift equipment when transferring your patient.
- Ask for help when needed
- Do not leave your valuables unattended.
- Report any suspicious person or unauthorized persons to Security immediately.
- When leaving or entering the hospital after dark, or anytime you do not feel safe, call security at 2020 for an escort to and from your car.

Hazardous Materials

Hazardous Materials is waste capable of producing infectious disease. It includes blood and body fluids, sharps, surgical waste, isolation waste, microbiological waste and pathological waste. Included in this waste disposal are materials that contain the patient's name for confidentiality. Hazardous materials should go in to specially marked waste containers. There is a material safety data sheet (MSDS) for each hazardous material and are available upon request.

Infection Control

It is DMH's goal to create an environment for zero nosocomial infections. Please contact our Infection Control Nurses with any questions. Sandra Shoop RN, 876-2508

- Hand washing is the single most effective way to prevent the spread of infection.
- Wash hands for at least 15 seconds with soap and friction.
- There are hand sanitizers conveniently located on the units
- Remember to clean your stethoscope, or any equipment between patients
- Strict adherence to Universal/Standard precautions
- Recognize the types of isolation precautions used for specific communicable disease. Follow the directions on the isolation signs.
- PERSONAL PROTECTIVE EQUIPMENT is available in each patient care area
- Artificial nails are not permitted to be worn by employees or students with direct patient care responsibilities.

Patient safety

- Utilize patient lifts....only use with a staff member who has had specific training in the use of the lift.
- Prevent falls by identifying patients who are at high risk and take extra precautions. The Fall Risk Assessment Protocol is located in our computerized documentation system, Care Manager. DMH uses red footies to identify our highest fall risk patients.
- Patient identification – requires the use of two identifiers whenever caring for patients. This might be visually looking for patients name on the patient’s bracelet scanning the bracelet, asking the patient, “Can you tell me your name”. All Patients must have an ID bracelet.
- All patients will be scanned for identification for medication administration
- DMH has a List of “Do Not Use Abbreviations” see DMH intranet
- Communication is the key for success for our patient’s well being and continuity of care. Make sure to communicate any pertinent information to the Nurse in charge of the patient’s care.
- Most importantly if you are not sure or don’t know ASK, anyone of our staff members will be happy to help.

DHM Computer Systems

Students experiencing clinical for the first time at DMH will attend a computer training class. For returning students, this class is available upon request check with your instructor. If you experience difficulty signing onto a DMH computer call the help desk at 4510.

DMH intranet – You will receive a specific log on to sign onto the DMH intranet where you will find:

- Policies and Procedures
- Standing Orders
- Ovid database
- And much more

Care Manager – is DMH’s nursing documentation system

General information

- **Log on** – You will receive a log on specifically for you as a nursing student at DMH. If you are also employed at DMH you be assigned a different log on specific for that job.

Patient care/Documentation

- **Pain Management**
 - Margo McCaffery defines pain as: “Pain is whatever the experiencing person says it is, existing whenever he/she says it does.”
- DMH utilizes different pain scales to meet the needs of the individual patient.
 - **Numerical rating 0 – 10**
 - Zero indicating the patient is not experiencing any pain. Ten indicated the worst pain the patient has experienced.
 - **Wong – Baker Faces Scale**
 - **Flacc scale** - is a behavior pain assessment scale used in non-verbal patients unable to provide reports of pain. Face, legs, activity, cry, consolability.

The pain assessment and reassessment is documented in our computerized documentation system, Care Manager.

Restraints

A restraint maybe used to protect the patient from harm to self, when an alternate intervention has failed. Some examples of restraint alternatives are low beds, controlling a patient’s pain, moving a patient close to the nurse’s station. If the alternatives do not work, an order for the application of a restraint is obtained from the physician. The order is only effective for 24 hours. The use of restraints will be documented in our computerized documentation system, Care Manager.

Precision PCX

Annual competency on the blood glucose monitoring equipment is required. Arrangements with your instructor will be made on the first day of clinical to complete this requirement.

Contact Information

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