University of Kentucky Hospital
Department of Nursing

ORIENTATION HANDBOOK
FOR
NURSING FACULTY

Academic Year 2015-2016
Revised 12/1/15
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Welcome to UK HealthCare!

Welcome to Chandler Hospital, Kentucky Children’s Hospital, and Good Samaritan Hospital. We are excited to welcome you and your students, and look forward to being part of an exciting educational experience for each of you. UK HealthCare nursing takes pride in providing exceptional care to patients and their families. In order to continue this tradition, we are committed to our mission of providing high quality educational opportunities for students.

Additionally, we recognize the role we play in creating the nurses of the future who will care for our patients. We look forward to working with each of you to facilitate the process of developing these future nurses, nurses who will contribute to the health of the people of the Commonwealth of Kentucky. Thank you for choosing us to assist you in this worthy endeavor, and let us know what we can do to help you in your important work.

UK HealthCare Senior Nursing Leadership Team (from left): Dianna Weaver, Robyn Cheung, Patty Hughes, Julie Hudson, Kathy Isaacs, Brandy Mathews, Kathleen Kopser, Gwen Moreland, Colleen Swartz, Marc Woods
Message from Nursing Professional Development

Nursing professional development (NPD) is a vital phase of lifelong learning in which nurses engage to develop and maintain competence, enhance professional nursing practice, and support achievement of career goals (ANA, 2000). At UK HealthCare, the department of Nursing Professional Development is committed to facilitating the ongoing professional development of nurses to support lifelong learning, advance professional nursing practice and optimize patient outcomes. We are dedicated to the highest standards of quality and safety in patient care, and the ongoing pursuit of evidence-based practice and practice improvement.

In addition, we strive to employ best practices in learning and development, the principles of shared governance in nursing practice, and the development of values consistent with the Magnet Recognition Program®. We share the University's mission of excellence in education in an environment supportive of diversity and inclusiveness. Welcome to UK HealthCare – we look forward to having you here!

For questions or assistance, please contact:

Kathy Isaacs, PhD., RN
Director, Nursing Professional Development
Phone (859) 323-4192
Email kathy.isaacs@uky.edu

Rebecca Garvin, MSN, MBA, RN-BC
Manager, Nursing Staff Development
Phone (859) 323-0433
Email rebecca.garvin@uky.edu

Elaine G. Smith, MSN, RN
Student Placement Coordinator
Phone (859) 218-4903
Email Elaine.smith2@uky.edu
General Information

Address:
University of Kentucky Hospital
800 Rose Street
Lexington, KY 40536-0293

Point of Contact:
Elaine Smith
Staff Development Specialist
Student Placement Coordinator
Office: H-704
Office: (859) 218-4903
Cell: (859) 200-0865
Email: Elaine.Smith2@uky.edu

Becky Garvin
Manager - Staff Development
Office: (859) 323-0433
Fax: (859) 257-4838
Email: rebecca.garvin@uky.edu

This Orientation Handbook has been developed to ensure that faculty responsible for students at UK HealthCare have the information necessary for meeting the orientation requirements. A review of the handbook is required by faculty on an annual basis. It is the responsibility of faculty to relay any necessary information in this handbook to students. Faculty must submit an abbreviated resume validating recent clinical experience in the placement area for which the clinical rotation will take place.

In addition to the Faculty Handbook, faculty supervising students in the Kentucky Children’s Hospital (KCH) are required to review the Faculty Orientation Manual for KCH (located in the appendix). Faculty with students in KCH are expected to have demonstrated recent clinical experience in the care of pediatric patients.

All faculty must also submit objectives for the clinical rotation, and a copy of all paperwork included this packet (the list of clinical students with contact information will be kept in clinical file to be used in emergent situations only).

This handbook, as well as the Orientation Handbook for Nursing Students, is available at:

http://ukhealthcare.uky.edu/professionals/nursing/faculty/
Faculty Responsibility

Faculty and Student Orientation

Clinical faculty members new to UK HealthCare are required to meet with the Student Placement Coordinator prior to starting clinical experiences with students. This gives the faculty member time to ask questions and review the required paperwork for the facility prior to his/her clinical group starting. Orientation to the assigned unit must be arranged by the faculty with the unit manager if new to the institution or clinical area. Each new faculty member can expect to spend 1-2 days on a unit shadowing an RN prior to commencing orientation for his/her clinical group.

Faculty instructors are required to provide an orientation for their students to review, expand upon, and answer any questions regarding the information provided for the students in the Orientation Handbook for Nursing Students. It is the responsibility of each faculty instructor to obtain and distribute the Handbooks. These handbooks have been developed to ensure that orientation is provided prior to the students’ first clinical experiences. The student handbook introduces the students to the expectations and standards set forth by the UK HealthCare. The handbooks are to be given to all undergraduate and graduate nursing students, LPN’s or nursing assistant students by each faculty instructor.

Please Note:
All faculty documentation must be complete and submitted to the Student Placement Coordinator prior to the first day of the clinical rotation. Failure to comply with required documentation may result in immediate dismissal of the clinical group from the unit until further notice.

Required student documents must be complete and submitted to the Student Placement Coordinator prior to any patient contact or care assignment. Failure to submit student documents may result in immediate dismissal of the clinical group from the unit until further notice.
**UK HealthCare Faculty Checklist**

Below is the list of required documentation for any faculty member who will bring students to UK for clinical rotation.

- Clinical faculty will submit required faculty documentation annually.
- The Faculty Acknowledgement of Orientation document must be provided for each different clinical area/unit of assignment during the academic year.
- It is the responsibility of the Clinical Faculty for maintaining up to date records (for example, submitting a copy of a new CPR card).
- Student paperwork must be resubmitted with each clinical group each semester.

### ANNUAL REQUIRED FACULTY DOCUMENTATION

<table>
<thead>
<tr>
<th></th>
<th>INITIALS</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Resume/CV (with recent clinical experience)</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Copy of current CPR</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Nursing License Verification</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Verification of Faculty Health Insurance</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Health Insurance Verification Statement</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>HIPPA packet/form</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Faculty Member Acknowledgement of Orientation</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Pyxis Rx 4000 Identification/Password Assignment</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>UK HealthCare Information Security Access Form</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>UK HealthCare Confidentiality Agreement for Computer Use</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Emerging Diseases Questionnaire for Faculty</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Copy of Clinical Objectives</td>
<td></td>
</tr>
</tbody>
</table>
| 13. | Complete faculty SCM (EMR) training  
  a. Classroom training for new faculty or those inactive in system for more than 6 months  
  b. Refresher module for returning faculty (active in system within past 6 months) | |
| 14. | Documentation of influenza vaccine annually (required by UK HealthCare prior to Dec. 1st each year. If employed it is already on file) | |
| 15. | Copy of yearly TB skin Test for faculty (if employed already on file) | |

### REQUIRED FACULTY DOCUMENTATION PER CLINICAL GROUP PER SEMESTER

<table>
<thead>
<tr>
<th></th>
<th>INITIALS</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Student Nurse/Instructor SCM Access Request</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Validation of Education Form for Nursing Student SCM Training (if requesting student access)</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Clinical Student Contact Information Form</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Identification Badge Assignment Form (Copy for Student Placement Coordinator, Original to Hospital Security with badge appointment)</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Health Insurance Verification Statement</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>HIPPA packet/form</td>
<td></td>
</tr>
</tbody>
</table>

❖ Additional documentation may be required per the clinical affiliation agreement. Please refer to your school administration to ensure compliance.

________________________________________________________________________

Print Name                                                   Date

________________________________________________________________________

Signature                                                     School of Nursing

________________________________________________________________________

Student Placement Coordinator                                 Date
PLACEMENT PROCESS

Coordination of Student Placement

The process of student placement begins with the activities of the Bluegrass Planning Committee. This organization meets biannually and is comprised of representatives of all schools of Nursing and Clinical Agencies within the Central Kentucky Bluegrass area. Each academic program requests student placement for the following semester and agencies agree on what can be accepted. As a faculty member this committee has cleared your agency affiliation, unit assignment, and limit on numbers of students. Clinical groups are given approval at this meeting. Preceptorships and MSN student approval is tentative based on preceptor availability and will be finalized closer to the start of the semester. Requests for Preceptorships must also be initially requested through the Bluegrass Planning process.

The Student Placement Coordinator within the Department of Nursing is responsible for coordination of all nursing student placements within the Medical Centers.

Types of Student Placements Available

A. **Clinical Group**: Supervised directly by school’s clinical faculty instructor/professor
B. **Preceptorship/Synthesis Experience**: Supervised directly by UKHC staff registered nurse with school’s clinical faculty/instructor available by phone, pager, or onsite

Clinical Group Placement Guidelines

1. Only one clinical group can be on a unit at one time.
2. Only 2 clinical groups can be on a unit in a 24-hour period.
3. Prior to the beginning of each semester, the clinical instructor should confirm the units, dates, times, and number of students with the Student Placement Coordinator. If you do not plan to use a unit that was originally requested and granted, please forward that information as soon as possible.
4. The faculty member is expected to be CONTINUOUSLY AVAILABLE to non-precepted undergraduate students during clinical hours and to provide DIRECT supervision for techniques that are unfamiliar to the student.
5. Faculty is responsible for determining student assignments after discussion with nursing staff. An assignment form should be posted on the clinical unit as soon as assignments are made. Students coming in for pre-clinical assessments may do so at a time when there are no other nursing students on the unit. This time must be approved through Bluegrass Planning.
6. As a courtesy to patients, please let the patient know that she/he will be having a nursing student with faculty supervision.
7. Objectives for the clinical experience should be shared with the Patient Care Manager prior to the first clinical experience.
8. Be aware that, at times, preceptorships for new staff as well as students may be occurring in the clinical area. Preceptees work with RN staff with whatever assignment he/she has for that shift (direct patient care, record reviews, in-services, facilitation of student clinical experiences, etc, etc.).
Preceptorship: Student Placement

**Definition:** A “Preceptorship” is a clinical experience that links a senior nursing student with experienced Registered Nurse employed at UKHC. The student “Preceptee” performs that clinical experience during the scheduled work shifts of the RN “Preceptor”. Nursing student Preceptorships are requested via the Bluegrass Planning process. Faculty or the Clinical Coordinator should give a list of students needing preceptorships to the Student Placement Coordinator. The Student Placement Coordinator will then arrange preceptors for as many of the students as possible. Patient Care managers should not be directly contacted for student preceptors unless directed to do so. The guidelines are as follows:

1. To verify the data submitted to the previous Bluegrass Planning meeting, faculty should contact the Student Placement Coordinator first. This will ensure that information regarding school priority placements is known and will provide ideas for unit preceptor opportunities.
2. Faculty will submit a list of students to the Student Placement Coordinator for preceptorship placement.
3. Objectives and measures of success developed by the student and supervising faculty member should be shared with the Patient Care Manager and the Preceptor prior to the first clinical day.
4. Faculty is expected to orient students on the unit for a clinical rotation at UK.
5. A student may contact a Preceptor only after the faculty facilitator has made the contact with the Patient Care Manager and objectives have been shared.
6. Preceptor students may be on a unit at the same time as a clinical group.
7. Please bring any student placement questions or concerns to the Student Placement Coordinator.

**Preceptorship: Undergraduate Students**

Faculty is expected to meet with the student and preceptor on a REGULAR basis during the semester. Expectations of the faculty for preceptor involvement in the evaluation process should be shared at the first student/faculty/Preceptor conference. The faculty member will negotiate availability of the faculty as a resource during student clinical hours with the Preceptor, student, and Patient Care Manager (PCM) of the unit. The school’s clinical faculty/instructor is expected to be readily available by phone, pager, or onsite. Objectives for the clinical experience should be shared with the PCM and Preceptor prior to the first clinical experience. Students do not receive independent access to the PYXIS system. Student access to the electronic medical record system (SCM) is dependent upon completion of appropriate request and student training. Students are not granted individual/independent access to other secure computer systems.

**Preceptorship: Graduate Students (including students in advanced practice nursing programs)**

Requests for graduate student clinical assignments will be made to the student placement coordinator. Objectives and clinical plan are to be submitted to the Patient Care Manager and the preceptor prior to the clinical experience. Graduate students on a unit are expected to inform the RN caring for the patient when they first arrive on the unit and communicate their objectives. If the graduate student plans a clinical experience to include direct patient care, it is expected this will occur at a time when no other student groups are on the unit unless approval is received by the Patient Care Manager and the student placement coordinator. The student will communicate with the assigned registered nurse preceptor to receive report and to communicate any pertinent patient information during the clinical experience. Care given must be documented and report provided to the nurse preceptor at the completion of the clinical experience.

If any graduate or undergraduate nursing student is planning a project or research activity at UKHC as part of their student experience, a nursing research proposal must be submitted to the Chairperson of the Nursing Research Committee from the individual investigator. If the study involves human subjects, approval may also be subject to review by the Medical Institutional Review Board. Please contact Robyn
Cheung, Director, Professional Practice and Innovation (859) 323-4328 or robyn.cheung@uky.edu prior to beginning any project/research activity.

Hospital Observers

An observer is defined by Hospital Policy HP01-20 (Hospital Observers) as one of the following:

- A student, trainee, or practitioner in the area of health care who is participating in University training under the supervision of a University health care provider.
- A University non-health care professional who is participating in training to perform their University responsibilities.
- A person authorized by the patient(s) to be observed pursuant to a properly executed HIPPA-compliant authorization.

Note: This policy excludes students, trainees and practitioners who are under general supervision.

The sponsoring department will make arrangements with Hospital Administration, Room N100 at (859) 257-2278.
Patient Care Manager Contact Information

The PCM is accountable for patient care on their unit(s). An initial contact with the PCM should be made by the clinical instructor who will be utilizing a specific patient care area. Communicate with the PCM routinely to discuss special student needs, student objectives, and problem resolution for that specific unit. A listing of the PCMs with phone numbers and email addresses is provided (See resource for PCMs & SDS).

<table>
<thead>
<tr>
<th>UNIT</th>
<th>PCM</th>
<th>PHONE &amp; EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8E, 8S, 8W &amp; Dialysis</td>
<td>Jitana Benton-Lee</td>
<td>859-323-4157 <a href="mailto:jitana.benton-lee@uky.edu">jitana.benton-lee@uky.edu</a></td>
</tr>
<tr>
<td>7S &amp; 7W</td>
<td>Gayle Plank</td>
<td>859-323-6869 <a href="mailto:gplan2@email.uky.edu">gplan2@email.uky.edu</a></td>
</tr>
<tr>
<td>6N/6W/CMS</td>
<td>Melascene Cole</td>
<td>859-218-2962 <a href="mailto:Melascene.cole@uky.edu">Melascene.cole@uky.edu</a></td>
</tr>
<tr>
<td>7E/ 6S/6E</td>
<td>Lauren Hay</td>
<td>859-323-3089 <a href="mailto:lauren.hay@.uky.edu">lauren.hay@.uky.edu</a></td>
</tr>
<tr>
<td>5S &amp; 5W</td>
<td>Jane Hammons</td>
<td>859-257-6053 <a href="mailto:Jchamm2@uky.edu">Jchamm2@uky.edu</a></td>
</tr>
<tr>
<td>5E, 5N &amp; 3N</td>
<td>Kelly Hardin</td>
<td>859-323-1157 <a href="mailto:akhard2@uky.edu">akhard2@uky.edu</a></td>
</tr>
<tr>
<td>Acute Care-KCH (4E&amp; 4W)</td>
<td>Lisa Butcher</td>
<td>859-323-5741 <a href="mailto:lisa.butcher@uky.edu">lisa.butcher@uky.edu</a></td>
</tr>
<tr>
<td>NICU &amp; 3 Neo</td>
<td>Shannon Haynes</td>
<td>859-323-3102 <a href="mailto:sswall00@uky.edu">sswall00@uky.edu</a></td>
</tr>
<tr>
<td>PICU-KCH</td>
<td>Suellen Hedger</td>
<td>859-257-1097 <a href="mailto:suellen.hedger@uky.edu">suellen.hedger@uky.edu</a></td>
</tr>
<tr>
<td>L&amp;D, NBN, MBU</td>
<td>Anita Taylor</td>
<td>859-323-5979 <a href="mailto:actayl3@uky.edu">actayl3@uky.edu</a></td>
</tr>
<tr>
<td>CAS Pre-Op, PACU</td>
<td>Robin Wilson-Neeley</td>
<td>859-323-6190 <a href="mailto:rwils4@uky.edu">rwils4@uky.edu</a></td>
</tr>
<tr>
<td>PACU, Pre-Op, Holding</td>
<td>Raymond Young</td>
<td>859-323-3073 <a href="mailto:raymond.young@uky.edu">raymond.young@uky.edu</a></td>
</tr>
<tr>
<td>Pre-Op Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MICU East (1st floor</td>
<td>Dennis Szczygielski</td>
<td>859-257-2464 <a href="mailto:dszcz2@email.uky.edu">dszcz2@email.uky.edu</a></td>
</tr>
<tr>
<td>Chandler)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MICU West (1st floor</td>
<td>Judy Niblett</td>
<td>859-323-0852 <a href="mailto:jbnibl2@email.uky.edu">jbnibl2@email.uky.edu</a></td>
</tr>
<tr>
<td>Chandler)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Markey Cancer Center 2</td>
<td>Nina Barnes</td>
<td>859-323-6154 <a href="mailto:ngbarn2@email.uky.edu">ngbarn2@email.uky.edu</a></td>
</tr>
<tr>
<td>Markey Cancer Center 3 &amp;</td>
<td>Lola Thomason</td>
<td>859-323-5670 <a href="mailto:lgande2@uky.edu">lgande2@uky.edu</a></td>
</tr>
<tr>
<td>BMT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Markey Cancer Center</td>
<td>Bonnie Brown</td>
<td>859-323-6385 <a href="mailto:swbrow2@uky.edu">swbrow2@uky.edu</a></td>
</tr>
<tr>
<td>Outpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Department</td>
<td>Matt Proud</td>
<td>859-257-8869 <a href="mailto:meprou0@email.uky.edu">meprou0@email.uky.edu</a></td>
</tr>
<tr>
<td>Chandler</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit</td>
<td>PCM</td>
<td>Phone &amp; Email Address</td>
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<tr>
<td>------------------------------------------</td>
<td>------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Endoscopy Interventional Radiology</td>
<td>Jimmy Smith</td>
<td>859-257-2117 <a href="mailto:jimmy.smith@uky.edu">jimmy.smith@uky.edu</a></td>
</tr>
<tr>
<td>Cath Lab</td>
<td>Kim Morton</td>
<td>859-257-5325 <a href="mailto:kimberly.morton@uky.edu">kimberly.morton@uky.edu</a></td>
</tr>
<tr>
<td>Ground CDU &amp; CDU2</td>
<td>Pamela Lane</td>
<td>859-323-0883 <a href="mailto:Pamela.lane@uky.edu">Pamela.lane@uky.edu</a></td>
</tr>
<tr>
<td>PAV A 6th floor Tower 200 NSICU</td>
<td>Heather Vance</td>
<td>859-323-3511 <a href="mailto:hvanc2@uky.edu">hvanc2@uky.edu</a></td>
</tr>
<tr>
<td>PAV A 6th floor Tower 100 NS Prog/AC</td>
<td>Leah Perkins</td>
<td>859-323-3393 <a href="mailto:leah.perkins@uky.edu">leah.perkins@uky.edu</a></td>
</tr>
<tr>
<td>PAV A 7th floor Tower 200 T/S Prog/AC</td>
<td>Christina Burton</td>
<td>859-257-5043 <a href="mailto:Christina.burton@uky.edu">Christina.burton@uky.edu</a></td>
</tr>
<tr>
<td>PAV A 7th floor Tower 100 T/S ICU</td>
<td>Jan Davis</td>
<td>859-323-5909 <a href="mailto:jbdavi3@email.uky.edu">jbdavi3@email.uky.edu</a></td>
</tr>
<tr>
<td>PAV A 8th floor Tower 100</td>
<td>Leslie Cumming-Kinney</td>
<td>859-323-6871 <a href="mailto:Lkcumm2@email.uky.edu">Lkcumm2@email.uky.edu</a></td>
</tr>
<tr>
<td>PAV A 8th floor Tower 200</td>
<td>Demond Jackson</td>
<td>859-257-5051 <a href="mailto:dejack3@email.uky.edu">dejack3@email.uky.edu</a></td>
</tr>
<tr>
<td>Good Samaritan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit</td>
<td>PCM</td>
<td>Phone &amp; Email Address</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>Jeff Ritzler</td>
<td>859-226-7205 <a href="mailto:Jeffery.ritzler@uky.edu">Jeffery.ritzler@uky.edu</a></td>
</tr>
<tr>
<td>Endoscopy</td>
<td>Jimmy Smith</td>
<td>257-2117 <a href="mailto:jimmy.smith@uky.edu">jimmy.smith@uky.edu</a></td>
</tr>
<tr>
<td>GSH OR</td>
<td>Sherri Stevens</td>
<td>226-7153 <a href="mailto:sherri.stevens@uky.edu">sherri.stevens@uky.edu</a></td>
</tr>
<tr>
<td>GSH PACU</td>
<td>Monica Johnson</td>
<td>226-7186 <a href="mailto:monica.johnson@uky.edu">monica.johnson@uky.edu</a></td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Karen Gaible-Carroll</td>
<td>226-7330 <a href="mailto:karen.carroll@uky.edu">karen.carroll@uky.edu</a></td>
</tr>
<tr>
<td>Tele 4 West ICU</td>
<td>Theresa Crossley</td>
<td>226-7471 <a href="mailto:theresa.crossley@uky.edu">theresa.crossley@uky.edu</a></td>
</tr>
<tr>
<td>Tele Main/ 4 Main</td>
<td>Verna Locey</td>
<td>226-7363 <a href="mailto:Vealla2@uky.edu">Vealla2@uky.edu</a></td>
</tr>
<tr>
<td>Ortho/ 6 Main</td>
<td>Donna Lane</td>
<td>226-7157 <a href="mailto:donna.contrell@uky.edu">donna.contrell@uky.edu</a></td>
</tr>
<tr>
<td>Med-Surg/5 Main &amp; 2W</td>
<td>Jamie Cross</td>
<td>226-7030 <a href="mailto:Jamie.cross@uky.edu">Jamie.cross@uky.edu</a></td>
</tr>
<tr>
<td>GSH 7th floor</td>
<td>Sherri Dotson</td>
<td>226-7030 <a href="mailto:Sherri.fields@uky.edu">Sherri.fields@uky.edu</a></td>
</tr>
<tr>
<td>Wound Care</td>
<td>Destinee Eakle</td>
<td>226-7031 <a href="mailto:lucy.eakle@uky.edu">lucy.eakle@uky.edu</a></td>
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## Unit Descriptions

### PAVILION H

<table>
<thead>
<tr>
<th>Unit / Number of Beds</th>
<th>Population Description</th>
<th>Staffing Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>8E / 10 beds</td>
<td>Kidney/Liver/Pancreas Transplant</td>
<td>5:1</td>
</tr>
<tr>
<td>8S / 9 beds</td>
<td>Surgical Progressive Care</td>
<td>3:1</td>
</tr>
<tr>
<td>8W / 10 beds</td>
<td>Surgical</td>
<td>5:1</td>
</tr>
<tr>
<td>7E / 9 beds</td>
<td>Medical-Surgical Telemetry</td>
<td>4:1</td>
</tr>
<tr>
<td>7S / 10 beds</td>
<td>Medical-Surgical</td>
<td>5:1</td>
</tr>
<tr>
<td>7W / 10 beds</td>
<td>5 beds Medical-Surgical 5 beds Epilepsy Monitoring</td>
<td>4:1</td>
</tr>
<tr>
<td>6E / 8 beds</td>
<td>Pulm/Med Service Line</td>
<td>4:1</td>
</tr>
<tr>
<td>6S / 9 beds</td>
<td>Pulm/Med Service Line</td>
<td>3:1</td>
</tr>
<tr>
<td>6W / 8 beds</td>
<td>CV Service Line</td>
<td>3:1</td>
</tr>
<tr>
<td>6N / 12 beds</td>
<td>CV Service Line</td>
<td>4:1</td>
</tr>
<tr>
<td>5E / 10 beds</td>
<td>Internal Medicine</td>
<td>5:1</td>
</tr>
<tr>
<td>5S / 10 beds</td>
<td>Internal Medicine</td>
<td>5:1</td>
</tr>
<tr>
<td>5W / 10 beds</td>
<td>Internal Medicine</td>
<td>5:1</td>
</tr>
<tr>
<td>Dialysis / 5 beds</td>
<td>Acute and Chronic Dialysis</td>
<td></td>
</tr>
<tr>
<td>4E, 4W</td>
<td>See Kentucky Children’s Hospital Addendum</td>
<td></td>
</tr>
<tr>
<td>PICU</td>
<td>See Kentucky Children’s Hospital Addendum</td>
<td></td>
</tr>
<tr>
<td>NICU</td>
<td>See Kentucky Children’s Hospital Addendum</td>
<td></td>
</tr>
<tr>
<td>4N</td>
<td>See Kentucky Children’s Hospital Addendum</td>
<td></td>
</tr>
<tr>
<td>L&amp;D / 12 beds</td>
<td>Labor and Delivery;Antepartum</td>
<td></td>
</tr>
<tr>
<td>Triage / 4 beds</td>
<td>Mother/Baby Unit</td>
<td></td>
</tr>
<tr>
<td>OR / 2 suites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MBU / 17-26 beds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NBN / 24 bassinettes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3N / 12 beds</td>
<td>Medical Surgical</td>
<td>6:1</td>
</tr>
<tr>
<td>MCC-BMT / 16 beds</td>
<td>Blood &amp; Marrow Transplant/Leukemia</td>
<td>1:3</td>
</tr>
<tr>
<td>MCC-3 / 12 beds</td>
<td>Hematology Oncology</td>
<td>1:4</td>
</tr>
<tr>
<td>MCC-2 / 28 beds</td>
<td>Surgical Oncology</td>
<td>1:5</td>
</tr>
<tr>
<td>MICU East / 15 beds</td>
<td>Pulmonary</td>
<td>1:1 or 2:1</td>
</tr>
<tr>
<td>MICU West / 14 beds</td>
<td>Pulmonary</td>
<td>1:1 or 2:1</td>
</tr>
<tr>
<td>CDU / 24 beds</td>
<td>High acuity similar to ED</td>
<td>Acuity dependent: 4:1 to 1:1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor</td>
<td>Pavilion A</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| Tower 1, 6<sup>th</sup> Floor: | 12 ICU beds  
12 Progressive Care Stroke beds  
Neurosciences  
2:1 or 1:1 ICU)  
3:1 (Progressive Care) |
| Tower 2, 6<sup>th</sup> Floor: | 12 ICU beds  
6 Progressive Care beds  
14 Acute Care beds  
Neurosciences  
2:1 or 1:1 (ICU)  
3:1 (Progressive Care)  
5:1 (Acute Care) |
| Tower 1, 7<sup>th</sup> Floor: | 12 ICU beds  
6 Progressive Care beds  
14 Acute Care beds  
Trauma, Orthopedics, General Surgery, Abdominal Transplants  
2:1 or 1:1 (ICU)  
3:1 (Progressive Care)  
5:1 (Acute Care) |
| Tower 2, 7<sup>th</sup> Floor: | 12 Surgical & Transplant beds  
6 Progressive Care beds  
14 Acute Care beds  
Trauma, Orthopedics, General Surgery, Abdominal Transplants  
2:1 or 1:1 (ICU)  
3:1 (Progressive Care)  
5:1 (Acute Care) |
| Tower 1, 8<sup>th</sup> Floor: | 32 Progressive Care Beds  
Cardiovascular  
2:1 or 1:1 (ICU)  
3:1 (Progressive Care)  
5:1 (Acute Care) |
| Tower 2, 8<sup>th</sup> Floor: | 32 ICU Care Beds  
Cardiovascular  
2:1 or 1:1 (ICU) |
| Cardiac Cath Pre-op and Recovery | Cardiac outpatient and inpatient (general and ICU) |
| Chandler ED | 12 Observation  
12 Peds ED  
58 Adult ED  
Level 1 Trauma Center Emergency Department  
Patient to nurse ratio varies |
<table>
<thead>
<tr>
<th>Floor</th>
<th>Floors</th>
<th>Number of Beds</th>
<th>Primary Unit</th>
<th>Patient to Nurse Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd</td>
<td></td>
<td></td>
<td>Behavioral Health Unit</td>
<td>Varies based on acuity</td>
</tr>
<tr>
<td>4th</td>
<td></td>
<td>32 Telemetry 4 Main, 12 Telemetry 4 West, 15 ICU</td>
<td>Telemetry/Progressive/ICU</td>
<td>4:1 Telemetry, 2:1 ICU</td>
</tr>
<tr>
<td>5th</td>
<td></td>
<td>23 Acute Care Beds</td>
<td>Medical Surgical</td>
<td>5:1 (Acute Care)</td>
</tr>
<tr>
<td>6th</td>
<td></td>
<td>35 Acute Care Beds</td>
<td>Orthopedics – total joint replacements</td>
<td>5:1 (Acute Care)</td>
</tr>
<tr>
<td>7th</td>
<td></td>
<td>30 Beds – 24/30 soft tele</td>
<td>Medical Surgical/Telemetry</td>
<td>5:1 (Acute Care)</td>
</tr>
</tbody>
</table>
Nursing Administration Services provides support to the divisions of patient care services. Nursing leaders are listed below for your reference.

<table>
<thead>
<tr>
<th>Nurse Leader</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleen Swartz</td>
<td>Chief Nurse Executive</td>
</tr>
<tr>
<td>Kathleen Kopser</td>
<td>Associate Chief Nurse Executive</td>
</tr>
<tr>
<td>Brandy Mathews</td>
<td>Assistant Chief Nurse Executive Good Samaritan</td>
</tr>
<tr>
<td>Lacey Buckler</td>
<td>Assistant Chief Nurse Executive Cardiovascular and Outreach</td>
</tr>
<tr>
<td>Julie Hudson</td>
<td>Administrator Enterprise: Perioperative and Interventional Areas</td>
</tr>
<tr>
<td>Gwen Moreland</td>
<td>Assistant Chief Nurse Executive Kentucky Children’s Hospital</td>
</tr>
<tr>
<td>Patty Hughes</td>
<td>Assistant Chief Nurse Executive Ambulatory Services</td>
</tr>
<tr>
<td></td>
<td>Director, Markey Cancer Center</td>
</tr>
<tr>
<td>Robyn Cheung</td>
<td>Director: Professional Practice &amp; Innovation</td>
</tr>
<tr>
<td>Kathy Isaacs</td>
<td>Director: Nursing Professional Development</td>
</tr>
<tr>
<td>Phillip Eaton</td>
<td>Director Medicine/Pulmonary Services</td>
</tr>
<tr>
<td>Patti Howard</td>
<td>Director Emergency Services</td>
</tr>
<tr>
<td>Suzanne Springate</td>
<td>Director Kentucky Children’s Hospital</td>
</tr>
<tr>
<td>Lisa Thornsberry</td>
<td>Director Good Samaritan Acute Care</td>
</tr>
<tr>
<td>Kathy Stephenson</td>
<td>Director Good Samaritan Critical Care</td>
</tr>
<tr>
<td>Julie Blackburn</td>
<td>Director Neuroscience Service Line</td>
</tr>
<tr>
<td>Lisa Fryman</td>
<td>Director Trauma/Acute Care Surgical Service Line</td>
</tr>
<tr>
<td>Kim Pennington</td>
<td>Director Gill Heart Services</td>
</tr>
<tr>
<td>Julie Deverges</td>
<td>Director Perioperative Services at Good Sam and CAS</td>
</tr>
<tr>
<td>Judy Poe</td>
<td>Director Procedural Services</td>
</tr>
<tr>
<td>Suzanne Springate</td>
<td>Director Children’s Services</td>
</tr>
<tr>
<td>Shelly Marino</td>
<td>Director KCH Women’s and Neonatal Services</td>
</tr>
</tbody>
</table>
The following references and resources are available through the UK Hospital intranet:
www.hosp.uky.edu/careweb

- Hospital Policies
- Nursing Policies
- Nursing Protocols (under Nursing Policies)
- Nursing Continuing Education
- Nursing Web Page

Here are some of the UK HealthCare policy numbers…

- Patient Rights & Responsibilities A08-105
- Confidentiality A06-045
- Patient Identification A08-160
- Infant Child Security A10-040
- Hand Hygiene A03-015
- Standard Transmission Precautions A03-000
- SNAP Access to the Electronic Medical Record A05-100

Please refer to the website listed above for any additional policy information.
Parking

Faculty and students are responsible for obtaining a parking pass for UK HealthCare Chandler Hospital, Kentucky Children’s Hospital, and Good Samaritan Hospital.

Faculty members are eligible for an E parking permit; non-UK College of Nursing faculty should apply for a “Visiting Professor” parking permit. Permits can be obtained at Parking Structure #6, located on the corner of Virginia and Press Avenues. Students who plan to drive may apply online for a student parking permit at www.uky.edu/pts.

Students enrolled at the University of Kentucky follow standard student procedures to obtain parking. Students enrolled in other colleges and universities are required to apply in person at 721 Press Avenue (inside Parking Structure #6, on the corner of Virginia and Press Avenues). Parking is not permitted in the Hospital Parking structure. For more information, the P&TS phone number is (859) 257-5757.

Parking is not permitted in the Hospital Parking structure.
**Identification Badges**

All Clinical Instructors and students must obtain an individual UK ID badge. The new badges consist of a WildCard ID (which has the technology – such as door access) and a UK HealthCare specific badge for clear identification.

**For Returning Students:**
Those students who were here in previous semesters and who still have both their WildCard ID and UK HealthCare ID Badge should be identified on the returning student section of the ID Badge Form found in the appendix. Faculty can then submit this form to the student placement coordinator. These students’ badges will then be reactivated for the current semester. These students will not need to return to the security office.

**For New Students or Those Students Without Both Badges**
Students who are new to UKHC or those who have been here in previous semesters, but do not have the required ID badges must be placed on the new student section of the ID Badge Form found in the appendix. After the ID badge form is filled out completely by the clinical instructor, the original must be sent to the security office and a copy should be turned into the student placement coordinator before the badges can be issued by security.

For new students who have never had a UKHC ID badges the initial cost for the Wildcard and UKHC badges is $20 per person. If a student loses his or her badge, the cost for a replacement Wildcard badge is $30. **Students are encouraged to secure their ID badges in between semesters in order not to have to pay for a new badge. Badges are inactivated upon completion of the clinical experience, and must be reactivated through the above process for any future semesters.**

The point of contact for Security and ID Badge questions is Jan Montoya who can be reached at (859) 218-1910 and jmo233@uky.edu. The Hospital Security (Badge Security) office is located in PAV A - A.00.807 behind the Emergency Department in the staff corridor of Pavilion A. All faculty, staff, and students must prominently display a UKHC identification badge. ID badges are also “swiped” to gain entry to restricted locations. The UKHC ID badge must be worn whenever the faculty or student is present in the facility for a clinical experience.

Faculty is expected to return their ID badges to the student placement coordinator when they no longer serve in a clinical faculty/instructor role with students at UKHC.

At the beginning of each semester, instructors should contact Chandler Badge Security at (859) 323-2356 to set up a time for clinical students to obtain their UKHC ID badges. **If more than three students need badges at one time please call ahead for an appointment.**

Good Samaritan Faculty and Students can schedule badge appointments at (859) 226-7003. Hours of operation are Monday, Wednesday & Friday from 7am-11am, Tuesday & Thursday 11:45am-3:30pm.

*(Faculty will advise every student of the badge policy for UK HealthCare)*
UK HealthCare has implemented electronic documentation. Nursing documentation and documentation of medication administration will be performed via the Sunrise Clinical Manager (SCM) computer system.

**Documentation Faculty Access**

Access may be granted to SCM for clinical faculty/instructors following completion of an initial training class and competency. The Student Placement Coordinator will offer training dates and times to faculty members prior to the start of each semester. It is the responsibility of the faculty member to sign up and attend this class.

For returning instructors that have documented in the SCM system within 6 months or less, an online review module is available as a refresher. Returning instructors that have NOT documented in the SCM system for 6 months or greater are required to repeat the classroom training and competency.

Clinical instructors may be required to complete additional training in the event of major upgrades or changes to the documentation system. Minor changes to the SCM system may be included in general communication to instructors and/or schools. **Fall 2015 UK Healthcare will be administering medications via Bar Code Medication Administration in all units at all facilities. If you are an instructor that performs medication passes with students and have not had a barcode medication administration class please contact the student placement coordinator for training.**

**Documentation Student Access**

Students have the opportunity for View Only or Nursing Student Documentation access to SCM. The process for student SCM access is as follows:

- Each school or Clinical Instructor must submit an SCM Access Request Form to the Student Placement Coordinator by the semester deadline:
  - **Fall Semester** – July 1st
  - **Spring Semester** – December 1st
  - **Summer Semester** – May 1st
- Requests for access will be made to the UKIT Security Department by the Student Placement Coordinator. Building individual access for students into the system may take up to 4-6 weeks, or longer during peak times.
- Each semester (regardless of prior SCM training and experience), students must complete the appropriate training module and competency – training modules are provided to the school by the Student Placement Coordinator
- The school or Clinical Instructor will notify the Student Placement Coordinator when student SCM training is complete (see appendix for form)
- A Confidentiality Agreement in the Student Handbook must be signed by the student and returned to the Student Placement Coordinator
- Students are required to complete training and sign confidentiality agreement prior to accessing the system. Once proof of training and signed confidentiality agreement are received by the student placement coordinator, user names and login ID’s for access will be provided
- **All student documentation must be co-signed by the instructor or designated preceptor**

If you have any questions, please contact the Student Placement Coordinator.
**Pyxis Medstation 4000**

**Pyxis Medstation Access**

- Most units in the hospital use this User ID-restricted access medications storage unit. Faculty: please read and complete the application for your access and return to the Student Placement Coordinator for authorization. Individual clinical students, including precepted students, must obtain medications from PYXIS under the direct supervision of the faculty member or the Preceptor. Students will not be given independent access to medications.

**Pyxis Materials Access**

- Most units in the hospital use a restricted access cabinet for supplies. Contact Robert Payton at ripayt2@email.uky.edu or (859) 323-5172 to obtain faculty user access.

**Medication Administration**

**Student Practice Guidelines**

- Please refer to policy # ND14-31 for Undergraduate and graduate nursing student guidelines for clinical practice.

**Medication Policies**

1. Medication Administration
   a. Refer to Policy # ND14-01
2. Labeling Medications and/or Solutions
   a. Refer to Policy # ND14-01 & ND14-05
3. Range Order for Medications
4. High Risk/High Alert Medications
   a. UK HealthCare, in an effort to adhere to the National Patient Safety Goals, follows The Joint Commission’s recommendation for identifying High Alert Medications
5. IV Therapy Medications – Adults
   a. Refer to Policy # ND14-06, ND14-05 & NI08-03
6. PCA
   a. Refer to Policy # NP08-01
7. Epidural
8. Baxter Pump
9. Insulin and Heparin gtt
   a. Refer to Policy # ND14-05
10. Unacceptable Abbreviations
    a. UK HealthCare, in an effort to adhere to the National Patient Safety Goals, follows The Joint Commission’s Official “Do Not Use” List for medical abbreviations
Point of Care Testing

The Joint Commission and the College of American Pathologists are the accrediting agencies that establish the regulatory standards for Point of Care testing within the UK HealthCare system. These agencies require that initial training and ongoing competency assessments be performed and documented for all persons performing any patient testing. Faculty and students may not perform any non-waived testing. If waived testing is performed in an area of rotation and faculty wish to include it in the curriculum, regulatory stands must be followed. Proper training and competency must be established as well as proper reporting and documentation of any patient testing results.

Most of the areas in the University of Kentucky Chandler and Good Samaritan Hospitals use a point of care blood glucose monitoring system. Faculty performing blood glucose monitoring must attend the UK HealthCare training class and maintain annual competency. Once trained and certified they can demonstrate the use of the blood glucose monitoring system to their students. Students may not perform any testing themselves, even under the supervision of the instructor, unless they have also attended the UK HealthCare training class and maintain competency requirements.

Federal regulations mandate the person performing the testing must also be the person documenting the results in the patient medical record. Anyone performing testing must, therefore, have training and access to these reporting systems. It is against the University of Kentucky Security policies to share individual login and password information.

If you have further questions, please contact the Point of Care office in the Clinical Laboratory at 859-257-3051.
**Health Requirements**

All students must meet the required UKHC health requirements:

1) Evidence of Medical Health Insurance (coverage must be in effect during clinical rotation)
2) Negative PPD within the last 6 months prior to the start of clinical. If positive, a written statement from a physician that the individual does not have active TB.
3) If born in 1957 or later: 2 MMR vaccinations since the age of 1, or documentation by the individual’s physician that he/she has had mumps, measles, and rubella, or titers negative for mumps, measles and rubella.
4) Documentation of hepatitis B vaccination or documented refusal
5) All faculty and students must demonstrate immunity to Chicken Pox either by history of the disease, demonstrated antibody titer, or varicella vaccine (2 injections, 1 month apart).
6) Tdap (Tetanus, Pertussis, Diphtheria)
7) All faculty and students must follow policy for flu vaccine.

**Flu Shots**

An additional opportunity exists in the fall for students to assist with the administration of flu shots. Please contact the student placement coordinator if you would like for your students to have this experience.
Educational Opportunities

Nursing Educational Opportunities
Continuing educational opportunities for nursing personnel are coordinated by Nursing Staff Development. Refer to the monthly staff development calendar posted on the clinical unit or contact the Staff Development Specialist for the clinical unit for programs being offered that may be beneficial to students.

Nursing students and faculty may attend most offerings within the hospital at no cost. Register students or faculty for programs or obtain more information by calling the Nursing Staff Development office at (859) 257-1658.

Health Information Resource Library

The Health Information Library (HIL) or commonly referred to as the Patient Education Library is located in Pavilion A first floor of the Hospital near the Information Desk. Education services are provided by a Registered Nurse Patient Manager and a Patient Education Librarian. Staff is usually available from 8:00am to 4:30pm, Monday thru Friday. The information library is an excellent resource for students to obtain patient education materials. Hospital nursing units utilize the Krames on Demand system for inpatient teaching. The intranet website may be accessed at www.mc.uky.edu/patiented/.

Working Opportunities at UK Healthcare

Please share with your students that UK offers several work-related opportunities while they are in nursing school. The first is to work as a Nursing Care Technician (NCT). Another opportunity is for a nursing student to work during the summer with the Student Nurse Academic Practicum program. For students interested in either of these programs, please have the student contact the office for Nurse Recruitment at (859) 257-4862.
Patient Care and Safety

Patient Rights & Responsibilities

At UK HealthCare, the patient has a right to…

- Receive care, no matter what your religion, sex, race, disability, sexual orientation, or gender identity.
- Know what's medically wrong and how we can help them get better. We'll also tell them the things they'll need to know when they get home so that they can stay well.
- Know the names of their doctors and nurses
- Feel safe here and ask questions if they have concerns
- Say "no" to anything we suggest
- Not be involved with research unless they want to be involved
- Receive help with pain
- Have their religious beliefs respected
- Have their regular doctor or a family member notified that they're in the hospital
- Have their choices about end-of-life decisions respected
- Be treated politely and with consideration
- Have their privacy respected
- Know about any rules that might affect them or their family
- Receive a copy of their medical records; request amendment to their records and request list of disclosures to their records
- Have their questions about any costs or bills answered at any time
- Complain about anything without worry. If you do not want to talk to your doctor or nurse, please contact Customer Relations at 859 257-2178.

At UK HealthCare, the patient has a responsibility to…

1. Tell us everything we need to know about their condition and history
2. Do what your doctor recommends or tell the doctor why they don't want to follow the recommendations
3. Be considerate of the people with whom they come in contact
4. Take part in making their hospital stay safe; be an active and involved part of their health care team
5. Provide their health insurance information or ask us about other options available to assist them with their payments
6. Let us know if they have legal papers about end-of-life decisions, such as a living will or advance directives. Tell a nurse if they want to make a living will or advance directives. Contact the Department of Patient & Family Services for more information at (859) 323-5501

Appropriate Behavior/Behavioral Standards in Patient Care

University of Kentucky Hospital has established the following standards to ensure quality patient care and clinical training. These standards are designed as educational tools as well as dictates of mandatory behavior for all individuals involved in patient care and service.

- Each patient shall be treated as a whole, irreplaceable, unique, and worthy person.
• The patient's safety, health, or welfare shall be protected and shall not be subordinated to organizational, staff, educational, or research interests or to any other end.
• The privacy of the patient and the confidentiality of every case and record shall be maintained.
• The patient and/or responsible family member shall be informed at all stages of care about attending personnel, treatment plans, activities, facilities, and services available to the patient and family.
• Behavior reflecting the dignity, responsibility, and service orientation of health care professionals who are worthy of the public's respect and confidence shall be practiced by all individuals.
• Each patient shall have a responsible attending physician or dentist.

The Hospital values its patients, visitors, employees, volunteers, and students. As a result, sexual harassment and/or abusive, obscene, derogatory, or profane language are prohibited. In addition, please refrain from jokes or other behavior that may be offensive to others. The Hospital asks that professionals and students refrain from expressing personal problems, frustrations, or negative comments. Remember: you are on display at all times and represent the profession of nursing and UK HealthCare whenever you are here.

Cultural Awareness

There are many ways to learn about each patient’s specific needs. Depending on the patient and your job, it may be appropriate to:

• Ask the patient questions (and talk with his or her family).
• Look around for clues, such as what the patient wears or keeps in his or her room, or how he or she acts around others.
• Check with a supervisor for information.

Each patient is unique. Always keep in mind that:

• Growth and development follow general patterns. But every person grows and develops in his or her own unique way.
• Not every member of a cultural group may share all of its values, beliefs or practices.
• A patient may appear similar to you, but still be different from you in certain ways.
• Avoid stereotyping a patient – consider all the factors that may affect his or her care needs. See Policy HP08-06 for UK HealthCare: Cultural or Religious Impact on Patient Care

Hospital Policies and Procedures

The following references and resources are available on the UK intranet at: www.hosp.uky.edu/careweb

• Hospital Policies
• Nursing Policies
• Nursing Protocols (under Nursing Policies)
• Nursing Continuing Education

If you need to find out information about an investigational drug, ask a nurse on the unit to assist you.
Confidentiality
- Faculty and students must maintain the confidentiality of all patient medical records and information. All students will be subject to the University of Kentucky’s Governing Regulations Part I regarding confidentiality of information. Agency’s students must agree not to disclose such information to other persons unless UK has given its express written consent. UK agrees to make available such information to students for their use during regularly scheduled clinical rotations; provided those records may not, under any circumstances, be removed from UK without UK’s express written consent. Any breach of patient confidentiality will result in termination of the clinical rotation of the students and/or faculty member involved. Students and faculty are cautioned to maintain patient confidentiality at all times. Clinical experiences should not be discussed using social media or personal emails. Please refer to UK HealthCare policies related to information security and the use of mobile, personal, and other devices.

Dress Code
- The Hospital has a dress code, designed to ensure that appropriate image, infection control, and safety are maintained. *No artificial nails are allowed.* The Department of Nursing has established a dress code that is consistent with Hospital policy and the needs of the department. (Policies: A09-085 and NU09-12)
- Uniforms or scrubs are worn when caring for patients.
- Anytime students come to the hospital to review a chart in preparation for caring for a patient or to interview the patient, proper business street clothes must be worn. *No jeans, shorts, or other similar type of casual clothes are allowed.* Storage space is very limited: please bring as little as possible, and do not bring valuables in to the facility.

Identification
- To create a safe environment for our patients, staff, and students, all students must wear a UK ID badge with the student’s name and picture. In addition, your Clinical Instructor will issue you a black and yellow badge buddy identifying you as a student. This badge is to be kept throughout your nursing program and turned back into UK Badge Security when complete. UKID badges must be worn whenever you are in the hospital and working in the clinical setting. *(Faculty will advise every student of the badge policy for UK Hospital.)*

Smoking Restrictions
All areas of the University of Kentucky Campus, including the Medical Campus, are smoke free. Smoking is not allowed in any of the hospital parking areas for employees or patients; this includes all Visitor Parking Garages and the K Lot at Commonwealth Stadium.
Communication Channels

Each department/area has developed channels of communication that allow staff to access and exchange essential information. The information outlined below is designed to facilitate communication of key information for your assignment at the facility.

Infection Control

**Hand Hygiene**
- The cleansing of the hands by hand washing or through the use of antiseptic hand wash, alcohol-based hand rub, and/or surgical hand hygiene/antisepsis.

- Each employee, medical staff member and house staff of UK HealthCare is responsible for proper hand hygiene.

- **The Threshold Rule:** All healthcare workers must practice effective hand hygiene every time they “cross the threshold” of the patient’s room or bed space area, regardless of whether or not the intention is to actually touch the patient.

**Effective Hand Hygiene:**
- Includes washing with soap and water or alcohol-based hand sanitizer

  - Soap and Water – when hands are visibly soiled, after using the restroom, before eating, or when caring for a patient with suspected or confirmed Clostridium difficile.
    - Wet hands, use enough soap sufficient to cover hands, rub hands together for 15 seconds, rinse hands, dry with a paper towel, and turn off facet with a paper towel.

  - Alcohol-based Sanitizer – used in situation where hands are not soiled with dirt or contaminated with blood or other organic material.
    - Apply a dime to quarter size portion of sanitizer into hand (enough to coat all surfaces of the hands and fingers), rub all over hands until dry.

- Nails
  - Should be short enough to allow for thorough cleaning underneath them
  - Should not be long enough to tear gloves
  - Should never be artificial
  - Only CLEAR polish permitted. Nail polish, if applied, shall be freshly applied and free of chips
- Lotion is provided in all nursing areas to assist in hand/skin integrity. An approved lotion is provided in all nursing care areas, which is compatible with other handwashing products used at UK HealthCare.

**Infection Prevention and Control Information**

Hospital staff follows standard precautions when caring for patients. If the patient is on other infection control precautions, isolation signage will be posted on the patient’s door.

Follow infection prevention and control measures as posted on door to patient room. See the nurse to obtain personal protective equipment if you must enter the patient’s room or have other contact with the patient.

**The Threshold Rule:** All healthcare workers must practice effective hand hygiene every time they “cross the threshold” of the patient’s room or bed space area, regardless of whether or not the intention is to actually touch the patient.

If the patient(s) you are assigned needs to be placed in precautions, resource information is located on the Infection Prevention and Control sharepoint site via UK’s CareWeb intranet.
Needle Stick Prevention
To avoid a needle stick, think safety:
• Place needles and other sharps in a sharps container immediately.
• Do NOT recap needles.
• Do NOT place needles in trash or linen.
• Do NOT leave needles in bed or bedside tables.
• Do NOT overfill sharps container.

Occupational Exposure
An occupational exposure is defined as direct contact with potentially infectious material such as a patient’s blood and/or body fluids or instruments that have come in contact with a patient’s blood or body fluids. This may occur from a needle stick or cut with a contaminated instrument, a splash, or contact with a break in the skin barrier.

Ancillary/Ambulatory Departments
MRI Safety
All students are expected to adhere to the UK HealthCare policy (DR10-33) regarding MR Safety Education should they have any reason to be in the MRI safety zones #3 and #4.

Radiation Safety
- All students are expected to adhere to the UK HealthCare policies regarding radiation safety should they have exposure to any type of radiation (including pharmaceutical radiation) during their clinical rotation.

Interim Life Safety

Construction Safety
- The Hospital constantly is undergoing construction or renovation. Whenever a construction or renovation project compromises the life safety systems or poses a significant increase in safety hazards, the Hospital implements temporary systems or interim life safety measures (ILSM) to help ensure the safety of its occupants. When an area is operating under ILSM, a sign will be posted.

Hazardous Materials
- Depending on your assignment at the Hospital, you may use or work around hazardous materials, such as cleaning supplies and chemicals. These materials may adversely affect your health if they are not handled safely and properly.

- In the Hospital, hazardous materials are labeled to alert staff to the potential dangers. In addition, Material Safety Data Sheets (MSDS), which provide more detailed information and emergency response and spill procedures, are filed in the Hazard Communications Manual in your work area. Your instructor will provide you with information about the hazardous materials with which you may come in contact before you begin your duties.

Medical Waste
- Dispose of any waste that is wet with body fluids or blood in a red bag. Do not put other types of waste in the red bags. Large volume liquid wastes such as chest tubes & suction canisters are to be placed in the red barrels. Sharps are disposed of in the sharps disposal containers.

Chemotherapy Waste
- Place all IV bags and tubing in zip locked chemo bag & place it in a specific chemotherapy trash canister. This canister must be double lined with red bags. Needles and other sharps are disposed of in a regular sharps disposal container if they are empty. Syringes with remaining chemotherapy must be disposed of in a separate plastic container labeled “chemotherapy only”. Double vinyl glove or use special chemo gloves to administer chemo and should be worn for 48 hours after chemotherapy administration when handling blood and body fluids.
• In the event of a chemotherapy exposure or chemotherapy spill, notify your instructor and Charge Nurse and receive instructions.

**Electrical Safety**

• The hospital is an environment that has multiple electrical hazards as a result of the amount of electrical equipment necessary for patient care as well as being a setting for care of the electrically sensitive patient. This results in a potential for accidental injury causing severe burns to electrocution. The most immediate life-threatening consequence of severe electrical shock is ventricular fibrillation and respiratory arrest.

• All electrical equipment used in UK Hospital must be inspected by Clinical Engineering before it is used. This includes patient, employee, and hospital owned equipment. Equipment which is safe to use in patient care areas is tagged with a green sticker and must be within the annual inspection date on the label.

• Patient owned electrical equipment is prohibited in patient care areas except when its use is essential to patient care. Exception: up to date razors and hair care equipment may be used.

• Responsibilities of caregivers when using electrical equipment:
  • Make sure Inspection Sticker is labeled 100 microamps or less and is within the inspection date.
  • Check the equipment for signs of damage or malfunction. If present, unplug the equipment. Call Clinical Engineering. Complete an orange equipment failure tag.
  • Remember that electricity and water do not mix!
  • Do NOT touch electrical equipment, plumbing, or metal fixtures when touching another appliance.
  • If several pieces of equipment are attached to a patient, they should all be plugged into the same group of outlets.
  • If equipment blows a fuse, call Clinical Engineering so that they can determine reason.
  • All equipment in patient care areas must have a 3-prong plug and a 3-wire grounding cord. Patients may use radios, etc., using the battery but may not plug into outlets.

**Equipment Failure**

Inspect medical equipment each time you use it.

• If you have a problem:
  1. Take it out of service.
  2. Complete an orange equipment failure tag. *Do not change any settings.*
  3. Call Clinical Engineering and describe problem.
  4. Complete a Reportable Occurrence form including UK property number.

*Federal Law states that healthcare facilities must report any incident in which there is reason to believe that a medical device caused or contributed to the death, serious illness, or serious injury of a patient.*

**Power Outage**
Emergency electrical outlets are red. These are backed up by a generator. All critical patient care equipment must be plugged into red outlets.

**Incident Reporting**

UK HealthCare seeks to provide a safe environment for patients, visitors, and employees; to improve the quality of patient care; and, to reduce the liability regarding occurrences. In order to accomplish these goals, staff are required to report all unusual occurrences regarding patients, visitors and employees and to act in compliance with established regulations. Each occurrence must be reported at the time it is discovered to guarantee that the information is accurate and complete. Faculty and students will be responsible for immediately notifying the Unit Manager (or designated nurse leader if unavailable) upon recognizing a reportable occurrence. Students should communicate patient related and staff/hospital related concerns to their instructor.

Reportable incidents include, but are not limited to:

- Falls
- Exposures (blood, body fluids, chemical or airborne)
- Sharps injuries (including needle sticks)
- Lacerations
- Contusions
- Back injuries
- Burns
- Equipment malfunction
- Medication errors
- Any variation in standard procedures or practice that increases risk of results in injury
- Verbal or physical assault to an employee, faculty and/or student.
- Known or suspected confidentiality breach

The following steps must take place for **ALL** students and/or clinical instructors for any exposure incident...

1. Render first aid.
2. Notify the instructor (if a student)
3. Ask a UK Healthcare Employee to help you complete an on-line incident report on the Care Web or fill out an on-line incident report at [http://careweb.mc.uky.edu/psn/](http://careweb.mc.uky.edu/psn/).

Then, for **University of Kentucky** students or clinical instructors...

4. Follow directions inside the Occupational Exposure packet (which includes following up with University Health for post exposure care).

Or, for **Non-University of Kentucky** students or clinical instructors...

5. Follow the policy or protocol set in place by his or her school for exposure. All Non-UK Students should know their University’s protocols/procedures for blood borne exposures. The student should follow their University’s protocols for their exposure workup.
6. To obtain the source patient labs, UK Healthcare will facilitate this. Call the Infection Prevention and Control office at 859-323-6337 during normal business hours or after hours or holidays contact the IPAC nurse on call. You can reach the nurse on call by accessing the IPAC website via the UK Care Web. The calendar is on the left hand side or you can use the UK Beep system to find the nurse on call.

7. Have the following information ready...
   - Student or clinical instructor name and contact information.
   - Source Patient's name and medical record number.
   - Date and location of incident.
   - Circumstances of exposure (i.e.: recapping a needle, discontinuing a Foley catheter).
   - Name and contact information of the physician that the student or clinical instructor will be seeking care from.

8. Obtain the NON-UK Healthcare exposure packet and follow the directions inside the packet. The packet is for the source patient labs only. The exposed student should follow their university’s policies/procedures to have their work up done appropriately.

**Codes**

The Hospital uses specific codes to alert staff about hazards or potential hazards in the area or call designated staff to action. These codes are designed to communicate information to those that need it without unduly alarming patients and visitors.

For your information and convenience, a list of pertinent codes is outlined below:
- **Code Red** - Fire or fire alarm
- **Code Blue / Pediatric Code Blue** – Cardiac arrest
- **Code pink** - Missing infant or child
- **Code Yellow** - Community or mass casualty disaster
- **Code Purple / Assistance Please** - Combative patient
- **Code Black** – Bomb Threat
- Tornado Warning, Phase II - Tornado has been spotted in area.
- **Code Silver** – Active Shooter

Designated staff members have assigned roles in response to these codes. Ask about your role in these and other response procedures. If the nursing staff provides you with additional instructions, please follow them to ensure your safety and the safety of others.

**Fire Prevention and Management – Code RED**

If fire, smoke, or excessive heat is detected within the Hospital, the fire notification system is activated. You will hear chimes over the paging system, followed by the code **Code Red** and the location of alarm. In addition, the alarm system is activated periodically for fire drills and system testing.

When an alarm is activated, smoke and fire doors throughout the building close. In addition, staff will close doors to patient rooms, clear corridors, and implement other response procedures.

Your Role in Fire Response: During your assignment at the Hospital, you have a role in fire response. In all cases, your primary role is to ensure the safety of yourself and others in the area.

If you discover a fire in the area: **RACE**
1. **Rescue** anyone in immediate danger, if possible.
2. **Activate** the fire alarm and call 911.
3. **Contain** smoke/fire by closing door.
4. **Extinguish** the fire (if possible), and **evacuate** the area (if necessary). If a full or partial evacuation is necessary, you will be issued instructions over the paging system.

**Adult/Pediatric Code Blue** –

Dial 3-5200 at Chandler select option 1 and tell the operator calling code blue and your name, patient location, and what pavilion you are in (chandler, pavilion A, Markey Cancer Center, etc.)

Dial 5000 at Good Samaritan Hospital select option 1 and tell the operator that you are calling a code blue, your name, patient location

**Infant/Child Abduction – Code Pink**

1. Security Measures for inpatient infant and children
   - To protect the safety of newborns in the Birthing Center and infants and children in the Children’s Hospital, it is vital that special care be taken to assure these young patients are released only to the mother or person legally responsible for their care. Review Hospital Policy 01-27, *Infant/Child Security*, for specific guidelines.

*Note: A new infant security system has been installed in the UK Birthing Center. Your instructor will explain some of the particulars of this system to you.*

2. Transporting an infant
   - **Be aware that no baby may be transported by anyone not wearing a special yellow ID badge.**

3. Faculty and Student Responsibilities
   - Always be aware that there is a risk of a child being abducted. Every unit in the hospital needs to be aware of child abductions not just staff or students in the Children’s Hospital or on the OB units. When having students in the Birthing Center or in the Children’s Hospital, be observant of individuals loitering, persons in uniform without appropriate identification, and any other suspicious individual. Question people without proper identification who they are and why they are on the unit. Direct any suspicions to the Charge Nurse and to your instructor. If you suspect that an infant or child is missing, immediately notify your Clinical Instructor, a Nurse or the Charge Nurse.

**Bomb Threat Plan – Code Black**

- Remain calm, note time, record and prolong conversation.
- Note background noises and any characteristics of the caller.
- Ask caller to describe where the bomb is, what kind of bomb, when it is to explode.
- Call 911, UKPD. UKPD will notify UK Hospital Security Bureau, 3-5156.
- Notify Charge Nurse or Patient Care Manager.

**Tornado Warning** -

If a tornado warning is announced:
• Move ambulatory patients away from windows to an inside corridor.
• If a patient cannot be moved, turn him away from the window and cover patient with blankets.
• Close all room and fire doors.

Assistance Please
If a patient or visitor becomes combative, you should immediately page for help.
1. Call emergency paging at 3-5200.
2. Give the operator your name, telephone number, and “Assistance Please” location.
3. If the patient or visitor has a weapon, call 911.

Code Yellow: Stand By
If a “Code Yellow” is paged, report immediately to your instructor. Your instructor will notify the Charge Nurse of how many students are available to help. Stay on the unit to which you are assigned.

If you are doing a preceptorship and your instructor is not available, your preceptor should report your availability to the Patient Care Manager or Charge Nurse.

Report
Patients cared for by students are assigned to a staff nurse as well. This nurse will provide your students with a report on the patients if your clinical begins after the unit report. Students should communicate any questions they have about their patient(s) or any problems their patient(s) may be having to the staff nurse.

Students should give the staff nurse report on their patient(s) prior to leaving the unit. We use The Joint Commission sanctioned acronym “S-B-A-R” for safe patient handoff:

Situation
Background
Assessment
Recommendations
The staff nurse will serve as a resource to facilitate communication with other departments and services.

Feedback
At the conclusion of the clinical rotation, please have students complete an evaluation of their clinical experience. Exit interview forms are attached to the handbook that students are required to read prior to their first clinical day. Please place these evaluations in an envelope and place them in the mailbox of the student placement coordinator in H188. We appreciate the feedback and we use this information to make adjustments to the student placement process and clinical experience. Our goal is to provide the best possible clinical experience for students, faculty and staff.
Thank You!
Appendices A: Instructor Forms
UK HealthCare Faculty Checklist

Below is the list of required documentation for any faculty member who will bring students to UK for clinical rotation.

- Clinical faculty will submit required faculty documentation annually.
- The Faculty Acknowledgement of Orientation document must be provided for each different clinical area/unit of assignment during the academic year.
- It is the responsibility of the Clinical Faculty for maintaining up to date records (for example, submitting a copy of a new CPR card).
- Student paperwork must be resubmitted with each clinical group each semester.

<table>
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<tr>
<th>ANNUAL REQUIRED FACULTY DOCUMENTATION</th>
<th>INITIALS</th>
<th>DATE COMPLETED</th>
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<tr>
<td>16. Resume/CV (with recent clinical experience)</td>
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<td>17. Copy of current CPR</td>
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<td>18. Nursing License Verification</td>
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<td>19. Verification of Faculty Health Insurance</td>
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<tr>
<td>20. Health Insurance Verification Statement</td>
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<tr>
<td>21. HIPPA packet/form</td>
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<tr>
<td>22. Faculty Member Acknowledgement of Orientation</td>
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<tr>
<td>23. Pyxis Rx 4000 Identification/Password Assignment</td>
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<td>24. UK HealthCare Information Security Access Form</td>
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<td>25. UK HealthCare Confidentiality Agreement for Computer Use</td>
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<td>26. Emerging Diseases Questionnaire for Faculty</td>
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<td>27. Copy of Clinical Objectives</td>
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<tr>
<td>28. Complete faculty SCM (EMR) training</td>
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<tr>
<td>a. Classroom training for new faculty or those inactive in system for more than 6 months</td>
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<tr>
<td>b. Refresher module for returning faculty (active in system within past 6 months)</td>
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<tr>
<td>29. Documentation of influenza vaccine annually (required by UK HealthCare prior to Dec. 1st each year. If employee already on file)</td>
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<tr>
<td>30. Copy of yearly TB skin Test for faculty (if employee already on file)</td>
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<tr>
<th>REQUIRED FACULTY DOCUMENTATION PER CLINICAL GROUP PER SEMESTER</th>
<th>INITIALS</th>
<th>DATE COMPLETED</th>
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<tr>
<td>7. Student Nurse/Instructor SCM Access Request</td>
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<tr>
<td>8. Validation of Education Form for Nursing Student SCM Training (if requesting student access)</td>
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<tr>
<td>9. Clinical Student Contact Information Form</td>
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<tr>
<td>10. Identification Badge Assignment Form (Copy for Student Placement Coordinator, Original to Hospital Security with badge appointment)</td>
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<tr>
<td>11. Health Insurance Verification Statement</td>
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<tr>
<td>12. HIPPA packet/form</td>
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- Additional documentation may be required per the clinical affiliation agreement. Please refer to your school administration to ensure compliance.

___________________________________  _______________________
Print Name 
Date

___________________________________  _______________________
Signature 
School of Nursing

___________________________________  _______________________
Student Placement Coordinator 
Date

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UK HealthCare

Faculty Member Acknowledgment of Orientation

1. I have read both the Orientation Handbook for Nursing Faculty and the Orientation Handbook for Nursing Students and received additional information and instruction, as it pertains to my assignment.

2. I have completed a unit-specific orientation, including shadowing a nurse, and am aware of the policy, procedure resources available at UK Hospital and Kentucky Children’s Hospital.

3. I have read and agree to abide by the Behavioral Standards in Patient Care.

4. I understand the expectations, and I agree to abide by Hospital policy, protocols, and standards of practice during my assignment at University of Kentucky Hospital.

5. I am competent to care of the patient population being assigned to my students and have submitted an abbreviated resume reflecting that recent experience.

6. I have shared clinical objectives and expectations with the unit Patient Care Manager.

7. I, and each of my students, possess UK ID badges.

8. Both the Student Placement Coordinator and Hospital Security have been given a list of the students in my clinical group.

Name: ________________________________  Date: ________________

Signature: ____________________________  Unit: __________________

Program/School: ________________________________________________

Day(s) on Unit: ______________________  Times on Unit: ______________

Dates of Clinical Rotation: _________________________________________

Please complete and return to Student Placement Coordinator
(Mailbox location: H188)
University of Kentucky Hospital

Pyxis Rx 4000 Identification/ Password Assignment

Statement

I understand that my ID, in combination with the confidential password that I will later select, will be my electronic signature for all of my transactions on the system for both controlled substance and patient care record keeping purposes. A time stamp and date will also be affixed to my transactions. These records will be maintained and archived as per the policies of the University of Kentucky Hospital and will be available for inspection by the Drug Enforcement Administration, as is currently the case with my handwritten records for controlled substances.

I also understand that, to maintain the integrity of electronic signature, I must not and will not give my personal password to any other individual. Unauthorized access, release or dissemination of this information may subject me to disciplinary action. Should I have any suspicion that my personal password has become known to another individual, I will change it immediately and if deemed appropriate, will immediately report such to my supervisor.

Signature_____________________________ Date ____________________

Print Name ________________________________

Position/Title_____________________________ Dept/Unit ____________________

Authorized by Supervisor____________________ Date ____________________

Entered into Pyxis________________________ Date ____________________

USER ID * ____________________________ Manager ______________________

* Your USER ID is your LINKBLUE.

________________________

For Pharmacy

Confidential

Medstation 4000 System User Information

Name __________________________________________

Position ______________________________________

Department _________________________________

ID* _________________________________________

Template Assigned __________________________

Temporary Password* _________________________

* Leave blank. To be assigned by pharmacy.
UK HealthCare Information Security Access Form

Date: _________________ (mm/dd/yyyy) New ____ Change ___ Delete ___

LogonID: _____________________ UKID or SSN: ______________________________
Needed for change/delete Only!

Date of Birth: ____________________
  ( mn/dd/yyyy )

Name: __________________________
  (First. M.I. Last)

Job/Role: _______________________________________________________________

Department/School: _______________________________________________________

Location/ Building: ________________________ Phone: __________________________

Identifying Facts: (For future use by support center to identify you when you call for assistance)

What is your father’s mother’s name? ______________________________________

City where you were born? ______________________________________________

What is your mother’s maiden name? ________________________________________

Access Needed: _____Full RN Access   ______ View Only Access

SCM _X_ SCV ___ RSS ___ MAGIC WEB ___ ABN ___ AIM ___ SOFTMED ___
HealthQuest ___ ACE/AIM ___ ED MGR ___ WORx ___ TSO ___

Special Instructions: Expires July 31, 2012

Nursing Student Coordinator Signature ______________________________________

Department: Nursing Staff Development
Phone: 323-2937

Please complete and return to Student Placement Coordinator
UK Health Care Confidentiality Agreement for Computer Use

Applicant’s Name _____________________________ School ID: _________________
(Please print: First, Middle Initial, Last)

UKID# or

Date of Birth: _________________  [ mm/dd/yyyy ]

I agree to keep patient information confidential by observing the following:

1. I will protect my password from use or theft by others.
2. I will sign off the system when I leave the workstation and not allow others to use my access.
3. I will only look up information on patients for whom I have direct responsibility. I will not look up my own medical information on the computer.
4. I will share patient information only with people who have a right to access the information in order to perform their job function.
5. When sharing information with people who have a right to access the information in order to perform their job function, I will ensure that I am in a private setting where others cannot hear or see the confidential information.
6. I will follow all University, Medical Center, Hospital and department rules of conduct whenever I use e-mail.
7. I will password protect any personal digital assistant device that contains patient (or confidential) information.
8. I will not disseminate confidential patient information from my home computer without appropriate authorization for release of information.
9. I will dispose of confidential information properly in accordance with all applicable policies.
10. I understand that audits will be performed on computer usage to ensure compliance with all computer related policies and this confidential agreement.
11. I will follow other specific confidentiality rules for special situations. When departments have standards more stringent than this statement, I will abide by their standards.
12. I will comply with the enterprise electronic signature policies and protect my electronic signature when issued to me from use or theft by others.
13. I understand that my employer has the right to take disciplinary action up to and including termination of my employment for breaches of confidentiality.

________________________________________  _________________
Signature  Date

Please complete and return to Student Placement Coordinator

This form is kept on file with UK Health Care Information System Security.
Emerging Diseases Questionnaire
For Faculty, Observers, & Students

1. Have you traveled OR live with someone who has traveled outside the country during the past 3 weeks (21 days)? _____YES _____NO
   If yes, please list country travelled to ________________________________

2. Did travel include any of the following countries in West Africa: Liberia, Sierra Leone, Guinea, or Korea? _____ YES _____NO

3. If answered YES to either of the above, have you experienced any of the following symptoms?

   ________Fever
   ________Muscle Pain
   ________Vomiting
   ________Diarrhea
   ________Intense Weakness
   ________Stomach Pain
   ________Headache & Sore Throat

Please respond to the questions above, sign and return to the Student Placement Coordinator.
If answered “yes” please contact the student placement coordinator (859) 218-4903 prior to beginning the clinical experience.

Name:________________________________________________ (please print)

Preferred Contact Number: _______________________________________

Signature:__________________________ Date:___________

School: ____________________________
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<tr>
<th>UKID</th>
<th>Login ID* (for IT dept. use)</th>
<th>Last Name</th>
<th>First Name</th>
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<th>Initials</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Instructor</th>
<th>View Only</th>
<th>Nursing Student Documentation</th>
<th>No SCM Access Requested</th>
<th>Student has had SCM Access Before (Y/N)</th>
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### Clinical Start Date

Clinical Start Date ____________

### Clinical End Date

Clinical End Date ____________

### School

School ______________________

### Semester/Year

Semester/Year ________________

---

**I verify that the students listed above have viewed the student module and have completed the appropriate competency with a 100%**.

____________________________

Signature of Instructor

____________________________

Date

____________________________

Name (Printed)
Clinical Student Contact Information

Nursing Program: ____________________________  Faculty Name: ____________________________
Nursing Course #: __________________________  Faculty Phone: ____________________________
Semester & Year: ____________________________  Clinical Unit: ____________________________

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This will be kept on file with clinical rotation information and used only in an emergency.
**UK HealthCare**

**Identification Badge Assignment Form**

*Returning Students with UK ID Badge*

School Affiliation: ___________________ Semester & Year: ___________________

Faculty Member Name: ___________________ Clinical Unit/Rotation: ___________________

Clinical Rotation Dates: Start ___________ End ___________

<table>
<thead>
<tr>
<th>Student Name</th>
<th>School ID Number</th>
<th>UK ID Number</th>
<th>Student Date of Birth</th>
<th>UK Employee (Y/N)</th>
<th>If UK Employee: Unit &amp; Job Title</th>
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Please return completed form to the student placement coordinator. Your student’s badges will then be reactivated. *Students must have both the UK Healthcare ID and UK Wildcard ID.*

**UK HealthCare**
Identification Badge Assignment Form

New Students or Returning Students Without a Badge

School Affiliation: ________________  Semester & Year: _______________________

Faculty Member Name: ___________________  Clinical Unit/Rotation: ___________________

Clinical Rotation Dates: Start ________________  End ________________

<table>
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<tr>
<th>Student Name</th>
<th>School ID Number</th>
<th>UK ID Number</th>
<th>Student Date of Birth</th>
<th>UK Employee (Y/N)</th>
<th>If UK Employee: Unit &amp; Job Title</th>
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For students new to UK, or returning students who have lost their badge, fill this form out completely and bring the original form when presenting with students in security office to have ID badges made. Appointment required for more than three (3) in group.

A copy of the completed form must also be submitted to the student placement coordinator.
I acknowledge that the University of Kentucky requires all persons doing clinical rotations at its facilities to have and maintain a health insurance policy. I understand that it is my responsibility to acquire and maintain a health insurance policy throughout the duration of my rotation at the University of Kentucky. I shall provide evidence of such health insurance policy in whatever format is deemed acceptable by the University of Kentucky. I understand that should I fail to obtain a health insurance policy, let my current health insurance policy lapse, or in any way not be covered by a health insurance policy deemed acceptable by the University of Kentucky, my enrollment or affiliation with the University of Kentucky may be terminated.

I hereby acknowledge the University of Kentucky’s policy on health insurance coverage, and agree to adhere to its terms.

First Name:__________________________  Last Name:__________________________

Signature:__________________________  Date:_______________________________
HIPAA Education Form

I have reviewed and understand the HIPAA privacy rules restricting use and disclosure of protected health information. I further understand that I am required to comply with the HIPAA rules and that my compliance with them is a condition of my employment, enrollment or affiliation with the University of Kentucky. I understand that failure to follow the HIPAA rules may result in disciplinary action, including termination of my employment, enrollment or affiliation at the University.

I further understand that should I violate any of the provisions of the HIPAA law I will not be covered by the University’s liability insurance and therefore will be personally responsible for any fines, penalties, or imprisonment.

First Name ____________________________ Last Name ____________________________
Phone Number ________________________ Email: ________________________________
Signature _____________________________________________________________________

If you are under 18 years of age, please have your parent/guardian co-sign this HIPAA document below:

_____________________________________________________________________________
Appendices B: Student Forms
Acknowledgment of Orientation

I have read the orientation guide and received additional information and instruction, as it pertains to my assignment, about Hospital policy, procedure, and practice.

I agree to abide by the Behavioral Standards in Patient Care.

I understand the expectations, and I agree to abide by Hospital policy, protocols, and standards of practice during my assignment at University of Kentucky Hospital.

Additional Information provided by Clinical Instructor/Preceptor:
____ 1. Layout of clinic (supplies, reference books, Fire alarm, extinguisher, evacuation route, etc.)
____ 2. Use of Nursing Flowsheets and documentation system
____ 3. Where to store personal items
____ 4. Teaching Sheets & Resources
____ 5. Resources for Patient Care: Care Coordinators, Case Managers, Support Services
____ 6. Clinic Routines (patient flow thru the clinic)
____ 7. Medication System (PYXIS and/or E-MAR)
____ 8. IV set ups and infusion devices (if applicable)
____ 9. Emergency situations and codes
____ 10. Blood Glucose Monitor (Urine POC testing if applicable)
____ 11. Other equipment, procedures, standards: ____________________________________________
____ 14. HIPAA
____ 15. Use of Social Media/personal email

Name: __________________________________________ Date: ____________
(Student signature)
School & Course #: ________________________________________________
Dates/Times on Unit___________________________ Unit: ___________
Faculty Signature: ___________________________________________________________________

Please return this form to the Student Placement Coordinator (Mailbox: H-188)
UK Health Care Confidentiality Agreement for Computer Use

Applicant’s Name _____________________________
(Please print. First, Middle Initial, Last)

School ID or
UKID: _________________

Date of Birth: _________________ [ mm/dd/yyyy ]

I agree to keep patient information confidential by observing the following:

1. I will protect my password from use or theft by others.
2. I will sign off the system when I leave the workstation and not allow others to use my access.
3. I will only look up information on patients for whom I have direct responsibility. I will not look up my own medication information on the computer.
4. I will share patient information only with people who have a right to access the information in order to perform their job function.
5. When sharing information with people who have a right to access the information in order to perform their job function, I will ensure that I am in a private setting where others cannot hear or see the confidential information.
6. I will follow all University, Medical Center, Hospital and department rules of conduct whenever I use e-mail.
7. I will password protect any personal digital assistant device that contains patient (or confidential) information.
8. I will not disseminate confidential patient information from my home computer without appropriate authorization for release of information.
9. I will dispose of confidential information properly in accordance with all applicable policies.
10. I understand that audits will be performed on computer usage to ensure compliance with all computer related policies and this confidential agreement.
11. I will follow other specific confidentiality rules for special situations. When department have standards more stringent than this statement, I will abide by their standards.
12. I will comply with the enterprise electronic signature policies and protect my electronic signature when issued to me from use or theft by others.
13. I understand that my employer has a right to take disciplinary action to and including termination of my employment for breaches of confidentiality.

__________________________________________  ________________
Signature                                           Date

Please return this form to the Student Placement Coordinator (Mailbox: H-188)
Emerging Diseases Questionnaire
For Faculty, Observers, & Students

1. Have you traveled OR live with someone who has traveled outside the country during the past 3 weeks (21 days)? _____YES     _____NO
If yes, please list country travelled to _________________________________

2. If yes, did travel include any of the following countries in West Africa: Liberia, Sierra Leone, Guinea, or Korea? _____ YES     _____NO

3. If answered YES to either of the above, have you experienced any of the following symptoms?

___________Fever
___________Muscle Pain
___________Vomiting
___________Diarrhea
___________Intense Weakness
___________Stomach Pain
___________Headache & Sore Throat

Please respond to the questions above, sign and return to the Student Placement Coordinator. If answered “yes” please contact the student placement coordinator (859) 323-0433 prior to beginning the clinical experience.

Name:________________________________________________ (please print)
Preferred Contact Number: ______________________________________
Signature:_________________________________  Date:___________
School: ________________________________
I acknowledge that the University of Kentucky requires all persons doing clinical rotations at its facilities to have and maintain a health insurance policy. I understand that it is my responsibility to acquire and maintain a health insurance policy throughout the duration of my rotation at the University of Kentucky. I shall provide evidence of such health insurance policy in whatever format is deemed acceptable by the University of Kentucky. I understand that should I fail to obtain a health insurance policy, let my current health insurance policy lapse, or in any way not be covered by a health insurance policy deemed acceptable by the University of Kentucky, my enrollment or affiliation with the University of Kentucky may be terminated.

I hereby acknowledge the University of Kentucky’s policy on health insurance coverage, and agree to adhere to its terms.

First Name:__________________________    Last Name:__________________________

Signature:___________________________    Date:_______________________________
HIPAA Education Form

I have reviewed and understand the HIPAA privacy rules restricting use and disclosure of protected health information. I further understand that I am required to comply with the HIPAA rules and that my compliance with them is a condition of my employment, enrollment or affiliation with the University of Kentucky. I understand that failure to follow the HIPAA rules may result in disciplinary action, including termination of my employment, enrollment or affiliation at the University.

I further understand that should I violate any of the provisions of the HIPAA law I will not be covered by the University’s liability insurance and therefore will be personally responsible for any fines, penalties, or imprisonment.

First Name__________________________ Last Name________________________
Phone Number______________________ Email:___________________________
Signature___________________________

If you are under 18 years of age, please have your parent/guardian co-sign this HIPAA document below:

________________________________________________________________________
Student Exit Feedback

School/Program ____________________________________________________________
Year / Semester __________________________________________________________
Clinical Setting __________________________________________________________

Please answer the following questions using the rating scale you feel best describes your feelings regarding your clinical experiences at UK Hospital.

4 = Excellent    3 = Good   2 = Fair    1 = Poor

1. My clinical experience during this rotation has been: ______
2. I feel the nursing care delivered at UK is: ______
3. The RN staff were helpful/supportive and could be described as: ______
4. The rotation to this clinical area supported my learning needs and were: ______
5. The morale of the nursing staff was: ______
6. Because of my experience, my personal desire to apply for a position following graduation is: ______
7. I was introduced to the Patient Care Manager: ___yes ___no
8. I found the Patient Care Manager to be helpful/supportive: ___yes ___no ___N/A

Comments: ______________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Thank you for sharing this information with us in an effort to improve educational experiences and opportunities at UK Healthcare and Kentucky Children’s Hospital. Please return to your clinical instructor.
Appendices C:

HIPAA Education
~ What does HIPAA stand for?
H – Health
I – Insurance
P – Portability
A – And Accountability
A - Act
The federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, along with state law, mandates the privacy and security of Protected Health Information (PHI); the portability of health insurance and simplification of electronic billing.

~ Components of HIPAA
1.) Transactions (codes used in billing)
2.) Privacy
3.) Security

~ What is the purpose of HIPAA?
· Protects the privacy of an individual’s health information
· Ensures physical and technical security of an individual’s health information
· Governs the use and disclosure of an individual’s health information for treatment, health care billing, research, marketing and other functions.

~ What are the benefits of HIPAA?
· Privacy Notice – The University of Kentucky will be required to notify individuals in writing how their Protected Health Information may be used and disclosed.
· Accounting of Disclosures – A history of non-routine disclosures – those other than treatment, payment and health care operations, or those for which authorizations have been obtained – must be provided to individuals upon their request.
· Recourse – Individuals may file formal complaints with the University via the Privacy Officer or the Department of Health and Human Services Office of Civil Rights.
· Access – Individuals will be able to access, inspect and get copies of their medical records, and also may request amendments to those records.
· Restrictions – Individuals will have the right to request restrictions on the uses and disclosures of their information. The University of Kentucky may refuse such a request on grounds that we could not accommodate the request.
Example: Mandatory reporting of gunshot wounds

~ Why do you have to take HIPAA training?
· Federal law requires this training. Observance of HIPAA regulations is the way we will conduct business in the future.
· This is the first stage of HIPAA training. You may require additional training specific to your area at a future date.

UK HealthCare HIPAA Education

~ Who is required to comply with HIPAA?
All health plans, clearinghouses and health care providers who conduct business electronically, must comply with the standards. These groups are referred to as “Covered Entities.”
Covered Entities include:

- Hospitals, durable medical equipment suppliers, sole practitioners and Physician practice groups, dentists, pharmacies, home health agencies, and nursing homes, among others.
- Laboratories/departments conducting human research, financial offices, third party administrators, insurance carriers who deal with protected health information, internal audit, and legal counsel.
- Business associates who contract with the University of Kentucky.

The University of Kentucky is a “covered entity.”

~ What makes the University of Kentucky a “covered entity?”

The University of Kentucky is comprised of several groups that make it a “covered entity” including, University of Kentucky Chandler Medical Center, medical benefit plans, human research, dental clinics, student health services and athletics, among others.

~ The Privacy Rule

The HIPAA Privacy Rule establishes minimum safeguards to protect confidentiality of an individual’s health information.

STATE LAWS, WHICH PROVIDE STRONGER PRIVACY PROTECTIONS FOR INDIVIDUALS, WILL STILL APPLY INSTEAD OF THE FEDERAL PRIVACY STANDARDS.

The HIPAA Privacy Rule protects:
- An individual’s health information in all forms: electronic, paper, spoken, and whether past, present or future.
- The rule protects individuals, living and dead, and or groups in both the public and private sector.

~ What is Protected Health Information?

Protected Health Information is commonly referred to as PHI.

PHI is defined as facts about an individual’s past, present or future physical or mental health condition.

~ What information is included in PHI?

Use of any one of the 18 identifiers listed, when combined with information regarding a person’s health, is protected under HIPAA.

- Name - Address - Medical record #, account #
- Dates - Social Security # - Health plan beneficiary #
- Birth - License or ID # - Photographs
- Date of admission - Drivers license # - Fingerprints, voice prints
- Date of discharge - Vehicle plate # - Device identifiers & serial #’s
- Death - Telephone # - Full face photo/other images
- Certificate/license # - Fax # - Email/URL/IP address #
- Any other unique ID#, characters, or code

~ Under what conditions must you protect any of the previously mentioned pieces of information?

Whenever:
- The information relates to the person’s physical and mental health, provision of health care or payment for health care
- The information will identify, or could be used to identify, the subject of the information, and
- The information is transmitted or maintained in any form or medium.

Examples: fax, computer files, paper records
ALWAYS REMEMBER…
All information regarding an individual’s health care is confidential. DO NOT share this information with your friends, family or neighbors. In other words, if you learned it through your work or other associations with UK, it is considered private.
You also must be careful about where and when and with whom you share information required to perform your job. Share information only with co-workers who HAVE a legitimate need to know for treatment, payment or health care operations. Hallways, break rooms, elevators, the shuttle and parking lots, for example, are not appropriate places to share PHI.
~ The Security Rule
What is information security?
- Maintains confidentiality, integrity, availability and privacy of employee, patient, physician, research subjects and University information
- Applies to all information – electronic, paper, or spoken-that is created, communicated, stored or processed by your office, department, hospital or school
~ UK and the Security Rule
Guidelines:
If you have access to written or electronic confidential health information, you may be asked as a condition of your affiliation with UK, to sign a confidential agreement.
~ “You” and the Security Rule
How do you secure the various types of protected health information you encounter on a regular basis?
PAPER
- Only authorized personnel generate or copy confidential documents.
- Confidential documents must not be left in areas accessible by unauthorized persons.
- Confidential documents must be disposed of in a confidential recycling bin, shredded, or rendered unreadable.
- Patient medical records must not be taken home or to any non work-related place.
If in doubt about confidentiality of a document, handle as if confidential.
COMPUTERS
- Use a unique password
- Do not share your password
- Store laptops, PDAs, floppy disks and CDs in a secure location when not in use
- Log out when leaving a workstation*
- Sign off applications WHEN leaving your workstation
- Use only password-protected portable computing devices
- Do not download unauthorized software from the Internet
* If you have an exception, contact the Compliance Office at 323-6044
TELECOMMUNICATIONS
- Devices such as cordless phones, cell phones, pagers, faxes and intercoms
- At UK confidential information can be communicated by phone and fax
- Use a cover sheet that includes a confidentiality statement to indicate who is to see the fax
UK HealthCare HIPAA Education
- Prior to sending the fax, notify the person to whom the fax is being transmitted
- The sender is responsible for keeping receipts of fax transmissions
~ Securing the physical environment in which you work
- Keep records and protected health information in secure areas
- Dispose properly of confidential or protected health information (shredding or placing in secured recycle bins)
- Ensure that unauthorized individuals cannot see protected health information on your computer screen, fax machine, or in your work area
Why do we need to be so careful?
A New York State congressional candidate’s past suicide attempt was made public during the election. She won the election and sued the hospital for failing to maintain the confidentiality of her medical records. An employee of a large Blue Cross/Blue Shield plan obtained unauthorized access to the medical records of a friend’s ex-wife and sent them to the friend. A bank member of a state health commission accessed a list of local cancer patients and cross-referenced it to a list of his customers. He then called in their loans. A Tampa, Florida man stole a list of 4,000 HIV-positive patients from a state health worker and sent the list to the Tampa Tribune, which did not publish it. The man was found guilty and sentenced to jail.

~ Why is this important to you?
You are responsible for securing PHI and keeping it private. If you don’t you may be liable! The University of Kentucky will not be responsible for individual employee penalties if the breach was intentional or happened outside the scope of the individual’s job responsibilities.

~ What else do you need to know?
The University of Kentucky will facilitate compliance with the HIPAA regulations through electronic monitoring of computer access to PHI, and by conducting physical inspections of University areas that handle confidential health information.

~ What are the penalties for non-compliance?
- Disciplinary action by the University of Kentucky: up to and including termination of employment or expulsion from the academic program
- Federal Civil penalties: $100 per violation, up to $25,000 per person, per year, for each requirement or prohibition violated
- Federal Criminal penalties for knowing violations:
  - Up to $50,000 and one year in prison
  - Under “false pretenses” – up to $100,000, and up to five years in prison
  - Intent to sell, transfer or use – up to $250,000 and up to 10 years in prison

~ What should you do if you see violations?
- Tell your supervisor or academic advisor, who will investigate the situation
- If you aren’t comfortable telling your supervisor or academic advisor, contact the Compliance Office at 323-6044 or by email at mches@email.uky.edu
- Violations also may be reported anonymously to the ComplyLine-(877) 898-6072
HIPAA Education Form

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I further understand that should I violate any of the provisions of the HIPAA law I will not be covered by the University’s liability insurance and therefore will be personally responsible for any fines, penalties, or imprisonment.

First Name ____________________________ Last Name ____________________________
Phone Number ______________________ Email: _________________________________
Signature ________________________________ Email: _________________________________

If you are under 18 years of age, please have your parent/guardian co-sign this HIPAA document below:

________________________________________________________________________
Appendices D:

KY Children’s Handbook
Faculty Orientation Handbook

School Year 2015-2016

Addendum to Faculty Orientation Handbook
Guidelines for Nursing Faculty

Welcome to the Kentucky Children’s Hospital. We hope that you and your students have a satisfying experience that is both an excellent learning resource and a potential place of employment for graduating students.

In order to assure quality care for patients in the Kentucky Children’s Hospital and a meaningful education experience for nursing students, the following expectations for faculty have been developed:

• It is desirable for faculty to be active in the practice of nursing care of children. KCH has opportunities for nursing faculty to work in an on call position. On call requirements include working at least eight (8) hours per pay period, completion of annual competencies and employee health requirements.

• All new clinical faculty must meet with the KCH Staff Development Specialist and student placement coordinator, prior to the beginning of the clinical rotation. For Faculty who are NOT employed by the Kentucky Children’s Hospital, or who have not worked at KCH for more than two years, completion of the Kentucky Children’s Hospital “Initial Skills Checklist for RN’s” or “Record of Initial and Ongoing Competency Activity” are required prior to beginning a clinical rotation. New faculty can anticipate spending one – two shifts to complete these activities. The document is attached at the end of this handbook. Faculty who have on-going clinical’s at Kentucky Children’s Hospital may be able to complete their ongoing competency activities through observation by a designated staff nurse from the unit where the clinical will take place or through observation by the KCH Staff Development Specialist.

• The clinical faculty member is responsible for presenting documentation of successful completion of the above to the KCH Staff Development Specialist. This documentation must be presented before the first clinical day.

• Clinical Faculty are also responsible for communicating with the Staff Development Specialist or the Patient Care Manager for that unit, for any new policies or procedures implemented during the year.

• For faculty convenience, documents going to the Student Placement Coordinator may be placed in the KCH Staff Development Specialist’s mailbox located in the office beside the Acute Care Welcome desk (the Charge Nurse office, HA 411).
Observational Experience PICU and 4North:

- To ensure the comfort and safety of our patients and optimal learning experiences for our students starting in August 2015, student observational experiences in 4 North and Peds ICU will be more structured. Student out-rotation observation experiences will be limited to students that express an interest in Pediatric nursing as a career choice and who have approval from their clinical instructor. It is requested that these students submit a letter to the unit manager stating their reasons for requesting an observational experience and a list of their educational objectives for the experience.

- If approved, the manager or Staff Development Specialist/Instructor for the unit in collaboration with the Student Placement Coordinator will work with the student’s clinical instructor to assign a specific day for this to occur. Dates must be on a regular clinical day when the instructor is present in KCH. Managers will reserve the right to cancel prearranged student observational experiences if necessary due to high unit acuity, changes in staffing needs, or other unanticipated occurrences.

Observational Experience in the NICU

- All clinical faculty may bring in (1) student into the NICU for observation.
- Contact person to help facilitate placement of students will be the shift’s Team Leader whom’s desk is by Nursery 7 in the back of the NICU.
- Clinical Instructor will bring the student into the unit and work with the Team Leader (TL) to find an appropriate assignment/RN for the student to observe. There may be occasions where a nursing student cannot be accommodated for the day depending on the census and the situation within the NICU. If this is the case, the TL will inform the clinical instructor of such. The phone number at the TL desk is 323-1272 and can be contacted if needed.
- Per policy, no jewelry is allowed below the elbows (example: rings, watches, bracelets). An initial 15 second hand washing is to be conducted upon entering the unit and hand sanitizer or hand washing is to be completed when entering/exiting each nursery. Hand sanitizer or hand washing is to be conducted as well when going from patient to patient and before/after touching an item in the patient’s area. Additionally, no jackets are allowed to be worn in the unit and any long-sleeve shirt needs to be above the elbow at all times.
- The student’s clinical time within the NICU is observational only and no patient care is to be provided by the student since the instructor is not present.
Resource Information

Overview

The KCH is composed of a Neonatal Intensive Care (NICU), a Pediatric Intensive Critical Care (PICU), a Pediatric Progressive Care Unit (4 North) an Acute Care Area, (East and West Wings), an Outpatient/Short Stay Unit, and Procedural Sedation Suite.

The NICU is a sixty six-bed unit for high risk neonates, providing Level IV and intermediate care for the newborn. Fifty of these beds are located on the 4th floor with the additional 16 beds located on the 3rd floor. KCH works with the Neonatal transport team that utilizes the KCH Ambulance, a mobile neonatal unit, as well as helicopter services, and serves as a regional neonatal and pediatric critical care transport center serving Eastern and Central Kentucky. The nurse to patient ratio varies 1:1 up to 1:3.

The PICU is a twelve-bed unit for critically ill children, who need constant monitoring and Q 1-2 hourly assessment with or without technical life support. Diagnoses in the unit may include trauma, complex surgical conditions, renal failure, respiratory illness, etc. Nurse to patient ratio is based on an acuity scale and can be 2:1, 1:2, 1:2 or 1:3.

A 12 bed Progressive Care Unit is located on the North wing for care of pediatric patients requiring an intermediate level of care, including frequent monitoring and assessment. The patient population includes: telemetry, patients receiving high-flow oxygen therapy, trauma, medical/surgical care, and epilepsy monitoring. Nurse to patient ratio is 1:3.

The East Wing is a 21-bed Medical/Surgical unit for infants through adolescents. Typical patients cared for on this unit are infants and toddlers with respiratory, GI, and surgical conditions. The nurse to patient ratio is usually 1:3 or 1:4.

The West Wing is a 22-bed unit. Patients with blood disorders or childhood cancers; as well as young adult patients treated with pediatric cancer therapy protocol are admitted to this wing. General Medical/Surgical patients and pediatric diabetic patients are cared for on this unit. The nurse to patient ratio is usually 1:3 or 1:4.

The Outpatient/Short/Stay Unit consists of 8 beds for children admitted for observation. Three (3) treatment bays are available for children receiving therapeutic IV infusions or procedures that require close observation.
A pediatric Procedural Sedation Suite is located on the 2nd floor of Chandler Hospital in Pavilion H. Pediatric patients undergoing outpatient procedures such as bronchoscopy, lumbar puncture, bone marrow aspiration, and other treatments/tests requiring sedation and recovery are cared for in this area.

**Patient Care Philosophy**

Believing in the value society places on children, it is our goal to promote the best health and development for all children placed directly or indirectly in our care. The family is the most important structure in the life of the child. It is the role of the nurse to promote optimum family functioning. Family Centered Care provides the structure for planning the best way to assist each child and family. Parents are encouraged to stay with their child and participate in their child’s care to the best of their ability. Information about health care and child development is incorporated into each child’s plan of care and strategies are planned for the most effective way to facilitate learning by the child and family.

(Please refer to the “Family Centered Care” reference contained in this Faculty Addendum for Pediatrics. This reference should be shared with all nursing students.)

**Collaborative Practice**

Nursing works with a variety of services to provide coordinated, comprehensive and outstanding care. Staff members are encouraged and supported in participation of clinical research projects and Evidence Based Practice studies. Physicians, APRN’s, PA’s, social workers, dieticians, respiratory therapists, pharmacists, and physical therapists are some of the disciplines that are members of the health care team.

**Management Philosophy**

Accountability and responsibility for nursing care are decentrally organized. Each unit has a Patient Care Manager who works closely with his/her staff. A Charge Nurse is available to facilitate admissions, make decisions regarding bed utilization and coordinate staffing needs. An Interim-Assistant Chief Nurse Executive along with two Service Directors facilitates quality care across the division and represents the KCH throughout the UK HealthCare Enterprise. There are many opportunities for learning and professional development within this structure.
Staff are encouraged to utilize the Professional Advancement Program to reach their individual potential in nursing. The Nursing Staff Development Specialists and Instructors work closely with managers and staff to plan orientation coordinate continuing education and inservices and facilitate clinical problem solving. Critical thinking skills are highly valued in the KCH.

**Child Life Program and the Hospital Teacher**

Play is an essential part of every child’s day and is especially important for the hospitalized child. Assisting in adjusting to a strange environment, coping with stress of illness, and maintaining normal patterns of growth and development are all factors that must be considered. The “Play Rooms” are considered a safe haven for patients. Procedures, including vital signs and medication administration are strictly off limits in these areas.

Play opportunities and activities are coordinated through the Child Life program. The Child Life staff are available to assist with pre-procedure preparation of children who are 3 years or older. Fayette County Schools employ a hospital-based schoolteacher as a link between home, school and the hospital.

**NaviCare Nurse Call System**

The NaviCare nurse call system enables patients and families to contact nursing staff using both audible and visual alerts. Regular unit nursing staff wears locating sensors that work with the call system. Please ask a nurse on the unit or the Staff Development Specialist to show you how to use NaviCare.

**Pediatric Code Blue**

A Pediatric Code Blue is called by pulling the Code Bar (in patient rooms) or pressing the red Emergency button (in support areas) on a NaviCare unit, calling 3-5200, # 1, and requesting the Pediatric Code team for the specific location including patient room number with prefix (e.g. HA 4xx).

Please refer to the information provided further back in this addendum for a review of procedures unique to Pediatrics for yourself and with your nursing students.
Pain in Children

Specific to children are several pain assessment tools that are utilized by the Pediatric nursing staff. Handouts are provided in the Faculty Handbook Addendum. Please refer to these tools and share with your students.

Patient Confidentiality

Please stress the importance of patient/family confidentiality with students. There are rooms available in each area of the Children's Hospital for patients, families, nursing staff and physicians to talk privately. Patient charts should be placed in closed chart areas at the pods and the electronic patient records must be logged off by the individual users. Remind students to refrain from discussing patient care situations in public areas and on social networking sites.

Quiet Time

To promote rest and healing, the Acute Care units observe “Quiet Time” daily between the hours of 1:30pm-3:30pm. During this time, hallway lights are dimmed, televisions turned off, and hallway traffic minimized. Essential patient care activities continue including medication administration, scheduled treatments, and physician rounding, but routine care should be grouped either before or after this period.

Infant / Child Security

To protect the safety of newborns in the Birthing Center and infants and children in the Kentucky Children’s Hospital, it is vital that special care be taken to assure these young patients are released only to the parent(s) or person legally responsible for their care. See Hospital Policy 01-27 for instructions in caring for this population.

Always be aware that there is a risk of a child being abducted. When having students in the Birthing Center or in the Kentucky Children’s Hospital, be observant of individuals loitering, persons in uniform without appropriate identification, and any other suspicious individual. Question people without proper identification ask them to identify themselves and tell you why they are on the unit. Direct any suspicious activity to the Charge Nurse. If you suspect that an infant or child is missing, immediately notify the Charge Nurse and Security. A “Code Pink” overhead page indicates that an infant or child is missing and staff is to respond by directly observing activity in hallways, stairways and elevators.
All units of the Kentucky Children’s Hospital have “restricted access”. A UK Healthcare ID badge is required to access these units. Your faculty and student ID badges will be configured in the Security office to gain access to these restricted areas.

All visitors to the KCH must check in at the main Welcome Desk by the KCH elevator. They will be required to show a picture ID and be given a visitor sticker that they must wear to assist with identifying visitors. Parents or guardians of patients are given blue armbands to wear. Please remember that parents and guardians are not considered visitors and may come and go without checking in at the Welcome Desk. We encourage all to be vigilant and observant for those without a hospital badge, parent armband, or visitor sticker. Many are not aware of the process and may try to follow you into the unit. If someone attempts to enter the unit without the necessary identification, please take them to the main Welcome Desk at the KCH elevator to sign in and receive the proper identification.

• Note - Kentucky Children’s Hospital: Keys to the supply carts in patient rooms need to be obtained from the unit manager with a $10 deposit that will be refunded upon return.

Have a great year and let us know if we can assist you!
Resource List for Kentucky Children’s Hospital Staff

DCN Office 3-6473
DCN pager 330-6298

NICU/ Birthing Center
Interim Service Director: Shelly Marino Office N 403

PICU/Acute Care/Progressive Care
Service Director: Suzanne Springate 3-5578

Acute Care Manager: Lisa Butcher 3-0698
Acute Care Asst. Manager: Jessica Hutchins 3-5284

Pediatric Clinical Nurse Specialist: Jessica Lawrence 218-1503

PICU/Progressive Care/ Per Diem/On Call RN
Manager: Suellen Hedger 7-1097

NICU/Neo III Manager: Shannon Haynes 3-8974
NICU/Neo III Assistant Manager: Michelle McClure 3-3102

NICU Clinical Nurse Specialist: Lisa McGee 3-6683

Nursing Staff Development:
Teresa Chase (Acute Care/PICU/Progressive Care) 3-8006
Amy Snell (OB, NICU/Neo III) 7-4041

Acute Care Welcome Center 3-5741 or 3-5742
4 East Communication Center 3-5881
4 West Communication Center 3-5936
PICU/NICU Welcome Center 3-5744 or 3-57454
4 North Communication Center 3-1333
Judi Martin, Child Life Program 3-6551
Family Centered Care

Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care.

Patient- and family-centered practitioners recognize the vital role that families play in ensuring the health and well-being of infants, children, adolescents, and family members of all ages. They acknowledge that emotional, social, and developmental support is integral components of health care. They promote the health and well-being of individuals and families and restore dignity and control to them.

Core Concepts of Family Centered Care

- **Respect and dignity.** Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

- **Information Sharing.** Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

- **Participation.** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

- **Collaboration.** Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.
Pediatric Pain Assessment Tools

**Wong-Baker Faces Pain Rating Scale**

- Point to the faces. “These faces show how much hurt you can have”
- Ask: “How much hurt do you have now?” If the child seems confused or doesn’t respond, point to face 1 and say, “This face has no hurt.” Slide your finger to face 5 and say, “this face hurts as much as you can imagine, although you don’t have to be crying to feel this bad.”
- “Pick the face that tells me about your pain right now.”
- Record the number that is under the chosen face in SCM documentation system.
- Intervene if pain is not at an acceptable level & document in SCM
- Reassess pain within 60 minutes and document in SCM

**Visual Analog Scale**

- Show the child the VAS 1-10 scale. Say, “these numbers show how much hurt you have. Number one means that you are comfortable and number 10 means you are having as much pain as you can imagine. You don’t have to be crying to feel this bad.”
- “Pick the number that tells me about your pain right now.”
- Record the number that is chosen in SCM documentation system.
- Intervene if pain is not at an acceptable level & document in SCM
- Reassess pain within 60 minutes and document in SCM
FLACC Non-Verbal Pain Assessment Scale

<table>
<thead>
<tr>
<th>Face</th>
<th>0</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td></td>
<td>No particular expression or smile</td>
<td>Occasional grimace or frown, withdrawn, disinterested</td>
<td>Frequent to constant frown, clenched jaw, quivering chin.</td>
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<table>
<thead>
<tr>
<th>Legs</th>
<th>0</th>
<th>1</th>
<th>2</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Normal position or relaxed</td>
<td>Uneasy, restless, tense</td>
<td>Kicking or legs drawn up.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>0</th>
<th>1</th>
<th>2</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Lying quietly, normal position, moves easily</td>
<td>Squirming, shifting, back and forth, tense</td>
<td>Arched, rigid, or jerking</td>
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<table>
<thead>
<tr>
<th>Cry</th>
<th>0</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td></td>
<td>No cry (awake or sleep)</td>
<td>Moans or whimpers; occasional complaint</td>
<td>Cries steadily, screams, sobs, frequent complaints</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consolability</th>
<th>0</th>
<th>1</th>
<th>2</th>
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<tr>
<td></td>
<td>Content, relaxed</td>
<td>Reassured by occasional touching, hugging or talking to, distractible</td>
<td>Difficult to console or comfort.</td>
</tr>
</tbody>
</table>

**FLACC Non-verbal Pain Assessment Scale:**
- This scale can be used with very young children or children who are unable to speak due to injury, drugs, and treatments.
- Assign a numerical score to the designated observations.
- Record the score in the designated place in the SCM documentation system. A low total score indicates a low or acceptable level of pain and a high score (maximum score = 10) indicates the most pain.
- Intervene if pain is not at an acceptable level & document in SCM
- Reassess pain within 60 minutes and document in SCM
Faculty Member Acknowledgment of Orientation
Kentucky Children’s Hospital

1. I have read the Orientation Handbook for Nursing Faculty, Kentucky Children’s Hospital Addendum, and the Orientation Handbook for Nursing Students and received additional information and instruction, as it pertains to my assignment.

2. I have completed a unit-specific orientation, including shadowing a nurse, and am aware of the policy, procedure resources available at UK Hospital and Kentucky Children’s Hospital.

3. I have read and agree to abide by the Behavioral Standards in Patient Care.

4. I understand the expectations, and I agree to abide by Hospital policy, protocols, and standards of practice during my assignment at University of Kentucky Hospital.

5. I am competent to care of the patient population being assigned to my students and have submitted an abbreviated resume reflecting that recent experience.

6. I have shared clinical objectives and expectations with the unit Patient Care Manager.

7. I, and each of my students, possess UK ID badges.

8. Both the Student Placement Coordinator and Hospital Security have been given a list of the students in my clinical group.

Name: ________________________________ Date: __________________
Signature: _____________________________ Unit: __________________
Program/School: ___________________________________________________
Day(s) on Unit: ________________________ Times on Unit: ______________
Dates of Clinical Rotation: ____________________________________________

Please complete and return to Student Placement Coordinator
(Mailbox: H-188)
Appendices D:
Unit Overview Checklist for New Clinical Faculty to UKHC
Clinical Instructor Unit Overview Form 2015-2016
Adult Care

Name of Instructor: ______________ Date(s) of Orientation: _____________ Nursing Program: _____________

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Teaching method: Demonstrate = D, Verbalized = V</th>
<th>Date &amp; Preceptor Initials</th>
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</thead>
<tbody>
<tr>
<td>Customer Service</td>
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<tr>
<td>Behavioral Standards</td>
<td></td>
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<tr>
<td>Patient Centered Care</td>
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<tr>
<td>Every patient every time</td>
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<tr>
<td>Physical Layout of Unit</td>
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<tr>
<td>Identify location of supplies and resources (gas shut off, fire pull, fire extinguishers)</td>
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<tr>
<td>Clinical Decision Making</td>
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<tr>
<td>1. Recognizes and responds immediately to signs and symptoms of patient deterioration</td>
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<tr>
<td>2. Identifies age appropriate normal and abnormal findings on physical assessment</td>
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<td>3. Demonstrates age/development-appropriate approaches while performing physical assessment and care of patients</td>
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<tr>
<td>Code Blue/CPR</td>
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<tr>
<td>1. Recognizes and responds to emergency situations</td>
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<td>2. Identify location of unit’s crash cart</td>
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<tr>
<td>3. Verbalizes appropriate procedure to notify Rapid Response Team of patient deterioration</td>
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<tr>
<td>4. Verbalizes that to activate hospital-wide code blue he/she must dial 3-5200 #1</td>
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<tr>
<td>Pain Assessment</td>
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<td>Verbalize understanding and demonstrate proper pain scale (pain scale, FACES, etc.)</td>
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<td>Infection Control</td>
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<td>1. Demonstrates appropriate isolation protocols see policy for details</td>
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<tr>
<td>Communication</td>
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<tr>
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<tbody>
<tr>
<td>1. Paging system</td>
<td></td>
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<tr>
<td>2. policy link on CareWeb</td>
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<td>3. nurse call system</td>
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<td>4. phones</td>
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#### Documentation
- Completed Faculty Instructor SCM training

#### Incident Reporting
- Process for reporting an incident and review of patient safety environment (including National Patient Safety Goals)

#### Overview of Equipment
1. Baxter IV Pump
2. PCA
3. Pulse ox
4. Oxygen equipment
5. Zoll
6. Suction Equipment
7. Vital sign monitor
8. Feeding pump
9. Patient Lifts

#### Intravenous Therapy
1. Needleless system
2. Central Venous Access Devices
   - Dressing changes q weds. See policy for detail.
3. PICC LINE – dressing changes q weds. See policy for details.

### Other:

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Name of Clinical Instructor: __________________________ Signature: __________________________ Date: ___________

Name of Preceptor: __________________________ Signature: __________________________ Date: ___________
Clinical Instructor Unit Overview Form 2015-2016
Kentucky Children’s Hospital

Name of Instructor: ___________________ Date(s) of Orientation: ___________ Nursing Program: ___________

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<td>Read and verbalize understanding of family centered care (handbook)</td>
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<td>4. Verbalizes that the code button within patient room will only sound an alarm in the unit</td>
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<td>5. Verbalizes that to activate hospital-wide pediatric code blue he/she must dial 3-5200 #1</td>
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<tr>
<td>1. Demonstrates appropriate isolation protocols for pediatric illnesses</td>
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<td>2. Verbalizes child life playroom infection control regulations regarding patients/siblings</td>
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<td><strong>Unit Resources</strong></td>
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<tr>
<td><strong>Documentation</strong></td>
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<tr>
<td>Completed Faculty Instructor SCM training</td>
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<tr>
<td><strong>Incident reporting</strong> –</td>
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<tr>
<td>Process for reporting an incident and review of patient safety environment (including National Patient Safety Goals)</td>
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<tr>
<td><strong>Overview of Equipment</strong></td>
<td></td>
<td></td>
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<tr>
<td>1. Alaris Pump</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. PCA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Pulse oximeter</td>
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<tr>
<td>4. Zoll Monitors</td>
<td></td>
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<tr>
<td>5. Feeding pumps</td>
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<tr>
<td>6. SCDS</td>
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<td>7. Syringe pump</td>
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<td>8. Oxygen requirement</td>
<td></td>
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<tr>
<td>9. Suction</td>
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<td></td>
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<tr>
<td>10. Supply pyxis</td>
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<tr>
<td>11. Vital sign machine</td>
<td></td>
<td></td>
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<tr>
<td>12. Stryker cub crib</td>
<td></td>
<td></td>
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<tr>
<td>13. Infant scales</td>
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<tr>
<td>14. Phototherapy Lights</td>
<td></td>
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<tr>
<td><strong>KCH Child and Infant Security and Safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Reviews and verbalizes RN role in infant and child security</td>
<td></td>
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<tr>
<td>2. Verbalizes procedure for calling and responding to a “Code Pink”</td>
<td></td>
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<tr>
<td>3. Demonstrates “Back to Sleep” for infants</td>
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<tr>
<td><strong>Safe Handling of Breast Milk</strong></td>
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<tr>
<td>1. Proper labeling</td>
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<td>2. Proper storage</td>
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<td>3. Two-person check</td>
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<td>4. Safe warming practices</td>
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<td>5. Fresh breast milk vs frozen breast milk time frame for administration</td>
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<tr>
<td>Criteria</td>
<td>Teaching method:</td>
<td>Date &amp; Preceptor Initials</td>
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<tr>
<td>Intravenous Therapy</td>
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<tr>
<td>1. Needleless system</td>
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<td>2. Central Venous Access device</td>
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<td>3. PICC Lines</td>
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<td>Other:</td>
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</tbody>
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Name of Clinical Instructor: ___________________ Signature: __________________ Date: ____________

Name of Preceptor: ___________________ Signature: __________________ Date: ____________