Contents:

Information about St. David's HealthCare
Contact Information for each facility
Overview of HCAHPS
2010 National Patient Safety Goals
Unacceptable Abbreviations/”Do Not Use” List
Occupational Exposure to Blood/Body Fluids - “Needle Sticks”
Hospital-Acquired Conditions (HAC)
CORE Measures
Hourly Rounding & AI DET & Cultural Competency
SBAR
Georgetown Hospital
Round Rock Medical Center
North Austin Medical Center
St. David’s Medical Center
South Austin Hospital
Computer Forms
Acudose Forms
Appendix
  • Alpha Roster
Welcome to St. David's HealthCare! We are so pleased that you and your students will complete clinical at one of our hospitals. We hope that this reference manual will provide information about the St. David's HealthCare hospitals to help you prepare for clinical rotations.

St. David's Medical Center/St Davids Rehabilitation Center

St. David's Georgetown Hospital

St. David's North Austin Medical Center

St. David's Round Rock Medical Center

St. David's South Austin Medical Center
As stated from the Texas Board of Nurse Examiners web page titled “Education FAQ's - Clinical Experiences:

http://www.bne.state.tx.us/nursingeducation/faq_clinical.html#faq4

Is it necessary for nursing faculty to co-sign nursing students, nursing notes and other related documents utilized for charting?

The BNE does not have rules specifically related to requiring co-signatures on nursing student charting and does not have an official stance regarding this issue. The healthcare facility may have policies about whether nursing students' charting requires co-signatures of nurses or instructors. The nursing education program may have policies related to this issue. Generally, when charting is co-signed, the indication is that the "co-signer" actually witnessed the nursing activities. The BNE does not recommend co-signing documentation unless the "co-signer" is trying to emphasize that they witnessed and supervised the activity.

What tasks can a nursing student in a BNE approved nursing education program perform during clinical learning experiences?

Under the supervision of faculty, the student nurse can perform functions for which he/she has the educational foundation to perform safely. The nursing faculty member is responsible to:

- supervise nursing care provided by others for whom the nurse is professional responsible [§217.11(1)(U)]
- maintain the safety of patients with whom the student interacts while maximizing a student's learning in the clinical setting [§217.11(1)(B)]
- be aware of any limitations placed on student participation in specific clinical areas that may be part of the contractual agreement between the nursing program and the clinical practice facility

Unprofessional conduct on the part of nursing faculty would be:

- failure of a clinical nursing instructor to adequately supervise or to assure adequate supervision of student experiences [§217.12(1)(G)]

Are students practicing under someone else's license during clinical learning experiences?

The nurse student is not required to have a license under the exemption in the Nursing Practice Act §301.004(6) but can practice in a student nurse role under the supervision of a qualified member of the nursing faculty for purposes of meeting educational requirements for clinical practice. Since the student nurse is exempt, he/she is not practicing "under the faculty member's license."
The American Nurses Credentialing Center's (ANCC) Pathway to Excellence™ designation is earned by healthcare organizations that create work environments where nurses can flourish. The award substantiates the professional satisfaction of nurses and identifies best places to work.

A Pathway to Excellence designated organization is committed to nurses, to what nurses identify as important to their practice, and to valuing nurses' contributions in the workplace. This designation confirms to the public that nurses working in a Pathway to Excellence organization know their efforts are supported. The award invites other nurses to join their colleagues in this desirable and nurturing environment.

The Pathway to Excellence designation is granted based on the confirmed presence of characteristics known as “The Pathway to Excellence Criteria” in the facility. These criteria are foundational to a nursing practice environment that has a positive impact on nurse job satisfaction and retention. These criteria are integrated into operating policies, procedures, and management practices of all Pathways to Excellence-designated healthcare organizations.

For an organization to earn the Pathway to Excellence designation, it must successfully undergo a thorough review process that documents foundational quality initiatives in creating a positive work environment—as defined by nurses and supported by research. These initiatives must be present in the facility's practices, policies, and culture. Nurses in the organization verify the presence of the criteria in the organization through participation in a completely confidential online survey.

The Pathway to Excellence designation is ideally suited to small and medium-sized healthcare organizations, but is attainable by all healthcare facilities around the world.

The following St. David’s HealthCare Hospitals have been awarded the Pathway to Excellence Award:

St. David’s Medical Center

St. David’s North Austin Medical Center

St. David’s Round Rock Medical Center

St. David’s Georgetown Hospital

St. David’s South Austin Medical Center
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St Davids Institute for Learning (IFL)—[www.stdavids-institute.com](http://www.stdavids-institute.com) includes links to:

Courses available to nursing faculty—click the CLASSES button and/or the Monthly Calendar links

Educational Development Resources for SDH employees:
- Workforce Development
- Graduate Nurse Programs
- Leadership Programs

Clinical Resources (on-line) available to St. David’s HealthCare employees:
- Hospitals’ Policies & Procedures
- Healthstream
- CE Direct
- Lippincott Manual
- Up-to-Date
- EBSCO Nursing Reference Center

AHA-ECC Info—ACLS, BLS and PALS

Maps and Directions to the IFL and all facilities

Many useful links to other sites
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<td><a href="mailto:Jane.hentzen@stdavids.com">Jane.hentzen@stdavids.com</a></td>
</tr>
<tr>
<td>Jane Hentzen</td>
<td>Educator Women’s Services</td>
<td>816-6198</td>
<td><a href="mailto:kelly.lavigne@stdavids.com">kelly.lavigne@stdavids.com</a></td>
</tr>
<tr>
<td>Kelly Levigne</td>
<td>Manager OBS &amp; FLP</td>
<td>816-8480</td>
<td><a href="mailto:Joan.minnick@stdavids.com">Joan.minnick@stdavids.com</a></td>
</tr>
<tr>
<td>Joan Minnick</td>
<td>Coordinator of Clinical Education and Student Placement Coord.</td>
<td>816-6386</td>
<td><a href="mailto:Jason.carr@stdavids.com">Jason.carr@stdavids.com</a></td>
</tr>
<tr>
<td>Jason Carr</td>
<td>Med-Surg/Tele Educator</td>
<td>816-6197</td>
<td><a href="mailto:Angela.smith@stdavids.com">Angela.smith@stdavids.com</a></td>
</tr>
<tr>
<td>Angela Smith</td>
<td>Educator, Regulatory</td>
<td>816-6463</td>
<td><a href="mailto:Suzette.weber@stdavids.com">Suzette.weber@stdavids.com</a></td>
</tr>
<tr>
<td>Suzette Weber</td>
<td>Wound Care Nurse</td>
<td>816-8482</td>
<td><a href="mailto:Adele.vaplon@stdavids.com">Adele.vaplon@stdavids.com</a></td>
</tr>
<tr>
<td>Adele Vaplon</td>
<td>Infection Control</td>
<td>816-6314</td>
<td><a href="mailto:Rebecca.gurney@stdavids.com">Rebecca.gurney@stdavids.com</a></td>
</tr>
<tr>
<td>Rebecca Gurney</td>
<td>Chaplain</td>
<td>816-7198</td>
<td><a href="mailto:Carl.craddock@stdavids.com">Carl.craddock@stdavids.com</a></td>
</tr>
<tr>
<td>Carl Craddock</td>
<td>Security</td>
<td>816-7198</td>
<td><a href="mailto:Carl.craddock@stdavids.com">Carl.craddock@stdavids.com</a></td>
</tr>
<tr>
<td>NAME</td>
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<td>PHONE</td>
<td>PAGER</td>
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</tr>
<tr>
<td>Holly Weber-Johnson, Director</td>
<td>ICU/2E/IMC</td>
<td>544-4307</td>
<td>205-0253</td>
</tr>
<tr>
<td>Paula Cox, Nurse Manager</td>
<td>2 East</td>
<td>544-1118</td>
<td>407-4549</td>
</tr>
<tr>
<td>Collette Brown, Nurse Manager</td>
<td>ICU</td>
<td>544-8522</td>
<td>322-1012</td>
</tr>
<tr>
<td>Susan Thomae, Director</td>
<td>5th floor</td>
<td>544-8455</td>
<td>205-1707</td>
</tr>
<tr>
<td>Mary Lebourgeois, Manager</td>
<td>5th floor</td>
<td>544-8312</td>
<td></td>
</tr>
<tr>
<td>Jane Jordan, Director</td>
<td>CSO</td>
<td>544-4455</td>
<td>407-4115</td>
</tr>
<tr>
<td>George Gumbert, Director</td>
<td>ED</td>
<td>544-4369</td>
<td>205-0595</td>
</tr>
<tr>
<td>Carl King, Manager/Educator</td>
<td>ED</td>
<td>544-8731</td>
<td>205-0069</td>
</tr>
<tr>
<td>Becky Stewart, AVP</td>
<td>Surgery</td>
<td>544-4211</td>
<td>205-1045</td>
</tr>
<tr>
<td>Linda Dummit, Nurse Manager</td>
<td>Surgery/OR</td>
<td>544-4209</td>
<td></td>
</tr>
<tr>
<td>Chuck Condlin, Director</td>
<td>Surgical Svcs, Business</td>
<td>544-8961</td>
<td>205-7404</td>
</tr>
<tr>
<td>Christine Glawe, Nurse Manager</td>
<td>AM Admit, PST, PACU, Endo</td>
<td>544-5468</td>
<td>205-0164</td>
</tr>
<tr>
<td><strong>Vacant</strong></td>
<td>Sterile Processing</td>
<td>544-8325</td>
<td>205-6281</td>
</tr>
<tr>
<td>LeeAnn Kincheloe, Director</td>
<td>Rehab</td>
<td>544-5114</td>
<td></td>
</tr>
<tr>
<td>Tammy Roper, Director</td>
<td>4th floor</td>
<td>466-0821</td>
<td></td>
</tr>
<tr>
<td>Sherry Longoria, Manager</td>
<td>4th floor</td>
<td>544-8309</td>
<td></td>
</tr>
<tr>
<td>Kimberly Clingan, Director</td>
<td>NICU</td>
<td>544-4102</td>
<td>407-4309</td>
</tr>
<tr>
<td>Rhonda Sageser. Nurse Manager</td>
<td>NICU</td>
<td>544-4189</td>
<td>407-4704</td>
</tr>
<tr>
<td>Laraine McIntyre, Director</td>
<td>Women’s Svcs</td>
<td>544-4279</td>
<td>407-4367</td>
</tr>
<tr>
<td>Lana Beecher, Nurse Manager</td>
<td>Nursery</td>
<td>544-8109</td>
<td>205-0286</td>
</tr>
<tr>
<td>Michelle Kocks, Nurse Manager</td>
<td>L&amp;D</td>
<td>544-4222</td>
<td>407-4322</td>
</tr>
</tbody>
</table>

**CLINICAL NURSE SPECIALISTS**

<table>
<thead>
<tr>
<th>NAME</th>
<th>AREA</th>
<th>PHONE</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Jana Britt</td>
<td>Critical Care</td>
<td>544-4130</td>
<td>407-4070</td>
</tr>
<tr>
<td>Marylyn Kajs-Wyllie</td>
<td>4th floor</td>
<td>544-8564</td>
<td>407-4313</td>
</tr>
</tbody>
</table>
Kathy Lattavo  
5th floor  
544-4128  
407-4327

<table>
<thead>
<tr>
<th>NAME</th>
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<th>PHONE</th>
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</thead>
<tbody>
<tr>
<td>Olinda Lindsey</td>
<td>Surgical Services</td>
<td>544-4209</td>
<td>205-0096</td>
</tr>
<tr>
<td><strong>Vacant</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ann Burian</td>
<td>3 East</td>
<td>544-4235</td>
<td></td>
</tr>
<tr>
<td>Beth Henson</td>
<td>L&amp;D</td>
<td>544-4222</td>
<td>407-4284</td>
</tr>
<tr>
<td>Gwen Peskuric</td>
<td>Nursery Educator</td>
<td>544-4258</td>
<td></td>
</tr>
<tr>
<td>Wyana Eddleston,</td>
<td>NCIU Educator</td>
<td>544-4283</td>
<td></td>
</tr>
<tr>
<td>Teri Zercher</td>
<td>Coord. of Clinical Educ</td>
<td>544-8142</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Contacts**

<table>
<thead>
<tr>
<th>NAME</th>
<th>AREA</th>
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<th>PAGER</th>
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</thead>
<tbody>
<tr>
<td>Cynthia Duggins</td>
<td>AVP, Risk Manager</td>
<td>544-4281</td>
<td>407-4134</td>
</tr>
<tr>
<td>Bert Klein</td>
<td>Manager - Pastoral Care</td>
<td>544-4414</td>
<td>407-4314</td>
</tr>
<tr>
<td>Laura Abbey</td>
<td>Diabetes Education</td>
<td>544-4182</td>
<td>407-4372</td>
</tr>
<tr>
<td>Betsy Kirkpatrick</td>
<td>Infection Control</td>
<td>544-4014</td>
<td>407-4126</td>
</tr>
<tr>
<td><strong>Vacant</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rebecca Posey</td>
<td>Bariatrics</td>
<td>544-4379</td>
<td><strong>407-4052</strong></td>
</tr>
<tr>
<td>Barbara Lasiter</td>
<td>Rehab Neuro/Outpatient</td>
<td>544-5133</td>
<td>407-4326</td>
</tr>
<tr>
<td>Mike Ridgeway</td>
<td>Security</td>
<td>544-4203</td>
<td>205-9989</td>
</tr>
<tr>
<td>Sandra Fly</td>
<td>Director of Quality</td>
<td>544-5480</td>
<td></td>
</tr>
</tbody>
</table>

**AREA**  
**LOCATION**  
**EXT**  
**HOURS OF OPERATION**

| Nursing Office         | 1st floor by ED             | 44282   | 24/7    |
| Pharmacy               | 1st floor                   | 48250   | 24/7    |
| Laboratory             | 1st floor main hallway      | 44241   | 24/7    |
| Cafeteria              | basement                    | 44479   | 0700-1000 and 1100 - 1800 |
| Materials Management   | basement                    | 44252   |         |
| Medical Records        | 1st floor by main entrance  | 44267   |         |
| ED                     | 1st floor on 32nd street    | 48202   | 24/7    |
Overview of HIPAA

HIPAA concerns Personal Health Information (PHI) and requires hospitals to take steps to restrict and protect this information. It has multiple facets, but basically requires privacy, security, and limitations on accessing and/or disclosing a patient's information. This includes not only written documentation, but e-mail, faxes, phone conversations, whiteboards, signs, and discussions. If you read, enter, or transmit patient information, you must take precautions to make sure it cannot be read, obtained, or overheard by others without a need to know. Think not only of computers, but of cell phones, pagers, PDAs and other digital devices, as well as conversations that carry over into public elevators or hallways, and translation of PHI by family members, friends or staff members.

What does this mean to you? Among other precautions, it means:

- Don't disclose patient information to someone without a need to know;
- Don't attempt to access such information if you do not have a legitimate need to know;
  - This includes your own records (and those of children/family members) if you are treated here as a patient. You must follow policy to access your records just as any other patient would.
  - It is also important to note: Recent legal cases demonstrate that hospital employees can be personally sued by patients and their families and/or fined by federal agencies if they are found to have inappropriately accessed a patient’s medical record.
- Protect the integrity of computer systems by following password security policies, and signing off or covering the screen when you must leave;
- Protect written documentation, such as charts or flow sheets, by not leaving them open or accessible to others without a need to know;
- Question those who ask to access information and verify their identities;
- Disclose only the minimum amount of information needed for the purpose stated;
- Use the passcode system when asked for patient information by family members or visitors.
What is HCAPS?
The consumer Assessment of Health Providers and Systems Hospital Survey (HCAHPS) is the first nationally standardized inpatient survey whose primary goal is to complement existing survey vendor and hospital-based survey instruments to improve the quality of care being provided across the nation’s hospitals.

The goals of HCAHPS are multifold:
1. Improve quality of care through accountability and public disclosure of patient perspectives on various aspects of their inpatient care.
2. Empower consumers with quality of care information to make more informed decisions about their healthcare.
3. Create incentives to encourage providers and clinicians to improve the quality of healthcare on communication, responsiveness, pain management, cleanliness & quietness on units, and instructions about medication (at discharge)
4. Provide meaningful comparisons across hospitals by publicly reporting the results gathered through the standardized HCAHPS survey instrument and data collection methodology.

Improvement Strategies at St. David’s HealthCare
- Give patients clear explanations
- Ask patients for the things they want
- Spend time with patients at the start of every shift
- Institute frequent rounding on patients
- Ease the anxiety of patients and family
- Update and include patient and family in the plan of care
Hospital-Consumer Assessment of Healthcare Providers & Systems – HCAHPS

An overview of HCAHPS:

1. A government-sponsored healthcare quality survey
2. 27 questions (narrowed from 200+), 7 domains
3. Publicly reported scores
4. Pay for performance to follow

What Does HCAHPS Measure?
The patient experience, as defined by 7 domains:

1. Your care from nurses
   - During the hospital stay, how often did nurses treat you with courtesy and respect?
   - During this hospital stay, how often did nurses listen carefully to you?
   - During this hospital stay, how often did nurses explain things in a way you could understand?
   - During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

2. Your care from doctors
   - During the hospital stay, how often did doctors treat you with courtesy and respect?
   - During this hospital stay, how often did doctors listen carefully to you?
   - During this hospital stay, how often did doctors explain things in a way you could understand?

3. Responsiveness of hospital staff
4. Pain control
5. Communication about medicines
6. Cleanliness & quietness of the hospital environment
   - During this hospital stay, how often were your room and bathroom kept clean?
   - During this hospital stay, how often was the area around your room quiet night?
7. Discharge information

What is the Process?
Methodology
- Phone
- Mail
- IVR (Interactive Voice Response)
- Mixed Mode

Which hospitals are included?
General Acute Care Hospitals

Other Initiatives that impacts HCAHPS

- Legibility – hospitals auditing handwriting for legibility by Doctors, Nurses, Pharmacy etc especially signature. Hospitals implementing signature stamps.
**Instructions for Using the Language Line**

The Language Line service provides over-the-phone language interpretation service from English into other languages, 24 hours a day, and 7 days a week including holidays.

- **Dial** **Emergency 1-800-523-1786** for emergency situations or **1-800-874-9426 for More Routine** or less emergent situations.

- **Give the following information:**
  - Language needed
  - Client ID number #204274
  - Organization name: Round Rock Medical Center
  - Personal Code: *Department name from which you are calling*

- **Wait for the interpreter.**

- **Brief the interpreter and ask the interpreter to introduce themselves to the patient, as the interpreters for the hospital.**

- **Say "end of call" to the Interpreter when the call is completed.**

**Please Note:**
Contact Risk Management or Social Services to receive a phone with speaker capabilities or if a speakerphone is not available, you may use a single handset phone. However, you will have to pass the handset back and forth between you and the patient. Language Line may also be used with the conference call feature, if available, on your phone or may request Language Line to arrange a conference call.

- **Should you encounter difficulty in using the Language Line, please contact the House Supervisor.**

**Do not use hospital staff for interpretation, except for registered nursing staff or other patient care staff who are fluent in the language**
2010 National Patient Safety Goals
2010 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in health care safety and how to solve them.

Identify patients correctly
- Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them.
- Make sure that the correct patient gets the correct blood type when they get a blood transfusion.

Improve staff communication
- Quickly get important test results to the right staff person.

Use medicines safely
- Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins.
- Take extra care with patients who take medicines to thin their blood.

Prevent infection
- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use safe practices to treat the part of the body where surgery was done.

Check patient medicines
- Find out what medicines each patient is taking.
- Make sure that it is OK for the patient to take any new medicines with their current medicines.
- Give a list of the patient’s medicines to their next caregiver or to their regular doctor before the patient goes home.
- Give a list of the patient’s medicines to the patient and their family before they go home. Explain the list. Some patients may get medicine in small amounts or for a short time.
- Make sure that it is OK for those patients to take those medicines with their current medicines.

Identify patient safety risks
- Find out which patients are most likely to try to kill themselves.
Unacceptable Abbreviations/ “Do Not Use” List
### Official “Do Not Use” List*

<table>
<thead>
<tr>
<th>Do Not Use</th>
<th>Potential Problem</th>
<th>Use Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>U (unit)</td>
<td>Mistaken for “0” (zero), the number “4” (four), or “cc”</td>
<td>Write “unit”</td>
</tr>
<tr>
<td>IU (International Unit)</td>
<td>Mistaken for IV (intravenous) or the number 10 (ten)</td>
<td>Write “International Unit”</td>
</tr>
<tr>
<td>Q.D., QD, q.d., qd (daily)</td>
<td>Mistaken for each other</td>
<td>Write “daily”</td>
</tr>
<tr>
<td>Q.O.D., QOD, q.o.d., qod (every other day)</td>
<td>Period after the Q mistaken for “I” and the “O” mistaken for “l”</td>
<td>Write “every other day”</td>
</tr>
<tr>
<td>Trailing zero (X.0 mg)**</td>
<td>Decimal point is missed</td>
<td>Write X mg</td>
</tr>
<tr>
<td>Lack of leading zero (.X mg)</td>
<td></td>
<td>Write 0.X mg</td>
</tr>
<tr>
<td>MS</td>
<td>Can mean morphine sulfate or magnesium sulfate</td>
<td>Write “morphine sulfate”</td>
</tr>
<tr>
<td>MS0₄ and MgS0₄</td>
<td>Confused for one another</td>
<td>Write “magnesium sulfate”</td>
</tr>
</tbody>
</table>

* Applies to all orders and all medication–related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

** Exception: A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

### Additional Abbreviation, Acronyms and Symbols
(For possible future inclusion in the Official “Do Not Use” List)

<table>
<thead>
<tr>
<th>Do Not Use</th>
<th>Potential Problem</th>
<th>Use Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; (great than)</td>
<td>Misinterpreted as the number “7” (seven) or the letter ”L” Confused for one another</td>
<td>Write “greater than” Write “less than”</td>
</tr>
<tr>
<td>&lt; (less than)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abbreviations for drug names</td>
<td>Misinterpreted due to similar abbreviations for multiple drugs</td>
<td>Write drug names in full</td>
</tr>
<tr>
<td>Apothecary units</td>
<td>Unfamiliar to many practitioners Confused with metric units</td>
<td>Use metric units</td>
</tr>
<tr>
<td>@</td>
<td>Mistaken for the number “2” (two)</td>
<td>Write “at”</td>
</tr>
<tr>
<td>cc</td>
<td>Mistaken for U (units) when poorly written</td>
<td>Write “ml” or “milliliters”</td>
</tr>
<tr>
<td>mg</td>
<td>Mistaken for mg (milligrams) resulting in one thousand-fold overdose</td>
<td>Write “mcg” or “micrograms”</td>
</tr>
</tbody>
</table>
Medical Safety is the responsibility of all members of the healthcare team to be committed to safe medication practices and put our Patient’s Safety as our first priority.

**Medication Error**
A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.

**Facts About Adverse Drug Events and Medication Errors**
- 1.3 million people are injured annually in the United States following a “medication error"
- The most common error involving medications is related to administration of an improper dose of medications, which accounts for 41% of fatal medication errors.
- 16% of medication errors result from giving the wrong drug and using the wrong route of administration.
- Almost half of the fatal medication errors occurred in patients that were over the age of 60.
  - These patients are at a higher risk of medication errors due to the fact that most of them are taking multiple prescription medications.

**Three Most Common Causes of Medication Error Deaths**
- Improper dose
- Wrong drug
- Wrong route

**Drugs Most Commonly Associated With Medication Errors in Hospitals**
- Heparin or Lovenox
- Insulin
- PCA Narcotics
- Warfarin

**Errors Are Made When:**
- Pharmacists dispense the drugs improperly
- Nurses don’t double check to make sure they are administering the proper medication
- Physician’s illegible handwriting results in the wrong drug or dose
- Nurse and Pharmacist missing orders
- Independent checks are not being completed with high risk medications
  - **Definition of independent check is prior to a high risk medication and independent double check must be performed by two clinicians in which the 5 rights and the medication order (either chart or eMar) are separately checked by each person alone and apart from each other, without prior knowledge of the others person’s work) and then the results are compared.**
- Lack of thorough acknowledgement in BCMA(EMAR) on new medication orders
- Patient identifiers (date of birth and patient name) not being used
- BCMA (Bar Code Administration) not used correctly
**Initiatives to Enhance Medication Safety**
- Standard administration time for most medications
- BCMA – confirm proper medication and the proper dosage is being given to the right patient at the right time
- New medication labels – larger & clearer
- Drug name standardization (use of generic and trade name)
- Nursing perform end of shift and 24 hour chart checks
- Tall man lettering is used to reduce errors caused by lookalike/sound alike medication – see following table

**Don’t Take Shortcuts**
- Each step in the medication administration procedure is designed to promote safety.
- Check the two patient identifiers (name and date of birth), label a syringe, review a medication administration record before giving a drug, document for each dose of medication you give, and do an independent check on your calculations and medications when giving high risk medications.
- Use BCMA (when available) in its entirety and address all pop – ups

**Useful Tips: Preventing Medication Errors**
Trust your instincts – if you sense an order is wrong, or cannot clearly read the order, investigate and consult with a colleague or prescribing physician. Never guess or take consensus. Three nurses votes don’t make the guess correct!

**REMINDERS**
- DO NOT USE unacceptable abbreviations
  - Must call physicians to clarify unacceptable abbreviations by using TORB
  - List of unacceptable abbreviations are listed on back of the physician order tab on chart
- DO NOT USE “U” – it looks like an extra zero for insulin, heparin and blood
- DO NOT USE decimal points written without a leading zero (.5 vs. 0.5)
- DO NOT USE extra zeroes that are written after a decimal point (20.0 can look like 200)
- Avoid look alike/sound alike – Lente vs. Lantus, Cerebyx vs. Celebrex, Oxycontin vs Oxycodone
- Be aware of high alert drugs – Insulin, heparin, narcotics
- Hold=Discontinued - We do not hold orders – as they are treated as discontinued.
- Must perform and document within 30 to 60 minutes after pain medication given patient
Students should report a needle stick immediately to their instructor and charge nurse. The student is to follow the nursing school’s policy on injury during school hours/clinical or complete the OSHA form for Sharps Exposures immediately and follow the hospital’s policy on needle sticks. Please ask the charge nurse for the Sharps Exposures form for completion.

Source information is required. St David’s HealthCare can run baseline exposure labs on the source for no charge to the student. Costs associated with care of the student and their baseline labs are the student responsibility either via self pay or the school insurance. We are unable to accept private health insurance.
Hospital-acquired conditions are conditions acquired by patients after their admission to a healthcare facility and not present prior to admission. They result in a payment adjustment by CMS resulting in higher costs to the facility:

- Hospital Acquired Conditions
  - Are High Cost or High Volume or Both
  - Result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis
  - Could reasonably have been prevented through the application of evidence-based guidelines

- Discharges on or after 10/1/08
  - IPPS hospitals will not receive additional payment for cases when one of the selected conditions is acquired during hospitalization (i.e. was not present on admission)
  - Case would be paid as though the secondary diagnosis were not present

- Patients must be assessed on admission for these conditions to determine if they are present.
Hospital-Acquired Conditions include:

1. Foreign Object Retained After Surgery
2. Air Embolism
3. Blood Incompatibility
4. Stage III and IV Pressure Ulcers
5. Falls and Trauma
   - Fractures
   - Dislocations
   - Intracranial Injuries
   - Crushing Injuries
   - Burns
   - Electric Shock
6. Manifestations of Poor Glycemic Control
   - Diabetic Ketoacidosis
   - Nonketotic Hyperosmolar Coma
   - Hypoglycemic Coma
   - Secondary Diabetes with Ketoacidosis
   - Secondary Diabetes with Hyperosmolarity
7. Catheter-Associated Urinary Tract Infection (UTI)
8. Vascular Catheter-Associated Infection
9. Surgical Site Infection Following:
   - Coronary Artery Bypass Graft (CABG) - Mediastinitis
   - Bariatric Surgery
     - Laparoscopic Gastric Bypass
     - Gastroenterostomy
     - Laparoscopic Gastric Restrictive Surgery
   - Orthopedic Procedures
     - Spine
     - Neck
     - Shoulder
     - Elbow
10. Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) especially following:
    - Total Knee Replacement
    - Hip Replacement
Core Measures
Quality Data on Core Measures

What are Core Measures?
St. David’s HealthCare consistently delivers quality health care using proven therapies to treat our patients. In doing so, we adhere to a set of care processes called Core Measures, which were developed by The Joint Commission, the nation’s predominant standards-setting and accrediting body in health care, to improve the quality of health care by implementing a national, standardized performance measurement system. The Core Measures were derived largely from a set of quality indicators defined by the Centers for Medicare and Medicaid Services (CMS). They have been shown to reduce the risk of complications, prevent recurrences and otherwise treat the majority of patients who come to a hospital for treatment of a condition or illness. Core Measures help hospitals improve the quality of patient care by focusing on the actual results of care.

Comparing Performance
Hospitals across the country, including St. David’s HealthCare hospitals, are measured and compared by The Joint Commission against all other accredited institutions on their performance in these Core Measures. You will note there is a time lag of several months between when data is reported from hospitals and when it is posted for the public to review. This is because St. David’s HealthCare, like other hospitals, has to wait for state and national statistics to be compiled before it can post its quality data for a given period.

What does each of the core Measures stand for?
There are 12 Core Measures altogether, in 4 categories (acute myocardial infarction, community-acquired pneumonia, congestive heart failure, and surgical care improvement project). Under each category, key actions are listed that represent the most widely accepted, research-based care process for appropriate care in that category.

It is important to note that these care recommendations are subject to the professional medical advice of each patient’s physician and the particular health conditions of each patient. If a physician determines that a patient is not an appropriate candidate for a particular care process, the patient will not be included in the data. A good example is aspirin. Some patients are allergic to aspirin; for others, taking aspirin will make another medical problem worse. In these cases, the patient’s physician may determine that aspirin should not be administered or prescribed for the patient. Therefore, the patient will not be included in the data.
Hourly Rounding & AI DET
Hourly Rounding & AIDET & Cultural Competency

As part of our commitment to excellent patient care, we round on our patients every hour during the day and every two hours after 10 pm. You may be asked to be part of the rounding process. Please follow the rounding behaviors when doing so.

1. Introduce yourself using AIDET (see below), explain rounding: “We want you to be very satisfied with your stay, so we will be rounding on you every hour to make sure you have everything you need.”

2. Perform whatever scheduled task you went in the room to do.

3. Ask the patient if they have any Pain (do they need a med?) Do they need help with Elimination? (take them to the bathroom, empty the commode chair, etc.) Position (do they need help to reposition?)

4. Comfort needs and Environment: Is their water pitcher full? Can they reach their call light, urinal, commode, glasses, trash, and bedside table? Do they need clean linens?

5. Before leaving the room, always say “Is there anything else I can do for you? I have the time.”

6. Let them know you (or the primary nurse) will be back to round again in about an hour or so.

7. Document the round on the log.

AIDET

Acknowledge the patient by name.

Introduce yourself: explain who you are, how much experience you have, the fact that you will be closely guided by your instructor, etc.

Duration: Tell them how long you will be working with them today.

Explain: Explain what you are in the room to do and what the patient can expect today.

“Thank You!” Thank them for letting you care for them and learn from them today!

CULTURAL COMPETENCY

To enhance cultural competency, this reference guide and resource site allows clinicians and health professionals access to credible information and tools that allow them to better care for patients of diverse cultural backgrounds. At St. David’s HealthCare, units are identifying their two primary patient populations according to DRGs, age, gender etc. For patients that do not fall within the units’ primary patient populations, the staff has accessed to the below website via the internet and hospital’s intranet for information in providing patient care.

http://resourcecenter.qualityinteractions.org
SBAR Reporting Tool

This reporting tool (next page) can be used as a reference for nurses who need assistance in organizing their nurse’s notes when reporting a critical situation on a patient to either the unit’s nursing supervision/charge nurse, rapid response team, or to the patient’s physician. It could also be helpful to the nursing student when reporting off to the primary staff nurse at the end of the clinical day.
**Situation**
I am calling about <patient name and location>.
The patient's code status is <code status>.
The problem I am calling about is _____________________________.
I am afraid the patient is going to arrest.

I have just assessed the patient personally:

Vital signs are: Blood pressure ____ / ____ , Pulse _____ , Respiration_____ and temperature _______

I am concerned about the:
- Blood pressure because it is over 200 or less than 100 or 30 mmHg below usual
- Pulse because it is over 140 or less than 50
- Respiration because it is less than 6 or over 40
- Temperature because it is less than 96 or over 104

**Background**
The patient's mental status is:
- Alert and oriented to person place and time
- Confused and cooperative or non-cooperative
- Agitated or combative
- Lethargic but conversant and able to swallow
- Stuporous and not talking clearly and possibly not able to swallow
- Comatose: Eyes closed, Not responding to stimulation

The skin is:
- Warm and dry
- Pale
- Mottled
- Diaphoretic
- Extremities are cold
- Extremities are warm

The patient is not or is on oxygen.
The patient has been on _______ (L/min) or (%) oxygen for ______ minutes (hours)
The oximeter is reading _____%
The oximeter does not detect a good pulse and is giving erratic readings.

**Assessment**
This is what I think the problem is: __say what you think is the problem__
The problem seems to be __cardiac__ __infection__ __neurologic__ __respiratory__
I am not sure what the problem is but the patient is deteriorating.
The patient seems to be unstable and may get worse, we need to do something.

**Recommendation**
I suggest or request that you:__say what you would like to see done__
- transfer the patient to critical care
- come to see the patient at this time
- Talk to the patient or family about code status
- Ask the on-call family practice resident to see the patient now
- Ask for a consultant to see the patient now

Are any tests needed:
- Do you need any tests like CXR, ABG, EKG, CBC, or BMP?
- Others?

If a change in treatment is ordered then ask:
- How often do you want vital signs?
- How long do you expect this problem will last?
- If the patient does not get better when would you want us to call again?
SBAR Tool for Calling a Physician

**BEFORE Calling the physician:**
- Assess the patient.
- Review the chart for the appropriate physician to call.
- Have chart in hand. Read the most recent physician and nursing notes.
- Have all lab results available - either in print or be logged into Meditech

- **Code Status:** __________
- **Allergies:** ______________
- **IV Fluids:** __________

Every SBAR report is different. Focus on the problem. Be concise. Not everything in the outline below needs to be reported - just what is needed for the situation. Check all that apply.

<table>
<thead>
<tr>
<th>SBAR Tool for Calling a Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S</strong></td>
</tr>
<tr>
<td>Situation</td>
</tr>
<tr>
<td>□ Your Name ____________________ Unit ___________________</td>
</tr>
<tr>
<td>□ Patient Name ___________________ □ Room # _______</td>
</tr>
<tr>
<td>□ I am concerned about ____________________________________</td>
</tr>
<tr>
<td>□ The patient is in the hospital because ___________________</td>
</tr>
<tr>
<td>□ Significant Vital Signs are ____________________________________</td>
</tr>
<tr>
<td>□ Significant Labs: _____________________________________________</td>
</tr>
<tr>
<td>□ Significant Test Results: ______________________________________</td>
</tr>
<tr>
<td>□ The patient if complaining of ____________________________________</td>
</tr>
<tr>
<td>□ The patient’s <strong>physical assessment</strong> demonstrates __________________</td>
</tr>
<tr>
<td>□ This is a change from ___________________________________________</td>
</tr>
<tr>
<td>□ The following interventions have been tried: ___________________</td>
</tr>
<tr>
<td>□ My assessment of the situation is _____________________________</td>
</tr>
<tr>
<td>□ Tell the physician if the problem is <strong>severe</strong> and may be <strong>life threatening</strong>.</td>
</tr>
<tr>
<td>□ I think the following needs to be done:</td>
</tr>
<tr>
<td>□ Medication ________________________________________________</td>
</tr>
<tr>
<td>□ Tests ______________________________________________________</td>
</tr>
<tr>
<td>□ Physician needs to come now and assess the patient.</td>
</tr>
<tr>
<td>□ Transfer to ICU</td>
</tr>
<tr>
<td>□ Do you want me to call you back for any reasons? ___________________</td>
</tr>
<tr>
<td>□ What would you like me to do if the patient does not improve?</td>
</tr>
</tbody>
</table>
Shift Report Using SBAR Format

**Situation:**
- Patient Name
- Room Number
- Admission Date
- Physician(s)

**Background:**
- Admission Diagnosis (date of surgery)
- Past medical history that is significant (hypertension, CHF, etc)
- Allergies
- Code Status (any advance directives, DNR orders, POAHC)
- Procedures done in previous 24 hours including results/outcomes (include where we stand with post procedure vitals/assessment)

**Assessment:**
- Biophysical assessment (abnormals)
- Abnormal vital signs
- Dressing condition (changes)
- NG/Drain output
- IV fluids/drips/site; when is site to be changed
- Current pain score-what has been done to manage pain
- Rhythm (if on telemetry)

**Recommendations:**
- Do we need a change in the plan of care?
- What are you concerned about?
- What are you uncomfortable with?
- Discharge planning
- Pending labs/x-rays, etc
- We need to request a change in _________ (diet, activity, medications)
- We need to request a consult with PT/ST/OT, dietician, diabetes nurse, social worker, wound care nurse, etc
- We need to contact Dr. __________ about __________
Emergency Preparedness
SDH emergency code designations

<table>
<thead>
<tr>
<th>Code/Signal</th>
<th>Definition</th>
<th>NAMC</th>
<th>RRMC</th>
<th>SAH</th>
<th>SDGH</th>
<th>SDMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code White</td>
<td>Internal/external disaster</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Code Green</td>
<td>Implement hospital evacuation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Code Red</td>
<td>Fire</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Code Grey</td>
<td>Severe weather alert</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Code Black</td>
<td>A bomb threat has been made</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Hazardous materials incident/spill</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Code Adam</td>
<td>Infant abduction Alert</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Code Purple</td>
<td>Workplace violence/security needed</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>Person found down/injured</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Code/Doctor Stork</td>
<td>Unattended birth</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Doctor Leo</td>
<td>Cardiac/respiratory arrest</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Neonatal/Pediatric cardiac/respiratory arrest</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Code Silver</td>
<td>Hostage/Active Shooter</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Code Exit</td>
<td>Elopement Alert</td>
<td>X</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Code Clinic</td>
<td>Code at Austin Diagnostic Clinic (ADC)</td>
<td>X</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Emergency extension</td>
<td>Dial this extension or the operator</td>
<td></td>
<td>2222</td>
<td>3</td>
<td>7555</td>
<td>333</td>
</tr>
</tbody>
</table>

To report any of these, call the operator or your emergency number and clearly state your location/situation. Due to time and space limitations, we will not discuss procedures for each code here; all policies/procedures in each event are available through the SDH facility intranet.

SAFETY REMINDERS
WHEN YOU DISCOVER A FIRE

<table>
<thead>
<tr>
<th>R</th>
<th>Rescue</th>
<th>Anyone in danger.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Alert</td>
<td>Activate Fire Alarm and dial extension 7555</td>
</tr>
<tr>
<td>C</td>
<td>Contain</td>
<td>The Fire, close doors</td>
</tr>
<tr>
<td>E</td>
<td>Extinguish</td>
<td>The fire if possible</td>
</tr>
</tbody>
</table>

WHEN YOU FIGHT THE FIRE
(using Fire Extinguisher)

<table>
<thead>
<tr>
<th>P</th>
<th>Pull the Pin Out</th>
<th>Twist the Plastic Pin Holder</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Aim</td>
<td>At the base of the Fire</td>
</tr>
<tr>
<td>S</td>
<td>Squeeze</td>
<td>The handle to discharge Agent</td>
</tr>
<tr>
<td>S</td>
<td>Sweep</td>
<td>From Side to Side</td>
</tr>
</tbody>
</table>
For the past 60 years, St. David's Georgetown Hospital has established itself as a community healthcare resource in Williamson County. A comprehensive healthcare provider, St. David's Georgetown Hospital includes an accredited full-service 96-bed hospital with a six-bed intensive care unit, a 24-hour major and minor emergency department staffed with board-certified emergency medicine physicians, a radiation cancer treatment center, inpatient and outpatient surgery, acute inpatient rehabilitation and outpatient therapy. St. David's Georgetown Hospital takes pride in its medical staff, employees and volunteers who are dedicated to providing innovative services using advanced medical technology and equipment.

St. David's Georgetown Hospital, situated along the banks of the San Gabriel river, is located on the east side of Interstate Hwy, south of Texas Hwy. 29, north of Leander Road, and on the west side of the Georgetown city center. At 2000 Scenic drive you can find us easily from any direction. Please call if you need further directions or maps.

- **Parking at St Davids Georgetown Hospital** (SDGH)—Free parking in surface lots

  Students are asked not to park in lot by main entrance
• Charting and medication administration access:
  o Access to the pyxis is given to the instructor and students must have instructor with them to get medications out of the pyxis.
  o Charting access is obtained prior to rotation via request form submitted by instructor to the facility helpdesk.

• Access to supply rooms and medication areas. Some units probably have this for PRN staff. OB has student badges passed out as needed on rotation day; other units do not require access.

• Patient report Patient report is verbally given by student nurse to the staff nurse as needed and at end of shift.

• Please have students document in Meditech and only use the down time forms when Meditech is down.

Help desk information—901-2777 for all computer/phone problems for all SDH facilities.

• Access to any computer programs that should be completed prior to clinical Access is obtained prior to rotation via request form submitted by instructor to the facility helpdesk. Maxine Carstedt serves as a resource for any questions by the instructor.

• Access to any policies that must be read (not just all, just the most important ones). Maybe a list on the most important ones. This could be a link to your site, but we would need internet access, not intranet access. Provision of Care policies should be read.

Internet—large amount of information available on facility intranet sites:

  o SDGH Intranet site http://austin.medcity.net/sdgh/ available within hospital.
  o All forms that need to be completed except for the Verification/Alpha Roster, which we already have.
  o Site maps of each facility—for maps to all locations go to St Davids Healthcare website at http://www.stdavids.com/Facilities.aspx?id=34&tmi=10&tmt=4&tmm=8

• St. David’s Institute for Learning (IFL) — www.stdavids-institute.com also provides useful links to clinical resources.

• Rooms for post conference at each facility. Conference rooms are 3 North and 4th Floor. The Scheduler is Geneive Sharpe at Ext. 190.
St. David’s Round Rock Medical Center, located on FM 620, off IH-35, provides comprehensive health services to residents of Williamson and surrounding counties. Services include The Heart and Vascular Center with express testing, inpatient capacity of 177 beds with private rooms, The Women's Center and a comprehensive Emergency Room. The medical staff at St. David’s Round Rock Medical Center currently has more than 600 physicians to meet the needs of the growing Williamson County population.

St. David's Round Rock Medical Center (SDRRMC), located on Hwy. 620 between IH 35 and Parmer Lane is southern Williamson County’s leading health care provider. Serving Round Rock, Pflugerville, Cedar Park and beyond, SDRRMC is situated near the entrance to Brushy Creek subdivision on Hwy 620. With the new toll roads getting to us is quicker and easier.
• Forms that need completion—where to obtain and who to contact:
  o Confidentiality- is the same form used for both faculty and students (this has always been done prior to arrival by the school)
  o Computer access (same as above)
  o Narcotic dispensers--narcotics will be obtained via the instructor
    ▪ “Accudose / Pixus Access Requested” should be checked (or written in) on the Pharmacy Access Form submitted by faculty
  o RRMC Temporary ID required for both Instructors & Nursing Students
    ▪ Instructors: For your badge (if not already in possession of badge) Email picture & credentials to be listed on the badge to monica.sowell@stdavids.com and badge will be made
    ▪ Students: Each Instructor should email class roster to monica.sowell@stdavids.com (colleges & universities) or george.langan@stdavids.com (high schools) 1 week prior to start of clinicals. Instructors then pick up and distribute badges to students prior to 1st clinical day at RRMC
• Help desk information—901-2777 for all computer/phone problems for all SDH facilities
• Please have students document in Meditech and only use the down time forms when Meditech is down.

**Important Policy and Procedures**

Policies are located on the RRMC intranet page under the policy link on the left side of the web page. Policies can be searched using the search engine on the policy home page. Below is a list of frequently accessed policies, please refer to these policies when needed. Hard copies are available from the nursing supervisor in case of power failure or computer down time.

- Administration of Blood Products
- Charts & Documentation
- Intravenous Therapy-Peripheral Guidelines
- Multi-Drug Resistant Protocol
- IV Medications Requiring Cardiac Monitoring
- Safe Patient Handling and Moving
- Medication Administration Process
- Restraints and Patient Safety Guidelines
- Pain Management
- Rapid Response Team
- Patient Assessment & Reassessment
- Patient Hand-Off Communication
- Patient Identification
- Patient/Family Education
Clinical Areas and Important Phone Numbers

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>House Supervisor</td>
<td>341-5500 or 5682</td>
<td>Cardiopulmonary</td>
<td>341-5162</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>341-6477</td>
<td>Cardiac Rehab</td>
<td>896-7606 PGR</td>
</tr>
<tr>
<td>Lab</td>
<td>341-6447</td>
<td>Endoscopy</td>
<td>341-6472</td>
</tr>
<tr>
<td>Radiology</td>
<td>341-6440</td>
<td>EVS</td>
<td>844-5785</td>
</tr>
<tr>
<td>Cath Lab</td>
<td>341-5537</td>
<td>Post Partum</td>
<td>341-5322</td>
</tr>
<tr>
<td>Resp.-ER, Main, WSR</td>
<td>341-5444</td>
<td>L&amp;D</td>
<td>341-6464</td>
</tr>
<tr>
<td>Respiratory-ICU</td>
<td>341-5463</td>
<td>Nursery</td>
<td>341-6042</td>
</tr>
<tr>
<td>Respiratory-3Tower</td>
<td>341-1074</td>
<td>NICU</td>
<td>341-6041</td>
</tr>
<tr>
<td>Materials Management</td>
<td>341-6461</td>
<td>Outpatient</td>
<td>341-5200</td>
</tr>
<tr>
<td>Security</td>
<td>341-6575</td>
<td>PACU</td>
<td>341-6471</td>
</tr>
<tr>
<td>Language Line</td>
<td>1-800-874-9426</td>
<td>Surgery</td>
<td>341-6456</td>
</tr>
<tr>
<td>Emergency</td>
<td>341-6428</td>
<td>Volunteers Front</td>
<td>341-5353</td>
</tr>
<tr>
<td>ICU</td>
<td>341-6478</td>
<td>Volunteers Back</td>
<td>341-1055</td>
</tr>
<tr>
<td>Med/Surg</td>
<td>341-6483</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tele/IMC</td>
<td>341-6130</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Round Rock Medical Center Parking**—Free in surface lots. *Students are encouraged to park in the lot facing FM 620 (Round Rock Avenue) as close to 620 as possible.*

- **Post conferences locations**- Rooms may be reserved by calling 341-6405

- **Access to supply rooms and medication areas**. Student and instructor badges should access main areas, supply & equipment rooms. *Students do not have access to medication rooms.* Instructors only will access this area.

- **Patient report** – Obtained from staff nurses after assignment has been done. *Units request that students be available at shift change to receive report from off-going staff at the same time as on-coming staff receives this information.* RRMC is in the process of rolling out bedside reporting.

Internet—large amount of information available on facility intranet sites:

- RRMC Intranet site [http://austin.medcity.net/rrmc](http://austin.medcity.net/rrmc) available within hospital.
- St. David’s Institute for Learning (IFL)— [www.stdavids-institute.com](http://www.stdavids-institute.com) also provides useful links to clinical recourses.
St. David's North Austin Medical Center, a 332-bed full service hospital, combines convenience with state-of-the-art healthcare services. Located at the Parmer Lane exit of MoPac Expressway North (Loop 1), St. David's North Austin Medical Center has offered comprehensive inpatient and outpatient services since 1995. We continue to invest in expanding and improving our services and facilities, including the construction of a new 377,000-square-foot women’s facility that opened in April 2009. We proudly serve Austin and surrounding communities with an open medical staff and more than 1,000 physicians in a variety of specialties.

St. David's North Austin Medical Center (SDNAMC), located on north Mopac (Loop1), between Burnet Road and Parmer Lane exits. SDNAMC is accessible to the entire north Austin community east and west.

Main Entrance is on Mopac service road. Women's Center Entrance is on east side of complex, accessible from Renfert Way.
• Parking for faculty and students at each facility.
  o North Austin Medical Center Parking—free parking in surface lots
  o See map below
Hospital Information

How to reserve a room at North Austin Medical Center……..
- Room availability is very limited on campus. Instructors should work with the unit managers to use their conference room. We cannot reserve a room.

Where to park at North Austin Medical Center……..
Instructor and Student Parking:
- Please park in the employee parking areas.

Students’ patient assignments:
⇒ Assignments should contain patient’s room number, student’s name and contact number, and instructor’s name and contact number,
⇒ Changes in the student/patient assignments,
⇒ Changes in the students’ responsibilities,
- Please consult with the unit’s charge nurse to determine appropriate patients for the students.

Recommendation: please touch base with the charge nurse for possible staff or patient changes that could impact the students’ assignments.
- Please contact the unit’s charge nurse regarding any changes in students’ assignments or changes in the students’ responsibilities on patient care before the beginning of the clinical rotation.

What time does report begin? 6:45 am; 2:45 pm; 6:45 pm and 10:45 pm

What is SBAR (Report to Physician Concerning a Critical Situation)?
- Reporting tool – a reference tool used by nurses who need assistance in organizing their notes when talking with the charge nurse or Physician about a critical patient situation. SBAR should also be used during any hand-off report.

Where to find Policies & Procedures and Nursing information?
Students and Instructors can fine policies and MSDS on the North Austin Medical Center INET.
- Any staff member can assist you in locating these documents.
- North Austin Medical Center uses Lippincott as the basic nursing procedure manual.

How does the Instructor get access to Accudose?
- They must complete a request form and have a manager, supervisor or director escort them to Pharmacy to receive access.

What are the expectations for students regarding charting?
- Charting should be done according to the student’s academic level and expectations. Sharing should be reviewed with the instructor and nurse assigned to the patient. Meditech is the charting method used most often at NAMC.
Are refrigerators available for student lunches? Yes. There is staff refrigerators located in all units. Just ask the manager or charge nurse for location.

Core Measures: It is expected that instructors have basic knowledge of the core measures requirements. CHF and Smoking Cessation teaching packets, antibiotics and timing, pneumovax, aspirin and beta blockers and medications reconciliation requirements are examples. Our Core Measures staff is available for in-servicing, if needed.

What are the 2 patient identifiers used? Patient’s name and birth; s date.

Internet—large amount of information available on facility intranet sites:

- NAMC Intranet site  http://austin.medcity.net/namc  available within hospital.
- St. David’s Institute for Learning (IFL)—  www.stdavids-institute.com  also provides useful links to clinical recourses.
Since 1924, St. David's Medical Center has provided quality medical care to the residents of Central Texas. Conveniently located in central Austin at 32nd Street and IH-35, St. David's Medical Center provides comprehensive care with special expertise in neurology and neurosurgery, cardiac services, bariatric surgery, orthopedics, maternity and newborn services and rehabilitation. St. David's Medical Center is both a Primary Stroke Center and a Certified Chest Pain Center. We also have the largest Level III Neonatal Intensive Care unit in Central Texas. Our medical staff has grown to more than 1,600 physicians representing every specialty.

St. David's Medical Center (SDMC), located on East 32nd Street, between IH-35 and Red River, just north east of the University of Texas.

Main Entrance is on E 32nd Street.
There is also access to the parking garage on East 30th Street.
Hospital Information

How to reserve a room at St. David’s Medical Center……..
- Room reservations for pre- or post-conferences are scheduled through the SDMC CNO’s administrative assistant at 544-5817.
- Room availability is very limited on campus. SDMC will do its best to accommodate your requests for rooms.

Where to park at St. David’s Medical Center……..

Instructor Parking:
- Instructors and their students go to Security to get parking access and a temporary student badge before the beginning of the clinical rotation
- Parking ticket validation is available for instructors only, not for students. Parking is available in the Central or East garages for instructors only. Security or SDMC Administration will validate instructors’ parking tickets.

Student Parking:
- Students may park in the following locations:
  - Student parking lot – located off of Cole Street (behind the Ethiopian restaurant). Student must obtain a parking tag ($10.00) deposit) from the Central Parking Office to park in the lot. The Central Parking Office phone number is 544-4425.
  - Open parking lot – located just north of 32nd Street on the east side of the North frontage road of IH35 next to Dr. Torres’ office.
  - East Garage – ONLY for students working weekends. Students who have weekend clinicals may park in the East Garage. They should write their name and school on the back of the ticket.

Students’ patient assignments:
⇒ Assignments should contain patient’s room number, student’s name and contact number, and instructor’s name and contact number,
⇒ Changes in the student/patient assignments,
⇒ Changes in the students’ responsibilities.

Please consult with the unit’s SNU or designated person for selection of appropriate patients for the students. Student assignments are posted on the unit in the designated area with the instructor’s contact number.

Recommendation: please touch base with the SNU for possible staff or patient changes that could impact the students’ assignments.
- Please contact the unit’s SNU regarding any changes in students’ assignments or changes in the students’ responsibilities on patient care before the beginning of the clinical rotation.

Who to talk to about setting up rotations in other departments?
- Setting up 1-day off unit rotations in other departments is coordinated with the department’s designated person (manager/educator).
- Please contact the designated person to work out a rotation schedule and post on both the unit & department.

Where to obtain patient server keys on the unit(s)?
- Most of the patient rooms at SDMC have locked patient servers.
- Please ask the unit’s SNU (also known as charge nurse) for the keys. The keys are to be returned to the SNU before the students and instructors leave the unit for the day.
Some units provide the instructor with patient server keys for the students.

**What is SBAR (Report to Physician Concerning a Critical Situation)?**
- Reporting tool – a reference tool used by nurses who need assistance in organizing their notes when talking with the SNU or Physician about a critical patient situation.

**Where to find Policies & Procedures and Nursing information?**

(Nursing intranet website or Meditech library (cabinet 12, subcabinet 12)
- Nursing policies and procedures can be found either on the Nursing website (eMAR system) or Meditech library – go to library (cabinet 12) and scroll down to Patient care standards & Policies drawer - sub-cabinet 12.

**NOTE:** Please have students document in Meditech and only use the down time forms when Meditech is down.

**Who trains the instructor(s) on Accudose?**
- The unit’s SNU is responsible for training the instructor(s) on Accudose. Please consult with your assigned unit’s SNU regarding completing the necessary access form and training.

**NOTE:** Pharmacy has given the okay for the instructor to have access for the entire semester (not just for 2 weeks at a time) by indicating the start and end date on access form.

**Who to contact to check out a student eMAR cart?**
- Please check with the unit manager.
- The carts must be returned to their designated location at the end of the instructor’s clinical rotation.

    UT – return on Tuesdays
    ACC – return on Fridays

**Where do the Meditech and eMAR access forms go for processing?**
- Help desk information—901-2777 for all computer/phone problems for all SDH facilities

Meditech and eMAR training are done at the nursing school’s computer lab by the trained faculty SUPER USERS.
Frequently Asked Questions – eMAR

1. **How do I give a medication that is NOT on my patient’s profile?**
   If you have the medication (from Accudose), use the Enter Med Routine. Pull up the patient’s profile, type in EM (Enter Med), then SCAN the barcode on the medication. **NO FREE TEXT ALLOWED.** YOU MUST USE A SCHEDULE OF 1X ONLY (ONE TIME ONLY). Scan the patient’s armband and file the administration. If you need the med from pharmacy, wait for delivery of the med. You may communicate specific needs as outlined in Number 4 below.

2. **What do I do if a patient is admitted and previous dosing times are on the profile (i.e. patient admitted at 1300 and 0900 doses are “due” in eMAR)?**
   If you DO NOT administer the medication, **Full Document** the dose away – change GIVEN to “N” and enter a reason code **PATIENT NOT ADMITTED. DO NOT HOLD ACKNOWLEDGEMENT ON THESE DOSES.**

3. **When do I use Hold Acknowledgement?**
   Hold Acknowledgement is used ONLY WHEN THE DOCTOR’S ORDER DOES NOT MATCH THE MEDICATION ON THE PROFILE (incorrect Drug, Dose, Route or Frequency). Do NOT use to change ADMINISTRATION TIMES – All med administration time are standard UNLESS DOCTOR ORDERS DIFFERENT TIMES. **Note:** If the first dose of a med is given in another area (ED, PACU), write that time on the order and Pharmacy will start with the appropriate schedule, based on the first dose.

4. **How do I communicate with Pharmacy?**
   In Order Entry (OE) there is a message to Pharmacy. CATEGORY: PHA  PROCEDURE: MSG. This information will print in Pharmacy and allow the Pharmacy staff to investigate and/or provide the service you need. DO NOT USE HOLD ACKNOWLEDGEMENT TO COMMUNICATE ANYTHING BUT INCORRECT MEDICATION INFORMATION (incorrect Drug, Dose, Route or Frequency).

5. **What if I have a med with a certain # of doses (i.e. KCL 10meq/hour times 4 doses)**
   These orders will be entered with the standard start time (based on the time of entry of order in Pharmacy), and will **DC** as soon as the last dose is DUE. If the last dose has NOT been given before the **DC** happens (automatically), administer the med using the **DC med time on the profile.** EMAR will indicate that the order is DC’d, but AS LONG AS THE DOCTOR ORDER IS VALID, ADMINISTER AND DOCUMENT THE MED. **Note:** **DC meds appear at the bottom of the eMAR profile.**

LOGGING INTO THE PC NETWORK:

Since each nurse will have a laptop computer, every nurse on the floor will have to log into and OUT OF the hospital network. To log in:
- Press Ctrl Alt Delete to bring up the Login screen
- Enter USER ID: (should be the same as Meditech access OR 3-4 user id provided by MIS
- Enter Password: **SIX OR MORE LETTERS. CASE SENSITIVE ALWAYS.**
- If you are a new user, **FIRST TIME PASSWORD IS AUSTIN**
- Log In to: **HCA**

**ALWAYS EITHER LOCK OR LOG OUT OF YOUR LAPTOP/PC BEFORE WALKING AWAY!!!**
- **Lock:** Press Ctrl Alt Delete and type k to lock the computer.
- **Log Off** – mouse to click Start (bottom left of screen), then mouse to click Log Off
Ever see a RECOMPILE message in eMAR?

Due to recent changes in Meditech, Nurses sometimes get locked up when SCANNING meds. Here’s how to resolve the problem without loosing scans:

- If you see “A recompile is needed to document Drug XX. Please exit and re-enter to recompile.”
- Press the ENTER key to return to Scan Med screen.
- Highlight the med mentioned in the error message (DRUG XX)
- RIGHT CTRL to uncheck only this med.
- Hit F12 to go to Verify Patient Screen.
- Scan Patients armband and complete your documentation.
- You have now documented ALL MEDS EXCEPT DRUG XX.
- The Process Meds Screen will then recompile.
- You will now have to fully process DRUG XX. (including AO if needed)

If you need additional information or assistance please MOX MEDITECH EMAR-SDMC.

How to Recompile in eMAR

In eMAR, if you see the message “A recompile is needed to document DRUG XX” (like KAOLIN/PECTIN 30 in the picture below) follow these steps:
Make note of the med that is listed in the error message (KAOLIN/PECTIN 30)

Press enter to return to the Scan Med screen
Highlight the med mentioned in the error message and hit RT CTRL to UNCHECK this med ONLY.
Hit F12, Verify Patient and complete documentation.

You have now documented all the meds EXCEPT the drug mentioned in the error message. You will now have to fully process that med, including AO if needed.

Internet—large amount of information available on facility intranet sites:

- SDMC/SDRC Intranet site [http://austin.medcity.net/sdmc](http://austin.medcity.net/sdmc) available within hospital.
- St. David’s Institute for Learning (IFL)—[www.stdavids-institute.com](http://www.stdavids-institute.com) also provides useful links to clinical recourses.
3 East Information Guide on Postpartum Care  
For Student Nurses

Do remember that patient care always comes before your charting.

Welcome to St. David’s Women’s Health Unit. Our goal is to provide quality nursing while striving to meet each family’s individualized and unique needs. Our unit motto is “Do the right thing for the patient always”. We have built a stellar reputation throughout the metroplex using this motto as our guiding force. We appreciate your involvement in helping us maintain this status. In return we will strive to make this a meaningful clinical rotation for you. It is our belief that nursing skills are built by practicing them over and over again. We ask that you use your ears and eyes in assessing your patients, not Dinamaps. Be on the look out for opportunities to expand you knowledge and skill base. As computer space in the hallways is limited we ask that you use our charting room or pull a chair up to your eMAR cart. We are proud to say that some of our best hires have been enthusiastic student nurses who saw our commitment to excellence and wanted to practice in an environment such as ours.

This information guide has been developed to help orient you to our unit and to some of our routines. We hope it will be beneficial to you. Your institution also has guidelines and handouts to help you prepare for your experience on our unit. Prior to your arrival to the unit, it is extremely important that you study them thoroughly so that you are prepared to take proper care of these patients. We look forward to working.

Please let us know of any other ways in which we may help you. Do not hesitate to ask questions, we welcome them.

Assessment and Vital Signs

Each patient is physically assessed every shift. Vital signs are taken per P&P and as ordered for vaginal deliveries and for cesarean deliveries until dismissal. Shift assessments of vaginal deliveries includes assessing cardiopulmonary status, level of consciousness, circulation/mobility of extremities, skin condition, breast assessment, fundal height, lochia, perineum, bladder and bowel status including bowel sounds, presence of edema, IV site, and pain status. Assess patients for bladder distention and encourage them to void at least 3 hours from admission to the floor. Please be sure to assess the patient post void x2 to ensure she is emptying her bladder fully and document. The patient should be accompanied to the bathroom the first two times out of bed. If there are no problems, she may get up on her own after that. If patient is unable to void in the time specified by the physician, it may be necessary to catheterize her. Please consult with your co-nurse before catheterizing if unfamiliar with the procedure. A Foley is inserted if it is the second cath unless otherwise ordered. Once the patient is able to walk on her own to the bathroom, she may also ambulate in her room or the halls alone, unless she specifically asks for assistance.

Shift assessments of cesarean deliveries include assessment of all of the areas listed above as well as assessing surgical dressing and catheter. Patients should be taught how to turn, splint, cough and deep breathe q 2 hours for the first 12 hours post delivery. Please assist the patient with turning and positioning. An incentive spirometer may also be ordered to use q 2 hours. Peri care should be done on these patients at least once before they are able to go to the bathroom. Once the catheter is out and the patient can walk to the bathroom, she should be encouraged to try to void. If unable to void after removal of the catheter with in the time specified by the physician, the patient may need to be catheterized. An in and out catheterization should be used the first time and a Foley the second time as needed. Cesarean deliveries are to get out of bed 8 hours after delivery. Most of our C-S patients have Epidural Duramorph for pain control post delivery. If your patient has Duramorph the orders should be on the chart. Please remember to chart the respiration rate and sedation scale q 4 hours for the first 18 hours post delivery. Follow the Doctor’s Orders for additional pain medication needs and / or treatment of side effects and page Anesthesia for problems 483-8710 (check with co-nurse first). If you have any questions please check with your co-nurse. Cesarean Section deliveries that do not have Duramorph may have a PCA infusion pump ordered. Once this is started, it is necessary to check respirations/sedation per P&P and orders. PCAs are generally started in Labor and Delivery recovery room on Cesarean Sections.
All newly admitted patients should receive a Postpartum booklet and individual physician instructions (if applicable), be given the call light, oriented to the room, side rail up x 2, and bed in low position. The nurse will also discuss the patient’s plan of care, and go over the goals of her stay once she is settled. Please make sure to instruct patient on educational videos for her to use during her stay. Please document patient’s response. The Breast-feeding handbook should be given to all breast-feeding moms.

Remember pain scale/sedation should be documented on the graphic along with vital signs. Always document follow-up scale when medication is administered. Patients from L&D can be admitted anytime, except during the specified times at shift change, unless the charge nurses from L&D and 3 East have communicated and made an exception.

For temp > 100.4, systolic B/P > 160 or diastolic B/P > 90, pulse > 100 or any abnormal assessment notify your Co-Nurse.

**Medications**

Medications given on 3 East include PO and IM pain meds, and laxatives. Antibiotics and Mylicon may also be ordered for Cesarean deliveries. It is important to check orders and E-MAR for changes. It is important to remember not to give Metheridine to patients who have a history of hypertension or have elevated BP’s. Use caution in administering Hemabate to a patient with a history of asthma. Please make sure to look up any medication that you are unfamiliar with and talk with your CN or the pharmacist for any questions/concerns prior to administering med.

**Physician Rounds**

The physicians usually come to make rounds on their patients between 0745 and 0815, and may discharge the patient at that time. It is important to know this information so that their discharge teaching can be completed, and the discharge can go as smoothly as possible. Before being discharged, it is necessary to make sure Lactation has completed their teaching. (the “L” on the board by the patient’s name will be crossed off); NBN has visited and discussed baby care; the birth certificate is completed; and the baby’s ID bands have been checked by the nursery. After checking bracelets, the nursery discharges the baby to the parents. Nursery indicates this by writing on the patient board, i.e. BC 1315 (the time they discharged the baby). **If a doctor has not made rounds on a patient by 1400 please inform your Co-Nurse- she most likely call the doctor’s office to remind them of the patient and document such.**

**Peri-care**

Please make sure your patients with lacerations, episiotomies, or hemorrhoids receive Tucks and Dermaplast spray (nupercainal also if indicated) on admit. Ice packs are applied for the first 8-12-24 hours postpartum for swollen perineum or swollen labia. The Tucks and spray are kept in the bathroom for the patients use once the admitting nurse initiates them. The peri bottle is to be used each time the patient uses the bathroom. She should blot from front to back, and then apply a fresh sanitary pad. Encourage the patient to change peri pad, Tucks and icepack every time she goes to the bathroom. Instruct the patient to use Dermaplast spray 3 – 4 times a day. The patient can alternate using the Nupercainal and the Dermaplast if she is using both of them. Sitz baths are to be done 2-3 times per day per physician’s orders. The peri light may be used per patient request. Encourage the patient to use the Dermaplast after using the peri light (if in use) in order to prevent chemical burns.

**Infant Visits**

Infants may visit as often as the mother desires. We encourage moms to keep the infant in her room for as long as she wants, unless the physician requests the baby to be returned to the nursery for an exam and / or procedure. It is important to instruct the mother to never leave her baby alone in her room. She would not allow anyone to transport her infant from the room unless properly identified with a red St. David’s name badge. You are not responsible for infant care. Also babies should always be in the crib when in the hallway.
NICU visiting
We encourage moms to visit their babies in NICU. Check with NICU regarding times of unit closure for shift change (#44283). It is a good idea to call NICU before visits. Please accompany mom or take in wheelchair until she feels comfortable walking in the halls alone. It is not necessary for parents to wear cover gowns. Good hand washing is necessary. NICU staff should help patients sign in and perform hand washing prior to entering unit.

Lactation Consultant / Parent Education
The NBN will assist with feedings and give all baby care instructions. A lactation consultant or nursery nurse can be called to help a mom with breast-feeding during the hours they are here. Lactation consultants see all breast-feeding moms. Encourage patients to view the educational videos through network media (access through their television). These videos are available in Spanish also. (At times these videos are not available. Check with your co-nurse for questions)

Charting
The postpartum charting includes:
Please access Meditech for charting.
1. Postpartum Record Admission Assessment – utilized for documentation of assessment and vital signs upon admission to the unit. (Co-nurse will do this)
2. Mini-Postpartum assessment for frequent checks (Brand new admissions)
3. OB/GYN Systems Assessment – used for documentation of the Postpartum Assessment.
4. Patient / Family Postpartum Education Record – used to document patient teaching. Teaching should be initiated upon admission to the unit and ongoing throughout the hospital stay. Reassess and document R.A.M.P. with each teaching. (This is done on paper at this time)
5. Patient Notes in Meditech for narrative charting.
7. C-Section Delivery Care Plan – Updated q 24 hours or as indicated.
8. E-MAR – Medication Administration Record for routine and PRN Meds.
9. Meditech Process Interventions: Review each intervention and chart on them as needed. The Problem pain intervention is done each shift. You evaluate pain relief, nutrition and activity as well. See Co-nurse for questions about other interventions.

Supplies
Chargeable items are kept in the P.O.U. room (387 across from nurse’s station, one across from 335, and one across from 317). Pick the appropriate patient on the P.O.U. screen and then scan the item to charge the patient. Then save the transaction. Please ask the CN for questions.

Please check with the charge nurse before doing any procedures with which you are not familiar or are uncomfortable doing. You should have supervision/assistance the first time you do a procedure.

Report
Written report is preferred. The report form is kept on the clipboard and is self-explanatory. Verbal report is given to the oncoming nurse by the off going nurse when there is not time to complete the written report form or when there are confidential issues that should not be written. Please be sure that you “hand-off” your patients to the Co-nurse to ensure continuity of care.

Recommendations for 3 East nurses in regards to having students and charting
1. Meet your student and give them your phone number. Discuss plan of care and patient care expectations (i.e. V/S frequency, linen changes, ambulating patient etc) for each patient. Check on student’s progress towards the completion of these tasks during the day.
2. Be familiar with the charting and patient care guidelines that each student has received from their instructor.
3. Do not cosign any student’s narrative charting unless you witnessed them performing that task. (See statement below)
4. Review student’s charting. If you disagree with their charting (fundal height, lung sounds are different etc), chart a note as to what your findings are. Do not be argumentative or judgmental in your charting.
5. Once you have reviewed the student’s charting in PROCESS INTERVENTIONS, you will “verify” their charting with the “STUDENT VERIFICATION” option in. Please refer to the Meditech library, cabinet titled *Meditech Nurse Tips. There is a file named “Nursing Student FAQ’s” that walks you through this process.
6. Do not double document unless your are emphasizing a correction or that you witness that student' performance of the task.
7. Do add additional notes if the student’s charting does not accurately describe the patient’s care or response to care.
8. You may encourage a student to change her charting if you wish.

**Charting Do’s and Don’ts for the student and the instructor**

1. Check with RN or instructor if you are unsure as to what you are going to say in your charting.
2. On 3 East, we chart narrative notes at least every 2 hours.
3. Make sure your narrative notes and interventions are “timed stamped” to indicate the exact time the task or intervention had occurred.
4. Make sure your charting has been reviewed by your nurse or instructor before you leave the floor.
5. Remember that you’re learning how and what to chart, and that it is legally binding.
6. Check your spelling.
7. Remember your charting reflects the care that you have given. If there is only one note in your narratives for the day, it alludes to you having only been in the room once. Let your charting give you credit for the care that you have given.
8. Instructors, review your student’s charting before the notes are entered on the patients charts.
Welcome to St. David's Newborn Nursery

The Newborn Nursery rotation can be very exciting. You will learn new assessment skills and will be challenged in many different ways than in an adult world. Our newborns cannot speak up and tell you what their symptoms are. We are the eyes and ears and more significantly the voice for every newborn that we deliver care to. These new lives have been entrusted into our care, it is our goal to give the best patient care that we can. We would also like for you to gain insightful knowledge and be a part of our cohesive team. We encourage your participation, and we will include you when a learning experience arises.

We would like to share with you some insightful information on our day to day operations that you might find useful when coming into the Newborn Nursery.

- **Assessment and Vital Signs**
  Our infants that have transitioned into routine care have vitals sign performed once a shift unless otherwise indicated by physician orders.

  When performing vitals signs we also clean the umbilical cord with alcohol, and change the diapers. It is very important to know that an infant has voided and stooled. It is also important to know what the stool looked like. We re-use our temp probe covers that are kept in each infants crib drawer for axillary temperatures. Infants that have not transitioned to an open crib or are newly born, have a different set of orders for vital signs. They are generally taken every 30 minutes.

  The vital signs parameters can be found in the physician orders. It is very helpful for you to familiarize yourself with these parameters. When you find a vital sign outside of parameters, the primary RN should be notified of your findings. You will not be assigned an RN to shadow, however we will encourage your participation with, and observation of procedures.

- **Charting**
  We have a computerized documentation system in NBN. It is called Quantitative Sentinel.

  Students do not have access to our charting system so it is imperative to communicate findings with the infants primary RN. Charting space is very limited in our area. Please be cognizant of this and allow the RN’s to utilize the space as necessary.

- **Infection Control**
  Initial scrubbing upon entry to our area is required. Your instructor will have instructed you prior to your arrival on the use of Ava-Gard.

  Stethoscopes are shared. We use neonatal stethoscopes. These are to be cleaned with alcohol in between every newborn.

  Hand washing is also of extreme importance. Wash your hands or use al-care in between every single patient, even if you have just touched the blankets or inside of the crib. Wash your hands.

- **Supplies**
  Diapers, wipes, bottles, nipples and burp cloths are in each infants crib drawer. We use gauze 4x4’s for wipes. These are to be moistened with tap water prior to wiping the infants diaper area.

  Supplies may not be shared from one infants’ crib to another.

- **Pacifiers**
  We are a Breastfeeding friendly hospital. Please do not give an infant a pacifier with verifying with your primary RN. If an infant has a pacifier in his/her crib, you may use it.
• **Security**
  Infant security is of the utmost importance. Students are not allowed to pick infants up from mothers rooms. We will instruct you on taking infants from the NBN to the mothers room and the proper procedures that are in place to ensure infant security.

• **Visitors**
  We do not allow visitors in the NBN. HIPPA laws prevent us from having parents in the NBN.
  Fathers of C-section infants are allowed to bring their infants from the OR to NBN, then they are required to leave the nursery.

• **Cell Phone use**
  We highly discourage the use of your personal cell phones while working in the NBN. Please be courteous and step outside of our nursery while using your phone.

• **Personal Belongings**
  Your personal belongings that you bring with you into NBN should be kept to a minimum. Our space is very limited. We do not have storage space for book bags, purses etc. You will have access to the nurses lounge. However, many other persons do also.

**We welcome you to our unit, and hope that you find your rotation in NBN a valuable and meaningful experience.**
Welcome to St. David’s Medical Center Labor and Delivery

The Labor and delivery rotation can be a challenging, fast paced, yet dynamic experience for you. In addition to learning new OB skills, this rotation will offer you the opportunity to learn how to interact with patients, families and physicians. As such, we encourage you to accompany and communicate with the labor and delivery nurse at all times so as not to miss these opportunities. A clinical rotation, like life, is only as good as the effort you put into it and together we hope to provide you with a meaningful rotation. The following is helpful information in caring for an L & D patient at St. David’s Medical Center.

1. Assessment and Vital Signs
   All patients who are over 20 weeks gestation are admitted to L&D and assessed by a labor and delivery nurse. The patient is placed on continuous fetal monitoring until the patient is dismissed home or delivers. A full assessment is done on admission and then the patient is reassessed when there is a change in patient status such as receiving an epidural, receiving medications, or delivery. Vital signs are taken on admission and then every 60min when the patient is ≤ 4cm increasing to every 30min when the patient is 4cm or more. The temperature is taken every 4 hours when the patient’s membranes are intact and then every 2 hours after the patient ruptures her membranes. Vital signs are increased after receiving an epidural or when the patient receives certain medications such as magnesium sulfate or an antihypertensive. If the patient needs an IV then you are encouraged to start the IV under the supervision of the L&D RN or your instructor.

2. Charting
   Students do not chart on the computer in labor and delivery but are welcome to chart on the fetal monitor strip and anything can be charted on the strip except for periodic changes in the fetal heart rate. If you are unsure of what you can chart please ask your nurse or instructor. The student nurse is welcome to chart on the paper portion of the recovery record under the supervision of her instructor or the labor and delivery nurse.

3. Labor
   Students are encouraged to assist the laboring patient with non-pharmacological measures to help the mother relax in labor such as massage, change of positions, imagery, or breathing. Pain medications in labor are given using standing labor order sets and may be given under the supervision of the labor and delivery RN or your instructor. The student nurse may not adjust pitocin or place internal monitors. The labor patient may have clear liquids if they meet the “Oral Intake in Labor” guidelines. Please ask the L&D RN if they can have liquids or just ice chips. The ice machines are outside LDR 7 and LDR 17.

4. Physician Rounding
   Physicians do not have scheduled rounding times for labor and delivery unless the patient is a scheduled induction. When a physician needs to see the patient immediately, he/she will be notified by the primary RN or by the labor and delivery staff if the nurse cannot leave the patient’s bedside. It is important for you to accompany your nurse during physician rounding to learn how the nurse communicates with the physician and how the medical and nursing staff together communicates with the patient.

5. Supplies
   Supplies are located in the patient rooms or in the POU room. Please do not remove anything from the POU room without assistance and if you use a supply from the patient’s room please tell your nurse or instructor so we can charge the patient.

6. Visitors in Labor and Delivery
   There are no set visiting hours for labor and delivery and it is up to the MD/Nurse discretion as to how many persons are allowed in the labor rooms. For Cesarean Sections, the patient is allowed one family member to attend the birth. In the Recovery room, 1-2 family members are allowed to be with the patient. If the patient’s family members become disruptive or hinder the nurse’s ability to care for the patient and her baby then the visitor will be asked to leave. We allow quick visits with siblings in the labor rooms but do not allow visits with children who are not siblings and are under the age of 12.
7. **Delivery and Immediate Postpartum**

**Vaginal delivery:** All vaginal delivery patients labor and then deliver in an LDR. After delivery, the patient’s fundus, bladder, bleeding, pain and vital signs are assessed every 15 minutes x 5. If the patient is stable and meets the discharge criteria then they will be transferred to 3E. If the patient did not have an epidural and can bear weight with the nurse’s assistance then they can be transferred by a wheelchair. All other patients must transfer by a stretcher. Under the guidance of the instructor, the student nurse should assess the patient, get something for the patient to eat and drink if stable after the delivery, and make an ice pack for her perineum. After the baby is born, the L&D RN assigns the apgar scores and bands/prints the baby. The NBN RN weighs the baby, gives the baby meds and assesses the baby at the mother’s bedside. The NBN RN assists with breastfeeding and transfers the baby to the nursery when the mother is transferred to postpartum. The baby receives the first bath in the NBN. After delivery, the patient may have pain medication according to our postpartum delivery orders. If the patient has an epidural, the patient may not get out of bed for at least 2 hours after delivery and they must have a nurse help them to the bathroom for the first 2 times. This is usually done on postpartum.

**Cesarean Section:** After surgery the patient is transferred to the recovery room. Similar to the vaginal delivery, the patient is assessed every 15min x 5 and if she meets discharge criteria she is transferred via stretcher to 3E. The mother is encouraged to see and hold her infant in the recovery room and if she is up to it, encouraged to breastfeed. We have different order sets for pain medication administration for a vaginal delivery and for a cesarean section and are located on the patient’s chart. Please familiarize yourself with the orders.

Sincerely,
L & D staff
St. David’s Medical Center
Welcome to St. David’s Surgical Services!

To make your surgery observation as meaningful as possible, here are some recommendations.

The O.R. is a world of its own. Hope you have a great experience.

1. Sleep well the night before.
2. Eat breakfast, even a little something if you don’t normally eat anything.
3. The O.R. is chilly; bring a tank top or short sleeved T-shirt to wear under your scrubs. Be sure you put whatever you bring in a plastic bag to keep it from being exposed to the outside elements. Clothes that are worn outside cannot be worn into the O.R.
4. Limit the amount of jewelry and make-up worn, none is preferred.
5. Leave backpacks, books, cell phones and valuables at home or in your car. If you have to bring these items in there may not be a safe place for you to leave them.
6. ALWAYS, ALWAYS, ALWAYS have your name badge on. If you arrive without a name badge you will not be allowed in the Surgical Services area.
7. Familiarize yourself with the following:
   o general anesthesia
   o laparoscopic cholecystectomy
   o abdominal hysterectomy
   o who’s who in the O.R.
8. I will meet you at the OLD surgery waiting room at 7:00am. It is across from the elevators on the 2nd floor, at the intersection of 2E and 2E Annex. Please do not go to the surgery control desk, even if you know how to get there. You must be escorted to the surgery dressing room and to the control desk. Please do not go to either of those places on your own. If you cannot find the OLD surgery waiting room, go to the main entrance. There is a phone on the wall with the mirror. Dial my pager number. Enter "13" after you hear the beeps. Wait in the lobby, I will come get you.
9. Remember HIPAA.

Feel free to contact me with any questions. I look forward to seeing you here.

Olinda Lindsey, RN, BSN, CNOR
Surgical Services Educator
Olinda.lindsey@stdavids.com
Phone: 544-4358
digital pager 205-0096
St. David’s South Austin Hospital, located at 901 West Ben White Blvd., is a member of St. David’s HealthCare. The facility, built in 1982, offers a comprehensive and nationally recognized cardiac program, a fully renovated maternity unit with Level I and Level II nurseries and a thriving 24-hour emergency department. St. David’s South Austin Hospital is a JCAHO accredited facility and has been recognized for three consecutive years by health information company, Solucient: in 2003 as one of the nation’s 100 Top Hospitals®, and in 2004 and 2005 as one of the 100 Top Hospitals® for Cardiovascular Care. St. David’s South Austin Hospital, with 252 patient beds, completed a $50-million expansion project in 2004 to enhance its services and facilities.

**Parking**
Students will need to park at Barton Creek Mall, near the J. C. Penny’s entrance, until notified otherwise. When the students arrive at the SDSAMC designated section of the Barton Creek Mall parking lot, they will need to find our hospital security officer stationed there. When the student finds the officer they should give the officer their information and then they will be allowed to park there. Shuttles run to and from the hospital about every 15 minutes at change of shift times.
Welcome to South Austin Medical Center
Number of Beds in Facility: 200

Brief Description of Scope of Care/Patient Population Served:

South Austin Medical Center is a 200 bed, full service private hospital dedicated to serving Austin and surrounding communities with advanced medical technology, a pleasant environment and a warm, personal approach to healthcare. Built in 1982, the hospital is located on the south side of Ben White Blvd., between South First Street and Manchaca Road and is accessible via IH-35, Mopac, Loop 360 and Highway 290.

South Austin Medical Center is a member of the St. David’s Healthcare. For additional information, please call 512.447.2211 or visit our web site at www.southaustinhospital.com.

Clinical Services Provided

<table>
<thead>
<tr>
<th>Cath Lab</th>
<th>Med/Surg</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU/CCI</td>
<td>CDU</td>
<td>OPS</td>
</tr>
<tr>
<td>CVRU</td>
<td>Women’s Services</td>
<td>CVRU</td>
</tr>
<tr>
<td>Stepdown</td>
<td>L &amp; D</td>
<td>ED</td>
</tr>
<tr>
<td>Telemetry</td>
<td>Nursery/NICU</td>
<td>EPS</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>Interventional Radiology</td>
<td></td>
</tr>
</tbody>
</table>

Primary Languages of Populations Served:

English and Spanish

Internet—large amount of information available on facility intranet sites:

- SAMC Intranet site http://austin.medcity.net/sah available within hospital.
- Site maps of each facility—for maps to all locations go to St Davids Healthcare website at http://www.stdavids.com/Facilities.aspx?id=34&tmi=10&tmt=4&tmm=8
- St. David’s Institute for Learning (IFL)— www.stdavids-institute.com also provides useful links to clinical recourses.

Room Reservation process

- Rooms are very limited due to the construction.
- Contact SAMC Administration to book rooms for pre and post conferences.
South Austin Medical Center
Student Nurse Communication Form

Student’s name:_____________________________ Date:___________________

School: ACC  UT  Other:___________________ Program: LVN  ADN  BSN  MSN

Hours:_____________________________ Level:_____________________________

Instructor:_____________________________ Phone #:________________________

<table>
<thead>
<tr>
<th>Room</th>
<th>Patient</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Medications may be given with □ Instructor only
□ with preceptor nurse

<table>
<thead>
<tr>
<th>Skills/Tasks to be performed</th>
<th>Documentation to be completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baths/ADLs</td>
<td>Flow sheets</td>
</tr>
<tr>
<td>Vital Signs</td>
<td>Assessment</td>
</tr>
<tr>
<td>Non-parenteral</td>
<td>Hygiene</td>
</tr>
<tr>
<td>IV Piggy backs</td>
<td>Procedures</td>
</tr>
<tr>
<td>IV Pushes</td>
<td>Nutrition</td>
</tr>
<tr>
<td>Injections</td>
<td>I &amp; O</td>
</tr>
<tr>
<td>PCA medications</td>
<td>Wound Care</td>
</tr>
<tr>
<td>Tube Feedings</td>
<td>Patient Notes</td>
</tr>
<tr>
<td>TPN</td>
<td>Education</td>
</tr>
<tr>
<td>Wound Care</td>
<td>Problem Screens</td>
</tr>
<tr>
<td>IV insertions</td>
<td></td>
</tr>
<tr>
<td>Foley/ I &amp; O Caths</td>
<td></td>
</tr>
<tr>
<td>NGT placement/ Dobhoff placement</td>
<td></td>
</tr>
<tr>
<td>Patient focused chart review</td>
<td></td>
</tr>
</tbody>
</table>

P = Primary goal  S = Secondary Goal

Instructor Approval:_____________________________________________________

Special objectives:_______________________________________________________

**NURSES: PLEASE GIVE SHORT ORAL REPORT UNLESS OTHERWISE REQUESTED BY THE INSTRUCTOR**
SOUTH AUSTIN MEDICAL CENTER

Our Mission Statement

To provide exceptional care to every patient every day with a spirit of warmth, friendliness and personal pride.

Our core values are:

- Integrity
- Compassion
- Accountability
- Respect
- Excellence

Customer Service

You will come into contact with many customers while working in our facility. It is important to treat each customer with respect and dignity.

Our goal is to assure that each patient, family member and visitor feels cared about during his or her stay here.

The customer service role is as important as the care you provide.

Ethics

We are guided by our mission to do the right thing for the community, our patients, our physicians, and ourselves in providing cost-effective, compassionate excellence in healthcare while maintaining a learning environment that nurtures continuous improvement.
<table>
<thead>
<tr>
<th>Area</th>
<th>Location</th>
<th>Telephone Ext.</th>
<th>Hours of Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Office</td>
<td>1st Floor</td>
<td>7106</td>
<td>M-F 8am – 4:30pm After hours contact House Supervisor</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>2nd Floor</td>
<td>6158</td>
<td>24 hours</td>
</tr>
<tr>
<td>Laboratory</td>
<td>1st Floor</td>
<td>7147</td>
<td>24 hours</td>
</tr>
<tr>
<td>Cafeteria</td>
<td>1st Floor</td>
<td>7144</td>
<td>Breakfast 7:30am - 10am Lunch 11:30am – 2pm Dinner 5:30pm – 7:30pm</td>
</tr>
<tr>
<td>Materials Management</td>
<td>1st Floor</td>
<td>7193</td>
<td>Monday – Friday 8am – 8pm Medical Supplies After hours contact House Supervisor</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>8am – 5pm Office Supplies</td>
</tr>
<tr>
<td></td>
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<td></td>
<td><strong>Weekends</strong> 7am – 3:30pm Medical Supplies only</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>After hours contact House Supervisor</td>
</tr>
<tr>
<td>Medical Records</td>
<td>1st Floor</td>
<td>7131</td>
<td>Monday – Friday 7am – 11:30pm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Weekends</strong> 8am –11pm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>After hours contact House Supervisor</td>
</tr>
<tr>
<td>ER</td>
<td>1st Floor</td>
<td>7460</td>
<td>24 hours</td>
</tr>
<tr>
<td>CRITERIA</td>
<td>DESCRIPTION</td>
<td></td>
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<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>1. Location of parking facilities:</td>
<td>Parking is located near the South entrance or in the parking garage.</td>
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</tr>
<tr>
<td>2. Shift times are as follows:</td>
<td>Days 0700 - 1500&lt;br&gt;Evenings 1500 - 2300&lt;br&gt;Nights 2300 - 0700&lt;br&gt;Some departments have 12-hour shift assignments.</td>
<td></td>
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</tr>
<tr>
<td>You are expected to report on time for scheduled shift. Disciplinary action will be taken for excessive tardiness.</td>
<td>Daytime: 0700 - 1500&lt;br&gt;Afternoon: 1500 - 2300&lt;br&gt;Night: 2300 - 0700&lt;br&gt;Some departments have 12-hour shift assignments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Smoking – Our smoke Free Policy prohibits all health care members, customers and visitors from smoking in the workplace. Designated areas for smoking are located:</td>
<td>Located on the west side of the hospital near the loading dock.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. You are required to present a clean, neat professional appearance. Please follow the uniform policy of your school (neat and professional ) and your student name badge is required.</td>
<td>No crop tops or tank tops. Hospital T-shirts are acceptable, no other T-shirts with other advertising logos. No sweat pants or tight knit. Dresses and skirts should be of appropriate length, no sweatshirt type. <strong>No</strong> overpowering perfume or cologne. Hair should be secured back and away from face. Facial hair should be neat, clean and well groomed. Jewelry, earrings, and accessories should be kept to a minimum. IC-001 Hand Hygiene (Policy) Nails should not be over ¼ inch long, if polish worn should be free from chips. Nail extenders are not allowed. Open toed shoes and sandals are permitted in office areas only. Department Directors have the authority to determine inappropriate attire based on department standards.</td>
<td></td>
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<tr>
<td>5. Our Nursing Care delivery System is:</td>
<td>Primary</td>
<td></td>
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</tr>
<tr>
<td>6. The following Patient Care Protocols are available to assist you in delivering care: On the Nursing Main Menu, go to Print Protocol. Do a Look-up to select the Protocol you wish to view. Enter the number of the Protocol in the Beginning and Ending prompts. Select Y for Yes. Type VIEW into the Printer prompt, to view the Protocol without printing it.</td>
<td>- Fall Risk Program&lt;br&gt;- Developmental Age&lt;br&gt;- Diabetes Pt/Fam Education&lt;br&gt;- Heart Surgery Pt/Fam Education&lt;br&gt;- IV Catheter Line Care&lt;br&gt;- RT Protocols</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The Policy &amp; Procedures are located:</td>
<td>On the Intranet Icon&lt;br&gt;To locate Policies: Click on Policies, in the blue box at the top left hand section of the Intranet Home Page. Click on TOC (Table of Contents). Hold down the Ctrl Key and hit ‘F’ for Find, to call-up the SAH Policy Search Engine. The Emergency Preparedness Policies are located in a red manual on each unit.</td>
<td></td>
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<tr>
<td>CRITERIA</td>
<td>DESCRIPTION</td>
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<tr>
<td>8. The procedure for locating patient supplies &amp; ensuring charges is:</td>
<td>Patient supplies are in Supply Rooms on units. Charging is done by “Point of Use” scanning system and charging on Meditech.</td>
<td></td>
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<tr>
<td>9. <strong>Infection Control:</strong></td>
<td><strong>Infection Control:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IC-011 Universal/Standard Blood &amp; Body Substance Precautions</td>
<td>Standard Precautions are used for all patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IC – 098 Infection Control Plan of Care 2004</td>
<td>Refer to policies listed at left for specifics procedures of various ordered isolations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IC-012 Isolation and Communicable Diseases</td>
<td>Utilize personal protective equipment where there is potential for exposure of blood or infectious body fluids</td>
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<tr>
<td></td>
<td>Scrupulous hand washing technique</td>
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<tr>
<td></td>
<td>Utilize designated containers for disposal of sharps and biohazardous waste.</td>
<td></td>
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</tr>
<tr>
<td>10. Occurrence (Event) Reporting should be completed prior to end of staff members shift.</td>
<td><strong>Injury</strong> to patient, visitor or employee Notify Supervisor/manager of incident. <strong>Patient falls, Errors</strong> in medication administration, treatments tests etc, pt signing out <strong>AMA, theft</strong>, loss or damage to property or equipment belonging to any personnel, pt/family, employee or facility.</td>
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<tr>
<td>11. The procedure for filing an Event Report for a patient or visitor is:</td>
<td>Complete an Event Report in Meditech. The staff member who is initially involved in discovering occurrence/event should initiate the report with assistance of the supervisor/manager.</td>
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</tr>
<tr>
<td>12. If you are injured on the job you must notify <strong>your instructor</strong>. The procedure for the facility includes:</td>
<td>No later than the end of the shift on which the occurrence/injury occurred. Notify the Employee Health (EHN) Nurse or House Supervisor if EHN unavailable Complete a paper form for Employee Occurrence/Injury Report including details of injury, date and employee signature. Return completed form to EHN or House Supervisor. The EHN/House Supervisor will determine the necessity of medical intervention by a physician; will assist in obtaining necessary medical care with an approved provider.</td>
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</tr>
</tbody>
</table>
Clinical Site Orientation List of Policies
Access via SAMC Intranet

1. PA-017 - Fall Prevention Program
2. PA-018 - Pain Management Guidelines
3. IM-196 - Patient Privacy Passcode: Release of Information to Family and Friends
4. IM186 - DO NOT USE Abbreviations
5. LD-049 - Incident, Adverse Drug Event and Sentinel Events Reporting Systems
7. PA-002 - Patient Assessment and Reassessment
8. PC-277 - Guidelines for Initiation of the Rapid Response Team (RRT)
9. ED-002 - Diabetes Education Program
10. PA-015 - Bedside Blood Glucose Testing with Accu-Check Advantage GTS Blood Glucose Monitoring System
11. IC-012 - Isolation and Communicable Diseases
12. IC-065 - Infection Control Guidelines for Patients with Multi-drug Resistant Organisms
13. PC-262 - Guidelines for Skin and Wound Care
14. PC-010 - Restraints and Patient Safety Guidelines
15. ED-001 - Patient/Family Education Plan
16. MU-066 - Medication Reconciliation Across the Continuum of Care
17. CC-015 - Discharge of the Patient from the Hospital
18. CC-003 - Patient Transfer To or From Another Acute Care Facility
19. MU-048 - Guidelines for Administration of Potent Intravenous Infusions
20. MU-049 - High Alert Medications
21. PC-275 - I.V. Insertion, Care and Therapy
22. MU-028 - Patient Controlled Analgesia (PCA) Pump: Care and Management of the Patient With
23. PC-380 - Peripherally Inserted Central Catheter (PICC): Care and Management
24. PC-271 - Insertion and Care of the Enteral Feeding Tube (Dobhoff/Flexiflo, or Small Bore Nasogastric Tube)
25. AC-001 - Administration and Monitoring of Moderate Sedation/Analgesia
26. PC-368 Guidelines for “Dr. Leo” Resuscitation of Adult and Pediatric Patient
27. PC-378 Central Venous Line (Jugular/Subclavian/Femoral): Care and Management
28. MU-043 Medication Administration and Documentation
29. PR-019 Informed Consent/Informed Decision-Making
<table>
<thead>
<tr>
<th>Category/Policy #</th>
<th>Summary Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Environmental</strong></td>
<td></td>
</tr>
<tr>
<td>EC 1.30.7</td>
<td>Smoking – no smoking facility</td>
</tr>
<tr>
<td>PC-285</td>
<td>Visiting times for each unit</td>
</tr>
<tr>
<td><strong>Disaster/Emergency</strong></td>
<td></td>
</tr>
<tr>
<td>EC 4.10.5</td>
<td>Bomb threats- what to do if you receive one…</td>
</tr>
<tr>
<td>EC 4.10.3</td>
<td>Disasters- Dept and individual responsibilities (code white)</td>
</tr>
<tr>
<td>EC 4.20</td>
<td>Emergency Code definitions (What’s a code white, green, red, etc..)</td>
</tr>
<tr>
<td>EC 4.10.12</td>
<td>Evacuation- who decides to evacuate, where to go and what to do (code green)</td>
</tr>
<tr>
<td>EC 5.10.4</td>
<td>Fire- how to report and respond to fires (code red)</td>
</tr>
<tr>
<td>EC 3.10.1</td>
<td>Hazcom- how to access MSDS on the computer-precautions, spill procedures, etc.</td>
</tr>
<tr>
<td>EC 2.10.8</td>
<td>Infant Abduction (code Adam)- who to notify and what to do…</td>
</tr>
<tr>
<td>EC 2.10.7</td>
<td>Security- how to get emergency assistance (Code purple)</td>
</tr>
<tr>
<td>EC 4.10.5</td>
<td>Tornado threat or warning (code gray)- where to go and what to do…</td>
</tr>
<tr>
<td>EC-127</td>
<td>Visitor fell or found down (code yellow)- how to call for help and who responds…</td>
</tr>
<tr>
<td><strong>Human Resources</strong></td>
<td></td>
</tr>
<tr>
<td>HR-055</td>
<td>Problem resolution- how to report problems with management, staff, etc…</td>
</tr>
<tr>
<td>HR-101</td>
<td>Illness- when you should stay home, what symptoms you should report…</td>
</tr>
<tr>
<td><strong>Infection Control</strong></td>
<td></td>
</tr>
<tr>
<td>IC-001</td>
<td>Hand hygiene- when must you wash hands and when is it okay to use foam?</td>
</tr>
<tr>
<td>IC-012</td>
<td>Isolation- what type to use and who to isolate ( table by pathogen)</td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td></td>
</tr>
<tr>
<td>IM-010 &amp; IM-118</td>
<td>Abbreviations- approved and DO NOT USE</td>
</tr>
<tr>
<td>IM-009</td>
<td>Documentation- general guidelines</td>
</tr>
<tr>
<td>IM-196</td>
<td>Patient Privacy passcode- releasing information to family/friends</td>
</tr>
<tr>
<td>IM-008</td>
<td>Request for medical information- patients, outside agents, etc.</td>
</tr>
<tr>
<td><strong>Medication</strong></td>
<td></td>
</tr>
<tr>
<td>MU-078</td>
<td>Acudose use</td>
</tr>
<tr>
<td>MU-043</td>
<td>Administration and Documentation</td>
</tr>
<tr>
<td>MU-024</td>
<td>Controlled substances- administering, documenting, etc.</td>
</tr>
<tr>
<td>MU-049</td>
<td>High Alert medications</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
</tr>
<tr>
<td>NC-008</td>
<td>Room Service-how to order, how to enter patient in the system, accucheck timing</td>
</tr>
<tr>
<td><strong>Patient Care</strong></td>
<td></td>
</tr>
<tr>
<td>PA-002</td>
<td>Assessment and parameters on each unit</td>
</tr>
<tr>
<td>PC-368</td>
<td>“Code” situations- Dr. Leo resuscitation- how to call, who responds, etc…</td>
</tr>
<tr>
<td>PC-275</td>
<td>IV insertion and care- how often IV’s are changed, monitoring site, inserting, etc</td>
</tr>
<tr>
<td>PA-018</td>
<td>Pain Management- how to assess, what to document, etc.</td>
</tr>
<tr>
<td>PC-008</td>
<td>Patient Plan of care</td>
</tr>
<tr>
<td>PC-183</td>
<td>Physician orders- what is an acceptable order, how to carry out, etc…</td>
</tr>
<tr>
<td>PC-001</td>
<td>Department roles in patient care at SAH</td>
</tr>
<tr>
<td>PC-370</td>
<td>Reporting suspected abuse of patient</td>
</tr>
<tr>
<td>PC 11.30</td>
<td>Restraints- how to document, orders for, how and when to apply…</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
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</tr>
<tr>
<td>PC-252</td>
<td>Standards of care for nursing/professional performance</td>
</tr>
<tr>
<td>PR-005</td>
<td>Complaints- what to do if a patient/visitor has a complaint</td>
</tr>
<tr>
<td>PR-019</td>
<td>Consent- what constitutes informed consent, who can sign, special situations, etc</td>
</tr>
<tr>
<td>PR-001</td>
<td>Ethics- What are the organization’s ethical standards, ethical guidelines for staff</td>
</tr>
<tr>
<td>PR-007</td>
<td>Ethics- what happens if there is an ethical dilemma or ethics concern, reporting one</td>
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<tr>
<td>PR-012</td>
<td>Identification- how to identify patients at SAH</td>
</tr>
<tr>
<td>PR-025</td>
<td>Lost and found- what to do if you or a patient/visitor lose or find something</td>
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</table>

If you can’t find a policy on this list, go to the policy link on the intranet- this will take you to the policy home page-select one of the policy areas, the general Table of Contents, or other links as listed to take you to links to the policies. All links are blue and underlined. Also look on the “forms and orders” intranet link to access pre-printed forms and order sets, and protocols. Most commonly used protocols that you should be familiar with include the Hypoglycemia protocol and the MRSA protocol.
St. David’s HealthCare
Computer Forms
St. David’s Healthcare Partnership
STUDENT / STUDENT NURSE INSTRUCTOR Meditech Access Request Form

Instructions:
1. Individual requesting access completes Section 1 of the Computer Access Request Form.
2. Instructor completes Section 2 and signs the form.
3. The completed Computer Access Request Form must be submitted to the IS Help Desk 3 business days prior to when access is needed. A Confidentiality and Security MUST be submitted with the Access Request Form.
4. Contact the Help Desk for information or questions.

Call the Help Desk at 901-2777. Fax completed forms to 901-1997.

SECTION 1 – Who is requesting Meditech Access?
NOTE: Requestor MUST also submit a signed Confidentiality and Security Agreement!

Request Date: ___________________________  Student  Date of Birth: ___/___/____

Last Name: ___________________________  First Name: ___________________________

Middle Initial: ______ (Required)  Phone: ___________________________

SECTION 2 – Instructor

Facility where access is needed
☐ NAMC  ☐ RRMC  ☐ SAH  ☐ SDMC  ☐ SDGH

Level of access requested
☐ STUDENT  ☐ INSTRUCTOR  ☐ Policies (Q drive)

Unit/Area where requestor will be working: ___________________________

Please contact the Help Desk at 901-2777 to obtain user ID’s and passwords for your students OR provide us with your email address so that we may notify you once they are set up.

Allow up to 72 hours for access request to be completed.

Instructor’s Email: ___________________________

Instructor’s Printed Name: ___________________________

Your School Affiliation: ___________________________

Student Start Date: ___________________________

Student End Date: ___________________________

Instructor Signature ___________________________

Instructor Phone/Extension ___________________________

IS Use Only

Date Received: _______ by: ______  MT ______
Complete: _______ by: ______  User ID
Confidentiality and Security Agreement

I understand that the facility or business entity (the “Company”) in which or for whom I work, volunteer, or provide services, or with whom the entity (e.g., physician practice) for which I work has a relationship (contractual or otherwise) involving the exchange of health information (the “Company”), has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients’ health information. Additionally, the Company must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning information, or any information that contains Social Security numbers, health insurance claim numbers, passwords, PINs, encryption keys, credit card or other financial account numbers (collectively, with patient identifiable health information, “Confidential Information”).

In the course of my employment/assignment at the Company, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with the Company’s Privacy and Security Policies, which are available on the Company intranet (on the Security Page) and the Internet (under Ethics & Compliance). I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it.
2. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.
3. I will not discuss Confidential Information where others can overhear the conversation. It is not acceptable to discuss Confidential Information even if the patient's name is not used.
4. I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information.
5. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Company.
6. Upon termination, I will immediately return any documents or media containing Confidential Information to the Company.
7. I understand that I have no right to any ownership interest in any information accessed or created by me during and in the scope of my relationship with the Company.
8. I will act in the best interest of the Company and in accordance with its Code of Conduct at all times during my relationship with the Company.
9. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension, and loss of privileges, and/or termination of authorization to work within the Company, in accordance with the Company’s policies.
10. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
11. I understand that I should have no expectation of privacy when using Company information systems. The Company may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to maintain systems and enforce security.
12. I will practice good workstation security measures such as locking up diskettes when not in use, using screen savers with activated passwords for appropriateness, and keeping screens away from public view.
13. I will:
   a. Use only my officially assigned User ID and password (and/or token, e.g., Secure Card).
   b. Use only approved licensed software.
   c. Use a device with antivirus protection software.
14. I will never:
   a. Disclose passwords, PINs, or access codes.
   b. Use tools or techniques to bypass/exploit security measures.
   c. Connect to unauthorized networks through the systems or devices.
15. I will notify my manager, Local Security Coordinator (LSC), or appropriate inform services person if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.

I will only access software systems in review, patient research, or Company information when I have a business need to know, as well as any necessary consent. By accessing a patient’s record or Company information, I am affirmatively representing to the Company at the time of each access that I have the requisite business need to know and appropriate consent, and the Company may rely on that representation in granting such access to me.

Signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Student/Instructor Signature: ____________________________
Student/Instructor Printed Name: ____________________________
Facility Name: ____________________________
Date: ____________________________
Instructor Name: ____________________________

December 1, 2007

Attachment to IS. SEC.005
St. David’s HealthCare
AcuDose Forms
Please read the statement below and sign to verify that you have read and understand it:

I understand that the signature of the individual administering a controlled substance to a patient must be documented in the permanent controlled substance record that is maintained by the pharmacy. The AcuDose-Rx system maintains the permanent records therefore the person removing the medication from the cabinet must be the one administering the medication unless additional paperwork is used in conjunction with the electronic documentation.

I understand that my user ID and password are my LEGAL electronic signature and will be used to track all of my transactions on the system and will be permanently attached to those transactions with the time stamp and date. These records will be routinely audited against patients' chart records by the pharmacy to assure proper usage. The records will be maintained and archived as per SDMC policies and will be available for inspection by the Drug Enforcement Agency (DEA) and the Texas State Board of Pharmacy.

I am responsible for maintaining the confidentiality of my user ID and password and will be held accountable for ALL transactions performed with this User ID. Unauthorized use of another user's password will lead to corrective action up to and including discharge.

New User's Signature ____________________________ Date ______

TO BE COMPLETED BY SUPERVISOR/HOUSE SUPERVISOR/AUTHORIZING INDIVIDUAL

CIRCLE type of user and include term of usage if needed; passwords expire every three months.

Nurse Charge CRNA MD Permanent access, password expires every three months

Technician (LD, RAD) Permanent access, Medication handling/No controlled substances

Agency/AAS Nurse Access expires on _________ (not to exceed 6 months)

Contract/Travel Nurse Access expires on _________ (length of contract)

Nursing Student Access expires on _________ (end of present rotation)

Nursing Instructor Access expires on _________ (end of present rotation)

I have verified the credentials of the above named person and I authorize access to the following AcuDose cabinets: Circle all areas of access that should be granted.

5NW  5E  4W  4E  3E  LD  INSY  NSY  2E  ICU  OR  PACU  AAI  EP  ED  DREC  RAD  REHAB

Authorizing Signature/Position ____________________________ Printed Name ____________________________ Date ______

FOR COMPLETION BY PHARMACY

User added to AcuDose by ____________________________ Date ________ Notified/Emailed ____________________________

SDMC RX 3/09
St. David’s Medical Center
AcuDose Usage by Nursing Students
Guidelines

Purpose:
To provide a process for nursing students to follow when using AcuDose to provide patient care during their clinical, and to outline the responsibility of nursing instructors and staff when the nursing students use the AcuDose.

Students’ Responsibilities:
1. The SDMC Pharmacy designated person will provide orientation to AcuDose before starting clinical and patient care. **NOTE**: Instructor is to set up the orientation session with the SDMC Pharmacy designated person for you. Instructor or charge nurse will complete additional training on AcuDose.

2. Only access AcuDose to obtain appropriate medication (**only medication that is already listed on the patients’ profile. If an override/cancellation must be done, contact the instructor or unit’s charge nurse/primary nurse to be with you and approve this function**) for your assigned patient. Scan the medication; scan the patient’s armband, administer medication and document in eMAR.

   **Follow the 5 Rights of Medication Administration!**

3. If a transaction needs to be canceled, **do not** remove the medication and contact the instructor or unit’s charge nurse/primary nurse for assistance. **NOTE**: Removing the medication from system will result in a discrepancy, which will need to be reconciled before end of the clinical day.

4. Instructor or primary nurse to observe all first time medication administration or new medication(s) removed from AcuDose such as P. O., IV, or per tube by student.

Nursing Instructor’s Responsibilities:
1. Completes the AcuDose Security Agreement (provided in this packet) form, specifically the highlighted areas, a **minimum** of one week before the start of the clinical.

2. The form is either faxed or bring it to the SDMC student liaison in the Central Staffing Office (across from ED) for signature and processing the form to Pharmacy. Fax number is 544-5575. **NOTE**: Please be sure to complete the form including the START and STOP DATES of the Class & Appropriate Units are Circled.

3. The SDMC student liaison will sign and date the form and either fax or walk the form over to Pharmacy for processing.

4. Valarie Robbins, in Pharmacy will process the form and input into the computer.

5. Valarie will communicate information to the nursing instructor once processing is complete.
Unit’s Charge Nurse/Nurse Manager Responsibilities:

1. Assure appropriate use of the AcuDose by students/instructors.

2. Assist the students for overrides or cancellation of transaction, if the instructor is not present. Check the orders on the patient to verify the override or cancellation of transaction is appropriate.

3. Be available to review all AcuDose towers with the instructor prior to post conference.

4. Any time a discrepancy is created by a nursing student, the charge nurse must resolve the discrepancy with the instructor and student.

Revised: August 2010
**SOUTH AUSTIN HOSPITAL**

**ACCUDOSE AUTHORIZATION FORM**

**COMPLETED BY APPLICANT**

<table>
<thead>
<tr>
<th>PRINT CLEARLY</th>
<th>Last Name</th>
<th>First Name</th>
<th>3/4 ID (Sign on)</th>
<th>Position (RN, etc)</th>
<th>Unit</th>
</tr>
</thead>
</table>

Please read the statement below and sign to verify that you understand it:

Above is my access code for the Acudose-Rx system. I understand that in combination with my P.I.N., this will be my electronic signature for all transactions in the system. It will be used to track all of my transactions in the system and will permanently attach to those transactions a time and date stamp. These records will be maintained and archived in compliance with St. David’s South Austin Hospital, and be available for inspection by the Drug Enforcement Administration (DEA) and any other regulatory agencies/boards, as is presently done with my handwritten signature for controlled substance records.

I also understand that to maintain the integrity of my electronic signature, I must not give this password to any other individual.

<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**TO BE COMPLETED BY SUPERVISOR / AUTHORIZING INDIVIDUAL.**

Circle type of user and include term of usage if needed; ALL passwords expire every 3 months; initial password is ‘pass’

<table>
<thead>
<tr>
<th>Nurse/ CRNA/ Anesthetist</th>
<th>Unlimited term; password expires every 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technician (RAD, Cath, Endo)</td>
<td>Med handling/Waste witness/No controlled substances; same term as above</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nursing Instructor</th>
<th>Access expires on _____________ (end of present rotation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level IV Student</td>
<td>Access expires on _____________ (end of present rotation)</td>
</tr>
<tr>
<td>Agency/AAS Nurse</td>
<td>Access expires on _____________ (per present contract/ 6 month default)</td>
</tr>
<tr>
<td>Contract/Travel Nurse</td>
<td>Access expires on _____________ (length of contract)</td>
</tr>
<tr>
<td>Locums CRNA/Anes.</td>
<td>Access expires on _____________ (one week or longer)</td>
</tr>
</tbody>
</table>

I have verified the credentials of the above named person and I authorize access to following Acudose cabinets:

Critical care ED 2C 3C 3N 3S 4C 2N NSY LD Surgery Cath lab RAD Endo ISS RT HBO OPS Kyle

Controlled substance handling (circle one):  YES  NO

<table>
<thead>
<tr>
<th>Authorizing Signature / Title</th>
<th>Printed name</th>
<th>Date</th>
</tr>
</thead>
</table>

**FOR COMPLETION BY PHARMACY**

Addition to Acudose Completed by _______________ Date _____ Notified (date) _______________
ROUND ROCK MEDICAL CENTER
AcuDose Form

Open up the PDF file for the form:

EDEMF2299.pdf
APPENDIX
Form 1.1: Instructor Verification Form and Student Alpha Roster

Instructions
Instructor should complete this form for each clinical rotation. Please send electronically to the contact listed below:

<table>
<thead>
<tr>
<th>St. David's Medical Center: Teri Zercher, <a href="mailto:teresa.zercher@stdavids.com">teresa.zercher@stdavids.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Round Rock Medical Center: Monica Sowell, <a href="mailto:Monica.sowell@stdavids.com">Monica.sowell@stdavids.com</a></td>
</tr>
<tr>
<td>Round Rock Medical Center: George Langan, <a href="mailto:george.langan@stdavids.com">george.langan@stdavids.com</a></td>
</tr>
<tr>
<td>Georgetown Hospital: Dixie Campbell, <a href="mailto:dixie.campbell@stdavids.com">dixie.campbell@stdavids.com</a></td>
</tr>
<tr>
<td>Seton Family of Hospitals: Sally Foster, <a href="mailto:sfoster@seton.org">sfoster@seton.org</a></td>
</tr>
<tr>
<td>Central Tx Medical Center: Pam Foster, <a href="mailto:pamela.Foster@ahss.org">pamela.Foster@ahss.org</a></td>
</tr>
<tr>
<td>North Austin Medical Center: Lynn Moore, <a href="mailto:lynn.minearmoore@stdavids.com">lynn.minearmoore@stdavids.com</a></td>
</tr>
<tr>
<td>South Austin Hospital: Joan Minnick, <a href="mailto:joan.minnick@stdavids.com">joan.minnick@stdavids.com</a></td>
</tr>
<tr>
<td>St. David's HealthCare: Therese Clinch, <a href="mailto:therese.clinch@stdavids.com">therese.clinch@stdavids.com</a></td>
</tr>
<tr>
<td>Central Tx Medical Center: Pam Foster, <a href="mailto:pamela.Foster@ahss.org">pamela.Foster@ahss.org</a></td>
</tr>
</tbody>
</table>

This document is verification that the following listed instructor(s)/student(s) have completed the requirements set forth by the applicable network: St. David's HealthCare, Seton Family of Hospitals or Central Texas Medical Center. These include:

1) Immunizations as required
2) CPR (enter type such as BLS below)*
3) Orientation Requirements including HIPPA
4) Criminal background check (18 or older)
5) Employment verification 21 or over
6) All other forms/processes required by facilities under affiliation agreement and the guidelines found on http://ctxplacement.org/documents

* Only for college groups

Rotation Information

<table>
<thead>
<tr>
<th>Academic Institution</th>
<th>Program (i.e. ADN/HST)</th>
<th>Student Level (i.e. J1/Jr)</th>
<th>Semester / Year (i.e. Fall/2008)</th>
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<tr>
<th>Clinical Site for Rotation</th>
<th>Units / Depts for Rotation</th>
<th>Days / Times of Rotation</th>
<th>Start &amp; End Dates of Rotation</th>
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Instructor Information

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<th>Instructor</th>
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<tr>
<td>Name</td>
<td>Work Phone</td>
<td>Cell Phone/Pager</td>
<td>Email</td>
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**Instructor Information (cont'd)**

<table>
<thead>
<tr>
<th>Title of License/Registration/Certification</th>
<th>State of Issue</th>
<th>Expiration Date</th>
<th>License/Registration/Certificate #</th>
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**Student Information (List alphabetically by last name, then first name)**

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<tr>
<th>Last Name</th>
<th>First Name</th>
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MT _____
Access
Dictionaries