



# ORIENTATION HANDBOOK FOR STUDENT NURSES

ACADEMIC YEAR 2022-2023

## TABLE OF CONTENTS

Welcome ..... 1

General Information ..... 2

Patient Care and Safety ..... 4

Parking ..... 14

HIPAA Education ..... 15

KY Children’s Handbook ..... 21

UK HealthCare Ambulatory Services ..... 28



# WELCOME

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

---

Gwen Moreland, DNP, RN, NE-BC  
Chief Nurse Executive  
UK HealthCare



## MESSAGE FROM **NURSING PROFESSIONAL DEVELOPMENT**



Nursing professional development (NPD) is a vital phase of lifelong learning in which nurses engage to develop and maintain competence, enhance professional nursing practice, and support achievement of career goals (ANA, 2000). At UK HealthCare, the department of Nursing Professional Development is committed to facilitating the

ongoing professional development of nurses to support lifelong learning, advance professional nursing practice and optimize patient outcomes. We are dedicated to the highest standards of quality and safety in patient care, and the ongoing pursuit of evidence-based practice and practice improvement.

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

- Kathy Isaacs, PhD, RN NEA-BC  
Chief Nursing Officer  
Kentucky Children's Hospital  
Nursing Professional Practice and Development  
UK HealthCare  
Phone: 859-323-4192  
Email: kathy.isaacs@uky.edu
- Margie Summers  
Director of Enterprise  
Nursing Development  
Phone: 859-323-0433  
Email: margie.summers@uky.edu
- Elaine Smith, MSN, RN, NPD-BC  
Student Placement Coordinator  
Phone: 859-218-4903  
Email: Elaine.smith2@uky.edu



## MESSAGE FROM NURSE RECRUITMENT

A variety of flexible shifts and jobs are available to nursing students, including Nursing Care Assistant on-call positions and Clerical Assistant positions. Interested candidates may apply in person at the Nurse Recruitment office by filling out a short application. Excellent pay and a variety of shift options are available.

Additionally, nursing students may apply for the SNAP program (student nurse apprentice program) which takes place during the summer break. Applications for this student opportunity are usually available in January.

Welcome, and please stop by the Recruitment Office at Waller Avenue any time.

UK HealthCare Office of Nurse Recruitment  
Waller Healthcare Annex, Suite 108  
115 Waller Avenue  
Lexington KY 40508  
859-323-5851  
toll free 800-233-5851

This reference guide has been developed to orient and ensure that all students assigned to UK HealthCare have the information necessary to perform their responsibilities within this environment. An orientation will be provided to all undergraduate students by their faculty. Preceptors will provide the orientation for graduate students. This written guide outlines general information and basic procedures and is designed as a supplement to the general orientation session.

Please read this information carefully. If you have additional questions, please notify your instructor, preceptor, or Nursing Staff Development.



## PATIENT CARE AND SAFETY

### Patient Rights & Responsibilities

#### At UK HealthCare, the patient has a right to...

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

#### At UK HealthCare, the patient has a responsibility to...

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

## PATIENT CARE AND SAFETY

## LIVING DIREcT VALUES

DIVERSITY	INNOVATION	RESPECT	COMPASSION	TEAMWORK
<p>We foster a people-centered environment inclusive of all. We will always:</p> <ul style="list-style-type: none"> <li>• Respect differences of opinions.</li> <li>• Acknowledge the expertise of everyone.</li> <li>• Promote cultural sensitivity and social awareness.</li> <li>• Recognize unconscious biases and overcoming barriers.</li> </ul>	<p>We embrace continual learning and improvement to drive positive change. We will always:</p> <ul style="list-style-type: none"> <li>• Be visionary with a passion for discovery.</li> <li>• Continuously improve quality, safety, and service.</li> <li>• Commit to always being safe and error-free.</li> <li>• Achieve optimal outcomes with our expertise, research, and resources.</li> </ul>	<p>We value our patients and families, our community, our co-workers, ourselves, and the resources entrusted to us. We will always:</p> <ul style="list-style-type: none"> <li>• Foster a people-centered environment.</li> <li>• Demonstrate professional behavior and ethics.</li> <li>• Practice stewardship in resource management.</li> <li>• Commit to honesty, transparency, dependability, confidentiality, and trust.</li> </ul>	<p>We express empathy for the needs, thoughts, and feelings of those we serve and with whom we work. We will always:</p> <ul style="list-style-type: none"> <li>• Display kindness to everyone.</li> <li>• Do our best to relieve suffering.</li> <li>• Promote healing and well-being.</li> <li>• Embrace patient- and family-centered care.</li> <li>• Encourage a welcoming and caring environment.</li> </ul>	<p>We cultivate meaningful relationships to create positive outcomes. We will always:</p> <ul style="list-style-type: none"> <li>• Share information to optimize value.</li> <li>• Be accountable for our actions.</li> <li>• Embrace inter-professionalism during care delivery.</li> <li>• Include and empower all members of the team.</li> </ul>

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

**Cultural Awareness**

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

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

**Each Patient is Unique**

Always keep in mind that:

- Growth and development follow

general patterns. But every person grows and develops in his or her own unique way.

- Not every member of a cultural group may share all of its values, beliefs or practices.
- A patient may appear similar to you, but still be different from you in certain ways.
- Avoid stereotyping a patient – consider all the factors that may affect his or her care needs.

See [Policy HP08-06](#) for UK HealthCare: Cultural or Religious Impact on Patient Care



## PATIENT CARE AND SAFETY

---

### Hospital Policies and Procedures

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

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

If you need to find out information about an investigational drug, ask a nurse on the unit to assist you.

### Confidentiality

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

### Dress Code

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

### Identification

To create a safe environment for our patients, staff, and students, all students must wear a UK ID badge when in the clinical setting. Faculty will advise every student of the badge policy for UK HealthCare.

### Smoking Restrictions

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

### Communication Channels

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



## PATIENT CARE AND SAFETY

---

### Registered Nurse

- The patients you are assigned to during your clinical experiences will also be assigned to a staff nurse.
- This nurse will provide you with a report on the patient if your clinical begins after the unit report.
- Students should communicate any questions they have about their patient(s) or any problems their patient(s) may be having to the staff nurse.
- Students should give the staff nurse report on their patient(s) prior to leaving the unit.
- The staff nurse will serve as a resource to facilitate communication with other departments and services.
- Students should communicate patient related and staff/hospital related concerns to their instructor

### Infection Control

#### Hand Hygiene

- The cleansing of the hands by hand washing or through the use of antiseptic hand wash, alcohol-based hand rub, and/or surgical hand hygiene/antiseptics.
- Each employee, medical staff member and house staff of UK HealthCare is responsible for proper hand hygiene.
- **The Threshold Rule:** All health care workers must practice effective hand hygiene every time they “cross the threshold” of the patient’s room or bed space area, regardless of whether or not the intention is to actually touch the patient.

#### Effective Hand Hygiene:

- Includes washing with soap and water or alcohol-based hand sanitizer
- Soap and Water – when hands are visibly soiled, after using the restroom, before eating, or when caring for a patient with suspected or confirmed *Clostridium difficile*.
  - o Wet hands, use enough soap sufficient to cover hands, rub hands together for 15 seconds, rinse hands, dry with a paper towel, and turn off faucet with a paper towel.
- Alcohol-based Sanitizer – used in situation where hands are not soiled with dirt or contaminated with blood or other organic material.
  - o Apply a dime to quarter size portion of sanitizer into hand (enough to coat all surfaces of the hands and fingers), rub all over hands until dry.
- Nails
  - o Should be short enough to allow for thorough cleaning underneath them
  - o Should not be long enough to tear gloves
  - o Should never be artificial
  - o Only CLEAR polish permitted. Nail polish, if applied, shall be freshly applied and free of chips
  - o Lotion is provided in all nursing areas to assist in hand/skin integrity. An approved lotion is provided in all nursing care areas, which is compatible with other handwashing products used at UK HealthCare

### Infection Prevention and Control Information

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

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

## PATIENT CARE AND SAFETY

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

If the patient(s) you are assigned needs to be placed in precautions, resource information is located on the Infection Prevention and Control sharepoint site via UK’s CareWeb intranet.

### National Patient Safety Goals

1. Identify Patients Correctly
  - a. 2 patient identifiers (name and date of birth)
  - b. Verification of correct blood w/ each transfusion
2. Improve Staff Communication
  - a. Communicate critical test results in a timely manner
3. Use Medicines Safely
  - a. Label ALL medication in cups, bowls and syringes
  - b. Use caution w/ patients on blood thinners
  - c. Record and pass along correct information regarding patient meds
4. Prevent Infection
  - a. Use hand cleaning guidelines from CDC
  - b. Use guidelines to prevent infection
  - c. Use guidelines to prevent infection of central lines
  - d. Use guidelines to prevent urinary tract infection from catheters
5. Identify Patient Safety Risks
  - a. Identify patients most likely to commit suicide
6. Prevent Mistakes in Surgery
  - a. Correct surgery, correct patient, correct body part
  - b. Mark the patient’s body part w/ his or her help
  - c. Use Time Out before surgery/procedure for verification

### Needle Stick Prevention

To avoid a needle stick, **think safety:**

- Place needles and other sharps in a sharps container immediately.
- Do NOT recap needles.
- Do NOT place needles in trash or linen.
- Do NOT leave needles in bed or bedside tables.
- Do NOT overfill sharps container.

### Occupational Exposure

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

**\*New Transmission Precaution Signs\***



## PATIENT CARE AND SAFETY

---

### Ancillary/Ambulatory Departments

#### MRI Safety

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

#### Radiation Safety

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

### Interim Life Safety

#### Construction Safety

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

#### Hazardous Materials

- Depending on your assignment at the Hospital, you may use or work around hazardous materials, such as cleaning supplies and chemicals. These materials may adversely affect your health if they are not handled safely and properly.
- In the Hospital, hazardous materials are labeled to alert staff to the potential dangers. In addition, Material Safety Data Sheets (MSDS), which provide more detailed information and emergency response and spill procedures, are filed in the Hazard Communications Manual in your work area. Your instructor will provide you with information about the hazardous materials with which you may come in contact before you begin your duties.

#### Medical Waste

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

#### Chemotherapy Waste

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

#### Electrical Safety

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



## PATIENT CARE AND SAFETY

---

- All electrical equipment used in UK Hospital must be inspected by Clinical Engineering before it is used. This includes patient, employee, and hospital owned equipment. Equipment which is safe to use in patient care areas is tagged with a green sticker and must be within the annual inspection date on the label.
- Patient owned electrical equipment is prohibited in patient care areas except when its use is essential to patient care. Exception: up to date razors and hair care equipment may be used.
- Responsibilities of caregivers when using electrical equipment:
  - o Make sure Inspection Sticker is labeled 100 microamps or less and is within the inspection date.
  - o Check the equipment for signs of damage or malfunction. If present, unplug the equipment. Call Clinical Engineering. Complete an orange equipment failure tag.
  - o Remember that electricity and water do not mix!
  - o Do NOT touch electrical equipment, plumbing, or metal fixtures when touching another appliance.
  - o If several pieces of equipment are attached to a patient, they should all be plugged into the same group of outlets.
  - o If equipment blows a fuse, call Clinical Engineering so that they can determine reason.
  - o All equipment in patient care areas must have a 3-prong plug and a 3-wire grounding cord. Patients may use radios, etc., using the battery but may not plug into outlets.

### Equipment Failure

Inspect medical equipment each time you use it. If you have a problem:

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

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

### Incident Reporting

UK Healthcare seeks to provide a safe environment for patients, visitors, and employees; the Hospital seeks to improve the quality of patient care, and to reduce the liability regarding occurrences. In order to accomplish these goals, the Hospital requires healthcare workers to report all unusual occurrences regarding patients, visitors and employees and to act in compliance with established regulations.

Each occurrence must be reported at the time it is discovered to guarantee that the information is accurate and complete. Faculty and students will be responsible for immediately notifying the Unit Manager (or designated nurse leader if unavailable) upon recognizing a reportable occurrence. Faculty should also notify the student placement coordinator if an incident report has been filed. Students should communicate patient related and staff/hospital related concerns to their instructor.

Reportable incidents include, but are not limited to:

- Falls
- Exposures (blood, body fluids, chemical or airborne)
- Sharps injuries (including needle sticks)
- Lacerations
- Contusions
- Back injuries

## PATIENT CARE AND SAFETY

---

- Burns
- Equipment malfunction
- Medication errors
- Any variation in standard procedures or practice that increases risk of results in injury
- Verbal or physical assault to an employee, faculty and/or student

### Codes

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

For your information and convenience, a list of pertinent codes is outlined below:

**CODE RED:** Fire or fire alarm

**CODE BLUE/PEDIATRIC CODE BLUE:** Cardiac arrest

**CODE PINK:** Missing infant or child

**CODE YELLOW:** Community or mass casualty disaster

**CODE PURPLE/ASSISTANCE PLEASE:** Combative patient

**CODE BLACK:** Bomb Threat

**TORNADO WARNING, PHASE II:** Tornado has been spotted in area.

**CODE SILVER:** Active Shooter

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

### Fire Prevention and Management – Code RED

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

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

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

If you discover a fire in the area: RACE

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

## PATIENT CARE AND SAFETY

---

### Adult/Pediatric Code – Blue

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

Dial 3-5000 at Good Samaritan Hospital select option 1 and tell the operator that you are calling a code blue, your name, patient location

### Infant/Child Abduction – Code Pink

#### 1. Security Measures for inpatient infant and children

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

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

#### 2. Transporting an infant

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

#### 3. Student Responsibilities

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

### Bomb Threat Plan – Code Black

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

### Tornado Warning

If a tornado warning is announced:

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

### Assistance Please – Code Purple

If a patient or visitor becomes combative, you should immediately page for help.

1. Call emergency paging at 3-5200.
2. Give the operator your name, telephone number, and "Assistance Please" location.
3. If the patient or visitor has a weapon, call 911.





---

### Code Yellow – Stand By

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

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



### Birthing Center and KCH Symbols

The University of Kentucky Birthing Center and Children’s Hospital use the symbol of a butterfly as an indication that someone has suffered a loss of a pregnancy, infant, or child. This sign will be placed on the patient’s door.

### Report

Patients cared for by students are assigned to a staff nurse as well. This nurse will provide your students with a report on the patients if your clinical begins after the unit report. Students should communicate any questions they have about their patient(s) or any problems their patient(s) may be having to the staff nurse. **Students should give the staff nurse report on their patient(s) prior to leaving the unit.** We use The Joint Commission sanctioned acronym “S-B-A-R” for safe patient handoff:

- Situation
- Background
- Assessment
- Recommendations

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

### Health Information Resource Library

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

## THANK YOU

We hope your clinical experience provides you with many educational experiences that enhance your professional education. We appreciate the opportunity to partner with your nursing school to provide this clinical site for your continued learning.

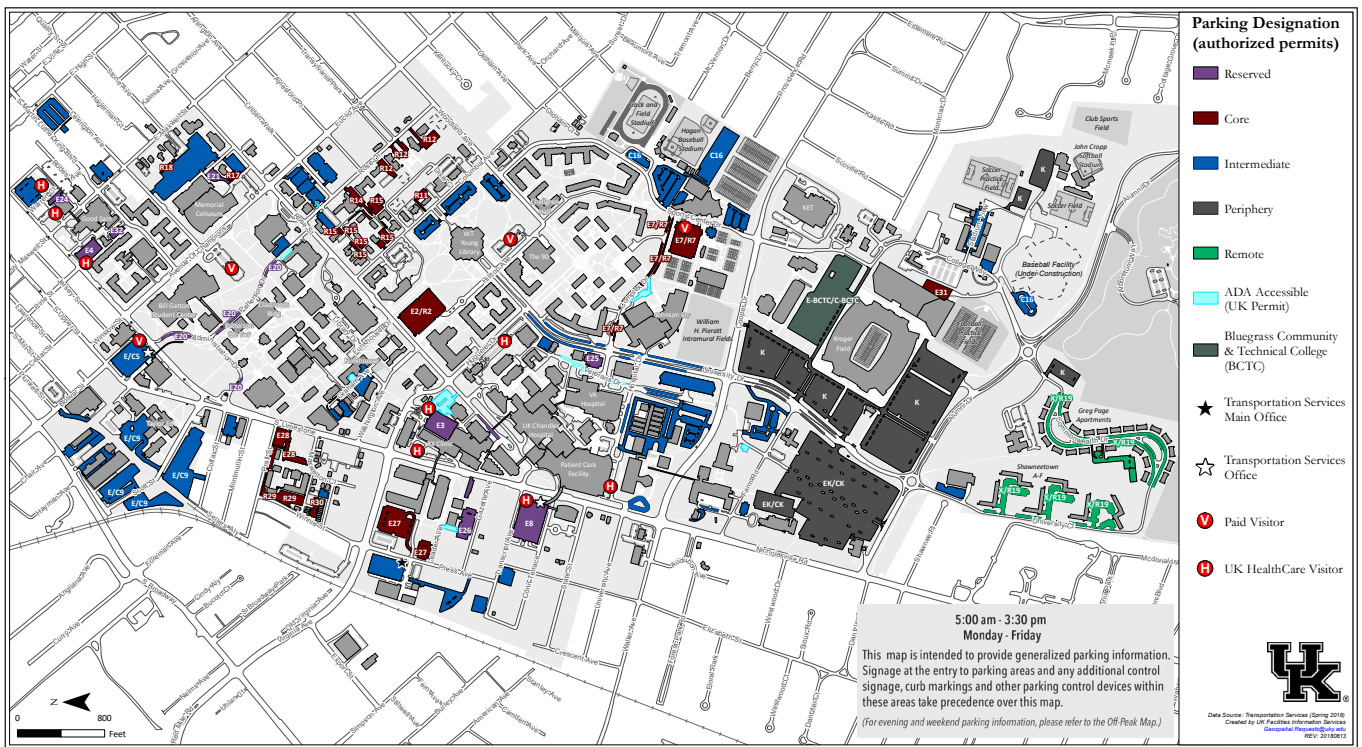
# PARKING

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

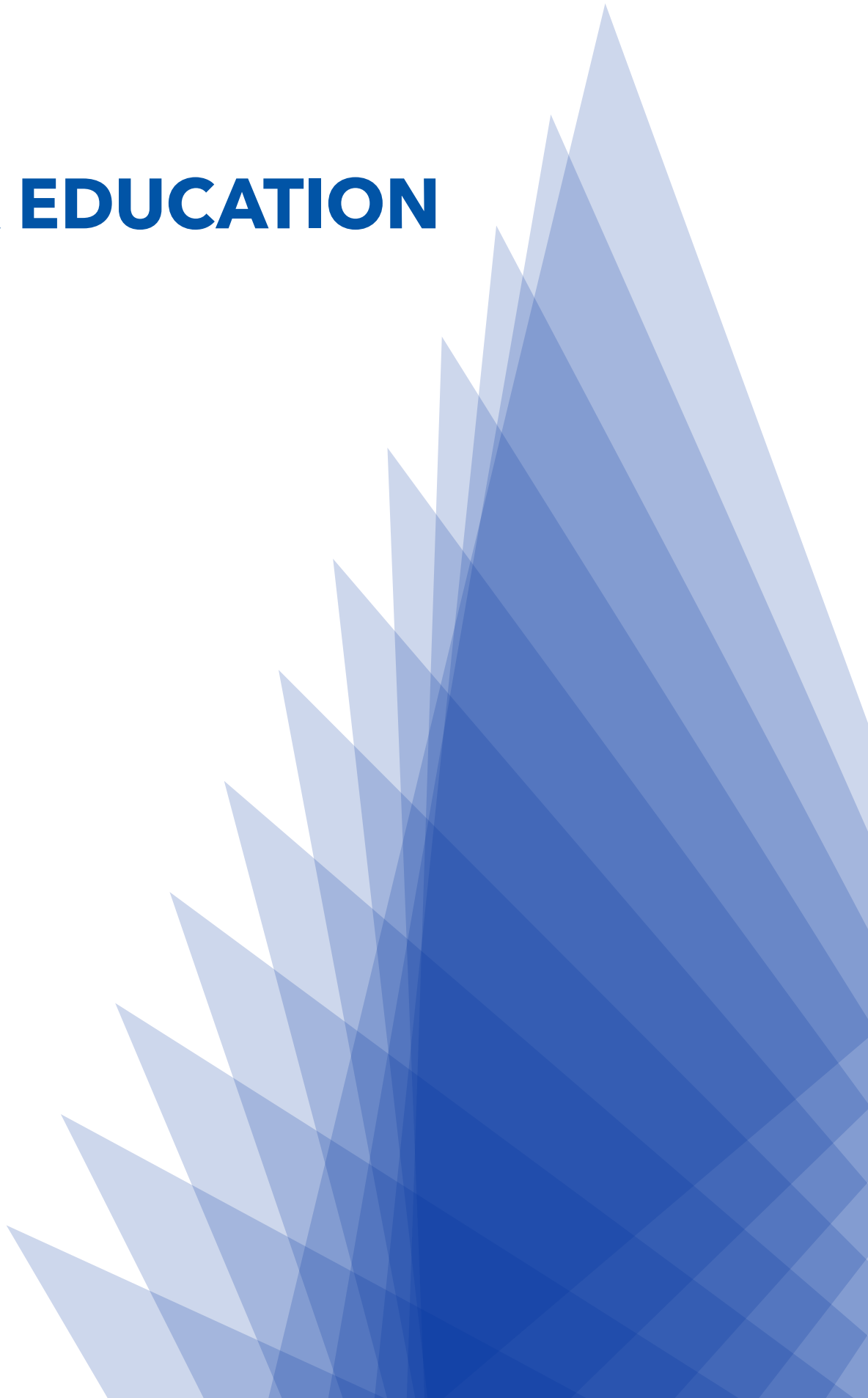
Faculty members are eligible for an E parking permit; non-UK College of Nursing faculty should apply for a “Visiting Professor” parking permit. Permits can be obtained at Parking Structure #6, located on the corner of Virginia and Press Avenues. Students who plan to drive may apply online for a student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

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

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



# HIPAA EDUCATION





## HIPAA Education

### What does HIPAA stand for?

H – Health

I – Insurance

P – Portability

A – And Accountability

A - Act

The federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, along with state law, mandates the privacy and security of Protected Health Information (PHI); the portability of health insurance and simplification of electronic billing.

### Components of HIPAA

- 1.) Transactions (codes used in billing)
- 2.) Privacy
- 3.) Security

### What is the purpose of HIPAA?

- Protects the privacy of an individual's health information
- Ensures physical and technical security of an individual's health information
- Governs the use and disclosure of an individual's health information for treatment, health care billing, research, marketing and other functions.

### What are the benefits of HIPAA?

- **Privacy Notice** – The University of Kentucky will be required to notify individuals in writing how their Protected Health Information may be used and disclosed.
- **Accounting of Disclosures** – A history of non-routine disclosures – those other than treatment, payment and health care operations, or those for which authorizations have been obtained – must be provided to individuals upon their request.

**Recourse** – Individuals may file formal complaints with the University via the Privacy Officer or the Department of Health and Human Services Office of Civil Rights.

**Access** – Individuals will be able to access, inspect and get copies of their medical records, and also may request amendments to those records.

**Restrictions** – Individuals will have the right to request restrictions on the uses and disclosures of their information. The University of Kentucky may refuse such a request on grounds that we could not accommodate the request.

Example: Mandatory reporting of gunshot wounds

### **Why do you have to take HIPAA training?**

- Federal law requires this training. Observance of HIPAA regulations is the way we will conduct business in the future.
- This is the first stage of HIPAA training. You may require additional training specific to your area at a future date.

### **Who is required to comply with HIPAA?**

All health plans, clearinghouses and health care providers who conduct business electronically, must comply with the standards. These groups are referred to as “Covered Entities.”

Covered Entities include:

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

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

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

### **The Privacy Rule**

The HIPAA Privacy Rule establishes minimum safeguards to protect confidentiality of an individual’s health information. STATE LAWS, WHICH PROVIDE STRONGER PRIVACY PROTECTIONS FOR INDIVIDUALS, WILL STILL APPLY INSTEAD OF THE FEDERAL PRIVACY STANDARDS.

The HIPAA Privacy Rule protects:

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

### **What is Protected Health Information?**

Protected Health Information is commonly referred to as PHI.

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

### **What information is included in PHI?**

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

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

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

Whenever:

- The information relates to the person's physical and mental health, provision of health care or payment for health care
- The information will identify, or could be used to identify, the subject of the information, and UK HealthCare HIPAA Education
- The information is transmitted or maintained in any form or medium.  
Examples: fax, computer files, paper records

### **ALWAYS REMEMBER...**

- All information regarding an individual's health care is confidential. DO NOT share this information with your friends, family or neighbors. In other words, if you learned it through your work or other associations with UK, it is considered private.
- You also must be careful about where and when and with whom you share information required to perform your job. Share information only with co-workers who HAVE a legitimate need to know for treatment, payment or health care operations. Hallways, break rooms, elevators, the shuttle and parking lots, for example, are not appropriate places to share PHI.

### **The Security Rule**

What is information security?

- Maintains confidentiality, integrity, availability and privacy of employee, patient, physician, research subjects and University information
- Applies to all information – electronic, paper, or spoken-that is created, communicated, stored or processed by your office, department, hospital or school

### **UK and the Security Rule**

Guidelines:

If you have access to written or electronic confidential health information, you may be asked as a condition of your affiliation with UK, to sign a confidential agreement.

### **“You” and the Security Rule**

How do you secure the various types of protected health information you encounter on a regular basis?



**PAPER**

- Only authorized personnel generate or copy confidential documents.
- Confidential documents must not be left in areas accessible by unauthorized persons.
- Confidential documents must be disposed of in a confidential recycling bin, shredded, or rendered unreadable.
- Patient medical records must not be taken home or to any non work-related place.

If in doubt about confidentiality of a document, handle as if confidential.

**COMPUTERS**

- Use a unique password
- Do not share your password
- Store laptops, PDAs, floppy disks and CDs in a secure location when not in use
- Log out when leaving a workstation\*
- Sign off applications WHEN leaving your workstation
- Use only password-protected portable computing devices
- Do not download unauthorized software from the Internet

\* If you have an exception, contact the Compliance Office at 323-6044

**TELECOMMUNICATIONS**

- Devices such as cordless phones, cell phones, pagers, faxes and intercoms
- At UK confidential information can be communicated by phone and fax
- Use a cover sheet that includes a confidentiality statement to indicate who is to see the fax
- Prior to sending the fax, notify the person to whom the fax is being transmitted
- The sender is responsible for keeping receipts of fax transmissions

**Securing the physical environment in which you work**

- Keep records and protected health information in secure areas
- Dispose properly of confidential or protected health information (shredding or placing in secured recycle bins)
- Ensure that unauthorized individuals cannot see protected health information on your computer screen, fax machine, or in your work area

**Why do we need to be so careful?**

- A New York State congressional candidate's past suicide attempt was made public during the election. She won the election and sued the hospital for failing to maintain the confidentiality of her medical records.
- An employee of a large Blue Cross/Blue Shield plan obtained unauthorized access to the medical records of a friend's ex-wife and sent them to the friend.
- A bank member of a state health commission accessed a list of local cancer patients and cross-referenced it to a list of his customers. He then called in their loans.
- A Tampa, Florida man stole a list of 4,000 HIV-positive patients from a state health worker and sent the list to the Tampa Tribune, which did not publish it. The man was found guilty and sentenced to jail.

### **Why is this important to you?**

You are responsible for securing PHI and keeping it private. If you don't you may be liable!

The University of Kentucky will not be responsible for individual employee penalties if the breach was intentional or happened outside the scope of the individual's job responsibilities.

### **What else do you need to know?**

The University of Kentucky will facilitate compliance with the HIPAA regulations through electronic monitoring of computer access to PHI, and by conducting physical inspections of University areas that handle confidential health information.

### **What are the penalties for non-compliance?**

Disciplinary action by the University of Kentucky: up to and including termination of employment or expulsion from the academic program

#### **Federal Civil penalties:**

\$100 per violation, up to \$25,000 per person, per year, for each requirement or prohibition violated

#### **Federal Criminal penalties for knowing violations:**

- Up to \$50,000 and one year in prison
- Under "false pretenses" – up to \$100,000, and up to five years in prison
- Intent to sell, transfer or use – up to \$250,000 and up to 10 years in prison

### **What should you do if you see violations?**

- Tell your supervisor or academic advisor, who will investigate the situation
- If you are not comfortable telling your supervisor or academic advisor, contact the
- Compliance Office at 323-6044 or by email at [mches@email.uky.edu](mailto:mches@email.uky.edu)
- Violations also may be reported anonymously to the ComplyLine-(877) 898-6072

**KY CHILDREN'S  
HOSPITAL  
HANDBOOK**



## Resource Information

### Overview

The KCH is composed of a Neonatal Intensive Care unit located on 1<sup>st</sup> floor of Pavilion HA with entrance in Pavilion A, a Pediatric Intensive Care Unit/Cardiac Intensive Care Unit on 4<sup>th</sup> floor of Pavilion H, a Pediatric Progressive Care Unit, 4 North, an Acute Care Area, (4 East & 4 West in Pavilion HA), an Outpatient and Children's Sedation and Procedural Unit (Ground floor entrance in Pavilion A).

The Neonatal Intensive Care Unit (NICU) is a seventy-bed unit for high risk neonates, providing Level IV and intermediate care for the newborn. The nurse to patient ratio varies 1:1 up to 1:3. We also have a Neonatal Abstinence care unit that has 8 care by parent beds.

The Pediatric Intensive Care Unit (PICU)/Cardiac Intensive Care Unit (CICU) is a twelve-bed unit for critically ill children, who need constant monitoring and frequent assessment with or without technical life support. Diagnoses in the unit may include trauma, complex medical and surgical conditions including renal failure, respiratory illness, and congenital heart disease. Nurse to patient ratio is 2:1, 1:1, or 1:2.

Kentucky Kids Crew is a specialty team that provides inter-facility (hospital-to-hospital) critical care transportation for both neonatal (newborn) and pediatric patients. The team of nurses and emergency medical technicians is directed by neonatologists and pediatric intensivists. Transportation can be either ground/ambulance or flight/helicopter service.

A 12 bed Pediatric Progressive Care Unit is located on the 4 North wing for care of pediatric patients requiring an intermediate level of care, including frequent monitoring and assessment. The patient population includes: telemetry, trauma, medical/surgical care, and video epilepsy monitoring. Nurse to patient ratio is 1:3.

The 4 East Wing is a 21-bed Medical/Surgical unit caring for newborn-adolescent patients.

The 4 West Wing is a 22-bed unit. Patients with blood disorders or childhood cancers; as well as young adult patients treated with pediatric cancer therapy protocols are admitted to this unit. Pediatric diabetic patients as well as general medical/surgical patients, age newborn-18 years, are admitted to this unit.

The Outpatient/Children's Sedation & Procedural unit provides care for children who are receiving therapeutic IV infusions or outpatient procedures and other treatments/tests requiring sedation and recovery.



## Patient Care Philosophy

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

## Core Concepts of Family Centered Care

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

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

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

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

**Adapted from:** Johnson, B. H. & Abraham, M. R. (2012). *Partnering with Patients, Residents, and Families: A Resource for Leaders of Hospitals, Ambulatory Care Settings, and Long-Term Care Communities*. Bethesda, MD: Institute for Patient- and Family-Centered Care.

For further information refer to: © Institute for Patient- and Family-Centered Care • 6917 Arlington Road, Suite 309, Bethesda, MD

<http://www.ipfcc.org/faq.html>

### **Collaborative Practice**

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

### **Management**

Accountability and responsibility for nursing care are organized within the Children's Service Line. Each unit has a Patient Care Manager and Assistant Patient Care Manager who work closely with their staff. A Divisional Charge Nurse is on site 24/7, to facilitate admissions, make decisions regarding bed utilization and coordinate staffing needs. An Assistant Chief Nurse Executive and two Service Directors facilitate quality care across the service line and represent the KCH throughout the UK HealthCare Enterprise.

### **Child Life Program and the Hospital Teacher**

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

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

### **KCH Health Education Center**

The Kentucky Children's Hospital Health Education Center offers a quiet and engaging space for parents, family members, friends and patients away from the bedside. Our experienced staff support the teaching done by the medical care team as families learn about the health problem and its treatment, what they need to do, and why it's important. Free written materials, models and visual media are available for review so families can confidently transition back to their lives at home when ready for discharge. Our hours are currently 10-4:30, Monday-Friday and we are located in the Kentucky Children's Hospital lobby by the main elevators and NICU entrance.

### **Pediatric Code Blue and Rapid Response Team**

A Pediatric Code Blue is called by pulling the Code Bar (in patient rooms) or pressing the red Emergency button (in support areas) on the nurse call system. To activate the Pediatric Code team, dial 3-5200 # 1, and request the Pediatric Code team for the specific location including patient room number with prefix (e.g. 4 West or 4 East, HA 4xx or 4 North, N 4xx).

Pediatric Rapid Response Team is activated by calling 3-5200 # 1 and requesting the **Pediatric** Rapid Response Team for the specific location including patient room number with prefix (e.g. 4 West or 4 East, HA 4xx or 4 North, N 4xx).

### **Pain in Children**

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

### **Patient Confidentiality**

Please stress the importance of patient/family confidentiality with students. A consultation room is available for patients, families, nursing staff and physicians to talk privately. Patient charts should be placed in closed chart areas at the pods and the electronic patient records must be logged off by the individual users before leaving the computer station. Remind students to refrain from discussing patient care situations in public areas and on social networking sites.

### **Quiet Time**

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

### **Infant / Child Security**

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

All units of KCH have “restricted access”. A UK Healthcare ID badge is required to access these units. Your faculty and student ID badges will be configured in the Security office to gain access to these restricted areas. All visitors to the KCH must check at the main entrance of KCH in Pav A to gain access to the units. Parents or guardians of patients are not considered visitors and are given green armbands to wear during their child’s hospital stay. We encourage all to be vigilant and observant for those without a hospital badge, parent armband, or visitor sticker. If someone attempts to enter the unit without the necessary identification, please take them to either the KCH main entrance desk.

Always be aware that there is a risk of a child being abducted. Question people without proper identification, ask them to identify themselves, and tell you why they are on the unit. Direct any suspicious activity to the KCH Divisional Charge Nurse (DCN), HA 411. If you suspect that an infant or child is missing, immediately notify the KCH DCN and Security. A “Code Pink” overhead page indicates that an infant or child is missing and staff respond by directly observing activity in hallways, stairways and elevators.

Each patient room in Acute and Progressive Care has a supply cart that is accessed by keypad entry. Ask a nurse on the unit for the current access number. ***Have a great year and let us know if we can assist you!***

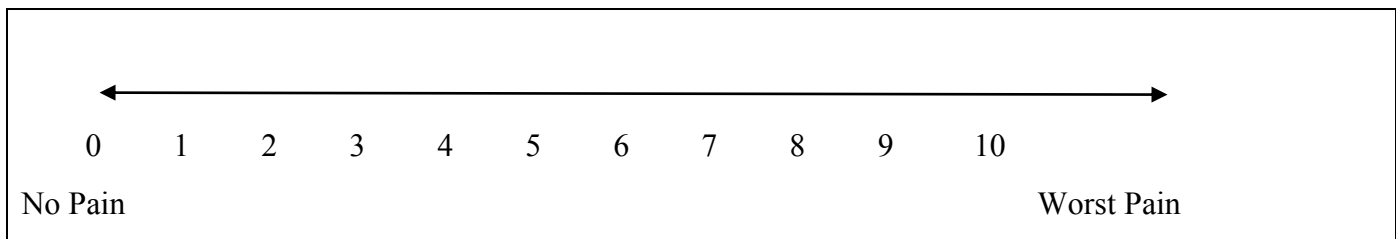
### Wong-Baker Faces Pain Rating Scale



#### Wong-Baker Faces Pain Rating Scale:

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

### Visual Analog Scale



#### Visual Analog Scale:

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

**FLACC Non-Verbal Pain Assessment Scale**

Face	0 No particular expression or smile	1 Occasional grimace or frown, withdrawn, disinterested	2 Frequent to constant frown, clenched jaw, quivering chin.
Legs	0 Normal position or relaxed	1 Uneasy, restless, tense	2 Kicking or legs drawn up.
Activity	0 Lying quietly, normal position, moves easily	1 Squirming, shifting, back and forth, tense	2 Arched, rigid, or jerking
Cry	0 No cry (awake or sleep)	1 Moans or whimpers; occasional complaint	2 Cries steadily, screams, sobs, frequent complaints
Consolability	0 Content, relaxed	1 Reassured by occasional touching, hugging or talking to, distractible	2 Difficult to console or comfort.

**FLACC Non-verbal Pain Assessment Scale:**

- This scale can be used with very young children or children who are unable to speak due to injury, drugs, and treatments.
- Assign a numerical score to the designated observations.
- Record the score in the designated place in the SCM documentation system. A low total score indicates a low or acceptable level of pain and a high score (maximum score = 10) indicates the most pain.
- Intervene if pain is not at an acceptable level & document in SCM
- Reassess pain within 60 minutes and document in SCM



# UK HEALTHCARE AMBULATORY SERVICES



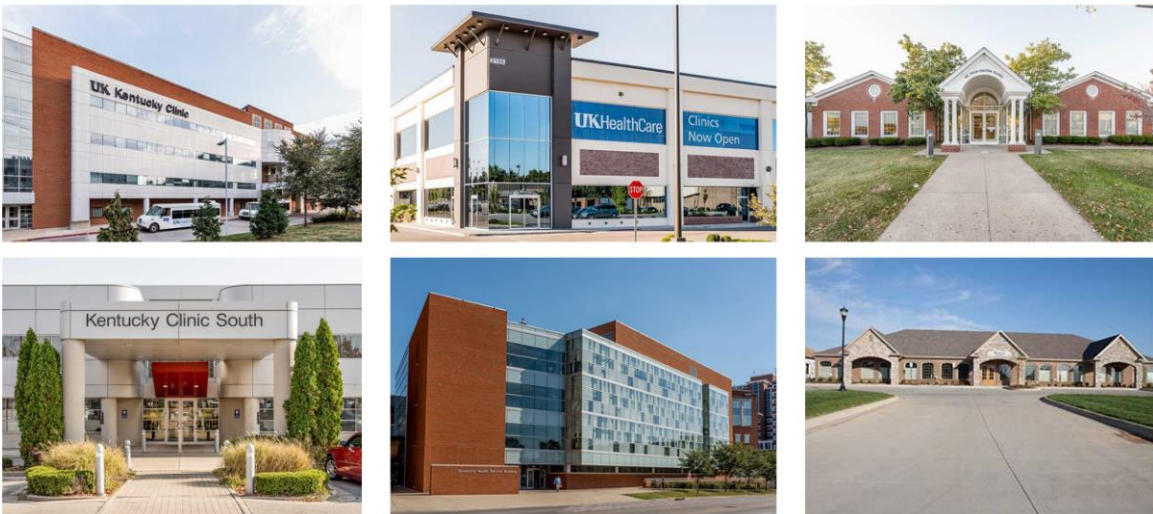
## Ambulatory Services

Welcome to Ambulatory Services at the University of Kentucky! With such a vast ambulatory system and a wide variety of primary care and specialty locations, this setting is a wonderful opportunity for student nurses.

### Introduction

There are UK HealthCare clinic locations throughout the state. The clinics provide a plethora of services, including primary & specialty care, rehabilitation, observation, and outpatient surgery. Within the clinic, nurses may be responsible for patient care, telephone triage, order entry, and follow-up.

### Locations



### Leadership

In most cases, clinical staff report to the Ambulatory Nurse Manager. However, staff in clinics without an Ambulatory Nurse Manager report directly to the Practice Manager. An Assistant Chief Nurse Executive represents Ambulatory Services as well.

### Electronic Medical Record

The clinics use EPIC as the primary Electronic Health Record (EHR) in ambulatory. Under no circumstances will the student chart in the EHR utilizing a staff member's login.

### **Medication Administration**

To ensure the safety of all our patients, barcode medication administration is utilized in the ambulatory care setting. Medications should be administered under the supervision of a licensed nurse only.

Students should follow the rights of medication administration:

- Right medication
- Right dose
- Right time
- Right route
- Right patient
- Right documentation

Medications prepared in advance and taken into patient exam rooms should be adequately labeled with medication name, dose, and expiration date along with current date and initials of the person preparing the medication. Before administering the medication, patients should be verified with two identifiers, name and date of birth.

See list of Medication Policies in Faculty Orientation Handbook.

### **Point of Care Testing**

There is a variety of Point of Care (POC) testing performed in the ambulatory setting. POC tests are diagnostic tests that are performed in the clinic to provide results within minutes, such as glucometer, strep, and urinalysis. Accreditation agencies require initial training and ongoing competencies for anyone performing patient testing. Faculty and students that have not completed training and competency may not perform POC testing in the clinics. Federal regulations also mandate the person performing testing must be the person documenting results in the medical record. Students should never document on another user's account. Students will be able to shadow and observe trained personnel perform and document POC testing and results.

### **Emergencies**

In the event of a medical emergency, the first responder should stay with the individual and staff should call **323-6215** immediately to notify Emergency Dispatch of a medical emergency. According to Enterprise Policy #A02-055, UK HealthCare facilities beyond hospital campus but within Fayette County should utilize 323-6215. UK HealthCare facilities outside of Fayette County should call **9-1-1** in the event of a medical emergency.

Ambulatory Services follows all other UKHC emergency codes. There is no overhead paging system, but there may be a telephone intercom system in the clinic that is used to communicate emergency code information. Students should be familiar with the location of emergency equipment, including code carts (if applicable) and AEDs.