

University Of Colorado Hospital
Agency and UCH Traveler Pre-Orientation Instructions

Welcome to the Anschutz Medical Campus and the University of Colorado Hospital Anschutz
Inpatient Pavilion (AIP)

General Information:

- The campus is located on the corner of Peoria and Colfax in Aurora.
- The Leprino Office Building is located at 12401 E. 17th St Aurora 80045. The AIP is located south of the LB on Colfax and Peoria. The Resource Office, managed by Favorite Nurses (phone 720-848-2617) is located in the AIP (1st floor near the west entrance).
- Park in the pay visitor lot NORTH of the LB or the first floor of the parking garage (\$5). You can get a voucher from Human Resources located in the Leprino Building 6th floor from 0730-1630.
- Be on time for all classes. Strict adherence to the Professional Appearance Policy will be enforced. NO DENIM.

The Orientation Process:

Orientation incorporates pre-orientation packet, computer system orientation, in class instruction on patient safety initiatives and unit orientation.

- **Pre Orientation Paperwork:** The pre orientation packet is accessible online. Complete and bring ALL signed documents to Tuesday's Orientation class. RNs will complete the UCH Telemetry and medication tests on site prior to class, agency before class and UCH travelers Tuesday am with HR appointment at 0700. Passing score is 92%. Test failure results in contract termination.
- **DAY 1: (Monday) Computer Class** (in Anschutz Inpatient Pavilion Rm 1130, located in the back hallway of the main floor of the hospital, across from the chapel and gift shop): Medsurg and ICU RNs attend Monday *Care Manager*. Class includes *Admin Rx* (medication delivery per barcode 730-1145) then *HED documentation* from 1230-1630. Note: ED, Women and Infant, Perianesthesia/OR and clinic RNs will attend unit-based computer documentation training arranged with the unit educator.
- **DAY 2: (Tuesday) Clinical Orientation Class** (Leprino Building, 12401 E. 17th Ave, Aurora 80045 on the 6th floor): All staff must attend clinical orientation class, except for OR staff as this is done in your department.
 - **UCH Travelers meet in Human Resources on 6th floor at 0700 (testing/HR paperwork).**
 - All travelers and agency RNs meet in Professional Resources on 6th floor for **Clinical Orientation Class at 0830**. Content includes Patient Safety Initiatives (pain, fall, restraint and specimen management, emergency response) and equipment review (pumps, glucometer, blood products/specimen management) and more. Bring completed pre-orientation material to class.
 - You will receive your computer codes, unit orientation packet, instructions for payroll. It is highly suggested that you take advantage of the computer lab from 1-430 to work on healthstream orientation modules.
 - Contacts: Chris Hazelton, Clinical Nurse Educator 303-266-4220/720-848-6657
Erica Velasquez, Traveler Recruiter 720-848-6807

- **DAY 3-4: Unit Orientation:** Agency RNs are scheduled ONE 12 hr shift (scheduled by you, through your company), while Traveler RNs are given TWO shifts (scheduled by your unit). The goal for this time is to initiate your skill verification checklist, to orient you to the unit and our processes.
 - You are responsible for completing the **Unit Orientation Packet** (the competency master list (MS, ICU, ED, NICU, W7I, ambulatory) and **individual competencies**. Although initiated during this precepted shift, you have a total of 6 shifts to complete it. The Orientation contract is completed on day 1 and returned to unit educator/manager. The evaluation of preceptor is given to the charge nurse. Agency should store them in their mailboxes in and return all paperwork to the resource office.
- **Mandatory Healthstream Orientation Modules:** You will be assigned RN modules in accordance to your area: MS, ICU, ED etc. These modules contain JCAHO safety training as well as UCH policy-based training. Additionally, throughout the year, RNs are assigned new modules based on clinical care updates. You will be notified of these through the Resource Office Newsletter (emailed monthly) or your agency.
 - **UCH Travelers should confirm if they can do this from home with their unit educator/manager. Deadline is 30 days.**
 - **Agency are approved to do healthstream from home. All modules must be completed before your first independent (no-orientation) shift. Contact the Resource Office when completed.**

Contact: Resource Office at 720-848-2617 or Chris Hazelton 303-266-4220 (pager)

Documentation of Acknowledgment

Document	Initial
Agency/UCH Traveler Pre Orientation Instructions	
Agency General Pre-Orientation Department Checklist	
Vehicle Registration Form	
Security ID Badge User Agreement	
Pyxis Application	
Computer User Security Statement	
Self Assessment	
Common Goals	
Code of Conduct	
Confidentiality Statement	
Policies and Procedures Acknowledgment	
Traveler Job Description (Travelers only)	
Professional Appearance Policy	
Resource Office Unit Guidelines for Agency Staff (Agency/Floats Only)	
UCH Campus Map	
Stacking Diagram	
UCH Agency Payroll Process and Kronos Time Clock Instructions	
Exploring HUB; the internet for UCH	
Clinical Workstation Guide	
Healthcare Team, Certified Nursing Assistant/Advanced Care Partners	
Cisco Phone	

I acknowledge that I have read the above components of the Agency/UCH Traveler Pre Orientation Packet. I will print the items in grey and bring to Tuesday Orientation class.

(Name)

(Company)

(Date)

(Signature)

(Title)

University Of Colorado Hospital
Agency General Pre-Orientation Department Checklist

This document reviews basic orientation material for all agency staff and temporary UCH travel RNs. Please read before your scheduled UCH clinical orientation. Bring the completed document to class. While we invite your questions, the content will not be repeated. The trainer will provide updates as needed.

TOPIC	CONTENT	Initial
Environment of Care	UCH is Colorado’s leading teaching hospital, providing clinical experiences for medical, nursing and health care students. As a Magnet hospital, designated for nursing excellence and focused on evidence based practice, nurses take an active role in our mission—care, teaching and research. We practice patient/family centered care: many serve on advisory committees, we support open visiting hours. We strive to provide a quiet, healing environment. RNs and CNA/ACPs carry cell phones which are tied into the call light system. We are a non smoking campus.	
Computer Codes	<p>You are issued access to several patient-oriented computer applications. Call the help desk at x84000 (2) for assistance.</p> <p>UCH Domain: The IT department issues your UCH username/ passwords for accessing medical records/charting in the EMR (Care Manager-in patient, Medexplorer, Clinical Workstation-outpatient), accessing the UCH internal web page (“The HUB”) (ie policies-procedures, directory, pager numbers/text messaging, occurrence reporting via PSN). User name is based on your last name and first initial</p> <ul style="list-style-type: none"> ❖ In patient RNs document in Care Manager ❖ ED use IBEX ❖ OB uses OBEX ❖ OR uses Centricity <p>UCH email is issued to all RNs. Access/read it weekly for important updates.</p> <p>Pyxis codes are issued by Pharmacy after you complete/fax your access form. The form is included in this packet and will be processed in Tues class. Agency access expires one year from hire; travelers this happens on your contract expiration date. Extensions require another form with new expiration dates.</p> <p>Healthstream. Access: user name (your ID# on your badge); password (your full last name). To access from home, go to www.uch.edu and follow the “employee links”. Agency must inform the resource office at 720-848-2817 of completion in order to pick up first independent shift.</p>	
Appearance Policy	All staff wear colored scrubs to identify their role. RNs wear Royal blue scrub tops and royal/black pants including agency NICU. Exceptions: PACU, OR wear hospital-issued green scrubs. ED wear red , black or grey . CNAs wear ceil blue , ACPs teal , transport navy . UCH travelers can buy the scrubs online w the embroidered seal; agency wear plane scrubs. Cover ups must be same color as top. Tshirts without logos are okay under scrubs. Shoes must cover toes; no crocks. Small ankle tattoos, 3 ear/small nose piercing. NO DEMIM please. Staff will be sent home to change without pay.	

TOPIC	CONTENT	Initial
Security	<p>UCH ID badges are worn by all staff. You will receive your badge on Tuesday. Your badge allows access to doors, elevators, parking lots, and payroll.</p> <ul style="list-style-type: none"> ❖ Agency RNs are issued affiliate (external) blue badges; UCH travelers are gold (employees). ❖ UCH travelers can use badge for dining charges after 3 days. <p>Belongings should be secured in designated unit lockers-do not leave them unattended in care team areas.</p> <p>Phone Numbers. Report theft/non emergencies to x87777 and x911 for urgent matters like fire, outpatient area codes, or security issues.</p>	
Parking	<p>Orientation Parking: \$5/day visitor lot is located NORTH of the Leprino Building. You can get a voucher from Human Resources before 5p.</p> <p>Employee parking is restricted: Park ONLY where you are instructed. Do NOT park in other lots, as your badge will not grant you access, attendants will redirect you and you may be ticketed.</p> <ul style="list-style-type: none"> ❖ New UCH travelers park in the dirt lot near the VA at 17th and Quentin St. ❖ Agency park in the west surface lot at Quentin St. ❖ Escorts are available at the AIP front desk for day staff leaving in the dark. Direct parking concerns/questions to UCH.parkingquestionsandrequests@uch.edu. 	
Payroll	<p>All payroll is done with your badge through the Kronos time keeper. We do NOT accept written time slips.</p> <ul style="list-style-type: none"> ❖ All agency float through resource office so use the FLOAT procedure on the time clock (F1) and enter the 4 digit cost center of the unit (locate in the time clock or on the desk in the resource office and in your packets). Edits (no lunch, stayed late, cost center error etc) are documented in the <i>Agency Kronos book</i>, located on Gretchen's desk. ❖ UCH traveler badges are unit-specific. Unless floating, just swipe in and out. Edits are done on your home unit. ❖ Kronos allows for a 7 minute window on either side of your shift. Be mindful of not clocking in early as this puts you into over time prior to your shift starts. 	
Shifts	<p>MS and ICU shifts are 12 hrs, starting at 0700-1930 for days and 1900-0730 for nights. Do not clock out for your 30 min lunch break.</p>	
Schedule	<p>Agency staff schedules are processed by your agency, who will notify our Resource Office at 720-848-2617. Call your company 2 hrs before your shift for unit assignments/RO travelers call the RO. (See attached RO norms).</p> <p>Since UCH Travelers are unit based schedule/requests are processed by your home unit.</p>	
Assignments	<p>The Resource Office makes unit assignments for all float staff. You're your company 2 hrs before shift for unit assignment. Patient assignments are based on nurse: patient ratios (MS 1:5, ICU 1:1-2, IMCU 1:3), skill set and competency.</p>	
Sleeping	<p>Sleeping on the job is grounds for termination. If you find others sleeping in patient care areas, wake them up and inform the charge nurse.</p>	
Communication Email	<p>Communication is directed through your agency. This may include occurrence reports, payroll, UCH policy changes, Resource Office newsletter, audit results, and training updates. You are not required to attend staff meetings.</p>	

TOPIC	CONTENT	Initial
Phones	<p>Many clinical areas issue UCH cell phones to RNs, CNAs/ACPs, which are linked to the call light system and allow care givers to talk to patients and receive urgent notification of Codes and bed alarm activation. Limit personal calls to the break room, not in patient care areas.</p> <p><u>General Phone:</u> 720-848-XXXX. Dial extensions 8-XXXX</p> <p><u>Pagers</u> 303-266XXXX. Type in the extension. If stat, add 911 to the extension. Many phones have texting capabilities. You can access this through the UCH HUB webpage.</p> <p><u>Important Numbers:</u> Police/non AIP (outpatient) code 911; security 87777, AIP (inpatient) code 85555, MET 86388, Stroke Team 85490.</p>	
Chain of Command	<p>You are empowered to use the chain of command to advocate for safe and appropriate patient care. All physicians carry pagers; most can receive text messages (numbers are available on the units and on the UCH web page).</p> <p><u>Physician Hierarchy:</u> Medical students (short white coat), Residents (long coats): R1- intern, R2, above them, R3 above them. Attendings/Hospital-ists supervise the physician teams.</p> <p><u>Nursing Hierarchy:</u> I (new grad), II (entry level bedside), III (charge nurses etc), IV (high involvement). Nursing students include CU (black scrubs), Regis/other BSN programs (white). You are encouraged to check in often with the charge nurse throughout the shift.</p> <p><u>Respiratory Therapy:</u> As licensed RT, our therapists are responsible for orders and administration of respiratory medication.</p> <p><u>Nursing:</u> All units are manager-driven. Charge nurses are responsible for the daily business. You may work alongside new graduate nurses (Level 1) and students. We have no lift or IV team yet often have a Capacity RN to help with throughput.</p>	
Unlicensed Assistive Personnel and Delegation	<p>RNs may delegate approved skills to competent UAPs. Delegation necessitates follow up on task completion and documentation.</p> <p><u>Certified Nursing Assistants (CNA):</u> focus on direct patient care. Skills include vital signs, non ambulating pulse ox, hygiene care/linen changes, blood sugars, empty JP/hemovac drains, change basic non sterile dressings (JPs, tegaderm), post mortum care, stocking/cleaning/errands etc. They chart care given and informing RN of abnormal situations. They cannot titrate oxygen, take ambulating pulse ox, transport unstable patient (6+Imp O2, tele), manipulate IVs/tubing/pumps, do assessments/ evaluation, alter care plans, do sterile dressings. Some are cross trained to the PSC role.</p> <p><u>Advanced Care Partners (ACP):</u> BSN students who do CNA tasks plus Venipuncture, sterile dressing changes (central lines), place/remove IVs and foleys, charting.</p> <p><u>Patient Service Coordinators (PSC):</u> clerical, order processing.</p> <p><u>Transporters:</u> transport patients, blood product and specimen delivery.</p> <p><u>Ancillary Health Techs (AHT):</u> scheduled venipunctures and ECGs.</p>	
Competency	<p>All staff are responsible for maintaining competency in our rapidly changing environment. This includes license, BLS/ACLS, policy and care updates which are communicated through the emailed Resource Office newsletter and inservices, many of which are delivered in poster format, housed in the office. Read the material and sign the roster.</p>	
Patient Safety Net	<p>We maintain a non-punitive approach to errors. Report all unsafe conditions, errors and sentinel events through online Patient Safety Net (PSN) software available on all computers (gold sneaker icon). The educator processes clinically-based PSN occurrence reports and will do chart audits, providing feedback to your agency.</p>	

TOPIC	CONTENT	Initial
Patient Safety NPSG	Patient Safety Programs include Fall Prevention, Pressure Ulcer Prevention, Restraints, Medication Safety, Medication Reconciliation, Suicide Prevention, Handoff Communication, Immunizations, Changes in Condition, Procedure Time Out, Patient Identification and Infection Control. These will be discussed in detail in Orientation class.	
Emergencies	Healthstream modules will review external and internal emergencies. Phone numbers for internal patient emergencies were reviewed above. All Medsurg staff receive Bed Alarm/Code messages via cell phones. Code Blue: 8-5555 (all unconscious patients within AIP). Outside AIP (garage, grounds call 911 for hospital dispatch. They will call Aurora 911) MET (rapid response) activation: x86388 , alerting an ICU RN for floor assistance with conscious patients with a change in condition. Alert the primary team first. If no response, then page a MET.	
Professional Development	Professional Resources development classes/continuing education (for contact hours) are available for all RNs through their department website. UCH hires can take mandatory classes ie BLS/ACLS (for ICU RNs) through Healthstream.	

I have read the above content. I will bring my questions to clinical orientation class.

(Print Name)

(Signature)

(Date)



UNIVERSITY OF COLORADO
HOSPITAL

2010 Vehicle Registration Form

Please provide the following contact information:

Employee ID _____
First Name _____
Middle Initial _____
Last Name _____
Title _____
Department _____
Work Schedule _____
Days & Hours _____

YOU MAY REGISTER **UP TO TWO VEHICLES**

Please provide the following car information:

Vehicle 1

Make _____
Model _____
License Plate Number _____

Vehicle 2

Make _____
Model _____
License Plate Number _____

2010 Vehicle Registration Form. Turn into the parking office LB 9th floor.
6/22/2010

ID ACCESS BADGING OFFICE
UNIVERSITY OF COLORADO HOSPITAL
SECURITY DEPARTMENT

University of Colorado Hospital Personnel

ID Badge User Agreement

Your ID badge provides access to the University of Colorado Hospital (UCH), both as an ID badge and as a card key. Compliance with the provisions of this user agreement enhances safety for personnel, patients, and property. You are fully responsible for the safekeeping and proper use of your ID badge. The card access computer system tracks each card access use or attempted use of your ID badge and retains it in your log. The UCH payroll system tracks UCH employee time and attendance using the barcode on the back of your badge. Other departments may also utilize the barcode feature.

University of Colorado Hospital policies require that employees, affiliates, and volunteers wear their ID badges while on UCH property. UCH badges are hospital property and must be returned upon separation from employment or affiliation.

A \$20.00 fee for all lost, stolen, or unreturned badges is assessed. If your badge has to be replaced a second time, there will be a \$30.00 charge. In the event there is a third replacement, there will be a \$40.00 charge along with a director notification. Loaning or borrowing badges is prohibited. Cardholders must advise the ID Access Control Badging Office within 30 days of changes that impact name, title, or access rights so that the badges and access rights may be updated. Protect your badge from damage caused by exposure to heat, bending, breaking, hole-punching, or puncturing. Keep your badge secured to avoid theft. Report lost or stolen badges immediately to the UCH ID Access Control Badging Office and all departments utilizing your barcode. The Badging Office can de-activate the badge to prevent unauthorized card access. Call the UCH ID Access Control Badging Office at 720-848-8356 during business hours (Monday – Friday, 7:30am to 4:00pm), or contact Security Dispatch after hours at 720-848-7777 for instructions on obtaining a replacement badge and barcode, call the ID Access Control Badging Office.

I agree to abide by the terms and conditions set forth above. I understand that violation of this agreement may result in revocation of card access privileges and adverse administrative action.

Name (print) _____

Signature _____ Date _____

Department _____

Office Use Only

Witness _____ Date _____

Employee ID # _____ Kronos # _____

Card # _____

University of Colorado Hospital

COMMITMENT TO MY COWORKERS

COMMON GOALS:

Although each one of us identified something that is unique, we appear to be working towards remarkably similar goals each day:

- To achieve a goal
- A sense of personal accomplishment
- Leaving without feeling frustrated or exhausted
- Knowing that patients get their needs met
- Having the flexibility to respond to diverse patient needs
- Using time effectively
- To feel appreciated
- Dealing directly with others when I have an issue
- Increased accountability
- To develop a non-blaming attitude
- Supplies that are available and accessible
- Teamwork

COMMON REQUESTS:

Toward this end, we have requested support from our coworkers in achieving these goals. These requests are also very similar! If we are able to honor even one request each day, we recognize that there could be a noticeable difference in the quality of our work environment and the satisfaction that we derive from being here each day!

WE AGREE TO DEMONSTRATE RESPECT TOWARDS OUR COWORKERS BY SUPPORTING THEM IN THE FOLLOWING WAYS:

- BY....updating the care plans each shift (as applicable for job title)
- BY....maximizing communication in a courteous way
- BY....knowing and following applicable policies and procedures
- BY....partnering with others and sharing information
- BY...effectively communicating
- BY...providing positive feedback and accepting constructive criticism
- BY...dealing directly with conflict
- BY....accepting help when offered
- BY....acting as a resource in problem solving and in systems
- BY....anticipating the impact of behavior on others (don't make more work for them)
- BY....respecting each others right to privacy and are loyal and respect the absent
- BY....arriving to work and being prepared to work on time

Signature of Support: _____

Date: _____

SELF ASSESSMENT FOR NEW ORIENTEES

Name: _____

Date: _____

Unit: _____

I. Experience

A. Educational Preparation in Nursing: Diploma _____ AD _____ BSN _____ ND _____ MSN _____

School of Nursing attended: _____ State: _____

Date of Graduation: _____

B. Do you have a previous college degree? Yes _____ No _____

What area of study? _____

C. Previous Nursing/Healthcare Experience:

D. Certifications: _____

E. Nursing Experience in a teaching hospital? Yes _____ No _____

II. Professional Interests/goals

A. Why did you choose to work in this clinical area?

B. What strengths have you developed from your nursing experiences?

C. What areas of needed improvement are you aware of from your nursing experience?

D. What are your goals in nursing?

III. Learning Style

1. "I learn best when": (Please circle all that apply)

-
- A. I observe while someone explains, and then I do it myself.
 - B. I read the procedure first.
 - C. I observe first.
 - D. I read, then observe; finally I do it myself.
 - E. You tell me what I have to do, and I do it.
 - F. I do what I know how to do alone; ask for help when I need it.
 - G. Other: (describe) _____

2. Generally, do you learn most successfully with:

- A. Very close supervision
- B. Moderate supervision, initiated by the preceptor
- C. Available supervision requested by you as needed.

IV. Orientation Needs:

- A. What would make this an outstanding orientation experience?

- B. What would be your greatest concern for this clinical orientation?

- C. Do you have any specific learning needs we will need to know about to enhance your orientation?

Thank you.

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University of Colorado Hospital Policy and Procedure
Board of Directors
Code of Conduct

Related Policies and Procedures:

Reporting Fiscal Misconduct
Travel
Purchasing
Safety and Infection Control Education and Training
Employee Discipline
Harassment
Outside Employment and Consulting
Hospital Infection Control

Approved By: Board of Directors
Effective: 6/99
Revised: 3/09

Purpose: Employment by or association with University of Colorado Hospital is a public trust that requires certain behaviors and obligations to ensure the promotion and integrity of the Hospital's interest and mission. This Code of Conduct describes the conduct that is expected from individuals employed or associated with the Hospital. "Hospital" is used here to mean the Hospital as a legal organization and not simply a building.

Accountability: Members of the Board of Directors, members of all Board Committees, Hospital employees, members of the Hospital's Medical Staff and Hospital volunteers (collectively referred to as "Covered Individuals") shall ensure that their behavior and activities comply with this Code of Conduct. Persons or entities to whom the Hospital makes payments for goods, services or facilities furnished to the Hospital and persons or entities that make payments to the Hospital for goods, services or facilities furnished by the Hospital are considered "Vendors" in this Code of Conduct but are not Covered Individuals. A Vendor shall not make any solicitation or take any action which would cause a Covered Individual to violate the Code of Conduct.

Codes:

- I. Legal Compliance**
- II. Quality of Care**
- III. Business Ethics/Conflict of Interest**
- IV. Environment/Safety**
- V. Individual Commitment**
- VI. Individual Responsibility and Disciplinary Action**
- VII. Commitment to Community**

Policies/Procedures:

I. LEGAL COMPLIANCE

UCH is committed to complying with all applicable laws, rules and regulations. This Code of Conduct stipulates the general ethical and legal principles of the Hospital with which every Covered Individual is expected to comply. It is the responsibility of all Covered Individuals to familiarize themselves with the legal requirements relevant to their assigned duties and

responsibilities and to conduct themselves accordingly. Legal interpretation of laws and regulations should be directed to the Hospital's Legal Department.

Information/Education on False Claims Act:

The federal False Claims Act (FCA) covers fraud involving any federally funded contract or program, such as Medicare, Medicaid, Tri-Care and research grants. Under the FCA, anyone who knowingly submits or causes the submission of a false claim to the government is liable for damages of up to three times the improper payment plus penalties of \$5,500 to \$11,000 per claim. The FCA includes a provision permitting an individual (called a "relator" or "whistleblower") who possesses knowledge of a false claim to file a lawsuit (called a "qui tam" suit) on behalf of the government to recover the false payments. If the lawsuit is successful, the "whistleblower" may share between 15% and 30% of the amount recovered. The FCA prohibits retaliation against the "whistleblower" for filing the lawsuit. The term "knowingly" in the FCA means that a person/entity (i) has actual knowledge that the information on the claim is false; (ii) acts in deliberate ignorance of whether the claim is true or false; or (iii) acts in reckless disregard of whether the claim is true or false.

The State of Colorado also has a false claims statute relating to the Colorado Medicaid program. Under the State statute, it is unlawful to intentionally or with reckless disregard submit a false claim for payment relating to the Colorado medical assistance program. If a false claim is submitted, the State may collect full restitution, plus penalties of between \$5,000 and \$50,000 per claim or two times the amount of all medical assistance received. Colorado law prohibits retaliation against an employee who discloses information in good faith.

The Hospital strives to detect and prevent fraud, abuse and waste through Hotline and other disclosures, monthly executive in-services, area specific self audits and independent compliance audits.

II. QUALITY OF CARE

A Covered Individual shall:

- Assess the needs of patients under his/her care and deliver high-quality health services in a responsible, reliable and cost-effective manner
- Uphold high standards of professional practice in all Hospital facilities and programs
- Not permit unqualified individuals to practice or provide care in Hospital facilities and programs
- Maintain patient confidentiality and ensure that each patient's protected health information is preserved in accordance with all legal requirements.

III. BUSINESS ETHICS/CONFLICT OF INTEREST

A. Business Ethics

1. **Prohibition on Gifts and Meals from the Healthcare Industry.** The Hospital wants to prevent the receipt of gifts or meals from the Healthcare Industry from inappropriately influencing any clinical decision or referral decision. In this Code of Conduct the term Healthcare Industry means any individual or entity (i) that manufactures, distributes, sells or leases goods or services that are used in or by the Hospital to provide patient care (such as pharmaceutical companies and medical device companies); or (ii) that provides goods or services to patients before or after patients receive clinical services from the Hospital (such as nursing homes and home health companies). Many Vendors come under the definition of Healthcare Industry and the prohibition on receiving gifts or meals described in this Section III.A.1 applies only to those Vendors in the Healthcare Industry.

A Covered Individual shall not:

- Accept any personal gift from the Healthcare Industry, or from any representative of the Healthcare Industry, irrespective of the dollar value of the gift (including pens, notepads, mugs or tickets to sporting events)
- Accept any meal, beverage or snack from the Healthcare Industry, or from any representative of the Healthcare Industry, irrespective of whether it is after work or off the Hospital's property
- Distribute promotional materials that contain a Healthcare Industry name or logo.

The prohibitions in this Section do not apply to:

- The receipt of scientific, clinical or other achievement awards even if funded or named by a Healthcare Industry
- Gifts or meals provided as part of an off-site meeting of a professional organization, where they are furnished to all attendees and are incidental to attendance at the meeting
- Participation at professional development courses or educational programs held at other institutions even if the course or program receives Healthcare Industry support;
- Participation at educational programs that are designed to demonstrate the proper use of medical/surgical devices or techniques even if the program receives Healthcare Industry support
- Travel related to the development or conduct of a grant or contract that is related to research or technology transfer
- Receipt by University of Colorado faculty of fair market value compensation for services provided by the faculty member to the Healthcare Industry where the compensation reflects time and effort and expected work products are defined in a written contract in advance.

1. Benefits Provided by Vendors That Are Not Healthcare Industry Vendors. The Hospital wants to make certain that decisions regarding Vendors (including Vendor selection, price, length of contract and whether to renew a contract) are made fairly and in the Hospital's best interest. This Section III.A.2 applies to those Vendors that do not come under the definition of Healthcare Industry. Covered Individuals are expected to exercise good judgment and act in a manner which ensures that the acceptance of a Benefit from a Vendor does not inappropriately or adversely influence the Hospital's decision about the Vendor. In this Code of Conduct the term "Benefit" means any gift, meal, beverage, entertainment, item of value or other goods or services (this includes dinners, tickets to sporting events and seminars and conferences).

- A Covered Individual may accept a Benefit from a Vendor that has a value of \$50.00 or less
- A Covered Individual may accept a Benefit from a Vendor that has a value in excess of \$50.00 but less than \$100.00 provided (i) the Benefit is disclosed in advance to his/her immediate supervisor and (ii) the supervisor approves of the Benefit
- A Covered Individual may accept a Benefit from a Vendor that has a value in excess of \$100.00 provided (i) the Benefit is disclosed in advance and in writing to his/her supervisor (ii) the supervisor approves of the Benefit and (iii) the Covered Individual subsequently discloses the receipt of the Benefit on his/her annual Conflict of Interest Disclosure form.

2. Gifts from Patients or Family Members. Covered Individuals shall not solicit tips or gifts from patients or their family members. Except for those services where it is a common practice to accept tips (such as valet and massage), Covered Individuals are prohibited from accepting tips or gifts that are in a cash-equivalent (cash and gift certificates) form from a patient or a member of his/her family. Covered Individuals may accept non-cash gifts from a patient or his/her family members if the gift has a monetary value of \$50.00 or less. These gifts should be shared with the other individuals who cared

for the patient whenever practical. Patients or family members who want to give a cash gift should be referred to the Development Department.

B. Conflict of Interest

1. **Actual or Potential Conflict of Interest.** The Hospital expects each Covered Individual to manage actual or potential Conflicts of Interest in a manner that is always in the Hospital's best interest. A Conflict of Interest means a contract, transaction or other financial relationships between the Hospital and a Covered Individual (or his/her spouse, parent, sibling or child) or between the Hospital and a legal entity in which the Covered Individual (or his/her spouse, parent, sibling or child) has a financial interest. In those instances when a Covered individual is involved in the Hospital's decision of whether to enter into the proposed contract, transaction or financial relationship (or supervises any individual who has such involvement), the Covered Individual shall disclose the proposed contract, transaction or financial relationship to his/her immediate supervisor. The Covered Individual's immediate supervisor shall inform the individuals involved in the Hospital's decision of the Covered Individual's disclosure and, without any participation by the Covered individual; those individuals and the immediate supervisor shall decide whether to consummate the proposed contract, transaction or financial relationship based on whether it is fair and reasonable and in the Hospital's best interest. The Covered Individual's supervisor shall document the basis for the decision.
2. **Completion of Annual Conflict of Interest Disclosure Form.** The following individuals shall complete and sign the Hospital's Conflict of Interest Disclosure form by no later than January 31st of each year and submit to Human Resources:
 - Hospital President and CEO, Vice Presidents, Senior Directors, Directors, Managers, all other Hospital Officers and all purchasing department employees
 - Those Covered Individuals who have received a Benefit from a Vendor that has a value in excess of \$100.00
 - Those Covered Individuals who had a Conflict of Interest during the year.
3. **Other Conflict of Interest Compliance Requirements**
 - All physicians in a position to influence Hospital decisions relating to all Hospital purchases of goods, services and any other commitments must submit to Supply Chain Department, a signed conflict of interest disclosure form relating to each such transaction
 - The provisions of Section III concerning Business Ethics/Conflict of Interest do not apply to members of the Board of Directors or members of Board Committees. All members of the Board of Directors and members of Board Committees must comply with the requirements in the Hospital Bylaws relating to conflict management.

IV. ENVIRONMENT/SAFETY

A Covered Individual shall:

- Ensure that the Hospital's operations are conducted in a manner that safeguards patients and their families, visitors, employees and all other individuals who work in the Hospital
- Comply with safety and environmental laws and Hospital policies, procedures and standards
- Attend or complete all required safety and environmental training programs.

V. INDIVIDUAL COMMITMENT

A Covered Individual shall:

- Support equal, ethical and respectful treatment of all patients, employees and other individuals associated with the Hospital

- Demonstrate a personal commitment to honesty, fair and consistent management and respect the dignity due to everyone
- Support the Hospital's equal employment policy and employee development programs
- Strive to create a workplace and patient care environment that is free of all forms of harassment or favoritism
- Strive through words and actions to create a professional atmosphere in the Hospital; observe professional standards and judgment
- Preserve and protect the Hospital's assets by making prudent and effective use of Hospital resources and maintaining and complying with the Hospital's internal controls.

A Covered Individual shall not:

- Use his/her employment or position with the Hospital to bestow an inappropriate personal benefit including benefit on anyone related by family, business or social relationship
- Disclose confidential or proprietary Hospital information to others
- Use Hospital time, property, supplies, equipment, services or facilities for private gain or personal benefit except in a way that is incidental and does not adversely affect the Hospital.

VI. INDIVIDUAL RESPONSIBILITY AND DISCIPLINARY ACTION - COMPLIANCE WITH CODE OF CONDUCT AND REPORTING VIOLATIONS

Failure to abide by this Code of Conduct may result in disciplinary action for Hospital employees and other adverse consequences for Covered Individuals who are not Hospital employees. This Code of Conduct covers many aspects of Hospital operations. Violations or suspected violations of the Code of Conduct should be reported, in most cases, to the Compliance Department (either directly or through the Compliance Hotline) but some violations or suspected violations should be reported instead to the individual or department most directly responsible for that area. For example, matters involving quality of care should be reported to the Professional Risk Management Department, matters involving patient confidentiality should be reported to the Hospital's Privacy Officer, matters involving workplace harassment should be reported to the Human Resources Department and matters involving safety should be reported to the Hospital's Safety Officer.

The Compliance and Privacy Hotline numbers will be posted in all areas where employees will be able to view them. Hospital policy prohibits retribution against anyone for making any such report in good faith.

VII. COMMITMENT TO COMMUNITY

Each Covered Individual shall strive to be a good corporate citizen of and to make contributions to his/her community.

a027410

University of Colorado Hospital

Code of Conduct Acknowledgement

I, _____ (print name) have received a presentation on the University of Colorado Hospital's Code of Conduct. I have also received a summary document and agree to comply with the standards set forth in the Code of Conduct. Additionally, I know where the Code of Conduct is located on the Hospital's intranet site.

Employee Signature

Employee Number

Date

University of Colorado Hospital

Policies and Procedures

This is to acknowledge that I am able to access a copy of the University of Colorado Hospital's Policies and Procedures online at <http://hub.uch.edu/>, scrolling to right of the screen and then locating the Policies and Procedures website.

I understand that the Policies and Procedures website sets forth many of the terms and conditions of my employment as well as the duties, responsibilities and obligations of my employment with the hospital. I understand and agree that it is my responsibility to read the Policies and Procedures website and to abide by the rules, policies and standards it sets forth. I also acknowledge that the hospital reserves the right to revise, delete and add to the provisions of the Policies and Procedures website. No oral statements or representations can change the provisions of these policies. I understand that if I have any questions concerning any of the topics addressed in the policies, I should contact my manager or the Human Resources office at 720-848-6800.

I acknowledge that my employment at the hospital is considered at-will. At-will employment is not for a specified period of time and it can be terminated at any time for any reason, with or without cause or notice, by me or by the hospital. I acknowledge that the Policies and Procedures website and/or oral statements or representations regarding my employment cannot alter this at-will employment status. Only the CEO of the hospital can enter into contracts of employment.

The policies contained in the Policies and Procedures website supersede all prior agreements, understandings and representations concerning my employment with the hospital. I understand it is my responsibility to check the Policies and Procedures website and read the latest versions of the policies that apply to me.

I also understand that as an employee I have the right to view the hospital's Affirmative Action plan which is kept in the Human Resources office:

Leprino Building, Room 600
P.O. Box 6510
12401 E. 17th Ave
Aurora, CO 80045

Signature: _____ Date: _____

Printed Name: _____

Employee ID#: _____

University of Colorado Hospital

CONFIDENTIALITY STATEMENT

University of Colorado Hospital employees and all other individuals who have access to confidential Hospital information are required to keep this information confidential. Patient information, employee records, computer passwords, and proprietary business information are all examples of confidential information. Computer passwords may never be shared. Other confidential information may be shared with other individuals who need to know the information in order to perform their jobs. However, the fact that someone is working at the Hospital does not mean that the individual has a right to confidential information if it is not required for job-related purposes. Each individual must at all times act carefully, in good faith, in a manner which promotes the best interests of the Hospital and its patients, and in a way which recognizes and promotes ethical considerations and the duty of loyalty that each individual owes to the Hospital.

Patient information, employee records or proprietary business information may be disclosed only in accordance with Hospital policies. The Health Information Management Department is responsible for all releases of patient information to outside parties. If in doubt, you should act to preserve the confidence of the information requested until Hospital policies can be verified. You should refrain from discussing or disclosing confidential information except as necessary to promote the legitimate business of the Hospital. Disclosing confidential information in violation of Hospital policies or in violation of law may result in disciplinary action up to and including termination of employment or, for individuals who are not employed by the Hospital, termination of access to the Hospital's information systems and/or Hospital facilities. There are various federal and state laws which mandate that patient information be kept confidential and, in some instances, impose civil or criminal penalties for a breach of confidentiality. For example, Colorado Revised Statutes section 18-4-412 makes it a felony to obtain or disclose medical records without proper authorization.

No individual is permitted to realize any personal gain as a result of disclosing or using confidential information. This duty of nondisclosure and the obligation not to benefit from confidential information learned during the course of your employment or while you are working in the Hospital continues indefinitely, even after your employment or business arrangement with the Hospital ends.

Statement of Understanding:

I have read and understand the above Confidentiality Statement and I agree to comply with it. I understand that a violation of any part of the Confidentiality Statement may result in disciplinary action up to and including termination of employment or, for individuals who are not employed by the Hospital, termination of access to the Hospital's information systems and/or Hospital facilities.

Signature

Date

University of Colorado Hospital Professional Appearance Policy Summary

Allowed	Not Allowed																		
<p>Appropriately fitting: good repair, clean, pressed and of a professional image. Good body/oral hygiene. No fragrances. <u>Business Casual:</u> Men- collared/polo shirts, dockers, sweaters, vests. Women- Hems 2 in above knee, business capris. Sleeveless or capped sleeved tops. Socks/hosiery optional.</p>	<p>NO DEMIM Not tight, revealing, or baggy. Not torn, faded, ripped, patched, missing buttons. No tank/halter/crop tops, see-through. No leggings, stirrup or spandex, shorts/skorts, petal pushers or cargo pants. No gym gear or tee shirts. No logos, slogans, pictures, derogatory words. No hats, dew rags.</p>																		
<p>Clinical Wear includes colored uniforms. UCH staff wear scrubs with UCH logo (www.suitestyle.com). Agency wear colored scrubs without logo.</p> <table style="margin-left: 20px;"> <tr><td>RNs</td><td>Blueberry/royal blue</td></tr> <tr><td>CNAs</td><td>Ceil blue</td></tr> <tr><td>ACPs</td><td>Caribbean blue</td></tr> <tr><td>Transport</td><td>Navy blue</td></tr> <tr><td>Pharmacy</td><td>Eggplant</td></tr> <tr><td>ED</td><td>Red, gray , black</td></tr> <tr><td>AHT</td><td>Caribbean</td></tr> <tr><td>Volunteers</td><td>Wine</td></tr> <tr><td>Environment</td><td>Evergreen</td></tr> </table> <p>Warm up jackets should be same color as top or Black fleece. Pants can be same color or black. Lab coats over street clothes for on bedside clinical staff. T shirts under scrubs only (no logos). OR, L&D, PACU wear UCH issued green scrubs. Socks/hosiery required</p>	RNs	Blueberry/royal blue	CNAs	Ceil blue	ACPs	Caribbean blue	Transport	Navy blue	Pharmacy	Eggplant	ED	Red, gray , black	AHT	Caribbean	Volunteers	Wine	Environment	Evergreen	<p>No surgical greens No uniforms with other hospital logos/names. No fleece jackets/vests, sweaters or sweatshirts on top of scrubs. No prints. No hoodies. No patient gowns.</p>
RNs	Blueberry/royal blue																		
CNAs	Ceil blue																		
ACPs	Caribbean blue																		
Transport	Navy blue																		
Pharmacy	Eggplant																		
ED	Red, gray , black																		
AHT	Caribbean																		
Volunteers	Wine																		
Environment	Evergreen																		
<p>ID badge visable at all times. Unaltered. Worn above waist</p>	<p>Do not punch holes or pins on the card or cover up name</p>																		
<p>Shoes: Clean, in good repair. Covers toes. Material must be non-absorbent ie nylon, leather etc. Crocks without holes are ok. Heels < 3inches</p>	<p>No sandals, burkenstocks, flip flops, high heels 4in +, moccasins, slippers, cloth/canvas or nylon sneakers. Crocks with holes.</p>																		
<p>Jewelry small, unobtrusive, simple, conservative. Ear piercings limited to 3; small nose piercing ok.</p>	<p>No other facial piercings (no tongue, eye brow, lip). No large jewelry or ear gauging.</p>																		
<p>Hair: Tie back or up if longer than shoulder length. Natural color. Facial hair must be neatly trimmed</p>	<p>No extremes ie bleaching, coloring, styling</p>																		
<p>Makeup: natural</p>	<p>No extremes</p>																		
<p>Nails: clean, natural polish. No decals in clinical areas. Length ¼ inch beyond tip</p>	<p>No bright colors, charms, decals, artificial nails. Nail length ¼ inch. No chipped polish</p>																		
<p>Tattoos 2in on lower extremities, otherwise covered</p>	<p>No hats, caps unless part of uniform. No visable tattoos</p>																		
<p>Hygiene: clean nails, teeth, hair, shoes, body, and clothes.</p>	<p>CARE Team members giving direct patient care are not permitted to wear fragrances</p>																		

Note: Staff will be sent home with out pay to change clothing in the event they do not abide by the appearance policy.

I have read, been advised of, and will abide with the dress code policy.

Name _____ Unit _____ Date _____

Resource Office Unit Guidelines Agency Personnel

The Resource Office, managed by Favorite Nurses (720-848-2617), strives to meet the dynamic staffing needs of the University of Colorado Hospital. Toward this goal, our personnel must be flexible and adequately trained to float to the different units required by their job descriptions and unit standards.

The following are basic guidelines that all resource office staff are expected to meet:

- The patient always comes first.
- Healthstream must be completed prior to the first independent shift. Inform the resource office when completed. The multi-paged RN orientation checklist must be completed by the end of the 6th shift. You will not be allowed to work if this is incomplete.
- Patient safety guidelines require that all clinical personnel be trained appropriately to the areas they are sent and will not be floated to areas where they have not been trained.
- Arrive on time and ready to work and with a positive attitude.
- Adhere to and follow all hospital policies and procedures appropriate to the areas in which they are working and understand your scope of practice and job description. RNs delegate appropriately to Unlicensed Personnel (CNAs, ACPs, PSCs) and assume responsibility for follow up.
- Adhere to UCH apparel policy (especially scrub color) and wear ID badges at all times.
- Resource Office travelers call the office 2 hrs before shift for unit assignment. Per deim agency call their companies for shift confirmation and unit assignment within the 2 hr time frame.
- Follow Kronos policies and procedures, being mindful of early and late punches. Communicate edits via email or write in the appropriate edit book (agency-Gretchen's desk, RO staff-other desk).
- As our environment changes often, you are required to stay current with updates. This is communicated through fliers, posters and email (ie the monthly Newsletter). Sign educational rosters as instructed. UCH sponsored inservices and poster rosters are kept in the Training book.
- Maintain hospital-required certifications and licenses, as well as mandatory inservices, healthstream, and annual skill verification appropriate to their job descriptions. Agency RNs must complete healthstream modules before the first independent shift after orientation. Communicate this to the RO.
- Check your work email and mailboxes weekly. Email is a vital way of passing information among our diverse team; it is important to stay up to date with what is happening.
- Traveler schedules are posted a week before the end of the monthly cycle. Requests are due 2 weeks prior to posting of the schedule. Once posted, changes are first traded, then routed to Favorite Nurses. Agency RNs schedule shifts through your company.
- Travelers: When release time is indicated due to census changes for day shift 0700-1930, report for duty at 3:00 pm unless contacted to report earlier than 3:00 p.m. or if "canceled" outright. Released staff members must be available and prepared to arrive for duty if contacted anytime prior to 3:00 p.m. You will be directed by the Hospital Manager/Staffing to assigned unit(s) for remainder of shift (1930). When release time is indicated due to census for night shift 1900-0730, report for duty at 1900 unless canceled outright for entire shift. Staffing reevaluation will occur before 2400.
- Hospital Managers will determine, in collaboration with unit leadership, when release status is to be initiated as well as discontinued dependent upon overall UCH patient flow and capacity needs.

I have read and agree to the above guidelines for Resource Office Agency personnel.

(Print Name)

(Date)

(Signature)

(Company)

UCH AGENCY PAYROLL PROCESS

Welcome to University of Colorado Hospital. As a temporary employee, we will orient you to the paperless automated Kronos Time Clock for payroll. Remember you are responsible for your time card and are held accountable for its accuracy.

1. **BASICS:**

- ALL TRAVELERS FLOAT FROM THE STAFFING OFFICE SO ALL PAYROLL IS DONE HERE
Phone 720 848 2671
- ALL agency **use the F1 (Float) key on the Kronos terminal to document your float shift -- enter the cost center (4 digit unit #) every time you work.** If you make an error, document the shift in the edit book.
- You have 7 minute window on either side of your shift to clock in/out. Do NOT clock in early. If you leave later than 737, document your reason in the edit book. Lunch is automatically deducted; if you don't get one, document this in the edit book also.

2. **BADGE.** *Badge is required for parking, security, elevator use and payroll.*

- You must have a current badge. You will get your badge on orientation day. Every shift (in/out, float) must be documented with your badge.
- Do not alter your badge i.e. put stickers on it or pins in it.
- Return your badge to your manager/RO or badge office after contract termination.
- Contact April.gonzales@uch.edu x88365 in the LOB 9th fl for issues.

4. **KRONOS EDITS:** All payroll EDITS must be in writing. Indicate the purpose of your entry: orientation, no lunch, stayed late due to late admission, misswipe, wrong cost center entered etc. There are several ways to do this:

- Handwrite your issues in the AGENCY KRONOS book in the staffing office.
- You can also email Jamie.Lelazar@uche.edu or Gretchen.Copenhaver@uch.edu
- The unit PSAs handle only payroll for their employees, not agency or floaters.
- Be timely: report edits by 10:00 payroll Monday, not 3 weeks after payroll is done. All payroll entries and edits must be approved by the director by noon on Monday to ensure the data goes to our payroll department, who then sends invoices to your company.
- Check your EMAIL. Some units send you your time sheet.

5. **DISCIPLINE:** UCH policy upholds payroll policies and procedures. Therefore, altering time sheets is considered fraud, punishable by termination. Repeated issues are reported to managers who will make every effort to retrain the agency staff to the proper use of Kronos Time Clock. Be advised that your contract may be terminated due to inaccurate payroll time reporting or non adherence to payroll policy including Kronos procedures.



Record Regular Time—UCH travelers working on home unit.

- Swipe your badge with the bar code strip facing the clock.

F1 Cost Center Float Procedure. Used for all float shifts (all agency float from resourceoffice)

- Press the F1 key
- Enter the 4-digit Cost Center Number using the number pad.
- Press the ENTER key.
- Press the ENTER key again, to skip the Job Code float prompt.
- Swipe your badge through the badge reader on the time clock.

F4 Department Orientation Procedure

- Press the F4 key
- Swipe your badge through the badge reader on the time clock

F5 Training Procedure

- Press the F5 key
- Swipe your badge through the badge reader on the time clock

F8 Relief Charge RN Procedure

- Press the F8 key
- Swipe your badge through the badge reader on the time clock

F12 Reset Time to Regular Time

To reset your time activity to regular time:

- Press the F12 key
- Swipe your badge through the badge reader on the time clock

Reset Time to Home Cost Center – F1

If you clocked in and floated time to a cost center other than home, and now need to charge your time back to your home cost center

- Press the F1 key
- Enter the 4-digit Cost Center Number using the number pad.
- Press the ENTER key twice, to skip the Job Code float prompt.
- Swipe your badge through the badge reader on the time clock.


Main Hospital Building Dept Number

1S	Emergency Dept	1200
2N	SICU	0100
2S	MICU	0150
3N	Neuro ICU	0115
5	Birth Unit (post partum)	0900
6	Transplant/ Medicine..	0120
7W	Neuroscience	0940
7E	Medicine	0170
8	Rehab	0185
8	Orthopedics/general surgery ...	0130
9E	General Surgery	0100
9W	Pulmonary medicine	0155
10W	Cardiac ICU	0990
10	Cardiac and vascular	0140
11	Oncology	0980
11	BMT	0210
12W	GRGC research	0190
12E	Medicine	0970

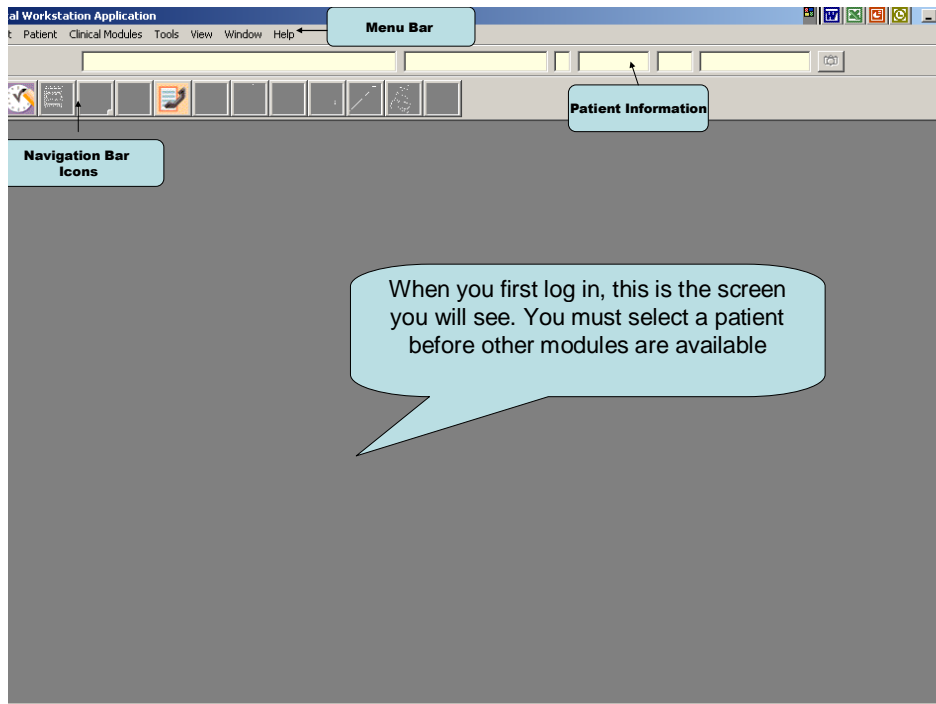
6.

Clinical Workstation Guide

How to Log in to Clinical Workstation

Logging into CW	Action	Comment
Logging on to Desktop	Click CTL + ALT + Delete Type username and password given or use your e-mail username and password	Will bring you to the desktop view.
Logging into Clinical Workstation	Click on CW icon  CW V11.lnk	Will bring up warning screen to read.
Logging into Clinical Workstation	Click on Proceed	Do Not Share Passwords.
Use username and Password	Type Username: Type Password: Click OK	This will be case sensitive. The password will expire in 30 days if you haven't logged into the system. Call the Help Desk (4-5222) for assistance if unable to log in.
Application will come up		

Screen Identification















Title	Function	Comment
Menu Bar	Displays menus and pull down lists.	
Patient Identification Bar	Displays information about the selected patient.	You can configure what information is displayed and in what order.
Navigation Bar/Tool Bar	Allows you to navigate to different modules.	You can change it to <i>Text</i> , <i>Icons</i> or <i>Both</i> . <i>Both</i> decreases what you may see in the workplace.
Workplace	Brings up the screen for view or working.	

Three Ways to Search for a Patient

Search for a Patient	Action	Comment
<p>1. Using the icon in the Navigation bar - or - 2. Using the patient button in the menu bar</p>	<p>Click on the magnifying glass. - or - Click on the Patient button in the menu bar.</p>	<p>Both these methods will bring up the Patient Search criteria screen.</p>
Patient Search Criteria screen	<p>Type medical record # - or - Type Name (or a minimum of three characters of name). You can also use SS#. If you want to narrow the search add the DOB and Sex.</p>	<p>Will provide fast exact match if use MR#. The least amount of characters you use, the broader the database search.</p>
Patient Search Criteria	Click on Find or hit the Enter key.	This will bring up a list of patients that match the criteria you selected.
Select the patient	Double-Click on the patient's name or highlight the patient and click Select.	Patient Information will appear in the Patient Information/ID bar.
3. Using the drop-down Patient list	Click on the Patient in the menu bar.	This third option is available to you when you want to search for patients who you have searched for sometime in the past. It's a drop down list of the last 20 patients you have searched for.
Select the patient	Click on the patient's name in the list.	Revolving list -when you select >20 patients, the first patients selected will drop off the list.


Patient Icons

Icon	Function	Comment
	Search for patient	Will bring up Search screen. Can be default to start with this when you log in.


	Lab Results	A user can view results of labs within this module.
	Clinical Notes	Allows a user to view different type of notes for selected patient.
	Patient Demographics	This module is the statistical data regarding the patient such as name, date of birth, age, marital status, etc.
	Patient Encounters	Encounters are defined as a visit. A number will be associated with this visit.
	Patient Summary	A quick view of the patient chart. It is like a snapshot of the person's care. This can be configured to what you want to review at a glance.
	Vital Signs	Vital signs can be reviewed by date, graphed or printed.
	Medication Review	View either an active or inactive (discontinued) medication list for both inpatient and outpatient by using filters.
	Problems	A user can view active and/or inactive problems.
	Allergy	The Allergies module helps you keep track of a patient's reactions to specific allergens.
	Image Acquisition	Allows you to use digital cameras or scanners attached to PC to store pictures associated with patient.
	Schedule	Schedule is a view only schedule that is dependent on IDX. Needs to be customized per individual.

Reviewing Lab Results

The Lab Results module allows you to work with lab results sent to the database by the Clinical Laboratory. This module is designed to help you not only view the results of individual tests, but also compare test results over time.

Review Results	Action	Comments
Starting the Lab Module	Click on the lab module icon. 	This will bring up the Lab module which has two windows: 1) Left - list the labs 2) Right - a grid of the results
Reviewing Results	Highlight the most recent date for the type of test you want to see.	A grid appears on the right, showing one or more results for that test.
Changing the orientation and appearance of the data	Use the Tests drop-down list.	To change the number of results displayed
Changing the orientation and appearance of the data	To alter the alignment of the rows and columns in the grid, choose "Horizontally" or "Vertically" from the Display list.	A horizontal graph means that each set of test results appears in a row. A vertical graph means that each set of results appears in a column.
Graphing the changes	Highlight the analyte you want to graph by clicking on the <u>label</u> for the analyte. You can highlight multiple labels by holding down the Ctrl key while you mouse click multiple labels.	Helps you see trends in a patient's data.
Graphing the changes	Click Graph button.	Displays the Result Trends window, which contains a graph showing changes over time.
Printing the lab results	Click Print.	

Reviewing Clinical Notes

Review Clinical Notes	Action	Comments
Starting the Clinical Notes module	Click on the Clinical Notes icon. 	There are two windows which display: 1) Left - displays list of notes 2) Right - displays chosen note
Search criteria can be changed by Filter	Click on the Filter button.	Filter is defaulted to the Summary view but can be changed to specific notes, and clinicians.
Search criteria can be changed by Time	Click on the Time button.	A list of notes will be on the left side that meets the criteria.
Reviewing the Clinical Note	Click on the note you would like to view.	The full text is displayed on the right hand side of the screen.
Reviewing Image (if there is an image)	Click in the box Show Image on the upper right hand side.	The image will be displayed.
To display more than one Clinical Note	Hold down the Ctrl key while highlighting items one by one, or hold down the Shift key to highlight a range of notes.	
Print a Clinical Note	Click on the Print button - or - File - Print.	

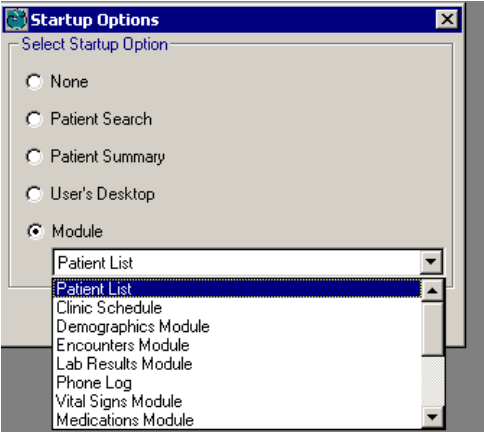
How to Customize Screens and Using Time Filters

A workstation configuration is a defined set of preferences that controls certain screen display options and functions. You set your configuration by selecting options from the **View** menu. The following are some options and preferences that you can configure:

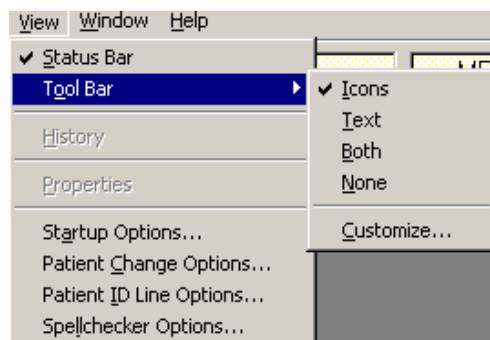
- Startup options
- Toolbar options
- Patient ID Line options
- Module properties and preferences

A filter is a set of criteria that determines which records are displayed in a particular clinical data module. Filters can be utilized in the following areas: Clinic Schedule, Clinical Notes, Encounters, Patient list and Phone Log.

Time Search options (Filters) allow you to designate the time period to view patient data. There are five options within the time search: All time periods, last # (you can set the number but it is defaulted to 20), sliding time range, specific time period and encounter.

CW Configuration	Action	Comment
<p>Startup options</p> 		When you log in, this will automatically be presented with the module data view most useful to you.
	Click on the View from the menu bar.	
	Click on Startup options in the dropdown list.	
	Click a radio button in front of the selection you want to see each time you log in.	If you choose Module, use the drop down beneath to select which module you want to start with upon log in.
	Click OK to accept changes.	To see your changes, you need to close CW and log back in.

CW Configuration	Action	Comment
Tool bar options	Click on the View from the menu bar and highlight Toolbar . This will give you another dropdown list of options.	You can add or delete modules from your toolbar and change how the workstation displays those modules.
If you want to view Icons only	Move you cursor to Icons and click once.	
If you want to view Text Only	Move your cursor to Text and click once.	
If you want both Text and Icons	Move your cursor to Both and click once.	This setting take up a lot of room on your screen and you may need to resize your desktop to view entire modules. Not recommended.
If you want to just use your Menu bar	Move your cursor to None .	This allows you to utilize the menu bar only.
To add or delete modules from your toolbar	Move your cursor to Customize .	This will bring up a customize toolbar screen. To add a module, click on the module name in the Available column and click Add. To remove a module, click on the module in selected toolbar column and click Remove.
To change the display order	Move your cursor to Customize .	Click and Hold on the Module listed in the Selected Toolbar, then drag it to the position you want to see it displayed.



CW Configuration	Action	Comment
Patient ID bar		Displays basic information about the selected patient, such as the name, birth date, Unit #, and so forth. You can customize the Patient ID line. From the menu bar, choose View, Patient ID Line.
	Click on view in menu bar	This will bring up Patient ID line options.
Patient ID Line Options	Select which items you want displayed by placing a checkmark in front of the item.	
	Click on the dropdown arrow to select the position of the item.	Choose the position of the item by selecting the sequence number.
	Click on OK to select.	

Patient ID Line Options [?] [X]

Select ID Line Elements

- Patient Name
- Medical Record Number
- Gender
- Date of Birth
- Age
- Home Phone Number
- Home Address
- Work Phone Number
- Unit Number

Sequence

- 1
- 2
- 3
- 4
- 5
- 6
- 7
-
-

Picture Option

- Display Picture Button

OK Cancel

CW Configuration	Action	Comment
Module Properties and Preferences		You can customize properties and set default preferences for each Clinical Workstation module. For example, you can set default filter and time options, add or delete modules from a summary view, and define screen display options.
	In the module, Click on View and then Properties - "Module name"	The Properties menu for each module provides different customization options. You need to set properties for each module individually.
Time Filters - in general		You can choose time-based search criteria so the module will display the most recent data or a set of data from a certain period of time.
	Click on Time in any of the modules.	You will now have 5 options.
All time periods	To include all data regardless of when it was stored.	
Last "N"	To include only the most recent records choose Last 'N' and choose how many previous records you'd like. If you choose 30, you'll see the last 30 records stored in the system.	
Sliding Time Frame	To include all records stored in a time period ending in today, Use the drop-down lists to choose a time period. If you choose "20" and "days," you'll see all records stored during the previous 20 days.	
Specific Time	To include all records stored between two specific dates, choose Specific time period and set the beginning and ending dates of the time period. You can type dates in the fields (mm/dd/yyyy) or click Begin date and End date to use the Calendar.	
Lab Results	To change the number of items in the list on the left: Click Time to change the	Choose from among four pre-defined filters for lab results: 1. Custom Reports. Displays custom

CW Configuration	Action	Comment
	time period covered. Time filters will give you the five options previously. From the Filter drop-down list, choose a different filter.	lab reports created for your enterprise. 2. Unique Orders. Displays one instance of each type of lab order, the most recent within the given time frame. 3. Unique Analytes. Displays one instance of each type of analyte for the selected patient, the most recent within the given time frame. 4. All Orders. Displays all instances of each type of lab order within the given time frame.
Clinical Notes	Click on View in menu bar, then click on Properties - clinical notes.	This will bring up Properties box which will have three tabs: Filter, Common List, and Preference.
	To include only certain kinds of notes, choose Specific note type(s). Then choose the desired note types.	Use the Add button to include a note type (it then appears in the box on the right). Use the Remove button to remove a note type.
Clinic Notes, continued	To include only the notes associated with a specific clinician, choose Specific Clinician. Then click Clinician to choose a clinician.	
	Click Save As. Click OK to apply the filter and return to the patient list view.	In the Save As window that appears, type a filter name in the Name field and click Save.
Patient Summary	With Patient Summary selected, click on View on menu bar, then click on Properties - Patient Summary. Click on the modules on the left side of the screen that you want in your Patient Summary screen. On the right, hold down your left mouse key and slide each of the modules to your preferred area of the screen. Click Align. Click Save.	This is how you can select what you want on the summary page and in what design.
Patient Encounter	Click on View on menu bar, then click on Properties-	This will bring up a Properties box which has two tabs: Filters and

CW Configuration	Action	Comment
	Encounter.	Preferences.
To change Filters within Patient Encounter	To filter encounters based on facility, choose Specific facility(s). Then choose one or more facilities. Use the Add button to move the facilities to the box on the right. Click "Save As" and type a filter name in the Name field and click Save. Click OK to apply the filter and return to the list of encounters.	Preferences allow you to set up time filters. You would click on Preferences, and then click on Time default. This brings the Time Options screen up so you can select: All time options, Last "N", Sliding time frame and Specific time period.
Phone Log	Click on View on menu bar, then click on Properties-Phonelog.	This will bring up a Properties box which has two tabs: Filters and General.
To change Filters within phone log To change Filters within phone log, continued	To change the queue on which the filter is based, choose the Physician call queue or the Nurse call queue option. If you don't want to base the filter on a queue, choose All call queues. To save your changes and return to the phone list using this filter, click OK. To save your changes and remain on the filter tab, click Save.	To include only those messages with a given priority, choose Specific Priority and then choose a priority from the drop-down list. To include only those messages linked to a specific call type, choose Specific call type and then choose a call type.
To add physicians for whom you take call for	Click on View in the menu bar, click on Properties--Phonelog and click on the General tab.	To add a physician to the list, click Add and use the Clinician Search window to choose a clinician. They will now appear in your dropdown arrow field.

THE HEALTH CARE TEAM

Nurse Manager/Director: Responsible for overall management and 24 hour accountability of the unit. Serves as a link to Nursing Administration.

Clinical Nurse Specialist/Educator: Responsible for orientation and education of staff. Represents staff on departmental/interdepartmental committees. Serves as a clinical resource.

Case Manager: Responsible for independently/interdependently monitoring and coordinating the progress of a particular patient population and improved/cost effective patient care delivery. Helps to arrange discharges. May be a nurse or a social worker.

Charge Nurse: Responsible for the daily operations of the unit.

Staff Nurse: Coordinates and implements the individualized plan of care for the patient. Delegates appropriate tasks to ancillary staff.

Clinical Scholar/Instructor: Works with course faculty from various BSN programs and is responsible for the clinical learning and oversight of nursing students.

Nursing Students: Fulfills school clinical requirements. Student is supervised by a Clinical Scholar/Instructor or RN preceptor.

Patient Service Coordinator (PSC): Provides unit support, performs clerical functions and order transcription.

Program Support Assistant (PSA): Responsible for providing administrative and operational support for a defined program or other clinical designation as assigned.

Chaplain: Provides spiritual and emotional support to patient, families and staff. Operator maintains “on call” list.

Dietician: Resource for staff. Ensures that patients meet adequate caloric needs. Does patient and family teaching based on consults received.

Enterostomal/Wound Specialist: Acts as a resource for ostomy/wound care. See patients in clinic, does marking for ostomies. Provides patient, family and staff teaching.

Physical Therapist/Occupational Therapists (PT/OT): Resource for physical and occupational therapy. Obtain crutches, splints etc., for patients.

Speech Therapist: Resource for staff. Evaluates speech, language, cognition and swallowing. Helps to provide the appropriate treatment regimen according to the patient’s needs.

Ancillary Health Technician (AHT): Responsible for phlebotomy and 12 Lead EKG.

Respiratory Therapist: Responsible for respiratory treatment and care.

Social Services: Assists with discharge planning and patient/family care issues in hospital/home.

Nurse Practitioner: Follow patient population and provide indirect patient care.

CNA:

- Certified Nursing Assistant position
- Provides copy of Colorado NA certification to recruiter at time of application
- Provides copy of BLS card to recruiter at time of application

Advanced Care Partner:

- Unlicensed Assistive Personnel position
- Must be a currently enrolled BSN student who has completed Nursing Fundamentals and first Med/Surg course.
 - Provides a copy of current transcript or receipt of tuition payment.
 - Provides a copy of Nursing Fundamentals skill checklist to recruiter from Nursing School, at time of application. Recruiter then forwards this copy to the director/educator so that it may be placed in unit employee personnel file (employee must still be checked off on UCH competencies and skills on the unit).
 - Provides a copy of BLS card to recruiter at time of application.
- Allowed to do additional advanced skills beyond CNA role. These skills are listed in the Advanced Care Partner job description on page 2, #13, letters a-e. (ie; venipuncture for blood drawing and/or peripheral intravenous (IV) catheter insertion, sterile dressing changes, insertion of straight and indwelling urinary catheters, apical pulses, and other skills as designated by the unit/clinic. Also, they can assist the RN with completing the nursing admission assessment form and with establishing/implementing care plans. Job duties include approximately 70% skills shared with CNA role and 30% from additional advanced skills listed above.
- May remain in the position for up to 180 days post graduation pending start date of GN program and NCLEX pass
- Precepted by RN/CNA for duration of unit orientation, then act independently within scope of practice
- Ongoing RN supervision and mentoring relationship

Duties of the Certified Nursing Assistant (CNA)

ASSIGNED NON NURSING TASKS

CLEANING:

CLEAN EQUIPMENT IN USE AND PRIOR TO STORING POST-USE
CLEAN ENVIRONMENT: COUNTER TOPS AND DESKTOPS
CLEAN PATIENT CARE AREA AFTER PROCEDURES OR AFTER PATIENT
TRANSFER/DISCHARGE
EMPTY WASTEBASKETS IN PATIENT'S ROOMS
KEEP HALLS CLUTTER FREE
REMOVE MEAL TRAYS, RECORD CALORIE COUNTS, FLUID INTAKE
CLEAN PROCEDURE ROOM POST USE
MAKE BEDS
REMOVING LINEN FROM SHOWERS AFTER PATIENT USE
EMPTY LINEN HAMPERS

RUNNING ERRANDS:

DELIVER LATE MEAL TRAYS
OBTAIN AND DELIVER SUPPLIES AND EQUIPMENT
OBTAIN AND DELIVER BLOOD PRODUCTS
ASSIST WITH PATIENT TRANSPORT
DELIVER SPECIMENS TO LAB
OBTAIN AND DELIVERS MAIL
COMPLETE ERRANDS REQUESTED BY PATIENTS AND RNS

CLERICAL TASKS:

PLACE, ANSWER AND TRANSFER TELEPHONE CALLS
ASSEMBLE EMPTY CHARTS AND MAINTAINS PATIENT RECORDS
SORT AND DELIVER MAIL
RECORD VITAL SIGNS, INTAKE AND OUTPUT
COLLECT PATIENT CHARGE STICKERS

STOCKING AND MAINTENACE:

ANWER PATIENT CALL LIGHTS
PERFORMS GLUCOMETER QUALITY CONTROLS Q 24 HRS
STOCK BEDSIDE, HALL CUPBOARD AND UNIT SUPPLIES
MAINTAINS OFFICE SUPPLIES
STOCK UTILITY ROOM AND LINEN CART
STOCK TREATMENT/PROCEDURE ROOMS
CHECK ELECTRICAL EQUIPMENT FOR DEFECTS, TAGS WITH RED LABEL AND
REMOVES EQUIPMENT FROM SERVICE.

DELEGATED PATIENT CARE TASKS FOR CNAS

THE FOLLOWING IS A LIST OF ACTIVITIES THE CERTIFIED NURSING ASSISTANT CAN PERFORM INDEPENDENTLY. THIS IS IN ADDITION TO TASKS THAT THE RN MAY DELEGATE TO THE CNA. THE RN WILL DELEGATE ONLY TASKS THAT ARE WITHIN THE SCOPE OF PRACTICE FOR THE CNA AS WELL AS FOLLOW UP ON THE INDIVIDUAL CNA'S PERFORMANCE OF THOSE TASKS.

PATIENT CARE TASKS:

VITAL SIGNS:

TAKE AND RECORD BLOOD PRESSURE; RESPIRATION; TEMPERATURE, PULSE; PULSE OXIMETRY READING AT REST OR ON ROOM AIR; WEIGHTS; HEIGHTS; PAIN INTENSITY SCREENING SCORE (0-10)

MAY NOT:

RECORD HEMODYNAMIC NUMBERS FROM THE MONITOR ONTO THE FLOW SHEET
DO PAIN ASSESSMENTS. AMBULATING PULSE OXIMETRY

INTAKE AND OUTPUT:

MEASURE AND RECORD ORAL INTAKE & OUTPUTS (NG, GT, STOOL, COLOSTOMIES, HEMOVACS, JPS, URINE)
ASSIST WITH COLLECTION OF CALORIE COUNTS
COLLECT AND PROPERLY LABEL SPECIMENS (STOOL AND URINE)

MAY NOT:

MANIPULATE OR CLEAR IV PUMPS. EMPTY EXTERNAL STENT UROSTOMY BAGS; CSF DRAINAGE BAGS. IRRIGATE NGT; COLLECT pH SPECIMEN.
RECORD CHEST TUBE DRAINAGE

ADLS:

ADMINISTER TOTAL OR PARTIAL BED BATH; PERFORM MOUTH CARE; CHANGE LINEN; RANGE OF MOTION. PERFORM PERINEAL CARE/FOLEY CARE; SHAVE; WASH HAIR

MAY NOT:

INSERT OR REMOVE URINARY DRAINAGE CATHETERS

NUTRITION:

FEED PATIENT; CALCULATE AND RECORD CALORIE COUNT

SKIN CARE:

PERFORM BACK RUB; PREPARE SKIN FOR PROCEDURE; SCRUB SKIN FOR OPERATIVE PROCEDURE. INFORM RN OF ALTERATIONS IN SKIN INTEGRITY. PERFORM INCONTINENCE CARE/APPLY BARRIER CREAMS AS DELEGATED BY RN.

ACTIVITY AND MOBILITY:

ASSIST WITH AMBULATION, TRANSFER. PASSIVE AND ACTIVE RANGE OF MOTION; POSITION AND TURN

MAY NOT:

TRANSFER PATIENTS REQUIRING 6 LITERS OR MORE OF OXYGEN OR TELEMETRY INDEPENDENTLY.

RESPIRATORY SUPPORT:

ASSIST WITH INCENTIVE SPIROMETER, WITH COUGHING AND DEEP BREATHING. PERFORM FRONT ORAL AND EXTERNAL TRACHEOSTOMY SUCTIONING. PLACE A PATIENT ON 100% OXYGEN AS DIRECTLY SUPERVISED BY RN

MAY NOT:

SET UP or TITRATE OXYGEN. PERFORM ENDOTRACHEAL OR DEEP ORAL SUCTIONING. SILENCE ANY VENTILATOR ALARM UNLESS DIRECTLY SUPERVISED BY THE RN.

APPROVED PROCEDURES:

ORIENT PATIENT TO ROOM ENVIRONMENT. SET UP ROOM FOR PATIENT ADMIT, TRANSFER. ASSIST WITH TRANSFER AND DISCHARGE. PERFORM POSTMORTEM CARE
GLUCOSE CHECKS AND QUALITY CONTROL CHECKS

BASIC OSTOMY CARE

ANSWER PATIENT CALL LIGHTS

APPLY SIMPLE NON STERILE DRESSING (JP DRAINS, TEGADERM)

MAY NOT:

ATTACH PRIMED PRESSURE LINES/IVS TO CENTRAL LINE ACCESS (SWAN, TLC, OR ALINE). PERFORM CARDIAC OUTPUTS

PRIME OR MANIPULATE ANY IV TUBING OR PUMPS; DC PERIPHERAL IV

INSERT NG TUBES/DOBHOF TUBES

CODE PROCUDURES: SHOCK PATIENTS, DRAW ABGS OR BLOODS FROM CENTRAL LINE ACCESS

DRAW BLOOD FROM CENTRAL LINE, SWAN LINE, EXISTING PERIPHERAL IV ACCESS

ADMINISTER ANY MEDICATION. ADD ANY MEDICATION TO AN IV SOLUCION

CAP OFF AN IV SITE. D/C PERIPHERAL IV SITES. D/C CENTRAL LINE ACCESS SITES

APPLY STERILE DRESSINGS

Advanced Care Partners Skills

Who are they?

ACPs are employees who are in nursing school. Having completed fundamentals of nursing and their first med surg clinical, they may perform duties in addition to those of the CNA.

- Place peripheral IVs
- Phlebotomy
- Remove capped IVs
- Place urinary drainage catheters
- Remove urinary drainage catheters
- Assist RNs with gathering of admission data
- Perform sterile dressing changes
- Place telemetry patches for monitoring (unit specific)
- Record output from chest tubes (unit specific)