EMH Main Campus Student/Instructor Orientation   8/16/23

Welcome to Elmhurst Memorial Hospital (EMH), part of Edward Elmhurst Health (EEH).

We are glad to have students back, we have some updated Infection Control guidance.

- As of August 1, 2023:
  - Masks are now optional for all patients, visitors and team members in all clinical settings unless otherwise indicated.
  - Due to differences in the physical spaces and care delivery at different locations, masks may remain required in select areas.
  - Masks continue to be recommended when caring for severely immunocompromised patients.
- Team members: please mask up when a patient requests it.
- Students may only be assigned to care for, or enter rooms of, COVID positive/rule out patients, if the student has been fit tested for a N95 mask (by the school) and documentation of this has been provided for our files. The hospital carries only certain N95 masks, if the student is tested on another type, then the student must self-provide the appropriate mask (N95 masks are not safely interchangeable)
- Personal Protective Equipment Eyewear is worn per Infection Control guidelines for patients on isolation and to prevent infection and splash injury. Personal eyeglasses are not a safe substitute for protective eyewear. Students are to self-provide eye wear protection.
- Employees, Students/Instructors are not allowed to attend if symptomatic (Fever, GI, Resp, Flu) or have had close contact with persons with COVID symptoms.

Please review the information in this document prior to your clinical experience at Edward Elmhurst Health. Instructors, please also read and share WITH YOUR STUDENTS the EEH Standards of Conduct document paying attention to Appendix's A through I.

Quality Improvement or Research Projects for Capstone and Graduate students: Curriculum requirements for BSN or MSN students typically include involvement in a quality improvement or research project.

ALL Quality Improvement and Research projects at EEH are reviewed by Nursing Research and EBP Council. Helps determine next steps including if need for IROC/IRB approval.

ALL students are **required** to present quality improvement or research project to the Research/EBP Council **PRIOR** to any implementation or intervention.

Any project involving EEH patients, staff, or data obtained at EEH is relevant to be presented to the Nursing Research Council. This is EVEN if your school has an IRB process or states your project will not need to be cleared by the hospital/Research Council.
The IROC/IRB process **is required** if the results are to be published (even a poster presentation at a symposium).

- Research Council is chaired by Deb Rodgers and Sandee Hayes
  - Debra.Rodgers@eehealth.org, Sandee.Hayes@eehealth.org
  - It meets the 4th Tuesday of every month, 10-11am, at Elmhurst.

At EEH, students are required to present their quality improvement or research project to the council. Following the presentation, the council will make recommendations for next steps including the possibility of the project being sent to the IROC/IRB for approval.

Approval of a quality improvement or research project may take time. We recommend you request time to present your project as soon as possible.

Instructors: Prior to the beginning of the clinical rotation, you must contact the unit management and review

unit standards and expectations and student clinical goals. The unit Manager/Director, Assistant Manager, and daily Team Leader (charge nurse) can assist you in making this the optimal experience for your students. Also please review this orientation handout with your students.

It is expected that the instructor maintains supervision of the students and remains on the unit. The floor RNs are also interested in involving students in floor activities and will help you identify other learning opportunities as they arise.

Please spread out the student assignments to find appropriate clinical experiences, and do not assign students in just one or two pods. We understand this may make it a challenge for oversight and close contact with students. Please let the Team Leader and your students know how to get in touch with you.

Here are some suggestions from the inpatient management team for student assignments:
1. Arrive an hour early to make assignments.
2. Print out a census.
3. Have a conversation with the Team leader regarding:
   - Available RNs for student assignment
   - Are there any residents on the floor working with an RN? (avoid)
   - Are there any new hire staff on the floor working with an RN? (avoid)
   - Are there any patient/family situations that are inappropriate for student assignment?
   - Make your assignments and have a designated assignment sheet you can post. Identify who is passing meds and which patient.

If you have a day clinical:
1. The night team leader gives the day team leader report at 0630 am in one of the pods. Review the assignments with the day Team leader and then ask where you should post it.
2. At 0700 am most units will have Bedside Shift Report in the patient room, students can accompany the RNs. The inter-shift huddle is led by the Team Leader, from pod to pod.
   a. Please communicate the assignments with the day RN's.

If you have an evening clinical:
1. Review the assignments with the day Team leader and then ask where to post it.
2. The Team leader report begins at 1830 pm
3. Please communicate student assignments with the night shift Team Leaders and RN's. Students can attend Bedside Shift Report/Handoff with the RN assigned to their patient.

If you have Overnight (or Precepted) Clinical experience (usually 7p-7a)
1. Student is assigned to work with an assigned Preceptor RN, another floor RN can substitute if Preceptor RN is ill or cancelled.
2. Students will work according to Preceptor RN's schedule.
3. Same restrictions for student allowed skills as listed below.
4. Clinical instructor is not on-site daily, will check with student/Preceptor RN periodically.

EEH uses EPIC. Students are assigned an identification number and initial password to access Epic in a View-only status. The initial password is changed through Password Management system thru EEH Intranet, instructions are provided. Call Help Desk X14357 if problems.
Instructors are assigned broader Epic access and can document medication administration.

EEH realizes that students are learning and need experiences, but we do not allow the following activities, by either students or instructors:
1. Perform accucheck (glucose monitor)
2. Start peripheral IVs.
3. Draw blood.

4. Insert any urinary catheters or straight catheterize.
5. Insert NG tube.
6. Administer Oral or IV Chemo
7. Obtain or administer blood or blood products (may assist with vital signs and observation, not to be verifier)
8. Document in the Electronic Medical Record (aside from documentation of student med administration by instructors)
9. Request or receive provider orders.
10. If on 4W/SW (post-surgical) at Elmhurst, DO NOT administer prn PAIN medication (floor RN will be responsible to do so).
11. Assign students to care for a COVID positive or Rule-out COVID patient unless the student has been fit tested for a N95 mask (by the school) and documentation has been provided for our files.
12. OB Specific: Remove an infant from mother/father presence without an EEH employee present.

Conference Rooms

Each unit has a unit conference room, check with unit manager if it might be available for your pre-post conference. The unit management can also let you know where they would like students to keep their belongings.

1. If you need a conference room scheduled, outside of your unit, you can contact Anne Stezowski. A request can be placed for a lower-level conference rooms, if one is open. All rooms have LCD projector and laptop (no DVD player).
2. If the conference room, which you have scheduled, is locked, call Public Safety X15500.

Medication Administration

1. Instructors are allowed Pyxis access-this access will be requested for you and may need to be re-requested if you return but are assigned to a different unit.
2. Instructors oversee medication administration by students.
3. Instructors document in Epic using Bedside Medication Verification (Bar Code Scanners) in room.
4. At Elmhurst, 4W/SWa (post-surgical unit) requests that students/instructors NOT administer PRN meds in response to patient satisfaction issues. Notify the nurse assigned and they will be happy to do this. On other units, if you give PRN pain medication, please notify the RN caring for the patient to ensure reassessment of the patient's pain.

EMH Information for Students and Instructors

1. Parking and Entering the Elmhurst Main Campus Building

a. Parking lots are color coded. Our plan is that visitors/patients are directed to park in the lot closest to the entrance they would need to use.
b. Students (and instructors) are required to park in the EMPLOYEE lots (on the North
c. side of Harvard Street and the small triangle lot to the east of the house on Harvard Street, see map next page). If the gate is down and you do not have your access
d. badge, "buzz" the gate (from button on the post) and the Public Safety office will raise the gate. This same process is the same at locked employee entrance doors 22 and 23.
e. Public Safety patrols parking areas. Tickets are issued for parking in non-employee areas. Repeat occurrences are addressed and may have parking privileges revoked. Please contact the Public Safety Department, with special issue or need.
f. A complimentary bus shuttle service for staff (and students) is provided Monday - Friday: 6a-9a and 3p-8p. Provides transport to all staff from the gated employee parking lot on Harvard Street to the Hospital, Center for Health or the Cancer Center
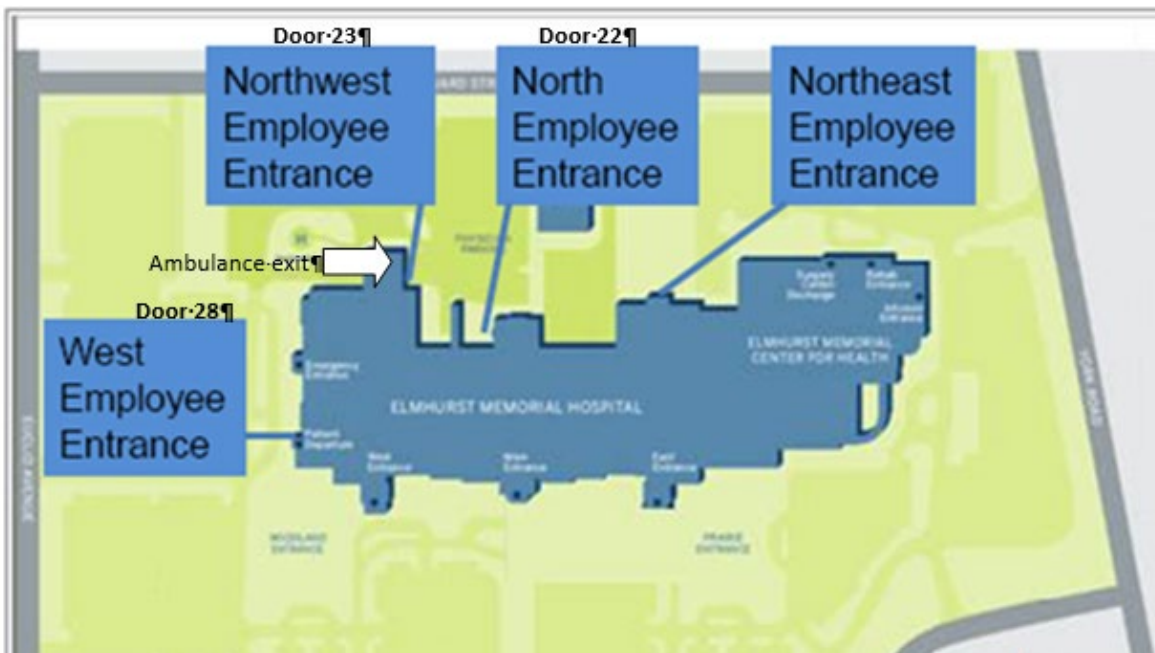
▪ **Morning Shuttle Operation (6:00 am – 9:00 am)**

- Shuttle Bus will pick up in the gated employee (Harvard) lot in the striped area reserved for the buses towards the front gates.
  - Drop off at one of the following destinations:
    - Hospital Employee Entrances (Door #22 / #23)
    - Center for Health Employee Entrance (Door #10)
    - Cancer Center Entrance (Door #5) – Drop off only
  - Morning buses drop off at all locations. The shuttle bus takes about 8 minutes to complete the route and return to the employee lot for pick up.

    ii.   **Afternoon Shuttle Operations (3:00 pm – 8:00 pm)**

- The shuttle bus will pick up employees at one of the following pick up points:
  - Hospital Employee Entrance (Door #22 / #23)
  - Center for Health Employee Entrance (Door #10)
- The afternoon shuttle bus will rotate between the above two locations and will sit at each location for no more than 2-3 minutes. The shuttle bus is expected to take approximately 8 – 10 minutes to complete the route.

    iii.   **General Information**

- There is one shuttle bus running continuously during the above hours.
- Public Safety can provide employee escorts outside of designated shuttle hours. Call Public Safety at 331-221-5500 about 10 minutes prior to departure to request an escort to, or from, employee parking lot.
- Contact Public Safety with questions or concerns about the shuttle.
- Employees/students may enter the Hospital using the badge access doors: Northwest Employee Entrance (Door 23), North Employee Entrance (Door 22). These entrances are shown on the next map.
- From Door 22 (door by the Ambulance exit and the Public Safety Office), staff elevators are accessed by turning right and walking west down the corridor, through door. An access badge is needed to enter this hallway and the elevators. Alternatively walk straight down the hallway, to the front of the hospital and take the Public Elevators.
- The public elevators are on the Main Hallway at the front of the building and are always accessible and available for use. Students and staff are allowed to use the public elevators, unless transporting patients.

2. We ask employees/students not to use Emergency Department Walk-In entrance or walk through Emergency Department to access other areas of the Hospital.
Especially in the winter months it is disruptive and chilly for ER staff and visitors.

3. **Access Badges**
   a. Badges are absolutely critical for access to the employee entrances, non-public areas, staff elevators and some parking lots.
   b. Process to obtain Student/Instructor Access Badges
      i. Badges for the students and instructor are requested after all paperwork received from the school coordinator.
      ii. Badges will be distributed to instructors the first day of clinical.
      iii. Please also wear your School ID badge when on the unit, as the Temporary Access badge will NOT have your name on it.

Employee and student parking (Dark Grey area)
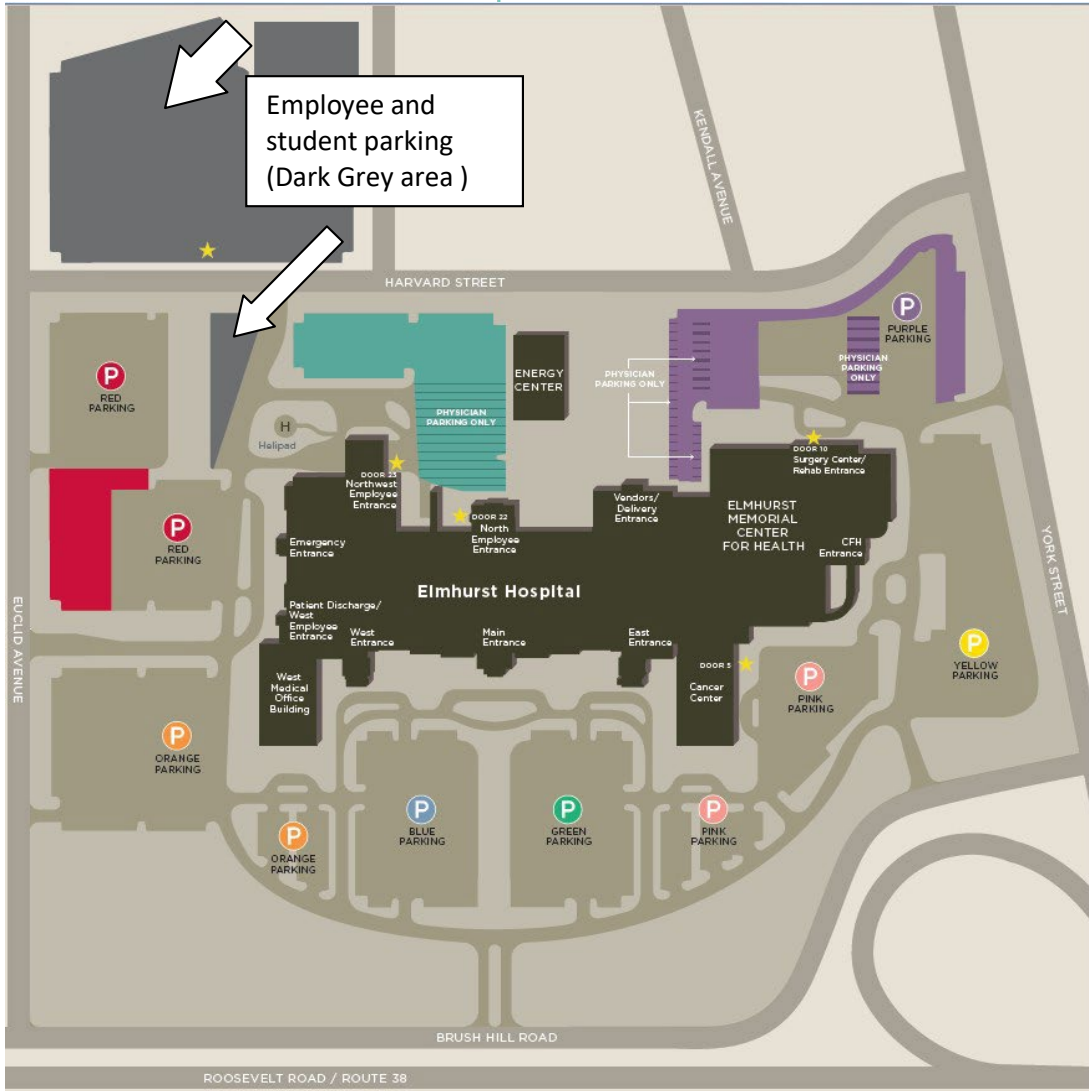
Employee Parking Map

- **All Edward-Elmhurst Health Employees**
  - Including employees in Center for Health and West Medical Office Building who work for PPD, EMMG or ENI
  - Edward staff
- **Center for Health (CFH)**
  - Physicians
  - Employees of independent physicians
- **Gated Lot**
  - Physicians
  - Authorized staff
  - Staff with special parking permit
  - Night shift (10 pm–7 am)
  - Volunteers
- **West Medical Office Building (MOB)**
  - Physicians in the west MOB
  - Employees of independent physicians
- ★ **Complimentary Shuttle Service Pick Up /Drop Off** (Door 5 is drop off only)
- (P) **Patient and Visitor Parking Only**

Healthy Driven
Edward-Elmhurst HEALTH

KENDALL AVENUE

HARVARD STREET

(P) RED PARKING

PURPLE PARKING

PHYSICIAN PARKING ONLY

ENERGY CENTER

PHYSICIAN PARKING ONLY

PHYSICIAN PARKING ONLY

H Helipad

DOOR 23 Northwest Employee Entrance

DOOR 22 North Employee Entrance

Vendors/ Delivery Entrance

DOOR 10 Surgery Center/ Rehab Entrance

ELMHURST MEMORIAL CENTER FOR HEALTH

CFH Entrance

(P) RED PARKING

Emergency Entrance

Elmhurst Hospital

EUCLID AVENUE

YORK STREET

Patient Discharge/ West Employee Entrance

West Entrance

Main Entrance

East Entrance

DOOR 5 Cancer Center

(P) YELLOW PARKING

West Medical Office Building

(P) PINK PARKING

(P) ORANGE PARKING

(P) ORANGE PARKING

(P) BLUE PARKING

(P) GREEN PARKING

(P) PINK PARKING

BRUSH HILL ROAD

ROOSEVELT ROAD / ROUTE 38

Door 23
Northwest Employee Entrance

Door 22
North Employee Entrance

Northeast Employee Entrance

Ambulance exit

Door 28
West Employee Entrance

ELMHURST MEMORIAL CENTER FOR HEALTH

ELMHURST MEMORIAL HOSPITAL

- The Student Temporary Access badge **must be returned** at end of each Clinical (even if returning to EMH) or a $15 fee is charged. Instructor's Access Badge should allow Instructors to open the Patient Specific Medication cabinet in the Nurse Server outside the patient room.
- If there is a problem with the badge access please contact Anne Stezowski to submit a Service Now IT Ticket 331-221-0381 or Elmhurst_Hospital_Student_Rotations@EEHealth.org

4. **Moving around the Main Campus Building**
   a. **Onstage/Offstage Areas**
      i. The Hospital's design incorporates onstage and offstage areas.
      ii. This is to foster a peaceful environment and minimize transport of patients and materials through public areas whenever possible.
   b. **Staff-only areas and elevators (and stairwells)**
      i. Increases patient privacy and minimizes public view of linen and food carts, patient transport and environmental services.
      ii. Staff elevators may or may not be able to be summoned without an Access badge, but will not accept floors 2-5, unless badge is swiped again.
      iii. Staff elevators are located behind public elevators. Students are allowed to use public elevators (unless transporting a patient) and staff elevators.
      iv. Note: all stairwells will open on the first floor for exit, some may not let you re-enter a floor on another level, if that area has restricted access, i.e., 2nd floor sterile areas, 3rd floor FBC/Nursery, etc.)
      v. Other locked rooms on the patient floors have number pad locks, i.e., med/supply/nourishment, equipment, soiled workroom. Code is digit of floor and 925, i.e. on the 3rd floor it is 3925, on the 4th floor 4925, on the 5th floor 5925. The utility and storage rooms are coded with digit of the floor and 100, i.e. 3rd floor 3100. Some doors also require entry of # at the end of the code. If the light is not flashing green, try a # sign!

5. **Standardized Unit Construction**
   a. **1st floor**
      1. Emergency Department
      2. Central Admission Area
      3. 1 East Surgical Short Stay unit
      4. Radiology and Non-Invasive Cardiology, Cath Lab overflow
      5. Administration
      6. Café, Gift shop, Starbucks and Chapel
   b. **2nd floor - Interventional Platform/Critical Care**
      1. Endoscopy, Pre-op, Surgery, Recovery and Ambulatory Surgery
      2. Cath Lab (Invasive Cardiology) and CT suite
      3. Critical Care unit
         a. Progressive Critical Care (4 Pods= 39 beds)
   c. **Medical Surgical and Obstetric Units**
      i. The 3rd, 4th and 5th floor are all constructed in a physically similar manner.
         1. Cardiac unit
            a. 3W/3SW= (48 beds-4 pods) Telemetry/Cardiac
            b. 5Wa Cardiac Obs unit (12 beds) (possible COVID)
         2. Obstetric Unit
         3. 3SE/3E= FBC (ante/post-partum, SCN, L&D)
         4. Surgical post-op and oncology unit
            a. 4W/4SWa= (36 beds-3 pods) post-surgical

      b. 4SWb/4SE= (38 beds-3 pods) oncology/palliative care/hematology

      c. 1E= (8 Beds) Short Stay Surgical

  5. Medical unit

      a. 5Wb Medical Observation unit (12 beds)

      b. 5SW/5SE=(50 beds-4 pods) medical patients

  ii. Each nursing station pod area is set up alike, so it is easier for staff/students to move from pod to pod and spend less time finding supplies.

  iii. Each supply/med/nourishment room is set up similarly (although some supplies are stocked in different quantities per individual unit need)

  iv. Patient rooms are as identical as possible also (no right-facing or left- facing rooms)

  v. Standardization increases staff and patient comfort levels and simplifies the change process. It makes more time available for patient care.

d. Tube System/Equipment Room/Crash Cart

  i. Tube Station, Equipment Room and Crash Cart are in the "Land between the Pods" (on Med Surg). Location is different in PCCU and ED.

  ii. Tube Stations are EMH badge access only (not by students or instructors)

6. Patient Room Environment

  a. Lift Equipment

    i. Ceiling lift equipment located in med-surg inpt rooms (not in ED, L&D)

    ii. If patient needs lift assistance appropriately sized sling is obtained from storage area and kept in bottom drawer of nurse server outside room

    iii. For patient safety, unit staff have been trained on equipment use, students may assist unit staff (not to use independently) Portable equipment available in equipment room in center of unit,(in between pods), students may assist with unit staff use of this equipment.

      1. Sabina—sit to stand.

      2. Golvo—total lift

  b. BEDS-Transport in Beds/Bed Scales/Zoom Beds/4W/4SW beds/Bed Alarms

    i. Transport in Beds

      1. Patients are transported in beds to most tests or procedures in which cart transfer would have been done previously.

      2. Exception is transport to OR. Most OR transport is via cart.

      3. Purpose is to maximize comfort for patients and decrease potential skin injury from transfer to cart.

    ii. Zoom Beds

      1. There is a battery power assist moving function on most of the medical surgical beds. It is only activated in hallway because bed is pushed in a straight line for about 5 feet first, to engage motor.

      2. Very important to re-plug in the bed when no longer moving. Battery needs to recharge. If totally discharged, cannot hold charge and will need to be replaced at great cost. Beds are plugged into the BEIGE outlets (RED outlets will not pass charge to battery)

    iii. Non-Zoom beds (intended for 4W/SW, non-battery powered beds, but may be seen on other units also)

      1. Some 4W/4SW beds do not have the ZOOM feature.

      2. These beds are closer to the floor by about 3 inches (the battery and power assist wheel require space on the Zoom Beds). This allows orthopedic patients a little

easier time getting into bed.

3. In addition, there is an auxiliary power outlet on the foot of the bed to facilitate plug-in in equipment(VAC, CPM, SCD, etc.).

    iv. Bed scale

Each bed has a built-in scale, which is zero-ed on admission before 1st patient weight. Linen Standard on bed for weights is bottom sheet, top sheet, draw sheet, (incontinence pad, if needed), pillow and case. If additional equipment is continually on bed, i.e., CPM, zero bed w/ equipment on and pass on info to other staff via profile.

c. Fall Prevention

    i. Fall Prevention in Epic—Low- High, Epic automatically calculates 12 hours after admission. Nursing rates patient Fall risk using a manual system on Admission.

    ii. High Fall Risk patients have Bed Alarm (built into bed) set at Zone 2

    iii. Safety Interventions applicable for all patients

        1. Bed in low position, wheels locked
        2. Adequate lighting
        3. Room Clutter free.
        4. Personal items and call light within reach
        5. Patient is reminded to "Ask for Help" if needed.
        6. "Foot in the Door" process-stay with patient who is taken to the bathroom with your "foot in the door" to remain able to immediately assist, while providing privacy.
        7. Staff is to ask "Is there anything else you need" before leaving the room, especially during interactive hourly rounds.

    iv. Fall Risk is communicated to all disciplines via Epic, Unit Manager and Caregiver Communication Board

    v. Use Fall Risk Interventions:

        1. Develop individualized Fall Prevention Plan of Care, according to patient risk factors. Fall Risk Wristband (Yellow) and Slipper socks are used for High Fall Risk patients.
        2. Check patient more frequently than hourly rounds, offer toileting assistance, stay with patient when up.
        3. Patients that need help to the bathroom will need help to return. Do not leave patients alone. Whomever takes the patient to the bathroom keeps their "Foot in the Door" to be close enough to hear the patient when they are done yet provide privacy.
        4. Educate Pt and Family re: fall precautions, enc. to ask for help, Use Laminated Patient Education Handout in room to instruct patient.
        5. Use bed alarm for ALL High-Risk Fall pts or as per patient need.
        6. Chair alarms are in each patient room and used at RN's discretion (obtain Chair Alarm pad from Supply Room).

    vi. iBed Awareness

        1. Stryker beds w/iBed Awareness on CAA, 3W/SW, 4W, 4SE, and 5 Medical Units.
        2. RN sets bed in safe position (default is low position/brake locked/upper 2 siderails elevated) When bed alarm is used, it is set BEFORE turning on iBed system.
        3. Bed is "aware" if the current bed position matches the set position.
        4. Footboard light identifies if bed is in or out of safe position.
        5. SOLID GREEN- Bed in Safe Position FLASHING ORANGE – Bed NOT in safe position

6. When bed is deemed "unsafe" message is sent to RN/PCT phone
7. If you note a bed is Flashing Orange-GO INTO ROOM, check patient, stay with pt until RN or PCT comes and rectifies situation.
8. If a side-rail is raised or lowered, alarm is triggered. To raise/lower without triggering the alarm, <u>Turn Off</u> the iBed (push button on foot board), assist the patient and then, put the bed back to the
9. original configuration **AND THEN TURN the iBed sensor BACK ON!!!** Do not leave the iBed alarm unset. Ask the nursing staff for assistance if you need help.

vii. Bed/Chair Alarms
1. Used for pts that are High Fall Risk, or with RN assessment of need for bed alarm. This is set on Zone 2, the mid-range setting, unless the RN determines that the more sensitive setting is needed and set before activating iBed.
2. Patient weight is recorded, using the bed, prior to setting alarm. Bed alarm is triggered when 50% of patient's weight leaves target area.
3. RN selects appropriate "alarm zone" according to patient need and Fall Risk status. Bed alarm is set PRIOR to initiating the iBed alert.
4. Alarm is automatically sent to RN/PCT phone as emergency message. Audio alarm can only be cancelled in room.
5. Chair Alarm used as adjunct. Chair Alarm cord plugged into round Intego jack, number 4 (to the right of the Code Blue/RRT buttons).
6. Each inpatient room has a Chair Alarm module mounted to the wall. Chair alarm pads are available on the Supply Cart.

7. **Tri-zone areas in patient rooms-staff/pt/family**
   a. **Staff area**
      i. Procedure Cart (small movable cart in pt room under counter next to bed)
         1) Locked Cart-Code is 1000
         2) Can be used to store equipment or supplies needed for patient care
         3) It is not used for medication storage. Medications are stored in Pyxis or the Locked (RN badge access) Patient Specific Medication cabinet in the Nurse Server outside room.
      ii. Caregiver Communication Board
         Quick staff reference for Toileting Method, Activity (and need for lift equip) Diet, Precautions and Additional Information
      iii. Bedside Computer
         Bedside Medication Verification (BMV) Scanner-all meds are to be scanned. If not able to scan individual med, contact patient RN or Team Leader for assistance.
      iv. Medical Surgical unit-Vital sign monitor, not interfaced with Epic. Students may take Vital Signs, but they do not chart. Report to RN.
         1. Blood Pressure-place cuff on patient (make sure fully deflated), press the NBP button.

2. Temperature-pull probe from holder, place cover on probe. Display shows hand icon with thermometer. Ensure probe matches site (i.e., oral or rectal). Rectal probe stored in nurse server outside room.
3. SpO2-Pulse Ox monitor is only used for intermittent assessment.

Patient area

v. Bed
1. Note: no bedside table. Use shelves on end of overbed table for patient belongings.
2. CPR button at foot of bed will flatten HOB and knees for CPR. Manual release is at the HOB (except Bariatric Bed, it is at FOB).

vi. Patient Communication Board (on wall across from patient)
1. Has RN & PCT names, and name patient wished to be called.
2. Other pertinent information for patient, plan for the day, activities

vii. Staff Communication Board (on wall to the right of the patient)
1. Alerts and warnings: Isolation, Fall Risk, Fluid Restriction, I&O, Diet, Activity and Toileting method.
2. Reviewed and updated at Bedside Shift Report

viii. Patient Telephone
1. Can reposition as patient desires, patient phone extension 11+room number (Hospital Main Phone number is 331-221-1000)
2. Speed Buttons on phone for Room Service (meals)-first button, Spiritual Care, Volunteers, Gift Shop and Walgreens

ix. Recliner Chair

x. Television

xi. Round, drop-leaf table- Can be used for patient dining or for visitors.

xii. Closet/safe
1. Safe has combination lock, able to be set by patient.
2. 2 folding chairs and an adjustable walker for in-hospital use

b. **Family area**
i. Couch-can fold down into bed for overnight visitor.
ii. Large Window has two shades-light diffusing and light blocking.

c. **Centralized Call Light/Emergency Buttons**
i. Call Attendant answers light w/in seconds, messages appropriate caregiver
ii. Patient Call Attendant (PCA) identifies staff in room by Intego RFID tags.
iii. Call light cancels with staff in room (RFID tag), student can turn off call lights manually by pressing the Yellow (Cancel) button.
iv. Emergency Buttons for RRT (red button) and Code Blue (blue button)
1. PCA asks "Is this a RRT/Code Blue?" to verify
2. Decreases false alarms.
3. No overhead paging for RRT, Code Teams/Staff notified by phone.

8. **EMH Patient Care Services Processes and Procedures**

a. **Room Service/Mealtimes**
i. Patients can order food, using Room Service Menu in room, as they wish between 6:30am and 6:30pm. Food will be delivered w/in 45 minutes (usually closer to 20 minutes)
ii. Room Service Attendant will NOT deliver tray into an Isolation room, unit staff are responsible.
iii. Make sure patient room is set up for meals. Patients should be out of bed to eat meals. Can use recliner chair and overbed table or couch and drop- leaf round table. Room Service

Attendants will notify patient's RN if diabetic patient's tray is brought to the floor, for double check of glucose test performed and insulin administration.

    iv. Food Service notifies RN if two meals are missed (one meal, if Diabetic)

    v. Unit Staff collect soiled tray, record oral intake and % meal taken in Epic and place tray in the Dirty Tray Cart in the Soiled Utility Room

b. Wildflower Café
    i. Hours are 6:30am to 7pm M-F and 7a-6:30p Sat & Sun
    ii. Multiple options for freshly prepared food or "grab and go".

c. Starbucks Hours:
    i. Mon-Sat—6:30am-6:30pm
    ii. Sun-Holidays—6:30am-3pm
    iii. Nightly—1am-4:30am

d. Patient Directed Visitation
    i. General Visiting Guidelines (follow current Infection Control guidelines)
        1. Visiting hours - 5 am to 8 pm. • Visitors/care partners to adult inpatient units must be 2 years and older. • One visitor/care partner 18 years and older may stay overnight. • Team members may limit the number of visitors present in a room for safety reasons.
        2. Additional visiting guidelines for COVID positive patients • COVID positive patients may have a total of two care partners/visitors 18 years and older, with only one allowed in the room at a time. • • Visitors/care partners will be counseled on safety guidelines before entering the patient's room. • In addition to a mask, a gown and gloves must be worn when in a patient's room. • Alternative methods of visitation such as video calls on cell phones or tablets are encouraged
        3. A Care Partner is a designated member of a patient's support system who serves an important role in helping our patients feel comfortable, safe and prepared to return home. It is important that the designated Care Partner stays consistent throughout the course of a patient's stay. When the patient returns home, Care Partners play an important role in easing that transition.
    ii. Care Partner/Visitor Guidelines
        1. Guest meals are available through the Wildflower Café Room Service (credit card). Fee is $10 for breakfast, $12 for lunch or dinner. Tray is brought up by Food Service. Visitors may bring food back to room from the Café. Refrigerator and Microwave is available in family lounge for visitors that wish to bring in food. Food placed in the Family Refrigerator must be labeled with name and dated. Refrigerator is cleaned and food discarded one a week.
        2. There is *complimentary* self-serv coffee service for **visitors** in the Family Lounge by the Main elevators on the 3rd, 4th, and 5th floors. Also available in PCCU and in FBC.
        3. The Main Entrance is staffed by Greeter Staff 7a-7p. Visitors are directed to correct elevator and unit. Main entrance locked 7p-7a.

e. Continence Plan
    i. Helps patient maintain/achieve optimal elimination function and continence with dignity. Elmhurst has no stationary/portable commodes, use rolling shower/commode chairs. Patients are placed in the chair, using lift equipment if needed, and rolled into bathroom over toilet/shower as required.

    ii. Products: disposable under-pads, adult pull-ups, adhesive pads for underpants. Use with discretion, only one disposable pad on bed at a time, use pull-ups only when necessary for patient dignity.

    iii. Minimize use of indwelling catheters. Only EMH RNs with documented competency insert catheters. No students or instructors allowed to insert indwelling catheters. External Catheters: Purewick Female and Male Primo Fit and Condom Cath used with RN order.

f. Inpatient Service Representatives(ISR)

    i. ISR's function as concierge and help support units by ordering supplies.

g. Purposeful, interactive Hourly Rounding

    i. RN or PCT is to check in with the patient on at least an hourly basis.

    ii. Address the 4P's: Pain, Positioning, Potty and Possessions

h. Pharmaceutical Waste Management

    i. Pharmaceutical waste is handled according to Federal regulations. Pyxis and Epic prompt correct disposal into containers in soiled utility room.

    ii. BLUE container: non-hazardous pharmaceutical waste
        1. Vials that are full/partially full, oral meds/half tablets
        2. If syringe is partially filled, expel into piece of gauze, which is disposed into BLUE container, empty syringe into Sharps container.
        3. Examples include lidocaine, heparin, and antibiotics.

    iii. BLACK Container: Hazardous Waste. Hazardous material is identified by a message in Pyxis, med worksheet, in Epic or labeled with a BLACK dot directly on med.
        1. Examples include Pharmacy Labeled vials, IV bags/tubing, pkg wrappers from Nicotine Patches (or Nicotine discarded med), insulin pens, and Silvadene.
        2. If Pharmacy Labeled Hazardous syringe is partially full of medication, expel into gauze, dispose gauze into BLACK container and now empty syringe into the Sharps container.
        3. Chemotherapy >3% by volume

    iv. Chemotherapy Waste (Trace <3% by volume)
        1. Bulk and Trace Chemotherapy is disposed in Black Bin, including mediations and containers that are NOT empty.
        2. Chemo IV bags/tubing with free-fluid residual, refused or partial oral chemo meds.
        3. PPE and Spill Material (contaminated with <3% by Volume)

    v. GREEN Container: Aerosol Waste
        1. Canister Inhalers, Aerosol medications
        2. Albuterol and QVAR Inhaler

    vi. RETURN TO PHARMACY-Some hazardous wastes are separated and disposed of by Pharmacy. They are not placed in BLACK containers.
        1. These meds are identified by Pyxis message "Return to Pharmacy for

Disposal", in Epic or labeled directly on the medication.

2. Corrosives and oxidizers (unused silver nitrate sticks)
3. Place these medications in a zip lock bag and Return to Pharmacy

vii. Regular Trash can: empty packaging/ wrappers (except for Coumadin and Nicotine packages) empty maintenance IV bags, empty vials and gloves, used silver nitrate sticks.

viii. Drain/Sink: Plain IV solutions or with additives such as dextrose,

ix. NaBicarb, KCl, KPhos, and narcotics

x. Controlled Substances: continue to witness and waste. Cut up narcotic patches and flush. (No other meds are to be discarded this way)

xi. Sharps Container: needles and empty syringes

xii. Red bags/Containers: infectious or bloody/bags/tubing/dressings

i. Bedside Shift Report: SBAR
   i. S Situation
   ii. B Background
   iii. A Assessment
   iv. R Recommendation

j. Staffing for Pod assignments
   i. Effort is made to keep staff in consistent pods for patient care continuity.
   ii. Initial bed assignments are made with oversight into remaining patients in pod and anticipated length of stay.

k. Team Meetings
   i. Team Leader conducts team meeting on unit (24 bed area) [both Pod A (12 beds) and Pod B (12 beds)]
   ii. Each RN gives a brief clinical update.
       1. Patient Plan-know the RISK.
       2. Unanticipated changes
       3. Safety Issues-fall, restraint, DNAR, medical
       4. Anticipated admissions, discharges, transfers
       5. Identify needed assistance.
   iii. Unit staff members attend and discuss patient risk.
   iv. Other caregivers (Case Manager, RT, PT, RD) are encouraged to attend.

l. Patient Identification Process-for meds, treatments and tests
   i. Full name and date of Birth
   ii. Compare against printed copy or computer screen (i.e., medication worksheet or profile)
   iii. Can verbally ask pt for identification (best to ask to spell) or use ID band.

m. Epic Access
   i. Instructors receive Epic access to document medications in the electronic medical record, using Bedside Medication Verification. All other documentation will be done by the EEH nurse assigned to the patient.
   ii. Students are given view-only access in Epic.
   iii. A confidentiality form is completed for all access to Medical Record.

n. CPOE Computerized Physician Order Entry
   i. At EEH, physicians can enter orders electronically on the unit and from remote locations.
   ii. Nursing Instructors are not expected to enter orders, nor should they call physicians for new orders. The RN assigned to the patient

can help facilitate new order acquisition if needed.

o. **Medication Administration**
   i. Instructors can receive a Pyxis Code. They will remove and chart medications administered by students. Bedside Medication Scanning is used to verify medication, correct patients and to chart medications.
   ii. Instructors and students will not administer Oral or IV Chemotherapy
   iii. EEH Policy specifies in which areas which medications are allowed to be given IV Push (policy can be accessed from the EEH Intranet)
   iv. Double check insulin and heparin doses with another nurse before administration (and other high-risk meds as prompted in Epic)
   v. Metered Dose Inhalers (MDI) initial administration is by the Respiratory
   vi. Therapist, transition to RN when patient is competent (it will be noted if Nursing or Resp will administer). MDI medication is kept in locked (badge access) cabinet of nurse server outside patient room.
   vii. 4W/4SW request that PRN medications are administered only by the floor RN. They do not want patients to wait for needed medication if instructor is tied up with another student.
   viii. When multiple students are administering medications, instructors may remove medications from the Pyxis, place in plastic bag (identified with patient name and DOB) and put bag in locked patient specific cabinet outside of patient room to await administration.
   ix. Scheduled Medication timing has been aligned with CMS Guidelines, to allow flexibility in medication administration and individualizing care.
      1. "Daily" is 9:30am-Meds that are administered Monthly, Weekly, or daily have 2 hours before and 2 hours after "window" (effectively between 7:30am and 11:30am)
      2. Meds administered more than daily but less than Q4H have a 1 hour "window" before and after the scheduled time.
      3. Medications considered "Time Critical" are administered no more than ½ hour before or after the scheduled time. Includes meds such as insulin, heparin and those scheduled for Q4H or more frequently.

p. **Glucose Monitoring**
   Neither Instructors nor students are allowed to perform bedside glucose monitoring test. Training is required and a confidential User ID is required to access the device. Students may observe.

q. **DNAR – Do Not Attempt Resuscitation/POLST**
   A Purple wrist band is used, in addition to the WHITE ID band to identify DNAR patients. The physician will have given the DNAR order.

r. **Restraints**
   i. Check with RN caring for the patient, or the Team Leader for use and documentation requirements. RN has responsibility for documentation.
   ii. Restraints can be removed for patient care and re-applied after care.

s. **Unit Manager is a patient tracking system in EPIC.**
   i. Staff Assignments
   ii. Patient's data and alerts
   iii. Patient Schedule /Tests/Location of patient

t. **No Smoking Environment**
   i. Staff, Patients, Visitors, and students are not allowed to smoke or vape anywhere on hospital campus.
   ii. This includes parking areas in your car.

u. **Observation Schedules**
   i. If observation time is desired in an area other than your clinical assignment, instructor, please make individual arrangement with manager/assistant manager of the area ahead

of the observation day.

    ii.   Surgery is usually not an option for student observation.

v. Accidents/Injury

    i.   Inform Team Leader

    ii.   An RL6 Safety Event Report is to be completed for all injures even if you do not choose to go to the Emergency Department

    iii.   Students (including those students who are employees of EEH) and

    iv.   instructors (including those who are employed by EEH while working for school) may go to the Emergency Department if needed using their personal/group health insurance.

    v.   Occupational Health is only available for those students/instructors whose schools are covering the charges and cannot process personal/group health insurance claims.

w. Student Biohazard Exposure -Bloodborne, TB, MMR, Varicella, meningitis, etc. Dependent upon the exposure, the response is varied. Students are notified if they participated in care of a patient, later found to have a communicable infection. If it is a needle stick or blood borne exposure to non-intact skin, clean the site with soap and water immediately or as soon as feasible.

    i.   If it is a blood borne exposure splash to the eyes or mucous membranes, flush with water immediately or as soon as feasible.

    ii.   Notify your instructor and Team Leader.

    iii.   The student can be seen in the ER or Occupational Health (not employee health) registers as an outpatient. Student is responsible for payment. Students can use SCHOOL Student Health Services or their own physician (not in EMPLOYEE Health)

        1.   Students and faculty (including employees working as faculty) are responsible for the expense of their medical care for injuries or illnesses sustained as a direct or indirect result of his/her affiliation with facility.

        2.   It is important to treat any exposure (or any on-the-job injury) seriously.

        3.   Depending upon exposure, do not wait until the end of your shift or the next day to be seen by the Emergency Department.

        4.   The CDC (Centers for Disease Control) says that if your exposure was to a patient carrying the HIV virus, you need to receive treatment within **hours** of exposure. Waiting a few days to be treated is too long.

        5.   Ask Team Leader to complete an RL6 Safety Event Report.