Nursing Student and Instructor Handbook
Nursing Practice Model
Froedtert Hospital
Nursing Professional Practice Model and Care Delivery System
Nursing Professional Practice Model of Relationship-Based Care

The Nursing Professional Practice Model of Relationship-Based Care focuses on the care of patients and their families/significant others. The model has been adapted from ‘Relationship-Based Care: A Model for Transforming Practice’ (Koroutou, 2004).

The following elements contribute to the Nursing Professional Practice Model: Transformational Leadership, Shared Governance, Professional Development, Relationship-Based Care Delivery, Nursing Research & Evidence-Based Practice, and Interdisciplinary Collaboration. These elements serve as the foundation of our care approach to patient-centered care and as such, are depicted in the model as surrounding the patient and family.

Key drivers influencing our practice include: the Nursing Mission, Vision, and Philosophy; the Froedtert Hospital Mission, Vision, and Values; and the organization’s Strategic Priorities.

Nursing Mission
- To Care and Comfort
- To Advocate
- To Educate
- To Collaborate & Innovate

Nursing Vision
Froedtert nurses will be nationally recognized for excellence in professional nursing practice.

Nursing Philosophy
Nurses at Froedtert Hospital support professional nursing practice which emphasizes:
- Relationship-based care that is individualized, compassionate, and culturally appropriate, in which nurses advocate for care that is delivered with the highest respect, dignity, and care.
- Courageous, agile, and responsive leadership that facilitates successful navigation of change due to internal and external factors.
- Interprofessional collaboration for optimal patient outcomes, including empowering patients and families as active participants in their care.
- The delivery of high quality patient care and making a difference in the lives of patients through the utilization of evidence-based practice, participation in nursing research, and commitment to ongoing quality improvement.
- Education of our patients, the community, our co-workers, and future healthcare professionals.
- A shared governance structure that supports autonomous, participative decision-making.
- An environment that nurtures and supports innovation, clinical expertise, and ongoing professional development, enhancing the recruitment and retention of outstanding nursing staff who exemplify nursing excellence.

Froedtert Hospital’s Mission
Froedtert & the Medical College of Wisconsin advance the health of the communities we serve through exceptional care enhanced by innovation and discovery and teach the next generation of health care professionals.

Froedtert Hospital’s Values:
- Partnership
  - Partnering with patients, families and other organizations; collaborating with co-workers and colleagues
- Responsiveness
  - Meeting the needs of the community in prevention, wellness and providing integrated care for all ages
- Integrity
  - Using resources wisely; building trust
- Dignity and Respect
  - Creating an inclusive and compassionate environment for all people

Excellence
- Demonstrating excellence in all we do

Transformational Leadership
Transformational leadership includes the CNO, directors, managers, staff nurses and shared governance chairs, and others in formal and informal leadership roles; together we share in achieving goals that fulfill the missions and move toward meeting the visions of both nursing and the hospital.

Shared Governance
Our shared governance structure supports autonomous, participative decision-making.

Coordinating Council: provides a framework to the division councils and ensures an overall coordination, oversight, and prioritization of activities related to the empirical outcomes that are influenced and impacted by nursing practice.

Development Council: accountable for functions related to nursing education, patient education, professional development and enrichment, and recruitment and retention.

Professional Practice Council: accountable for ensuring that practice is evidence-based and there is a consistent standard of practice across all departments (includes policies/procedures, etc.)

Quality & Safety Council: accountable to assure high quality nursing care and excellent patient outcomes by monitoring, improving, and evaluating nurse-sensitive indicators.

Research Council: accountable to promote and facilitate nursing research activities among the nursing staff

Ambulatory Council: accountable for functions relative to professional practice, quality and safety, and development, in ambulatory settings.

Nursing Management Council: accountable for ensuring professional nursing practice is appropriately integrated and aligned across all environments of care at Froedtert Hospital. The Council is also accountable for ensuring the effectiveness of structures/processes that are part of the Nursing Professional Practice Model at Froedtert Hospital.

Professional Development
- Performance appraisal process includes self-assessment, peer review, and goal setting
- Nursing Professional Development Pathway promotes, recognizes, and rewards professional development of clinical RNs
- Certification is encouraged; on-site certification review courses offered
- Educational support for formal education, continuing education, and competency including tuition reimbursement
- Continuing education - internal offerings and external conferences
- Education to obtain, maintain, and validate competency
- Preceptor Program utilizes Benner’s Theory of Novice to Expert

Care Delivery System
Nurses at Froedtert Hospital provide high quality patient-centered care using a Relationship-Based Care Delivery System:

- Nurses make decisions within the scope of their practice and coordinate patient care
- Primarily RN staff with the authority to delegate to PCAs, PCTs, MAs, surg. Techs, and other unlicensed caregivers
- Patient assignments are determined collaboratively, based on patient needs and RN competence/experience
- Nurses communicate and collaborate with patients, families, the interdisciplinary team, and each other to achieve optimal patient outcomes
- We use interdisciplinary care plans/plans of care (e.g., discuss the plan of care in inpatient Care Coordination Rounds)

Nursing Research and Evidence-Based Practice
- Doctorally-prepared nurse researchers and nursing research consultant support, coach, mentor, educate, guide Froedtert nurses in research and evidence-based practice activities
- Nurse membership and participation on Institutional Review Board
- Nursing Research Council promotes and facilitates nursing research activities and research education
- Evidence-Based Practice Committee promotes and facilitates evidence-based practice (EBP) and EBP education
- Utilizes the Iowa Model of Evidence-Based Practice to Promote Quality Care (Tiller, 1998) and the Knowledge to Action Framework (Strous, Tetroe, & Graham, 2009)
- Evidence-based policies and procedures
- Nursing access to The Medical College of Wisconsin library resources via internet and campus facilities
- Journal Club

Strategic Priorities
Three Million Lives – Population Health – Financial Strength – Workplace of Choice – Patient Centered Care and Clinical Effectiveness
Nursing Practice Model
Community Memorial and St. Joseph’s West Bend
Our Philosophy of Nursing

In accordance with the Core Values of Froedtert and the Medical College of Wisconsin, the Nurses of the Community Hospitals:

• Believe in ourselves, our patients, our community and the power of Nursing (Trust & Respect).

• Believe that we promote health, wellness, and optimal healing through the relationships we build, nurture and maintain (Community Responsiveness).

• Believe in compassionate, highly skilled, individualized, holistic care (Personal Attention & Care).

• Believe that caring for ourselves is valuable in creating and maintaining healthy relationships (Personal Attention & Care).

• Believe that Nursing is a scientific discipline that influences patient outcomes (Quality of Services).

• Believe that Nurses are accountable for their practice (Value Orientation).

• Believe that Nursing promotes a safe environment of care (Safety).
Instructor and Student Information
1. **Course Curriculum/Objectives** – maintain current copy on file with the Hospital Education Coordinator for each clinical. Send update whenever curriculum/course changes or there are revisions or a new clinical is added. This is the responsibility of the course coordinator/instructor.

2. **Evaluations** – all instructors/coordinators and students should complete an evaluation of the clinical experience at the end of the semester or clinical.

3. **Valuables/Personal Belongings**
   - **Froedtert Hospital** – there are no lockers or areas for student belongings on the units. For security reasons, please do not leave personal belongings, etc. on the unit.
   - **CMH** – students should store their personal belongings in the lockers in the Third Floor South Conference Room. The staff areas on the unit should not be utilized for personal belongings.
     - Personal lunches may be stored in the staff refrigerator on the unit.
     - We encourage students to divide up their meals and breaks rather than going as a group.
     - Breaks and lunches should take place off the unit.
   - **SJH** – consult with each unit to find the appropriate place to store your belongings

4. **Conference Rooms**
   - **Froedtert Hospital** – check with the Unit Educator for the availability of a conference room on the unit. The Cancer Center Mezzanine (located on the 1st floor of the Cancer Center) is available along with other areas within the Cancer Center that have tables and chairs, but they will not be available for reservations. Due to the limited rooms and the great increase in requests and needs within all of the departments, we will not be able to reserve rooms for orientation or post conferences.
   - **CMH** – call 262.257.3004 to schedule rooms
   - **SJH** – the unit conference rooms are available for meetings

5. **Equipment**
   - **Froedtert Hospital** – information about equipment resources/updates can be found on the Froedtert intranet on the Organizational Learning Scout page.
   - **CMH & SJH** - If you are in need of any equipment for demonstration please contact Amy Tyznik at 262-257-3241 or amy.tyznik@froedtert.com

6. **Glucometer Blood Glucose Meters (Froedtert Hospital Instructors)**
   - Instructors obtain a Froedtert ID badge from the Security Department (cost is $5.00 - refundable when the badge is returned) during instructor orientation to use for the Glucometer. If you are a Froedtert staff member you may use your current ID badge. For a training meter to review with your students contact Jane Hendricks in Organizational Learning. Do not use the meters on the unit.
   - Each instructor will scan for their students as the operator when they are performing a bedside blood glucose test.
   - Glucometer QC Test - level 1 (low) and level 3 (high) must be done by each instructor every 6 months (within the first 2 weeks of the clinical).
   - Annual Glucometer competency must be completed by all instructors whose students use the meter.
7. **Observational Experiences/OR** – contact Amy Tyznik (CMH/SJH) or Jane Hendricks (Froedtert Hospital) for observational experiences the students will be participating in and prior to sending any students to the OR. Communicate to the observational area: expectations/objectives, what students can/cannot do, and schedule of who is coming day/time.

8. **Student Projects**
   - Coordinate any clinical student projects with the Unit Educator/Manager prior to initiating the project.
   - The results of the project should be presented to the Unit Educator/Manager prior to presenting the information to the staff.

9. **Student Identification** – all students must wear school ID badge at all times when on Froedtert campus unless provided with a Froedtert ID badge, then Froedtert badge must be worn.

10. **Clinical Group** – only 8 students on a unit in a clinical group. If your clinical group consists of 9 students, you must rotate one of the students off of the unit each clinical day.

11. **Inservices** – instructors/students are invited to all unless otherwise indicated on the flyer.
Undergraduate Preceptorship Expectations

On behalf of the faculty and students of the nursing program, we thank you for agreeing to be a preceptor for one of our students. We truly appreciate the gift of your knowledge and skill you graciously pass on to our future professionals. Your participation enables our students learning opportunities that may not otherwise be possible.

Our hope is that the information we supply you with will assist you in providing an enriching learning experience for the student. Please do not hesitate to contact us if you have questions, concerns, or suggestions. We welcome your feedback about the preceptorship and we look forward to a rewarding experience for all.

Faculty Expectations:

- The supervising faculty will establish initial contact with the leader/educator of the unit and/or identified preceptor designated by the clinical facility at least 2 weeks prior to the clinical start date.
- The Preceptor Information Packet will be given to the preceptor prior to the first day of clinical (will include specific learning objectives for the clinical course).
- The supervising faculty will make a minimum of 2 onsite visits per semester to monitor student progress.
- In addition to the onsite visits, the supervising faculty will monitor student progress every 2 weeks by contacting preceptor via telephone, e-mail or other means determined by faculty and preceptor at initial contact.
- The supervising faculty will be available by telephone to the preceptor during the student's scheduled clinical hours. If the supervising faculty is not available (vacation/illness/etc.), leave alternate contact information with the preceptor.
- The supervising faculty is responsible for the evaluation/grading of student performance.

Preceptor Expectations:

- The preceptor is responsible for reviewing the contents of the Preceptor Information Packet and addressing any questions to the supervising faculty.
- Complete and return Preceptor Information Form.
- Complete facility department orientation with student on first day of clinical. Return completed department orientation checklist to facility designee as applicable.
- Accountable to respond to faculty communications (return emails, phone calls, etc.)
- The preceptor will notify the supervising faculty and facility unit leader/educator as soon as possible regarding any concerns with the student's clinical performance.
- Verify documentation of clinical hours completed by student. Please Note: The student is required to fulfill the required number of clinical hours (see below), please notify faculty of vacations, schedule changes, low census, etc. that could affect the hours completed.
- Provide feedback on student performance (not responsible for grading).

Student Expectations:

- Prior to first day of clinical: complete facility online orientation and required documentation.
- On first day of clinical: complete facility department orientation with preceptor.
- The student must fulfill the required number of clinical hours in the facility. These hours are to be completed in a timeframe arranged by the student, preceptor and supervising faculty.
- Student is responsible for contacting the leader/educator and/or preceptor to establish schedule of clinical hours at least one week prior to clinical start.
- Please Note: students are expected to work the schedule and location of the preceptor (24/7). For an unscheduled preceptor absence, notify the faculty of arrangements made (ex. scheduled an extra day, arranged alternate preceptor, etc.).
- For an unscheduled student absence, notify the unit and supervising faculty at least two hours
prior to the start of the shift.

- Provide **personal** learning experience objectives and discuss which skills/experience you would like to accomplish.
- Documentation of the clinical hours is the responsibility of the student.
- Provide feedback about your experience with the agency (See agency website for details)
- The student will conduct himself/herself as a healthcare professional according to the policies of both their College of Nursing and the clinical facility.
Nursing Student Practice Standards

Students who are Froedtert employees should act in the role of a student not as an employee during their clinical experience.

MEDICATION ADMINISTRATION
All medications administered by a student require direct supervision by the instructor or a RN

1. Students shall apply safe practice behaviors and follow the five rights of medication administration:
   a. Right Patient
   b. Right Route
   c. Right Dose
   d. Right Time
   e. Right Medication

2. Students shall verbalize and demonstrate a safe level of knowledge and skill in their medication administration including use, indications, dosage, side-effects and route. The school will ensure competency of medication administration and knowledge of the proper use of the medication administration record prior to the actual administration of medications.

3. Students shall verify the correct patient by always checking the patient identification band and verifying with the patient their name and date of birth against the Electronic Medical Record. Students will barcode the patient’s wristband and all medications 100% of the time. Exceptions/overrides will only be used in emergent situations based on instructor or preceptor discretion.

4. Students shall verify the order and the prepared dose of all parenteral medications with instructor and/or assigned nurse. All IV pump settings shall be verified by staff or instructor prior to administration of any parenteral medications.

5. Students shall always utilize their instructor or preceptor first if any medications are to be administered.

6. Students shall verify all medications requiring calculations with the instructor and/or assigned staff nurse prior to administration.

7. Students shall verify all new orders for medications they are administering with the instructor and/or assigned nurse after the medication has been verified by a staff pharmacist. Students shall verbalize and demonstrate a safe level of knowledge and skill in their medication administration including use, indications, dosage, side-effects and route.
8. Blood products shall be hung only under the direct supervision of an RN or the instructor. Per policy, verification of blood needs to be performed by two licensed employees. Continuous monitoring of patient within first 15 minutes of blood administration must be done by a nurse- students may be present.

9. Students shall not…
   - Administer research protocol medications;
   - Administer chemotherapy medications;
   - Administer drugs in an emergent situation;
   - Administer drugs without medication specific information readily available;
   - Set up or manipulate PCA/PCEA pumps;
   - Administer medications without utilizing Epic barcode scanning
   - Verify medications requiring double RN verification

**DOCUMENTATION**

1. All student documentation in the medical record needs to be reviewed and cosigned by the instructor or preceptor. This will be noted as an Epic Smart Phrase (.cosign).

2. Instructors or preceptor shall review student documentation during or after each clinical session for accuracy, appropriateness and completeness.

3. The staff RN will perform their own charting for their patient(s) for that shift and/or validate the students’ shift summary.

4. Students shall document assessments on the appropriate flowsheets as part of a complete assessment. (i.e. neuro, pain, wound)

5. Admission assessments shall be completed only under the direct supervision of the assigned staff nurse or the instructor.

**SAFE PATIENT CARE**

1. Students shall perform only the assigned duties noted on the student assignment sheet. Additional opportunities for student learning are to be determined by the instructor in collaboration with the assigned RN.

2. The assigned RN is responsible and accountable for the patient. Therefore, clear communication between the assigned RN and the student must occur to ensure safe patient care. A verbal report will be given by the RN to the student prior to giving care to the patient.

3. A verbal report shall be given to the RN responsible for the patient by the student at the end of the students’ clinical shift or if the student leaves the unit for any time period.

4. Students will only perform invasive procedures under the direct supervision of their instructor or assigned nurse, following hospital policy/procedure.

5. The student will not perform any Point of Care testing at Community Memorial or at St. Joseph’s West Bend.
Nursing Clinical Groups Nursing Instructor Practice Standards

MEDICATION ADMINISTRATION
All medications administered by a student require direct supervision by their instructor or staff RN

1. Instructors shall determine safe medication administration as evidenced by the student’s ability to articulate the 5 rights, supporting physical examination data, lab data, patient physical presentation, and the clinical course competencies.

2. Instructors shall adhere to the medication policies and procedures.

3. Students shall always utilize their instructor first if any medications are to be administered.

SAFE PATIENT CARE
1. Instructors will be expected to develop and/or maintain competency in clinical assignment areas.
2. Instructors shall make student assignments commensurate with the instructor’s knowledge base and the level and ability of the student.
3. Instructors shall clearly identify what the students will and will not be doing on the student assignment sheets (medication administration, assessments, physical cares, etc).

EVENT REPORTS
1. Whenever an incident involving a student error occurs.
   a. Instructors shall notify staff RN/charge nurse, complete an event report as needed, and follow-up on all events discovered during the clinical hours. If an error is discovered it will be brought to the instructor’s attention.

   b. If the event is found after the clinical group has gone, pending the severity of the event, unit leadership will determine the follow-up process and will contact the instructor.

DEFINITIONS
Competency: A “competency is an expected level of performance that integrates knowledge, skills, abilities and judgments”


Supervision: The provision or guidance by a qualified individual for the accomplishment of a task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

Direct Supervision: “Immediate availability to continually coordinate, direct, and inspect at firsthand the practice of another”.

# Unit Orientation for Clinical Nursing Instructors

**Content/Objective**

**Instructor will be able to:**

1. Verbalize available unit leadership resources.
2. Demonstrate how to perform bed and other equipment.
3. Acclimate to unit:
   - Instructor keys/phone/pager
   - Staff assignments
   - Posting student assignments
   - Unit tour
   - Call lights
4. Identify unit routine:
   - Caregiver hand-off (ex. Bedside Shift Report, SBAR, etc)
   - Vital sign frequency
   - Assessment
   - Documentation
   - Implementing and following physician orders (vital sign frequency, etc)
   - Unit supplies/products
5. Verbalize application of telemetry patches and monitoring of telemetry patients:
   - Discuss telemetry room functions and location
   - Communicate with the telemetry room technician
6. Notify appropriate individuals with student and staff concerns:
   - Unit Manager/Educator/PDC
   - School of Nursing Liaison
7. Explain the patient safety bracelets and charms:
   - Meaning of colored charms
   - Blood band, if applicable

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**Unit Designee Signature**

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**Clinical Instructor Initials**

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**Clinical Instructor Initials**

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**School**

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**Unit Designee Signature**

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**Date**

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*When form completed send to School of Nursing Liaison in Organizational Learning*
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Instructor/Student Parking Roster

Instructor Name: ___________________________ Instructor Phone Number: ________

Clinical Unit: ____________________________ Unit Phone Extension: ____

Semester Start Date: _________________ through ______________________

<table>
<thead>
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<th>Student Name (Please Print)</th>
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Return completed form to Amy Tyznik, Organizational Learning and Development.
Policies
Accessing Computer Policies at Froedtert Hospital

Accessing Policies for Nursing at FH

Logging In

Logging in is not required to search policies within Medworxx.

Begin Policy Search

Once inside Medworxx, use the “Search” drop down menu and click on “FH Policy and Procedure”.

Keyword Search Example

Using the “Keywords” field, type in a keyword (1) and click “Search” (2). This will locate policies containing that keyword inside its body text.

Name Search Example

This will search and display policies with that keyword (1) in the policy’s title.

Categories Search Example

Using the “Categories” tab, click on a folder to only apply your search to a specific location. In this example, clicking “Froedtert Hospital” has given a search result of 336 policies.
Clinical (Formally Multidisciplinary)
Click subfolders to narrow your search even more. Clicking “Clinical” has reduced our search result to 48 policies. This section includes Froedtert Hospital Corporate policies formerly known as “Multidisciplinary”. Always start in this category for patient care policy searches.

Search Clinical-All PCS
When searching for patient care policies that apply to multiple areas start with the “Clinical-All PCS” folder. These are the nursing policies typically managed by the FMLH Professional Practice Council.

Narrow policy search by department or unit:

Search By Policy Number Step 1
Click “Advanced”.

Search By Policy Number Step 2
Under “Type” choose “FH Policy and Procedure”.

Search By Policy Number Step 3
Enter the policy number in the “PolicyNumber” field and click “Search”.

Advanced Search
Type: [select option]
Description: [select option]
Search: [select option]
Contains: [select option]
PolicyNumber: [input field]
Starring Policies

You must be logged in to Medworxx to “Star” items and save them to a folder.

Click on the “Star Item” icon, click the folder where you want to add the policy, and then click on the “Add” button.

Starred policies will be located under the “My Policies” tab at the top of the menu bar. You can store a maximum of 25 policies in one folder.

Right click on the “All Content” (1) folder to create a new folder. A pop up window will open and you can name your new folder.

Your folder(s) will always contain the most updated version of the policies as they exist in Medworxx.

Search All Policies by Department

Keywords are not needed to search for policies. If “Keyword Search” (1) fields are empty, all policies associated with departments will be displayed when clicking on department folders in the “Categories” tab.

The “Reset” Button

Use the “Reset” button between searches to clear the previous search.

Medworxx Zoom Feature

If a policy is too small to read, use the zoom feature in the lower right hand corner of the Medworxx window to enlarge it. (Internet Explorer)

Help!

Call the Service (Help) Desk for assistance.

They have received additional Medworxx training and are available to assist you. Calls are logged and issues are tracked so improvements can be made.

Call with your concerns: We need your help to identify what is not working well.

(414) 805-2101
Accessing Computer Policies at CMH or St. Joe’s

Accessing Policies for the CHD

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Name Search Example
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Categories Search Example
Using the “Categories” tab, click on a folder to only apply your search to a specific location. In this example, “Community Memorial Hospital” has been clicked.
Search Clinical (Formally Nursing Administration)

Click subfolders to narrow your search even more. Clicking the sub folder “Clinical” has reduced our search result to 23 policies.

Search All Policies by Department

Keywords are not needed to search for policies. If “Keyword Search” (1) fields are empty, all policies associated with departments will be displayed when clicking on department folders in the “Categories” tab.

Policy Search by Department

Policies can also be searched by department or unit.

Search By Policy Number 01

Click “Advanced”.

Search By Policy Number 02

Under “Type” choose “FH Policy and Procedure”.

Search by Policy Number 03

Enter the policy number in the “PolicyNumber” field and click “Search”.

Keyword Search by Department

“St Joseph’s Hospital” has a folder too, along with its own set of sub folders.
Starring Policies

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Click on the “Star Item” icon, click the folder where you want to add the policy, and then click on the “Add” button.

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(414) 805-2101
Froedtert Hospital Policies and Procedures for Students and Instructors

It is the responsibility of both students and instructors to familiarize themselves and abide by all the written policies, procedures, standards and practices. Please take some time to review the following. They are located on the Medworxx system. You can access the system through the Intranet page (Scout) under the “policy & procedure” tab in the blue banner. It is expected that the Clinical Instructor will address these polices/procedures with their students.

Communication Among Caregivers
Abbreviations Unacceptable (CPM.0096)
Admission (C01.001)
Care Plan & Patient Education in Inpatient Environment (CPM.0176)
Discharging a Patient (C01.028)
Documentation of Nursing Care (C01.020)
Ethics Consultation (CPM.0026)
Intravenous Intake & Output Documentation (C01.065)
Orders Patient Care (CPM.0172)
Organizational Structure of Patient Care Services (A01.001)
Patient Assessment & Nursing Process Documentation (C01.011)
Patient Rights & Responsibilities (CPM.0016)
Plan for Providing Nursing Care (A01.0042)
Post-Operative Care (C01.077)
Skin and Wound Assessment and Management (C01.119)
Supervision & Cosignature Requirements for Nonphysician Students, Interns & Externs (CPM.0126)
Valuables & Patient Belongings (CPM.0012)

Medication Administration
Anticoagulation Therapy (CPM.0142)
Definition, Reporting of Actual, Potential Adverse Drug Events Including Medication Errors (CPM.0081)
High Alert Medications (CPM.0019)
Medication Documentation (C01.069)
Medication Management (C01.068)
Med Select (C01.260)

Infection Control
Contamination of Personal Clothing & Uniforms (ICM.001.03ic)
Isolation (C01.067)

Important Additional Policies & Procedures
Blood and Blood Product Administration Process (CPM.0061)
Cellular Phones and Other Transmitting Devices (SP3.001)
Central Venous Access Device (CVAD) Insertion, Maintenance, & DC Tunneled & Non Tunneled Devices (CPM.0002ic)
Confidentiality (FH-COM.062)
Electronic Access (FH-IT.030)
Emergency Evacuation Plan (SP2.004)
Event Reporting & Investigation (CPA.008)
Infusion Pump (C01.318)
Internet & Email Usage (FH-IT.025)
Naso/Oral Gastric Tube: Insertion, Removal and Care of (C01.049)
Pain Management (CPM.0067)
Preceptor Policy (CPA.0105)
Vital Signs (C01.101)
Cellular Phone and Other Transmitting Devices (SP3.001)
CMH Policies and Procedures for Students and Instructors

It is the responsibility of both students and instructors to familiarize themselves and abide by all the written policies, procedures, standards and practices. Please take some time to review the following. They are located on the Medworxx system. You can access the system through the Intranet page (Scout) under the “policy & procedure” tab in the blue banner. It is expected that the Clinical Instructor will address these polices/procedures with their students.

**Communication among caregivers**
80100-111 Hand-Off Communication/Transfer of Patients between Caregivers-SBAR
FH-ADM.068 Provision of Language Services

**Medications Administration**
65000-121 Comfort and Pain Management Policy
0000-005 Medication Management
00000-004 Medications, Administration
65000-052 Intravascular Therapy
00000-000 Medications, Documentations of
FH-COM.038 Drug Diversion Reporting, Investigation and External Notification

**Infections Control**
65010-009 Hand Hygiene
65000-040 Infection Control Guidelines for Nursing
65010-001 Standard and Isolation Precautions
65000-051 Urinary Catheters Infection Control Guidelines
65010-010 C. Difficile: Identification and Control
65010-024 MDRO (Multidrug Resistant Organism)

**Patient Safety Risks**
65000-000 Continuous Observation
65000-043 Fall Prevention and Management Program
65000-033 Restraints, Non-violent/ non- threatening
65000-008 Restraints, Violent/ Self- Destructive (CMH)
80100-072 Patient Identification for Patient Safety
Important Additional Policies & Procedure to Review
FH-COM.067 Patient Rights and Responsible
65000-015 Code Status, DNR
80100-006 Confidential Event Report Policy
65000-063 Inpatients Receiving Hemodialysis
65000-105 Nursing Students in Clinical Settings at CMH
FH-HR. 040 Caregiver Misconduct
80100-005 Smoking Policy
82100-008 Phone Usage (Personal)

HIPAA
82300-031 Protected Health Information Security and Safeguarding of
FH-COM.062 Confidentiality Policy
FCH-HR.004 Public Display with Social Media
FH.COM.030 Disposal of Protected Health Information
82300-010 Student Access to Protected Health Information
SJH Policies and Procedures for Students and Instructors

It is the responsibility of both students and instructors to familiarize themselves and abide by all the written policies, procedures, standards and practices. Please take some time to review the following. They are located on the Medworxx system. You can access the system through the Intranet page (Scout) under the “policy & procedure” tab in the blue banner. It is expected that the Clinical Instructor will address these policies/procedures with their students.

Medication
SJH.CLN.134 Medication – Administration
SJH.CLN.084 Comfort and Pain Management
FH-COM.038 Drug Diversion Reporting, Investigation and External Notification

Infection Control
SJH.IC.060 Clostridium difficile: Identification and Control
SJH.IC.027 Infection Control - Medical Surgical Units
SJH.IC.002 Multi-Drug Resistant Organism
SJH.IC.061 Standard and Isolation Precautions

Patient Safety
SJH.CLN.101 Rapid Response Team
SJH.CLN.146 Restraints, Non-Violent/Non-Threatening (Medical)
SJH.CLN.147 Restraints: Violent/Self-Destructive Restraint
SJH.SAF.E004 Medical Emergency (Adult, Pediatric, Neonate)
SJH.CLN.052 Continuous Observation
SJH.CLN.177 SJH stroke Response
SJH. ADM.063 Patient Identification for Patient Safety

Important Policies
SJH.CLN.037 Code Status/ DNR
FH-ADM.068 Provision of Language Services
FH-COM.067 Patient Rights and Responsibly
FH-HR. 040 Caregiver Misconduct
FH.COM.030 Disposal of Protected Health Information

HIPAA
FH-COM.062 Confidentiality Policy
FCH-HR.004 Public Display with Social Media
FH.COM.030 Disposal of Protected Health Information
Patient Information
Inpatient Fall Prevention and Management Program

GOAL – in addition to the registered nurses, nursing instructors and student nurses are responsible for implementation, documentation and oversight of individualized patient fall prevention care

Information for Nursing Students:
• Patient safety is a priority and should be integrated into all activities.
• Share information with the nurse assigned to your patients and the interdisciplinary team about change in patient condition and the prevention of falls.
• Work with the nurse assigned to the patient and members of the interdisciplinary team in assessing, treating, and implementing strategies for the prevention of patient falls.
• Discuss the risk factors and behavior modification for fall and injury prevention with patients and families.

• Fall Definition (per NDNQI):
  o “A patient fall is an unplanned descent to the floor with or without injury to the patient, and occurs on an NDNQI eligible reporting nursing unit.
  o Include falls when a patient lands on a surface where you wouldn’t expect to find a patient.
  o All unassisted and assisted falls are to be included whether they result from physiological reasons (fainting) or environmental reasons (slippery floor).
  o Also report patients that roll off a low bed onto a mat as a fall.”

• Fall Risk Categories:
  o HIGH fall risk is any patient who has fallen within the last 30 days.
    • All HIGH fall risk patients are REQUIRED, per hospital policy, to have yellow socks, and yellow clip on their arm band, a sign outside of the room and a bed alarm while in bed, a chair alarm while up in a chair, and NEVER left alone in the bathroom.
  o A.C.M.E. fall risk is the patient has one or more of the following: Activity impairment, Cognitive or behavioral limitations, Medication side effects, or Elimination issues
    • Initiate appropriate A.C.M.E. interventions based on assessment.
    • See Fall / Trauma / Injury Risk CPG for interventions

• Identify patient fall risk category based on standardized assessment Complete in Epic, under doc flow sheets “Fall Risk”.

• Complete patient fall assessment once a shift and any change in condition.

• Use the post fall algorithm for all patients who fall (see website).
- Initiate and maintain universal fall precautions on all patients:
  - Call Light in reach
  - Bed in Low Position
  - Lighted Path to see in room
  - Non-skid Footwear when up
  - Bed/Chair Brakes locked
  - Side Rails as appropriate
  - Place all personal items in reach
  - In Bathroom- Call Cord in reach and fall sign directly in front of patient
  - Review Restrictions & Risks with Patient/Family
  - Reduce Obstacles by rearranging furniture to ensure a clear path in room
  - Hourly Rounding

- For more information and for the most current algorithm see Fall Prevention Program intranet website (Froedtert Hospital Intranet, Clinical References, Fall Prevention Program, Falls Prevention Education Program & FFP Resources Pages).
Use the Lexicomp resource for medication teaching related to HCAHPS

1. Click on the link from the MAV

2. The link will take you to the Lexicomp page of that drug. Click on “Education with HCAHPS”

3. Discuss specific use of drug and side effects with patients as it relates to treatment

4. You can also print a medication specific patient education sheet
HIPAA Compliant Medication Label Disposal

• Health Insurance Portability and Accountability Act
• Protected health information (PHI)
  ▪ electronic medical records
  ▪ paper records
  ▪ medication labels
• PHI cannot be disposed of in regular trash unless it is de-identified.

• All inpatient pharmacies at Froedtert Health are now using labels that will peel off instead of rip.

• The used medication, goes in the regular trash and the label goes in the bin labeled “Disposal of Protected Health Information”.

### Waste Management Guide

#### Pharmaceutical (Hazardous) Waste
- Unused or partially used non-controlled medications
- Empty or partially used containers (including wrappers) of arsenic trioxide, nicotine, physostigmine, warfarin
- Unused or partially used chemo (i.e. bulk chemo)
- Chemo spill clean-up material(s)
- Pressurized aerosols

#### Controlled Substances Waste
- Controlled substance liquids, solids, and patches
- Packaging of these items does NOT go into the Cactus Sink

#### Chemotherapy Waste
- Empty vials and syringes from chemo medications
- Trace Hazardous Chemotherapy Classified as high hazard or Category 1
  - Empty IV bags and tubing from chemo administration
- Used PPE from chemo administration (not PPE from leak/spill clean-up)

#### Municipal Solid Waste
- Empty medication vials
- Empty syringes with no needles
- Empty IV bags and tubing
- Food waste
- Non-recyclable plastics

#### Sharps Waste
- Empty syringes with attached needles
- Needles
- Broken Glass
- Ampules
- Other sharps

#### Regulated Medical Waste
- Blood and body fluid waste
- Medication waste that is contaminated with visible blood and/or body fluid that is drippable, pourable, or flakeable
- Containers of medications derived from human products, including empty containers

#### Universal and Electronic Waste
- Batteries, pesticides, mercury containing equipment, lamps/bulbs, antifreeze
- Computers, computer accessories, TVs, cell phones, and other electronics

#### Recyclable Waste
- Paper products, magazines, newspaper, empty cartons, cardboard, paper with no PHI
- Clean plastic bottles, jugs, buckets, basins
- Clean glass bottles/jars
- Clean steel/aluminum/tin cans

#### PHI Waste
- Individually identifiable patient information
- Patient specific medication labels
- Printed documents with patient information
- Confidential patient records