

# Orientation for Students with Clinical Affiliations

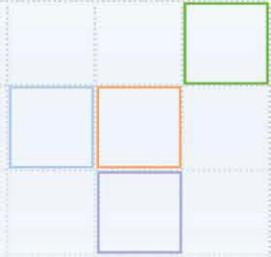
(Excludes Nursing Students)

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# Table of Contents

Mission, Vision, Values and Expectations.....	3
Customer Experience.....	4
Patient’s Bill of Rights.....	5-7
Parent’s Bill of Rights.....	8
Safety/Security.....	9
Standardized Patient Safety Codes.....	10, 11
Fire Safety.....	12
Infection Control: Chain of Infection.....	13
Procedure for Hand Hygiene.....	14
Globally Harmonized System (GHS).....	15
Sharps and Electrical Safety.....	16
Health Insurance Portability and Accountability Act (HIPAA) Security.....	17
E-Mail, Facebook, Twitter and Other Social Media.....	18
Gifts.....	19

# Mission, Vision and Core Values



## **Mission:**

To improve the health and quality of life for the people and communities we serve by providing world-class service and patient-centered care.

## **Vision:**

To be a national healthcare leader, committed to excellence, compassion and improving the health of the community.

## **Values:**

The health system's core values are Customer Experience, Integrity, Excellence, Teamwork, Caring & Innovation. By putting these core values into action, we ensure that our customers have the best possible experience at our facilities and when receiving our services. We always put our patients first.

## **Expectations:**

Each team member always demonstrates our values by making them a part of your daily routine: always putting our customers first, working as a team, promoting quality and pursuing excellence are just some of the expectations we have of our team members.



# CUSTOMER EXPERIENCE

## Patients First

Fulfill the expressed and unexpressed wishes and needs to exceed our customers' expectations

### **INTEGRITY**

Act honestly and ethically to promote excellence at all levels

### **EXCELLENCE**

Promote quality in work performance to achieve business outcomes

### **TEAMWORK**

Inspire others to work together to achieve organizational goals

### **CARING**

Demonstrate empathy toward others to promote an environment of trust

### **INNOVATION**

Generate creative solutions to positively impact business goals

# Patient's Bill of Rights

New York State mandates that the Patient's Bill of Rights is distributed to all patients admitted to a hospital. Please ensure that these rights are observed and respected at all times.

As a patient in a hospital in NY State, you have the right, consistent with the law, to:

1. Understand and use these rights. If for any reason you do not understand or you need help, the hospital **MUST** provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.

## Patient's Bill of Rights (Continued)

6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
7. A no smoking room.
8. Receive complete information about your diagnosis, treatment and prognosis.
9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Deciding About Health Care – A Guide for Patients and Families."
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.

## Patient's Bill of Rights (Continued)

13. Privacy while in the hospital and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
15. Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
16. Receive an itemized bill and explanation of all charges.
17. Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.
18. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
19. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

# Parent's Bill of Rights

Key requirements of the New York State mandate for *patients under 18 years of age* who present to the emergency department or hospital are:

- Each patient or patient representative will be asked for the name of his/her primary care provider.
- The hospital may admit pediatric patients only to the extent consistent with their ability to provide qualified staff, space and size appropriate equipment necessary for the unique needs of pediatric patient.
- To the extent possible, given the patient's health and safety, the hospital shall allow at least one parent/guardian to remain with the patient at all times.
- A child not be discharged until any tests that could reasonably be expected to yield critical value results are reviewed.
- A child not be discharged until a written discharge plan is received, which will also be verbally communicated.

# Safety/Security

North Shore-LIJ is committed to providing a safe environment for all. Please observe the following:

1. Safety is everyone's responsibility! Maintain safe conditions to protect yourself, hospital staff, patients and visitors.
2. Walk – do not run, especially in halls and on stairs. Keep to the right, using special caution at intersecting corridors.
3. Report any unsafe conditions (i.e., damaged equipment) immediately to the appropriate department.
4. Report to staff member any foreign objects or spills you see on the floor.
5. Report injuries to self or others to your program manager and, if necessary, get immediate first aid.
6. Obey the “Tobacco-Free Environment” policy posted on HealthPort.
7. Wear you health system or school issued identification badge while in any facility of North Shore-LIJ.
8. Report all security related incidents and acts of workplace violence to Security.
9. No weapons are permitted in any facility of North Shore-LIJ.

# Standardized Patient Safety Codes

Be familiar with the following health system's codes:

	<b>Code HICS</b> Activation of the Hospital's Emergency Operations Plan – plus activation level (I, II, III, IV)		<b>Code Amber</b> Pediatric or infant has been abducted or is missing
	<b>Code DECON</b> Activation of DECON Response Team		<b>Code Flight</b> An adult patient has eloped or is missing
	<b>Code Red</b> Activation of the Hospital's Fire and Life Safety Management Plan – plus announce location		<b>Code Grey</b> Security Stat – plus announce location
	<b>All Clear</b> Announced twice following resolution of incident		<b>Code Green</b> Security Stat – plus announce location because of violence with a weapon

# Standardized Patient Safety Codes

(continued)

	<p><b>Code Green – Active</b> Security Lockdown Procedures – plus announce location because of violence with a weapon</p>		<p><b>Code Trauma</b> Activation of Trauma team – plus announce location</p>
	<p><b>Code 100</b> Neonatal Resuscitation – plus announce location</p>		<p><b>Code W</b> Pediatric Cardiac/Respiratory Arrest – plus announce location</p>
	<p><b>Code Blue</b> Adult Cardiac/Respiratory Distress – plus announce location</p>		<p><b>Rapid Response</b> Activation of Rapid Response Team – plus announce medical/surgical/pediatric and location</p>
	<p><b>Code Fusion</b> Transfusion Emergency – plus announce service and location</p>		<p><b>STAT Response by Department</b> Announce Service STAT to location – (service e.g. Respiratory, OB, Cath Lab)</p>
	<p><b>Code Stroke</b> Activation of Trauma Team – plus announce location</p>		

# Fire Safety

Fire safety is a responsibility we all share. Here are some guidelines to keep in mind:

1. Be aware of your surroundings. Keep fire exit doors and exit access corridors clear of equipment and clutter.

Know the location of the following in your work area:

- ✓ Fire alarm pull box station
- ✓ Fire extinguisher
- ✓ Exits – emergency and others

2. In the event of a fire, follow these steps in this order – **RACE**:

**R:** Remove those in immediate danger of fire; call aloud “Code Red.”

**A:** Activate the fire alarm.

**C:** Confine the fire.

**E:** Extinguish fire with proper extinguisher if safe to do so.

3. In the event you have to use a fire extinguisher, follow **PASS**:

**P:** Pull the pin.

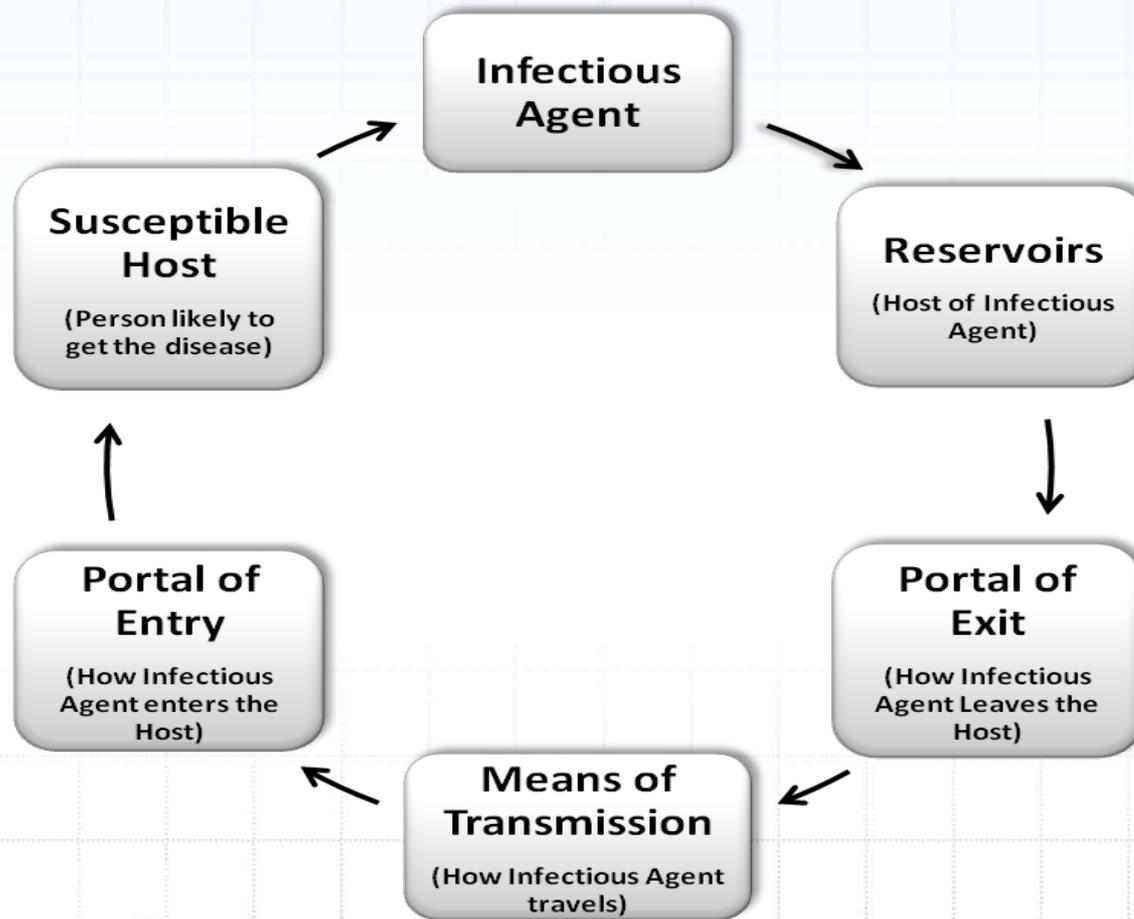
**A:** Aim low (base of fire). Stand 6-8 feet from fire.

**S:** Squeeze the handle.

**S:** Sweep from side-to-side

# Infection Control: Chain of Infection

The control of infection is an important part of maintaining a safe work environment. The mechanism by which infection occurs is illustrated below.



# Procedures for Hand Hygiene

An effective way of braking the chain of infection is through proper hand hygiene. Your role in breaking the chain of infection is to ALWAYS wash your hands. Remember...

## ...When to wash your hands:

1. Before and after eating, and using the toilet.
2. Immediately after removing your gloves.
3. In between patient contacts.
4. After touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn. (The use of gloves does not preclude the need for hand washing).

## ...Hand Hygiene with Soap and Water:

1. Thoroughly wet hands and wrists with water – holding hands downward at all times so runoff goes into the sink.
2. Apply soap with vigorous contact on all surfaces and between fingertips for 15 – 20 seconds.
3. Rinse thoroughly under running water while keeping hands in a downward position.
4. Dry hands with paper towels. Use paper towel to turn off faucet (considered contaminated); discard into wastebasket.

## ...Hand Hygiene with Alcohol Based Hand Gel:

1. Apply the sanitizer to the palm of one hand and rub hands together.
2. Cover all surfaces of the hands and fingers with sanitizer.
3. Rub hands until dry.

# Globally Harmonized System (GHS)

The Globally Harmonized System (GHS) is an international and standardized approach to hazard communication. GHS provides consistent information and definitions for hazardous chemicals.

Please keep in mind that a low hazard rating number represents a high hazard.

An example of a manufacturer prepared label on a container would read as follows:

## HAZARD PICTOGRAMS



## SIGNAL WORD

**Danger**

## HAZARD STATEMENT

**Highly flammable liquid and vapor.  
May cause liver and kidney damage.**

## SUPPLEMENTAL INFORMATION

**Directions for use**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill weight: \_\_\_\_\_ Lot Number \_\_\_\_\_  
Gross weight: \_\_\_\_\_ Fill Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

# Sharps and Electrical Safety

## Sharps Safety

The following safety guidelines need to be followed:

- Know where the sharps containers are located in you area.
- Make sure that the sharps container is not overfilled so that the risk of getting struck with a protruding needle is reduced.
- Immediately dispose of sharps in the sharps container.

## Electrical Safety

Prior to operating electrical equipment:

- Perform visual inspection of the electrical equipment.
- Visually check that wall outlets are in good condition.
- Report any cords that have cracked and worn insulation.
- Keep cords away from heat and water.
- Cords should not be run under rugs or carpets, or through doors or windows.

# Health Insurance Portability and Accountability Act (HIPAA) Security

- Never share your log on and password with anyone. Never post your ID or password anywhere.
- Lock your computer or log off if you are going to be away from your workstation.
- Do not alter any software on your computer.
- Notify the IS Help Desk if you detect a virus or if you need assistance encrypting a device.
- Store your data on network drives only.
- Always dispose of paper containing Protected Health Information (PHI) by placing it in shredding bins for proper destruction. When in doubt, use the shredding bin to be sure..

# E-Mail, Facebook, Twitter and Other Social Media

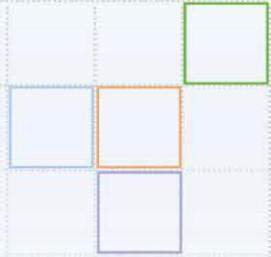
- Use health system e-mail for health system business only.
- Do not forward health system e-mail to a personal e-mail account.
- Make sure your e-mails are professional in all respects.
- Ensure that you encrypt all e-mails that contain PHI by using the Encrypt and Send button in e-mail or by typing “Secure” or “PHI” in the subject line of the e-mail. Never include PHI in the subject line as it does not get encrypted.
- Do not post patient information or confidential health system information on any social media site.
- Even if the information cannot be linked to specific individuals, it cannot be posted.
- Protect the privacy of patients and the confidentiality of health system business information.

# Acceptance of Gifts are Prohibited

The health system has a Gifts and Interaction with Industry policy that prohibits the following:

- Acceptance of any gifts from industries, regardless of value, including food:
- Soliciting gifts or other benefits from industries
- Accepting gifts from patients

# Orientation Attestation



I have read the **Orientation for Students with health system Affiliations.**

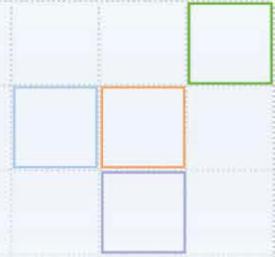
**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please provide the signed copy of this attestation, the Confidentiality Statement and Attestation and the Conflict of Interest Questionnaire to the program manager in your assigned department.

# Confidentiality Statement and Attestation



As a student at one of the facilities of North Shore-LIJ Health System (“health system”), I understand that I must keep all health system information confidential, and by signing this document, I am agreeing to do so.

I understand that the health system information includes, but is not limited to medical, patient, employee and financial information.

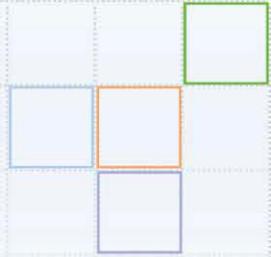
I understand that the health system has the right to hold me accountable for disclosing confidential information that my failure to keep health system information confidential may result in the termination of my association or affiliation as a student of the health system.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_

# Conflict of Interest Questionnaire



## **OUTSIDE INTEREST:**

A conflict of interest may exist if you or any member of your immediate family is an owner of, has an investment or other financial interest in, or receives compensation in any form from an outside concern which sells or leases goods or services or lends money to the health system, or competes with the health system in its line of business. Please identify any such activity, which you or members of your immediate family may have.

If none, so state: \_\_\_\_\_

## **OUTSIDE ACTIVITIES:**

A conflict of interest may exist if you or any member of your immediate family is employed by, is engaged in business dealings with or acts as a director, trustee, or officer or otherwise renders services or goods to any outside concern that does business with the health system or to any outside concern that competes with the health system. Please identify any outside business activities as described above in which you or members of your immediate family are engaged.

If none, so state: \_\_\_\_\_

## **GIFTS, GRATUITIES, AND ENTERTAINMENT:**

A conflict of interest may exist if you or members of your immediate family accept gifts or gratuities of any kind including goods, services, entertainment or other favors, or anything of value (including discounts) from any outside concern that does, or is seeking to do business with the health system or which competes with the health system. Please identify any gifts or gratuities, which you or members of your immediate family have accepted while employed by the health system, from any outside concern that does or has sought to do business with the health system, or which competes with the health system.

If none, so state: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_