

Holy Name Medical Center



Medical Staff Office
718 Teaneck Road
Teaneck, NJ 07666
Phone (201) 833-3352
Fax: (201) 833-3043

STUDENT OBSERVER REQUEST

Medical Staff policy requires that this form be completed and submitted to the Medical Staff Office by any visiting student, resident or fellow who wished to accompany a member of the Holy Name medical staff to observe surgery, procedures or medical care.

PLEASE NOTE

1. Requests for observation must be provided with no less than four weeks notice.
2. HNMC Office of Medical Affairs will not allow more than 5 student observers at a time.
3. Observerships will be granted on a first come first serve basis.
4. The OR will not allow more than 2 student observers at a time, and this will be determined by the Office of Medical Affairs on a first come first serve basis.
5. Observerships can total no longer than 1 month duration.
6. At any time and for any reason HNMC at its sole discretion may cancel an observership.

Name of Student:

Age:

Check one:

- High School College Medical School
 Resident Fellow Other:

Name of Sponsoring Physician:

Name of Educational Institution:

Dates Requesting Observership:

Please provide the following documentation:

- A letter of good standing from school that student is attending
 Signed Confidentiality Statement (attached)
 Signed release for criminal background check (attached)
 Completed Medical History form (attached)
 Documentation of MMR and Chickenpox Immunities *
 Documentation of 2-step TB testing (Chest x-ray if positive for TB) *
 Completed M.E. Quiz following review of HNMC Staff and Patient Safety Updates (attached)

* If documentation is not available or the student has not received these tests recently, the student will be required to report to Employee Health Services for completion of these tests before approval of the observership can be granted.

Student Signature:

Date:

SPONSORING PHYSICIAN ATTESTATION

I certify that the above-named student possesses the judgment and high character required of students to participate in the Holy Name Medical Center observer program.

Sponsoring Phys. Signature:

Date:

FOR USE BY MEDICAL AFFAIRS DEPARTMENT ONLY

- Approved Request
 Denied Request:

Signature: EVP/CMO
Reason:

Date:

Holy Name Medical Center 

member
of the
NewYork-Presbyterian
Healthcare System
of Mount Sinai
at the
College of Physicians and Surgeons

SECURITY AND CONFIDENTIALITY AGREEMENT

As a member of the Holy Name Medical Center community, and in accordance with the center's confidentiality policies, I understand and agree to the following:

1. I am responsible for complying with the Medical Center's policies and related confidentiality of patient information and compliance with HIPAA.
2. I will treat all patient information I receive in the course of my work at Holy Name Medical Center as confidential and privileged information.
3. I will not access any patient information unless it is information I need to know in order to perform my job.
4. I will not disclose information regarding the Medical Center's patients to anyone unless it is necessary to perform my job and is permitted under the Medical Center's policies.
5. I will not log onto any Medical Center computer system with any password or access or security code other than my own.
6. I will not post my computer password or other access or security code on a public place, such as on a computer monitor or a workstation.
7. I will not post my computer password or other access or security code to anyone, or allow anyone, even Medical Center employees, to use these codes.
8. I will not take patient information off the Medical Center property in paper or electronic form without first receiving permission from the Medical Center's Privacy Officer, who is the Director of Medical Records.
9. I agree to continue to maintain the confidentiality of the Medical Center and patient information even when I am no longer working at Holy Name Medical Center.
10. I am aware that the Medical Center audits system access in order to find out if individuals have inappropriately accessed patient information.
11. I understand that if I violate this agreement, I will be subject to the Medical Center's disciplinary process, up to and including possible termination of employment or other relationship with the Medical Center.

Name (print)

Date

Signature

Holy Name Medical Center

CRIMINAL BACKGROUND VERIFICATION DISCLOSURE

As part of the process of Observership at Holy Name Medical Center. The Medical Staff may obtain an Investigative Consumer Report (criminal background check, hereafter, referred to as "Report"). The Fair Credit Reporting Act requires that we advise you that such a Report may be made which may include information of this nature. Upon written request, additional information as to the nature and scope of the Report, if one is made, will be provided.

AUTHORIZATION AND RELEASE

I hereby authorize a reporting agency, on behalf of the Medical Center to procure an Investigative Consumer Report (criminal background check) which I understand may include information regarding my criminal background. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers, educational institutions, governmental, occupational, licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my criminal background.

Name (Please Print) _____ Date _____

Signature _____

Social Security Number _____

Date of Birth* _____

Address _____

* Optional. However, providing us with this information will expedite the processing of your application. It will be used for information purposes only.

**HOLY NAME MEDICAL
CENTER**

VISITOR MEDICAL HISTORY FORM

NAME: _____ **DOB:** _____ **SEX:** _____ **SSN:** _____

ADDRESS _____ **FAMILY PHYSICIAN:** _____

_____ **ADDRESS:** _____

TELEPHONE: _____ **PHONE:** _____

<i>HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE:</i>		YES	NO	EXPLAIN
M	BREATHING PROBLEMS (asthma, emphysema, etc.			
E	HIGH OR LOW BLOOD PRESSURE			
D	HEART PROBLEMS / POOR CIRCULATION			
I	BACK PROBLEMS			
C	ARTHRITIS			
A	HEARING PROBLEMS			
L	VISUAL PROBLEMS			
	NERVOUS CONDITION			
H	CHRONIC ILLNESS			
I	ALLERGIES			
S	HISTORY OF ANY SURGERY			
T	OTHER MEDICAL ISSUES			
O	ARE YOU TAKING ANY MEDICATIONS?			
R	LIST:			
Y				

<i>HAVE YOU EVER HAD OR BEEN VACCINATED FOR:</i>		YES	NO	EXPLAIN
M	GERMAN MEASLES (Rubella)			
M	MEASLES (Rubeola)			
U	CHICKEN POX (Varicella)			
N	SMALLPOX			
I	PNEUMONIA VACCINE			
T	INFLUENZA VACCINE (annual)			
I	TUBERCULOSIS			
E	ANY OTHER CONTAGIOUS DISEASE:			
S				

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

SIGNATURE: _____

DATE: _____

2011 M.E. Quiz (Mandatory Education)

Read each of the following questions and circle or fill in the correct answer. Once you have filled out the answers, send this sheet to Gene Messner, Human Resources. Make sure your name and employee number are printed clearly.

SAFETY

1. Match the items in the Column A to their descriptions in Column B

Column A

1. Code Red
2. Code Triage
3. Code Gray
4. MSDS (Medical Safety Data Sheets)
5. Pain
6. PASS
7. Code Blue
8. Code Amber
9. HICS (Hospital Incident Command System)
10. OSHA

2. You discover a fire in a wastebasket in your department. What action should you take?
 - A. Pull the alarm, call the operator, extinguish the fire and cover the top of the basket if possible.
 - B. Move patients and employees away from the fire, instruct another coworker to pull the alarm and call the operator, cover the top of the basket and try to extinguish the fire.
 - C. Cover the top of the basket, move patients and employees away from the fire, extinguish the fire and pull the alarm.
 - D. Extinguish the fire and cover the top of the basket.
3. During an evacuation, in what direction should patients be moved?
 - A. Beyond the fire door and then down the stairs
 - B. Down the stairs using the closest stairwell.
 - C. Down in the elevator in an area not affected by fire or disaster.
 - D. Cluster patients at the Nurses Station and then down the elevator.
4. What behavior should we always display to encourage an atmosphere of positive cultural diversity?
 - A. Acknowledge and respect the differences.
 - B. Ask questions, don't assume.
 - C. Communicate clearly.
 - D. All of the above

Column B

- a. _____ Assaultive patient code
 - b. _____ Assessed on a 0-10 scale
 - c. _____ Occupational Safety and Health Administration; protects the worker
 - d. _____ Pull, aim squeeze, sweep or how to use a fire extinguisher.
 - e. _____ System used to manage disasters at Holy Name Medical Center
 - f. _____ List of hazardous materials in use.
 - g. _____ Overhead page to indicate that there is a fire in the Medical Center
 - h. _____ The disaster plan has been activated
 - i. _____ Adult medical emergency
 - j. _____ Infant abduction code.
5. Which of the following procedures will help minimize medical errors?
- A. Avoid the use of abbreviations.
 - B. Read back telephone orders and critical values
 - C. Mark surgical sites
 - D. All of the above.

HIPAA

6. HIPAA regulations mandate that a patient's medical information must be safeguarded. Under which situation would the employee be restricted from accessing a coworker's medical record?
- A. Staff who are concerned that their officemate's illness may have infected their joint work area.
 - B. Pharmacists who verify the coworker's medicine.
 - C. Registrars who verify their coworker's insurance.
 - D. Billing clerks who process the coworker's claims.

Facts about M.E. (Mandatory Education)

PLEASE PRINT

Name: _____

Department: _____

Employee Number: _____

Date: _____

INFECTION CONTROL

7. Which of the following statements is true about hand hygiene?
- Hand washing is required if hands are dirty.
 - Alcohol based hand rubs are as effective as soap and water in preventing the spread of bacteria on the hands.
 - You must sanitize your hands either by hand washing or by using a hand scrub product between each patient contact even if you are wearing gloves.
 - All of the above.

STANDARDS OF CONDUCT

8. The corporate Ethics Program at Holy Name Medical Center establishes standards for employees to:
- Conduct all activities in compliance with laws and other regulations.
 - Maintain high standards of business ethics.
 - Have procedures to deal with vendors.
 - All of the above.
9. Employees who have questions or concerns about ethical or legal standards can:
- Speak to their supervisor.
 - Call the Compliance Hot Line at 201-541-6350.
 - Send an anonymous e-mail to the president.
 - All of the above.
10. Any employee who believes that he/she is being harassed should do the following:
- Refuse to work with the individual who is harassing them.
 - Ask another unit's manager for an open position.
 - Report his/her concerns to any member of Holy Name's management team or Human Resources.
 - Ask any other employee for advice.

PERFORMANCE IMPROVEMENT

11. The Performance Improvement Model that is used at Holy Name Medical Center is:
- PDCA (Plan, Do, Check, Act)
 - IMSIC (Identify, Measure, Study, Improve, Control)
 - FOCUS (Find, Organize, Control, Understand, Study)
 - All of the above.

ABUSE

12. Any suspicion of physical, emotional and/or financial abuse:
- Does not have to be reported since the physician is probably aware of such.
 - Does not have to be reported because this is between the patient and family member
 - Can only be reported by the nurse.
 - Is to be reported by any employee to their supervisor.

PATIENT RIGHTS

13. Patients have the right to:
- Refuse treatment
 - Informed consent
 - Confidentiality
 - All of the Above.
14. For a hearing impaired person, the healthcare worker should:
- Inquire about the individual's preference for communication.
 - Inform the individual that HNMC has auxiliary aides free of charge.
 - Arrange for sign language or language translation is requested.
 - All of the above.
15. Which of the following is true about an Advance Directive?
- It allows patients to make their healthcare wishes known when they cannot speak for themselves.
 - It consists of a Living Will and Health Care Proxy.
 - All patients 18 and over are asked if they have an Advance Directive.
 - All of the above.

PATIENT SAFETY GOALS FOR 2011

- Improve the accuracy of patient identification.
 - Use at least two patient identifiers (in addition to the patient's room number) when providing care or treatment. Label specimens in the presence of the patient.
 - Eliminate transfusion errors related to patient misidentification.

Improve the effectiveness of communication among caregivers.

- Report critical results of tests and diagnostic procedures on a timely basis.

Improve the safety of using medications.

- Label all medications, medication containers or other solutions on and off the sterile field in peri-operative and other procedural settings. Medication containers include syringes, medicine cups and basins.
- Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.

Maintain and communicate accurate patient medication information. (Medication Reconciliation)

Effective 7/1/2011

- Compare the patient's current medications with those ordered while the patient is in the hospital to resolve discrepancies.
- Provide the patient (or family, as needed) with written information on the medications the patient should be taking when he or she is discharged from the hospital or at the end of an outpatient encounter.
- Explain the importance of managing medication information to the patient when he or she is discharged from the hospital or at the end of an outpatient encounter.

Reduce the risk of health care-associated infections.

- Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- Implement evidence-based practices to prevent health care associated infections due to multidrug-resistant organisms.
- Implement best practices or evidence based guidelines to prevent central line-associated blood stream infections.
- Implement best practices for prevention of surgical site infections.

Identify safety risks inherent in the patient population

- Identify patients at risk for suicide.
- Eliminate wrong site, wrong procedure, and wrong person surgery/procedure.
- Conduct a pre procedure verification process.
- Mark the procedure site with patient involvement if possible.
- A time out is performed before the procedure.

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DANGEROUS ABBREVIATIONS!!

OFFICIAL "DO NOT USE" LIST

Do Not Use	Potential Problems	Use Instead
U	misused to U of or C	units
NI	misused for N or 10	international units
QD, QOD, qd, qod	misused for each other	daily
QD, QOD, qod, qod	used after Q misused for I and O misused for I	every other day
loading dose (BD mg)	described as a second dose (mg)	X mg
Lack of leading zero (mg)		0.1 mg
MS	can mean morphine sulfate or magnesium sulfate	Morphine Sulfate or Magnesium Sulfate
MSO4 and MgSO4	confused for one another	Magnesium Sulfate

MEDICATIONS

- Adverse drug reactions are reported through the order entry system. Medication errors and near misses are reported to the pharmacy, the physician and the nurse manager or supervisor.
- Complete a Patient Safety Report for all medical, surgical and medication errors and near misses.
- A complete list of meds is included on the Discharge Summary.

OSHA—Protects the worker

- O Occupational Safety and Health
- A Administration

If hurt on the job, you should:

1. Make out employer safety report; 2. Report to Occupational Health

INFECTION CONTROL

Hand hygiene is the most effective method to prevent the spread of infection. Use "Purdie" hand sanitizer between each patient contact. Wash hands for 15 seconds when visibly contaminated with body fluids, after using bathroom, before eating and after smoking. **When Calliglyde is suspended or contaminated, wash hands with soap and water. Do not use alcohol based sanitizers.**

Finger nails should be no more than 3/8 inch. Nail polish may be worn provided it is not chipped or worn. Artificial nails are not to be worn by staff with direct patient contact. Healthcare workers must adhere to Standard and Transmission based precautions (Contact, Droplet, and Airborne) to prevent the spread of infection among patients, visitors and co-workers.

Personal Protective Equipment (PPE) includes gloves, gowns, masks, respirators, goggles, and face shields. Always use the correct PPE for the task that you are performing.

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PATIENT RIGHTS

PATIENT RIGHTS: The patient has the right to:

1. Care regardless of race, sex, religion or ability to pay and to refuse treatment.
2. Know who is providing care
3. Participate in decisions regarding care
4. Privacy
5. Have an interpreter for foreign language or sign language interpreter if needed. These are provided by the hospital.
6. Foreign language interpretation for health care must be provided by a certified interpreter or a medically trained staff member. Family members are not to interpret unless as a last resort or with patient consent.
7. Complaint to: Supervisor, Patient Rep, State Department of Health or Health Commission.

Patient rights are listed in the Patient Handbook and are posted throughout the hospital in English, Spanish and Korean.

ADVANCE DIRECTIVES: Consist of a Living Will which outlines the patient's wishes and Health Care Proxy which names a person to make health care decisions when the patient can't.

A patient's Advance Directive is scanned the first time they bring it to the hospital. A copy is made and placed in the chart. These copies can be obtained for future admission. The nurse and physician document information about the presence of the Advance Directive on the first page of the Progress Notes. Patient Care will visit the patient who requests more information. Blank Advance Directives can be obtained from the form section of WebHEALTH.

HIPAA/CONFIDENTIALITY

ALL PATIENT INFORMATION IS CONFIDENTIAL AND MUST BE SAFEGUARDED!!

1. Do not talk about patients in public places.
2. Provide privacy during patient interviews.
3. Patient information is only given to individuals who are authorized to receive it.
4. Log out of computer programs after getting information and protect your password.
5. Only read and access patient information that is needed to do your job.
6. Dispose of documents with patient identifiers in the blue recycle bins.
7. Always include a fax cover sheet when faxing patient information.
8. Keep patient information out of the public's view.
9. Report any concerns or breaches to the HIPAA Privacy Officer.

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Healing begins here.

Staff and Patient Safety Updates: 2011

Holy Name Medical Center

718 Forest Road | Holy Name Medical Center
 Newark, NJ 07102 | (973) 463-9620
 www.holynamemedical.com

MISSION

We are a community of caregivers committed to a ministry of healing, embracing Catholic principles, the pursuit of professional excellence and compassionate stewardship. We help our community achieve the highest attainable

HAZARDOUS MATERIAL

Each department keeps a list of any hazardous materials in use. MSDS Sheets are located in Security. They can also be accessed from the Holy Name Hospital Intranet in the Documentation Section. Information can also be obtained by calling Poison Control at 1-800-222-1222. ALL SPILLIS are to be cleaned by the staff member trained in the product usage and spill containment/clean-up. If uncertain obtain MSDS and follow instructions. Spill Clean up will be supported by Environmental Services and Security as necessary.

FIRE

- R Rescue people in danger
- A Pull the alarm
- C Confine fire by closing doors & windows
- E Extinguish if possible

Oxygen Shut Off Policy

The unit director, nursing supervisor, clinical coordinator or charge nurse will close the appropriate oxygen zone valve.

- Direction to Evacuate: 1. Horizontally (across) >
- 2. Vertically (down) >

Locate the pull station, fire extinguisher and oxygen shutoff in your department. Maintenance staff will respond

Operation of fire extinguisher:

- 1. PULL the pin
- A. AIM the extinguisher at the base of the fire
- S. SQUEEZE the handle while holding the extinguisher upright
- S. SWEEP back and forth to extinguish the fire

EMERGENCY RESPONSE

Dial 55 and then call operator:

- Blue Adult Medical Emergency
- Red: Fire
- White: Pediatric Medical Emergency
- Yellow: Bomb Threat
- Amber: Infant Abduction
- Silver: Person with a gun
- Green: Security / Assaultive Patient
- Trigge: Disaster
- Orange: Hazardous Materials Incident
- Chart: Situation is clear

Rapid Response Team:

The RN will activate the RRT via pager when there is a serious change in a patient's condition.

In the event that the paging system is not available the hospital operator is notified by dialing "55". The operator will page the RRT and announce the Rapid Response overhead. Code Blue is called for visitors or patients in outpatient departments.

Hospital Emergency Incident Command System (HICS)

HICS is a structured emergency management system with very clear job descriptions and outlines of responsibilities; it does not replace disaster plans. If code trigger is activated, the nursing administrative authority, the Incident Commander, assigns specific job responsibilities to other members of the management team. An Emergency Operations Center or EOC (Command Post) will be located in administration separate from the Emergency Room. All disaster operations will be coordinated by the incident command staff from the EOC.

Follow these rules whenever you hear "Code Three" being announced overhead by the operator:

1. All staff on duty should report to their supervisors for instructions.
2. Employees not on duty are requested to come to the hospital.
3. Entrances will be controlled by Security.
4. Visiting hours will be suspended during the disaster period.
5. Relatives and friends seeking entrance to the hospital to pick up discharged inpatients will be directed to the visitors' waiting room until the patient is brought to the main entrance and cleared for discharge.
6. Relatives of disaster victims will be sent to the chapel. Pastoral care staff will be available to assist relatives as needed.
7. Use of telephones will be restricted during the emergency period. Do not phone stretchboard operators to ask for information.
8. Use of elevators will be restricted to essential needs only.

CONCERNS ABOUT SAFETY OR QUALITY OF CARE

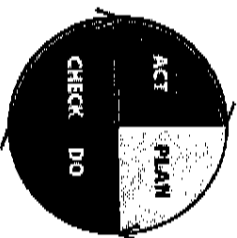
Holy Name Medical Center believes employees have the right and the responsibility to voice concerns about safety or quality of care without any fear of reprisal. Any employee or physician who has concerns about safety or quality of care has the right and responsibility to report that condition to any one of the following persons: immediate supervisor, department head or appropriate assistant vice president, senior management, risk management coordinator/patient safety officer or vice president legal affairs. If the employee feels that these concerns have not been adequately addressed, the employee may contact JCAHO directly. Methods of contacting Joint Commission Office of Quality Monitoring are as follows:

- By telephone, call 1-800-994-6610
- By email: complaint@jointcommission.org

PERFORMANCE IMPROVEMENT

PI Model: FOCUS-PDCA

- F Find Process to Improve
- O Organize to Improve the Process
- C Clarify Current Knowledge of the Process
- D Understand the Sources of Process Variation
- S Select the Process to Improve



Failure Mode Effects Analysis (FMEA): A systematic approach to identify ways a process can fail why it might fail, and how it can be made safer.

Root Cause Analysis (RCA): Analysis that takes place after an undesirable event or sentinel event occurs. Sentinel Event: An occurrence, not related to the natural course of the patient's illness, involving death or serious physical or psychological injury. Every employee should be aware of ongoing departmental PI

PATIENT CARE

FALLS:

- Patients are evaluated for risk of fall using the Morse Scale.
- Patients at risk are identified by a "Falling Star"
- Bed alarms are used for patients at risk
- Nursing staff makes rounds every 30 minutes.

RESTRAINTS:

- Use only if patient is a danger to self, essential medical treatment is interrupted, patient is pulling out lines etc. >
- When patient is a danger to self and environment
- Order received every 24 hours includes reason for restraint and type of restraint ordered.

PAIN is assessed using a scale of 0-10. The assessment and reassessment must include the pain score, location and type of pain. Patients are reassessed 60 minutes after pain medication is administered. Non-verbal patients are assessed using the PAINAD tool. Newborns and children are assessed using either NRS or the FLACC scale. Response is documented in WEB-HIS.

ABUSE/NEGLECT/INTOXICATION

All staff who are involved in patient care need to be aware of the signs of abuse. (Check Administrative Policy). Patients are assessed by the nurse at the time of admission for signs of abuse. Any suspicions of abuse must be reported to Social Service who will follow up and report to the appropriate government agency.

PATIENTS WHO ARE HEARING IMPAIRED

- The employee who has initial contact with a hearing impaired patient inquires about the individual's preference for communication. The patient is informed that we have auxiliary aides that are free of charge.
- Sign language interpreters is available for patients whose main mode of communication is sign language. To arrange for a sign language interpreter, contact the Patient Advocate via pager or the Nursing Supervisor. Currently, we have foreign language and sign language available on demand via web 2.0 sites and sign language units can be brought to inpatient/outpatient. The interpreter units can be brought to inpatient/outpatient as well as inpatient areas. Spanish and Sign Language are available via web video conferencing 24/7. Other languages are available Mon-Fri from 6:00 a.m. and 6:00 p.m. In addition, a list of ASL interpreters is available in the Staffing Office. Always keep the patient informed of our progress in obtaining an interpreter.
- In addition, a telephone language line is available and commonly has 160 languages available. Contact the Help Desk at 3333 if your unit or department needs additional phones.
- Patients who desire interpreter services must sign a declaration form which is found in the Intranet section of WEB-HIS.

EQUIPMENT

All essential patient equipment should be plugged into red (generator backed) outlets to prevent equipment malfunction during a power failure. Perform a pre-use check on any equipment that is to be used on a patient. Equipment that requires regularly scheduled preventive maintenance will have an inspection sticker that should be checked to see if it is up to date. If manual equipment fails, complete a web request with as much detail as possible. If medical equipment fails during patient use, troubleshoot and, if necessary, remove from service, complete a patient safety report, tag the device with details (problem, complaint, etc.) and send to Clinical Engineering. Call Clinical Engineering at ext. 3227 if you have any questions.

STANDARDS OF CONDUCT

The compliance ethics program ensures that we are ethical and honest in our practices and they all lives and regulations that govern our health care industry. We promote highest standards of business ethics and integrity, maintain confidentiality, avoid conflicts of interest, accept no gifts or favors from vendors and exercise responsible stewardship. Any employee who has concerns about ethical or legal standards should speak to their supervisor. You can also contact the Compliance Officer directly at ext. 3246. Holy Name will not take action against any employee for providing information or asking questions about a possible compliance issue. Sexual or other harassment or unlawful discrimination of or by an employee will not be tolerated. Employees who feel that they are the victims of any type of harassment, or who witness acts of harassment, should immediately report to their supervisor or to any member of the Human Resources department. Each complaint will be promptly and thoroughly investigated. Confidentiality will be maintained and Holy Name Hospital holds members accountable for reporting cases of harassment.