Welcome to Mid Coast Hospital for your clinical or preceptor experience.

It is expected that you read the following manual so you have been informed of some policies and guidelines for Mid Coast Hospital.
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Patient Bill of Rights and Responsibility

RIGHTS AS A PATIENT:
- A “patient friendly” list of basic patient rights and responsibilities will be created at MCH and placed in the patient handbook which is given to all admitted patients.
- Additionally, outpatient areas will have written copies of the rights and responsibilities list available by brochure, hand-out or poster.
- The patient rights and responsibilities list will be reviewed by the Quality and Patient Safety Committee and amended as needed.
- The current full list of patient rights is an attachment to this policy which is reviewed every 3 years.

A. Privacy and Confidentiality:
1. Patients have the right to refuse to talk with or see anyone such as visitors or persons officially connected with Mid Coast Hospital but not directly involved in patient care. This could also include mail, telephone calls, or other forms of communication.
2. Patients have the right to wear appropriate personal clothing or religious items as long as they do not interfere with diagnostic procedures or treatment.
3. Patients have the right to reasonable visual and auditory privacy. During examinations or procedures performed by a person of another sex, patients have the right to have a person of the same sex present.
4. Patients have the right to expect that any discussion or consultation be conducted discreetly and that individuals not directly involved in the patient's care not be present without the patient's permission.
5. Patients have the right to confidentiality regarding records pertaining to their care. Only those persons directly involved in or monitoring the quality of care or with written patient authorization or legally authorized representatives may examine the patient's medical records.
6. Patients have the right to expect that all communications and other records pertaining to their care remains confidential, including source of payment.
7. Patients have the right to request a transfer to another room if unreasonably disturbed by another patient or by visitors. However, this kind of transfer is dependent on room availability.
8. Patients have the right to be placed in a protective environment when necessary for their personal safety.

B. Personal Safety
1. Patients have the right to expect reasonable safety insofar as Mid Coast Hospital practice and environment are concerned.
2. Patients have a right to be free from physical or mental abuse, and corporal punishment.
3. Restraint and seclusion will only be used when necessary and not as coercion, discipline, convenience or retaliation.
4. Restraint and seclusion is only used for patient safety and will be discontinued
at the earliest possible time.

C. **Identity:**
   1. Patients have the right to know the identity and professional status of individuals providing service to them.
   2. Patients have the right to know which physician is primarily responsible for their care.
   3. Patients have the right to be informed if they are participating in clinical training programs and/or research programs and given a description of the benefits, potential discomforts, risks, and alternatives available.
   4. Moreover, patients have the right to refuse to participate in such programs and that their refusal will not compromise their access to services.

D. **Information:**
   1. Patients have the right to obtain, from the physician responsible for their care, information concerning diagnosis, treatment, and probable outcome.
   2. Patients also have the right to receive this information in terms that are understandable to them.
   3. Patients have the right to request and receive all information, including an itemized and detailed explanation of charges for services rendered regardless of source of payment.
   4. Patients have the right to timely notice prior to termination of eligibility for reimbursement by any payment source.
   5. Patients have the right and should be informed of the rules and regulations of Mid Coast Hospital applicable to conduct as a patient.
   6. Patients have the right to involve their family or surrogates in care, treatment and services to the extent allowed by law and hospital policy.

E. **Communication:**
   1. Patients have the right to reasonable access to people outside Mid Coast Hospital by means of visitors, and by oral and/or written communication.
   2. Patients have the right to have reasonable access to an interpreter when a language barrier exists.
   3. Patients (and family as appropriate) have the right to a reasonable explanation of any restrictions on communication.
   4. Patients have the right to access telephones and to private telephone conversations and mail service.

F. **Consent:**
   1. Patients or their legal representative(s) have the right to participate in decisions concerning their health care after receiving a clear, concise explanation of their condition and of all proposed procedures including
      a. risks and side effects associated with the procedure,
      b. problems related to recuperation, and
      c. probability of the outcome of treatment.
      d. reasonable alternatives to the proposed care, treatment and services
including risks related to not receiving the proposed care treatment and service.
e. circumstances under which information about a patient must be disclosed or reported (such as disclosure regarding reportable infectious diseases)

2. Patients have the right to ask who will authorize and perform all procedures and treatments.
3. Patients have the right to seek a second opinion regarding their health condition and plan of care.
4. Patients have the right to request consultation with a specialist regarding their condition.

G. Refusal of Treatment:
1. Patients and their legal surrogate decision makers have the right to legally refuse treatment with the medical consequences explained. Refusal will not compromise their access to hospital services.
2. When refusal of treatment by the patient or by their legal representative prevents the provision of care in accordance with professional standards, the relationship with the patient may be terminated.

H. Education:
1. Patients have the right to request teaching programs regarding their illness that are available at Mid Coast Hospital.
2. Patients have the right to request information on where to obtain teaching/information regarding their illness when not available at Mid Coast Hospital.

I. Transfer and Continuity of Care:
1. Patients have the right to be transferred to another facility after receiving a thorough explanation of the need and alternatives to such a transfer.
2. Patients have the right to be informed by their physician or his/her delegate, of any continuing healthcare requirements following discharge from Mid Coast Hospital.

J. Rights of the Dying Patient:
1. It is important that the rights of the dying patient be stated to help optimize their comfort and dignity. Therefore, patients who are dying at Mid Coast Hospital have the right to:
   a. Involve the patient and where appropriate, the family in every aspect of care. Treatment of primary and secondary symptoms as desired by the patient or surrogate decision maker.
   b. Effective pain management.
   c. Sensitivity when addressing issues such as autopsy and organ donations.
   d. Acknowledgment of psychosocial and spiritual concerns of the patient and the family regarding dying and the expression of grief.
   e. Respect of the patient’s value, religion and philosophy.
K. **Pain Management:**
   Patients have the right to appropriate assessment and management of pain to include:
   a. Initial assessment and regular assessment of pain and respond quickly to address any pain issues.
   b. Education of all relevant providers in pain assessment and management, state of the art care, and committed providers to pain prevention.
   c. Education for patient and families when appropriate, regarding their roles in managing pain as well as the potential limitations and side effects of pain treatment.
   d. After taking into account personal, cultural, spiritual, and/or ethnic beliefs, communication to patients and families that pain management is an important part of care, and that pain expressions are respected and believed.

L. **Complaints and Grievances:**
   Patients have the right to voice their complaints without reprisal about the care they receive and that these complaints are reviewed and resolved when possible.

M. Patients will be involved in resolving dilemmas about care decisions.

N. Patients (and or their surrogates) have the right to be informed about unanticipated outcomes of care, treatment or services that relate to “sentinel events” as defined by the State of Maine and the Joint Commission either by the hospital or the provider responsible for their care at the time of the event of when the organization becomes aware that of an unanticipated outcome has occurred.
Nursing Student Role Policy

I. POLICY:

It is the policy of MCH that nursing students will function within a framework of careful supervision to ensure patient safety and quality care. Within that framework, the organization supports a rich learning environment and professional development of nursing students.

II. ELIGIBILITY:

Mid Coast Hospital Nursing Services, nursing students and faculty

III. EXPECTATIONS OF NURSES AND NURSING STUDENTS:

1. The student nurse will provide care within the framework of the Maine Nurse Practice Act.
2. The student will be responsible for patient care consistent with their competency level in school and will be held to the same legal expectations as a licensed practitioner.
3. Students are expected to abide by standards and policies set at Mid Coast Hospital. Policies should be reviewed prior to initiation of any patient intervention or procedure. Policies are located on the Intranet.
4. Students should not come to the hospital if they are sick. (fever > 100, rash, Students must inform their instructor or preceptor if they have come into contact with any contagious condition)
5. All students are asked to appropriately wear their school uniforms. They must display their college identification badge at chest level at all times. Refer to “Dress Code” policy for all other requirements.
6. A student will never take full responsibility for a patient. They will function under the supervision of an instructor and/or qualified preceptor.
7. Clinical objectives and the student’s role will be communicated with staff nurses prior to participation in patient care.
8. Students cannot witness or obtain consents, take orders, or receive critical values.
9. Students will report off to their designated nurse prior to leaving the floor.
10. All errors should honestly be reported to student’s instructors and variance reports be completed promptly. Variance reports are located on the Intranet.
Student Expectations:

- Park in designated locations (on the hill on right side of Medical Center Drive when entering hospital grounds)
- Must wear school uniform as indicated with name badge visible
- Be on time for clinical/shift start
- Be prepared with patient information prior to clinical start
- Be present for shift report on assignment when nursing staff is performing
- Report off to RN assigned to your patient(s) when you are leaving the unit
- Medication administration needs to be performed with clinical instructor or assigned RN if available (students do not have access to medication dispensing machine)
- Documentation needs to be completed fully in the patient’s medical record
- All documentation needs to be cosigned by instructor or assigned practicum RN
- Keep patient information confidential- NO PATIENT IDENTIFIERS ON PAPERWORK LEAVING THE HOSPITAL
- Students cannot take orders from providers, receive critical value reporting or obtain consent

For Practicum Placement

- Contact Preceptor, introduce yourself, and work out a work schedule
- Provide information on how to contact you if a need arises
- Be on time and notify preceptor in advance if unable to attend
- Explain learning goals to preceptor, provide a written document
- Bring skills checklist from previous course (if available) so preceptor will know what you have already accomplished
- Be responsible for looking up information on the unit (you will not receive an assignment in advance)
- Familiarize yourself with policies and procedures of the unit
- Clarify “ground rules” with preceptor as far as when he or she wants to observe your work and when independent functioning is expected
- Communicate with preceptor in an ongoing way about needs, expectations and performance. React positively to feedback
- Contact clinical facility if there are any questions about how the experience is progressing
FIRE PLAN-IN CASE OF FIRE **R.A.C.E.**

**R - Rescue**  - Rescue the person in immediate danger and close the room door.

**A - Alarm**  - Pull the Fire Alarm and CALL 2222 with the fire location.

**C - Contain**  - Contain the fire by closing doors.
Relocate patients away from the immediate fire area.

**E - Extinguishing** - Extinguish the fire or Evacuate

only after the alarm has been sounded, only with proper training, and only if it is safe to attempt.

1. Medical Gas Valves will be closed only in the event of a Fire or Emergency by the Resource Nurse, Clinical Consultant or other person in charge - After it has been determined that all patients being serviced by the medical gas zone have been attended to.
2. Turn on corridor lights.
3. Remain at the scene until you are relieved by a higher authority or you are instructed to evacuate

**IF YOU HEAR THE FIRE ALARM OR FIRE CODE BEING PAGED**

1. Be Alert, listen for the location of the fire.
2. Be prepared to receive patients from the fire area, or evacuate your area.
4. Close doors, turn on corridor lights.
5. Personnel assigned to the fire team should report to the fire location.
6. Personnel in non-clinical areas not assigned to the fire team should move from their duty station to the corridor and await further instructions.
7. Have visitors remain where they are.
8. Remain in your area until the all clear is given, or you are instructed to evacuate.

**KNOW THE LOCATION OF FIRE FIGHTING EQUIPMENT** KNOW THE LOCATION OF FIRE ALARM PULL STATION KNOW YOUR EVACUATION ROUTES

**KNOW THE LOCATION OF UTILITY SHUTOFF DEVICE** KNOW YOUR FIRE TEAM ASSIGNMENTS
The information in this power point is intended to provide employees with policies and procedures which are specific to Departments of Mid Coast Hospital, on and off the main campus. If you need additional information or have questions, please contact the Facilities Management Department at 373 6700.
Reporting unsafe conditions

Unsafe conditions should be reported as follows. If the matter is urgent, have the MCH operator page the appropriate individual.

Building, Grounds, Medical Equipment, Utilities, Fire or Security Issues or concerns:

- Notify Facilities Management Ext. 6700
- Notify your supervisor

Employee Health / Infection Control issues or concerns
Notify Employee Health Nurse Ext. 6770
- Notify Infection Control Nurse Ext. 6771
- Notify your supervisor

The Safety Officer at MCH is
Michael Pinkham, CHFM Ext. 6701
Smoking & Tobacco Use policy

- The Mid Coast Hospital main campus and off site campuses are Tobacco free.
- Tobacco use is prohibited on the entire grounds including private vehicles
- Refer to the tobacco use policy located on the Inet
- This policy pertains to Staff, Patients, Visitors Volunteers, and Providers
- Effective 2/2014
Floor Plans

2nd Floor Med/Surg

1st Floor
Patient Teaching on Medications

- Review purpose and side effects of each med
- Hospital approved handouts on meds may be printed from:
  - Lexi-PAL (Pyxis)
  - Lexicomp (INET)
  - Patient Education Documents (Flow sheet Menu)
- Do NOT do Google searches or use handouts from unapproved sources or internet sites

Two Patient Identifiers

Use **two patient identifiers** whenever

- administering medications or blood products
- taking blood samples and other specimens for clinical testing
- any invasive procedure such as blood glucose testing

The two patient identifiers that Mid Coast Hospital has chosen for all staff to use are:

- The patient’s name
- The patient’s date of birth

These identifiers must be checked either by asking the patient or checking the hospital identification bracelet:

Label Specimens in Front of the Patient

Mislabeled specimens are a source of error that can lead to dangerous, even fatal outcomes if actions are then taken on erroneous data. Make sure that you follow the safety protocol of labeling specimens in front of the patient.

Show the patient the label afterward and ask them “Is that your name?”
The Five “Rights” of Medication Administration

Hand Hygiene

- Hand hygiene is the **single most important measure** in the prevention of HAI

- Take a moment to assess your compliance with hand hygiene:
  - Do you **always** perform hand hygiene before and after each contact with patients and their environment?

  *If not…ride the WAVE*
Basic handwashing with plenty of soap and water is proven to reduce the incidence of HAI

In addition, CDC recommends the use of alcohol-based hand rub by healthcare workers for patient care because they address some of the obstacles that healthcare workers face when taking care of patients

- NOTE! Caring for patients with *C. difficile* requires hand washing with soap and water—alcohol-based hand rubs do NOT protect against transmission of *C. difficile* spores

When healthcare workers’ hands are visibly soiled, they should wash with soap and water

The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. **Wash hands frequently!**
Infection Control

At Mid Coast, the prevention of healthcare-associated infections (HAI) is a high priority, one that is impacted significantly by the quality of care that is provided to our patients by all of our health care workers. Nurses and providers in particular play incredibly important roles in the prevention of HAI, especially those that are associated with medical devices like indwelling urinary catheters, central lines and ventilators.

The Institute for Healthcare Improvement (IHI) developed the concept of “bundles” to help health care providers deliver the best possible care for patients undergoing particular treatments with inherent risks. A bundle is a structured way of improving the processes of care and patient outcomes: a set of evidence-based practices that, when performed collectively and reliably, have been proven to improve patient outcomes more than when implemented individually.

Bundles exist at Mid Coast for the care of patients with the indwelling medical devices mentioned above. It is a reasonable expectation that during your time here as a student, you may be involved in the care of a patient with any one (or more) of these devices. Please take the time to review the CAUTI, CLABSI and VAP Prevention Bundles, which can be found on Mid Coast Hospital’s Intranet (aka Brick Wall), under Clinical Resources, Infection Prevention.

HIPPA/Confidentiality

Key patient privacy protection guidance while working at MCH

You have been provided the privilege of caring for our patients. Patients and their families trust us to protect their privacy and confidentiality. You have been provided access to protected personal and health information. It is expected that anything you see here, witness here and learn about here will be kept in strictest confidence.

Common staff/student pitfalls that can violate patient privacy and confidentiality-

- Be very careful when talking about patients and their care in hallways and even at the nurses stations. Privacy violations occur easily when folks overhear conversations.
- DO NOT view charts or patient information that you are not directly involved with. Just because you have access to charts does not mean you may view them.
- Please do not access records of people you know, your family or a co-worker. Every time you access any chart you leave a digital record of your code, the date, the time, the
computer you accessed the record from and what you looked at. ONLY view charts that you are directly involved with.

- Be careful when picking up patient papers that come from printers and fax machines—always check the patient name of papers you are handling to be sure you have the correct information and the correct patient.
- It is easy to mislabel specimens and paperwork with wrong patient stickers (labels). Always read the label you are about to use, ask the patient to confirm the label with you if possible, especially when labeling specimens.
- Leaving computer screens open to patient information after you walk away from the computer can compromise patient confidentiality. Always sign off when you walk away.
- Do not leaving patient papers or charts open on counter tops.
- Please use the locks in the chart rack holders in the hallways.

Privacy breaches are serious staff and student violations of trust. MCH has a zero tolerance for a willful breach of patient privacy. All reports of privacy breach are investigated. Students are not immune from discipline, up to and including, being not allowed to work at MCH and/or discharge from your nursing program.

**Hand Off Report**

It is important for you to report to the nurse assigned to your patient with any change in patient condition, or if you are leaving the unit for any reason (break, lunch, end of shift). Be sure to include what has happened during your shift, any treatments you provided and any other information they should know about. Checking in throughout the day with the nurse will also ensure that nothing is forgotten, or an assumption is made that someone else completed a task.