Nursing Education and Professional Development

www.VanderbiltNursing.com

VANDERBILT UNIVERSITY
MEDICAL CENTER

Recognized Excellence Designated Magnet

Clinical Orientation Welcome & Objectives

Dear New Employee,
Welcome to Vanderbilt University Medical Center's Clinical Orientation. Our goal is to make every effort to make your initial onboarding at VUMC exciting and fun, but at the same time give you the tools to begin your career here at Vanderbilt. This orientation is intended as an introduction for new employees to the general aspects of patient care in Vanderbilt University Hospital (VUH), Vanderbilt Medical Group (VMG), Monroe Carell Jr. Children's Hospital at Vanderbilt (MCJCHV), and Vanderbilt Psychiatric Hospital (VPH). After completing CO and upon reporting to your assigned work area a detailed unit/clinic specific orientation will begin.
Sincerely,
The Clinical Orientation Team

Objectives:

A. Describe the expectations of your role, and the various health care team members' roles in providing safe care to the patient.
B. Describe the essential elements of a Magnet organization.
C. Identify resources available to support safe patient care and ongoing professional development of staff.
D. Describe policies and practices to enhance patient and staff safety in meeting National Patient Safety Goals; Communication, Family Involvement, Patient Identification, etc.
E. Explain evidence based practice and resources to find the evidence.
F. Identify ways to provide safe, quality patient care to prevent hospital acquired complications.
G. Describe emergency response techniques with Mock Code, AED, Airway Management, and Rapid Response Team.
H. Demonstrate skills that are introduced, i.e., phlebotomy, IV, restraints, Smooth Moves, sterile technique, others.

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QR Code to online
Clinical Orientation Manual

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All complete policies can be found online through www.vanderbiltnursing.com, click employee resources, then click on Poly Tech (Policies).

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Clinical Orientation Smart Tip:

Go to Vanderbiltnursing.com and click on Employee Resources to view the quick links and easily find Vanderbilt resources.

Employee Resources

Commodore Card

Place money on your ID badge to purchase food and items at VUMC eateries and stores.
615-322-2273 or 800-632-0998

Commodore Concierge Service

Provides in-person assistance with general Human Resources questions. Also purchase RTA/Music City Star tickets, movie tickets, and stamps. MCN & OHO locations.

Education Assistance Programs (Tuition Assistance)

Education benefit for employees and family to further personal development and life-time learning. Visit website for additional details.

Employee Assistance Program (EAP) / Health and Wellness

A resource of Vanderbilt faculty and staff meeting various life challenges. Confidential, professional assessment, short-term counseling, and referrals to community resources are provided.

Medical Arts Building Suite 018 615-936-1327

Human Resources

This is the hub for the majority of your employee questions. Search this site for HR contact information, job descriptions, policies, forms, your benefits, C2HR and more.

ID Card/Badge Office

Questions about new cards, lost cards, worn out cards? This site is your card resource.

2525 West End Avenue 615-936-3350

Employee Resources and Contact Information

Employee Resources

Occupational Health Clinic

Weekdays, 7:00 am—6:00 pm; No appointment needed

Medical Arts Building Suite 640 615-936-0955

Faculty/Staff Express Care

Weekdays, 7:30 am—4 pm

112 Medical Arts Building

Parking Permit Office

Weekdays, 7:30 a.—4:30

East Garage Ground (G) Level 615-936-2127

Vanderbilt University Credit Union

107 Oxford House 615-936-0300

Vanderbilt Pharmacy

Vanderbilt employees receive a discount on prescriptions filled at any of the Vanderbilt ambulatory pharmacies; The Vanderbilt Clinic (TVC), Medical Center East (MCE), One Hundred Oaks (OHO) and Vanderbilt Children's Pharmacy.

Shopping

Barnes & Noble at Vanderbilt

Vanderbilt University Official Bookstore
2501 West End Avenue

Medical Center Gift Shop (VUMC Auxiliary Gift Shop)

Vanderbilt University Hospital 2nd Floor

The Friends Shop

Vanderbilt Children's Hospital 2nd Floor

Vanderbilt University Software Store

Discounts for IT products offered to Vanderbilt employees

Employee Resources and Contact Information

Dining/Food

Monroe Carell Jr. Children's Hospital at Vanderbilt

The Vandy Café

Subway

Taco Bell

Pizza Hut Express

Ben and Jerry's

Vanderbilt University Hospital

Au Bon Pain 2nd Floor

Courtyard Café Adult Hospital, 2nd Floor

Vanderbilt Bistro Medical Center East 8th Floor M-F 7:30 a.m.— 2:00 p.m.

Vanderbilt University

Rand Dining Center - Rand Hall

Blue Corn Cocina, Burgertown, Chef James Bistro, Corner Market, Lunch Paper, Pasta & Potato Bar, Salad Bar

The Commons – Common Center

Brick Oven, Chef's Table, The Grill, Center Island, Pastries & Sweets, The Wok Station, Sizzle, Deli & Soup

The Pub - Sarratt Student Center

C.T. West & Quizno's - Carmichael Towers

Grin's Vegetarian Café – Schulman Center

RoTiki – Branscomb

Dunkin Donuts - The Village at Vanderbilt

Pizza Perfect – The Villages of Vanderbilt

Coffee and Espresso

Suzie's Espresso – 1st Floor Lobby Adult Hospital and Children's Hospital

Au Bon Pain - Vanderbilt University Hospital

Commodore Cup – Medical Center North Entrance, Courtyard Café

Starbuck's - Courtyard Cafeteria

The Common Ground - The Commons

Employee Resources and Contact Information

Transportation

Visit Music City, Getting around in Nashville

Bike Rentals (Nashville B-cycle)

Carpooling

Electric Vehicle Charging

Motorcycle and Bicycle Parking on Campus

MTA/VU Free Ride to Work Program

Music City Star Train (RTA)

Uber

Vanpool

Zipcar

Vanderbilt Athletics

Vanderbilt Athletics: Tickets and Info

Stay *In the Know* and on top of other Vanderbilt University Medical Center Nursing communications! Subscribe to :

Here is the information you can expect to receive for each Nurse Alert category:

NEWS FOR ALL NURSES
(general communications received when signing up for Nurse Alerts)
- Monthly publications:
  In the Know
  VUMC's Executive CNO Marilyn Dubree's Nursing Newsletter
- Magnet Monthly and Magnet Updates
- Organizational Nursing events including State of Nursing Address, Poster Presentations, Nurses' Week Events, to name a few

OPTIONAL CATEGORIES:
Nurse Wellness, including:
- Health Plus
- Vanderbilt Health and Recreational
- Nurse Wellness Committee items
- Work/Life Connections – Employee Assistance Program (EAP)

Professional Development
- Contact Hour Events including *Now Trending* in April and October
- Shared Governance Learning Events
- Nursing Research and Evidence Based Practice Events
- VPNPP Events
- Preceptor Workshops
- Nursing Certification Review Courses

RNs, LPNs, and MAs are automatically signed up for Nurse Alerts. MAs will receive information regarding continuing education for their recertification. Everyone else may enroll by going to this link. →

Nurse Alerts

Human Resources

VanderbiltNursing.com

Health Care Decision Making*

Occupational Health Clinic

Work/Life Connections - Employee Assistance Program

Medical Center Card Services (ID Badge Office)

Help Desk

Nursing Education and Professional Development

www.vanderbiltnursing.com

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Vanderbilt University Police Department (VUPD)

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QR CODE CHEAT SHEET

Risk & Insurance Management

Lactation Room Locations for VU & VUMC

Interpreter Services

TN Donor Services

Hand Hygiene

Quality Interactions

Krames' Patient Education

VUMC Acronyms and Abbreviations Translator

CO Eval

Kahoot.it

Human Resources

Evidence-Based Practice & Nursing Research

PolicyTech*

Vanderbilt Professional Nursing Practice Program (VPNPP)

Shared Governance

Vanderbilt Athletics

Learning Management System (LMS)*

Nurse Wellness

VUMC Parking & Transportation

Nursing Education and Professional Development

www.vanderbiltnursing.com

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Magnet*

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Health Care Team Roles

Objectives

1. Describe the Healthcare infrastructure at VUMC
2. Identify the communication tools utilized within the healthcare infrastructure
3. Describe the best practices of delegation

Nursing Leadership

Executive Chief Nursing Officer, VUMC _____

Chief Nursing Officer, Children's Hospital at Vanderbilt _____

Chief Nursing Officer, Vanderbilt Psychiatric Hospital _____

Chief Nursing Officer, VUH _____

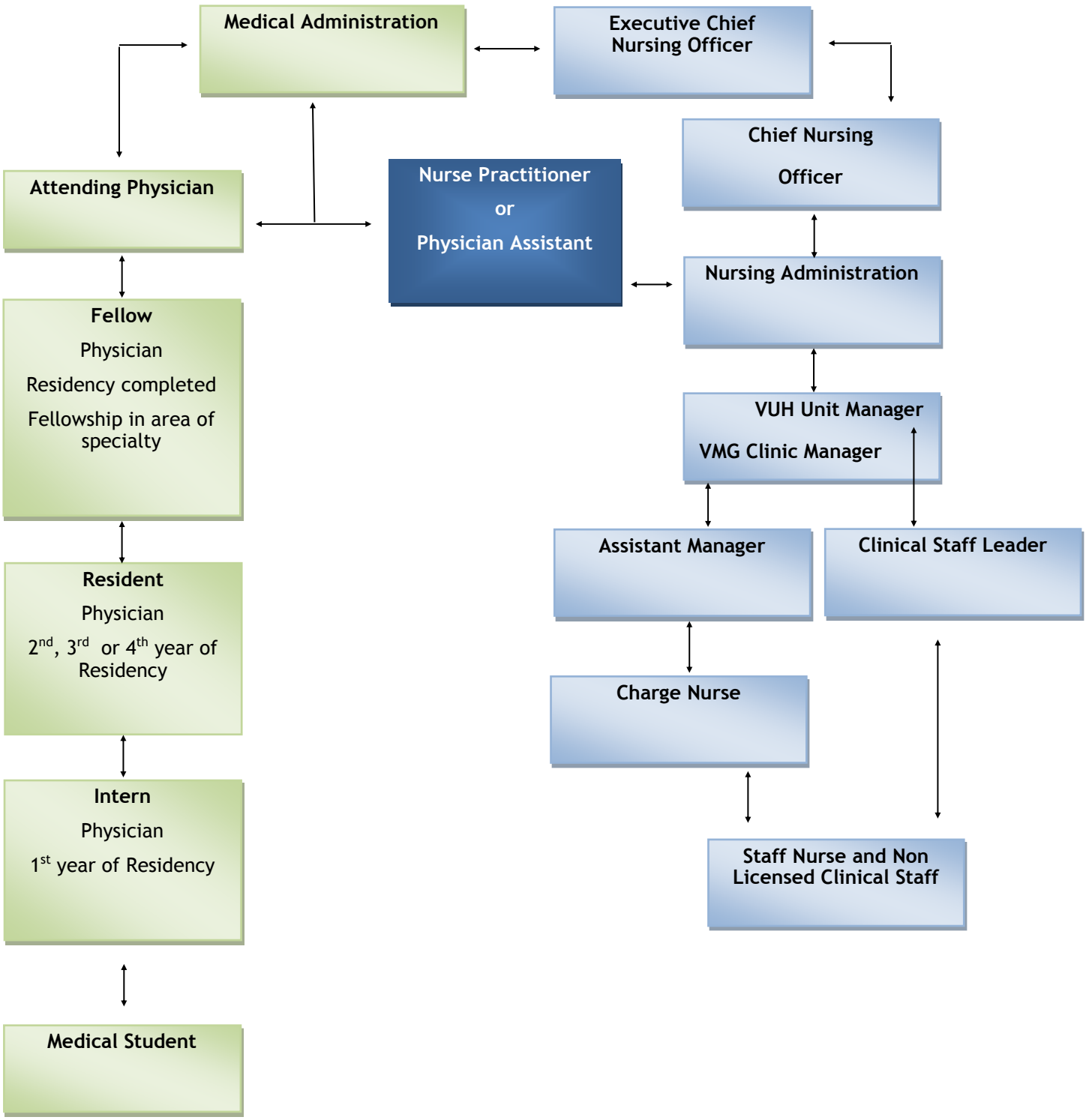
Vice President Adult Ambulatory Nursing, VMG _____

Infrastructure

- The Monroe Carell Jr. Children's Hospital at Vanderbilt (MCJCHV)
- 15 Adult Patient Specialties
    - Behavioral Health
    - Cancer
    - Heart and Vascular
    - Neurology
    - Ophthalmology
    - Otolaryngology
    - Transplant
    - Women's Health
    - Bill Wilkerson
    - Hearing and Speech
    - Medicine
    - Neurosciences
    - Orthopaedics
    - Surgery
    - Trauma, Burn and Emergency Surgery

Health Care Team Roles

Nursing Chain of Command



Health Care Team Roles

Badge Colors

Registered Nurse—Light Blue

Licensed Practical Nurse—Blue

Non-licensed Clinical Staff—No color strip
Care Partners, Medical Assistants,
Patient Care Techs

Attending Physician—Dark Green

Resident—Light Green

Advanced Practice Nurse—Dark Blue

Paramedic—Red

Communication

Use during Hourly Rounding, Bedside Report, Patient Transfers & Other

First Impressions - S.N.A.P.

S—Smile
N—Nod
A—Ask
P—Pause

Patient handover – S.B.A.R.

S – Situation
B – Background
A – Assessment
R – Recommendations

Service recovery - H.E.A.R.D.

H – Hear
E – Empathize
A - Acknowledge
R - Respond
D - Document

Patient communication – A.I.D.E.T.

A – Acknowledge
I – Identify
D – Duration
E - Explanation
T – Thank you

4 C's of Communication

- Clear
- Concise
- Correct
- Complete

Health Care Team Roles

The Five Rights of Delegation

Right Task—Is the task being delegated appropriately:

- Within the caregiver's scope of practice?
- Compliant with the caregiver's job description?
- Based upon desired patient outcomes?
- A task that is only delegated for a specific patient at a specific time?

Right Person—To perform the delegated activity, does the assigned caregiver possess:

- The knowledge and skill required?
- Appropriate certification and licensure?
- An appropriate job description?
- Documented and/or validated knowledge?
- Demonstrated competency or skills?

Right Direction—Has the caregiver been provided with:

- Initial directions that meet the 4Cs criteria?
    - ◊ Clear direction
    - ◊ Concise description of the activity to be performed
    - ◊ Complete information including objectives
    - ◊ Correct limits and expectations

Right Feedback—Is the caregiver provided the opportunity to participate in:

- A reciprocal (mutual) process of information flow?
- Providing input to the process?
- Communication that recognizes his/her efforts?
- Determining an alternative solution to problems that may arise?

Right Supervision—Is supervision for the delegated activity provided by:

- Determining the appropriate intervention to be delegated?
- Monitoring of the delegated activity?
- that a follow-up evaluation of the delegated activity takes place?

Health Care Team Roles

Delegation

Q: What is delegation?

A: Passing along the responsibility for an activity or performance of the task, but not the accountability, or the process, or the outcome of the task.

Q: What is supervision?

A: Process of directing, guiding and influencing the outcome of an individual's performance of a task while maintaining responsibility and accountability of the task.

Q: What is Assignment?

A: The shift of responsibility and the accountability of a task.

Notes

Keeping Patients and Families

Informed About Delays

While in our waiting and exam rooms, patients and their families want to know the following:

1. Whether or not there is a delay
2. How long it is to be expected
3. What other options they may have *(e.g. getting coffee, rescheduling, etc.)*

Keys to Success: Focus on Waiting and Exam Rooms

- Since clinic settings and staffing are different, each clinic needs to create a process for keeping patients and families informed about waits and delays. Clinic leaders need to assign staff to monitor waiting and exam rooms in order to keep patients and families informed about delays.

- Establish a plan that keeps patients and families:
  - Informed – accurate information communicated in a meaningful way
  - Occupied – includes what patients and families can do while waiting (e.g. access Wi-Fi for iPad and tablet use; current reading materials)
  - Comfortable – offer water or coffee; provide blankets to patients when cold; tidy up waiting rooms

- Use a standard framework for communicating delays:
  - Apologize for the delay/wait – HEARD Service Recovery
  - Explain the reason for the wait (not always due to an emergency)
  - Estimate how much longer the patient has to wait (e.g. number of patients ahead)
  - Thank the patient and family for their patience

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Patient and Family Engagement

Objectives

1. Identify VUMC's resources for Patient and Family Engagement and Patient Education
2. Define Patient and Family Engagement
3. Explain the Foundational Elements of Patient and Family Engagement
4. Identify Patient Benefits when Patient and Family Engagement is Utilized

Foundational Elements of Patient and Family Engagement

- Clear Communication
- Joint Goal Setting
- Shared Decision Making
- Teach Back

Collective Patient Engagement

- Giving voice to the public and involving them in shaping health care delivery and determining local priorities
  - ◊ Patient and Family Advisory Council
  - ◊ The Vanderbilt Patient and Family Promise

Individual Patient Engagement

- Strategies for involving patients in their own health care, including techniques for personalizing care and offering patients more choices
  - ◊ Nursing Plan of Care
  - ◊ Priority Problems

Health Literacy

- Ability to obtain, process, and understand basic health information and services needed to make appropriate decisions and follow instructions for treatment

  Everyday Words for Public Health Communication:

  Click PDF download half-way down the page

Vanderbilt Patient and Family Centered Care Website

- Go to Vanderbilt.com/centeredcare/

Priority Problems and Plan of Care

Policy Title/Number: Plan of Care - Inpatient CL 30-05.01

- To establish guidelines for providing individualized patient care that is multidisciplinary, consistent, coordinated, high quality, and cost effective.
- To provide guidelines for initiating, customizing, and following a goal-directed plan of care based on best practice.
- To facilitate communication among multidisciplinary team members providing patient and family-centered care. The Nursing Plan of Care is developed by the registered nurse in conjunction with the provider plan of care and is individualized to the patients' needs and goals. The overview of patient care (OPC) is used to visualize the elements of the plan of care. Each member of the care team contributes to a multidisciplinary plan of care based on assessed patient/family needs/goals that is guided by evidence and/or best practices. Care is initiated as clinically-indicated and documented accordingly.

Plan of Care Quick Reference

Admitted Patients (Inpatient) Interdisciplinary Plan of Care (IPOC)

	Plan of Care	Comments
	Overview of Patient Care (OPC)	Is used to visualizes the plan of care elements
IPOC is guided by	• Nursing standards of care (Mosby's) • Multidisciplinary pathways where appropriate (E-Docs) • Individual patient/family needs & goals (Discussion) • Discharge Plan and teaching needs	Establish expected outcomes Determine appropriate interventions (e.g., assessments, direct care, teaching, and coordination)
Individualized through the following as applicable	• Provider Plan & Evidence-based **Orders** • Discipline-specific plans of care • Team summary	Medications, treatments, consults, diet, activity, behavior changes
	• **Individualized Nursing Priority Problems**	1) The Patient's priority problems (e.g., pain) are individualized 2) Nursing sensitive problems (e.g., skin integrity) 3) Significant problems reflecting deviation from team's overall POC (e.g., gas exchange)
	• Short-term **goals** are set	At the beginning of the shift (e.g., pain <3)
Evaluated through	• Short-term goal **outcomes**	Goal status at the end of the shift (e.g., goal met/not met)
	• **Nursing Summary**	Reflects the patient's response to care interventions (e.g., VSS, pain=2 on Percocet) and any significant events this shift (fall w/o injury)
Re-prioritized in the	• Provider & Team Plan(s)	
	• Nursing Plan Priorities	Communicates to the team the recommended areas of priority focus and needed interventions (e.g., continue every 4 hours analgesia); reinforce teaching of hydration control

Priority Problems and Plan of Care

Nursing plan of care includes:

- Patient-specific priority problems;
- Short-term goals and measurable outcomes;
- Interventions to meet the goals;
- Nursing Summary reflecting response to care interventions;
- Nursing Plan Priorities which reflecting changes and recommendations.

Nursing Plan of Care

Developed in conjunction with the provider plan of care orders
Individualized with priority problems and established goals and objectives

Nursing Priority Problems	*result in* →	Nursing Priority Problem Outcomes
Based on the structured Clinical Care Classification© terminology to reflect: • Patient's priorities (pain, nutrition) • Actual or potential problems that can be diagnosed independently by nursing (safety, skin integrity risk) • Significant deviations from the overall multidisciplinary team plan of care (e.g., cardiac output, gas exchange, fluid balance)		Reflect realistic discharge out comes (select one): • Improve– Support Recovery (e.g., fracture will heal) • Stabilize- Chronic (e.g., asthma, heart failure) • Support Decline (e.g., ESRD, palliative care) *Note — when no longer a priority, these problems are ended, with outcomes state (improved, stabilized, decline supported)*

Priority Problem Short Term Goals are established every shift for the current shift's Priority Problems. Note: day and night shift may have different priorities (ambulation versus sleep).

Plan Priorities are used to communicate the patient's plan of care and are part of an optimal handover when a change in caregiver occurs. It is a statement regarding interventions that were effective, new problems, and/or recommendations for the new caregiver (e.g., continue q4h Percocet, reinforce ambulation) .

Nursing Summary is a concise, overall summary of the patient's response to care interventions (VSS, pain=2 on Percocet) and any significant events that occurred.

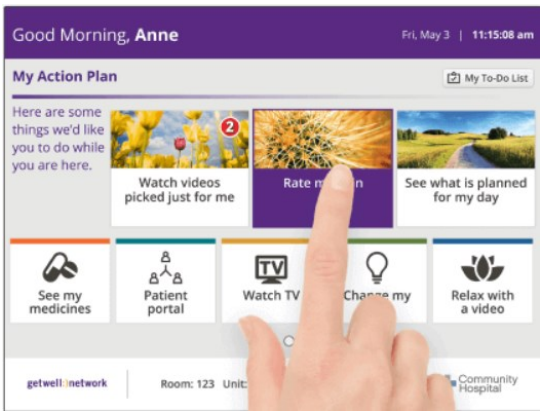
Patient and Family Education

- **Krames On-Demand** is VUMC's vendor for patient and family education materials and videos across the clinical enterprise, including adult and pediatric content.
- Getwell:)network TV system at VUH
- EZ TV at Children's
- **Elsevier** (**Mosby's Skills**) is the resource for staffs' skills.

getwell:)network TV System

Service Oriented for Patient Satisfaction at VUH

- Internal patient surveys
- Patients and family can quickly find resources to:
  - ◊ Safety information
  - ◊ Chaplain services
  - ◊ Interpreter services
  - ◊ Places to worship around Vanderbilt's campus
  - ◊ Places to eat around Vanderbilt's campus
  - ◊ Movies
  - ◊ Noise assistance – fan feature
  - ◊ Scrolling messages
  - ◊ Patient Education
  - ◊ Videos



Magnet

Objectives:

1. Define Magnet recognition by listing the affects on the entire organization and the consumer
2. Describe the essential elements of a Magnet organization
3. Define shared governance by listing opportunities that staff have to get their voices heard

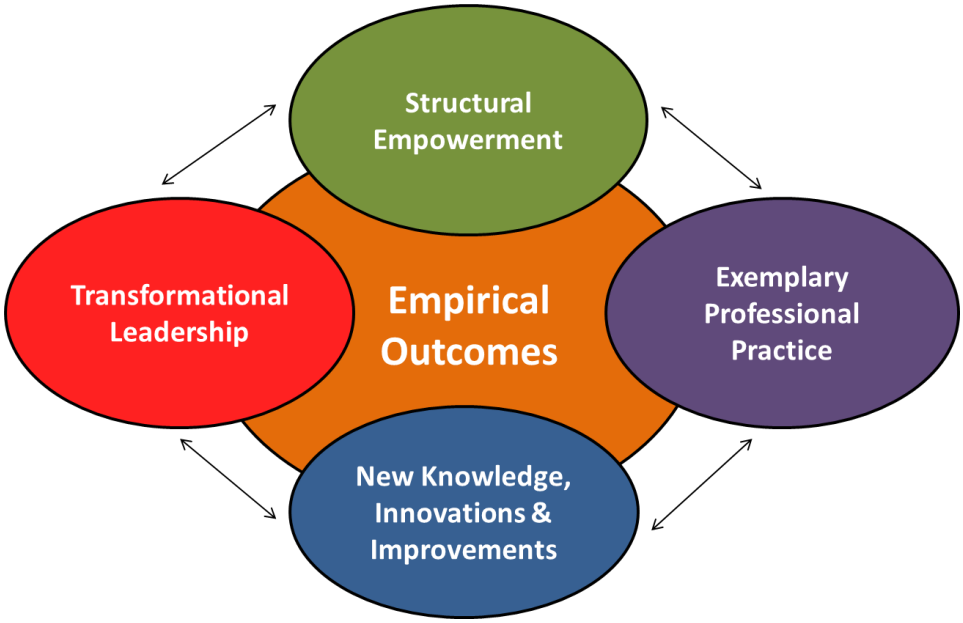
Vanderbilt's Magnet Culture*

ANCC Magnet Recognition Program®

- The original Magnet research from 1983 first identified 14 characteristics that differentiated organizations that were best able to recruit and retain nurses during the nursing shortages of the 1970s and 1980s. These characteristics became the ANCC Forces of Magnetism that provide the conceptual framework for the Magnet appraisal process. These forces are still valid and the concepts are included within the Essential Components of Magnet organizations.
- The Essential Components of a Magnet organization are Transformational Leadership, Structural Empowerment, Exemplary Nursing Practice, New Knowledge, Research, and Innovation, and Empirical Outcomes.
- Magnet recognition is the highest honor that can be given to organizations that provide nursing care.
- The Joint Commission states "Recognizing quality patient care and nursing excellence, the Magnet Recognition Program provides consumers the ultimate benchmark to measure the quality of care they can expect to receive."
- Awarded by American Nurses Credentialing Center
- Vanderbilt received initial Magnet designation in 2006, the second designation in 2012, and the third designation in 2018.
- Vanderbilt is the only Magnet hospital in Nashville and holds four of the seven Magnet status hospitals in the state of Tennessee; Vanderbilt University Hospital (VUH), Monroe Carell Jr. Children's Hospital at Vanderbilt (MCJCHV), Vanderbilt Psychiatric Hospital (VPH), Vanderbilt Medical Group (VMG). The remaining Magnet status hospitals are the University of Tennessee, Knoxville; La Bonheur and St. Jude's in Memphis.

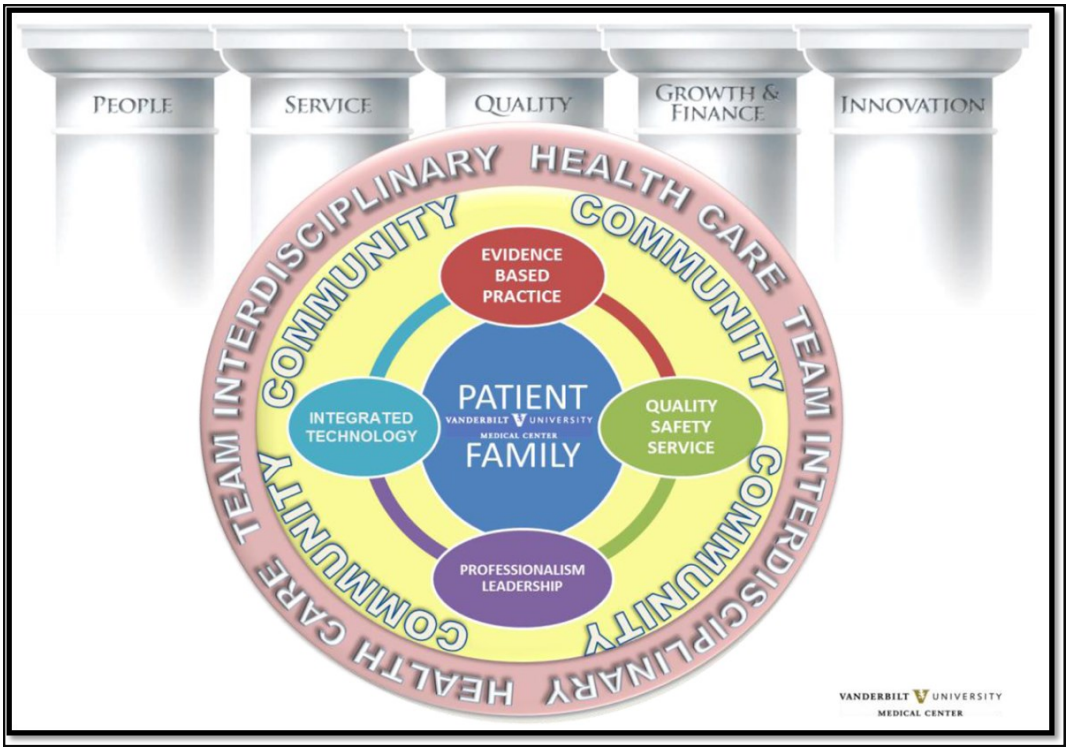
Magnet

Essential Elements of Magnet



Nursing at a Magnet Organization

- Professional models of care
- Use of evidence-based practice standards
- Participatory management style – Shared Governance
- A wealth of resources for consultation and support



Shared Governance

What is Shared Governance?

A philosophy and structure that supports:

- Decentralized decision-making
- Shared ownership and accountability
- Partnerships among key stakeholders

History of Shared Governance at Vanderbilt

Vanderbilt Nursing has a long and rich history of shared governance culture. One of the first hospitals in the country to create Nursing Staff Bylaws, Vanderbilt Nursing ratified its first set of bylaws in 1980. These bylaws define the structure of nursing governance, promote professionalism, and underscore the importance of nursing staff in decision making.

For 30 years, nursing staff and leaders at Vanderbilt have been committed to shared accountability and decision-making regarding nursing practice. At the heart of this work is a unit/clinic board in nearly every inpatient, outpatient, procedural and peri-operative area across our broad and rapidly growing clinical enterprise. Unit Board is a vehicle for all voices and perspectives to be heard and collaborative problem-solving to take place at the point where patient care is delivered.

Our current definition of shared governance at Vanderbilt illustrates the belief in team work, ownership, and stakeholder input: "A dynamic staff-leader partnership that promotes collaboration, shared decision-making and accountability for improving quality of care, safety, and enhancing work life." At Vanderbilt everyone has a voice. Share yours by getting involved in your local unit/clinic board or staff council, by serving as a Bylaws delegate, or through any number of other great participative opportunities available to you. Improve your practice and your work environment by getting involved!

For a review and summary of Shared Governance at Vanderbilt, review this article published in JONA (Journal of Nursing Administration) December 2007 "*Developing Leaders at Every Level: Accountability and Empowerment Actualized Through Shared Governance*" written by Shelley C. Moore and Sarah A. Hutchison from Vanderbilt.

Shared Governance

Shared Governance: Questions and Answers

Answers by the Director of Shared Governance and the Shared Governance Task Force

Q: What is shared governance?

A: A definition of shared governance by Tim Porter-O'Grady is: a professional practice model, founded on the cornerstone principles of partnership, equity, accountability, & ownership that form a culturally sensitive & empowering framework, enabling sustainable & accountability-based decisions to support an interdisciplinary design for excellent patient care.

B: A simpler definition that all staff and leadership may relate more easily to is one that the Shared Governance Task Force developed in 2004: a dynamic staff-leader partnership that promotes collaboration, shared decision making and accountability for improving quality of care, safety, and enhancing work life

Q: Does a person have to be employed within "Nursing" to participate in shared governance?

A: No. Though Nursing was among the first professions to adopt the philosophy and structure of shared governance, and Vanderbilt Nursing was among the pioneers implementing this model in the nation 30 years ago, shared governance is as much a specific leadership style as anything else. It incorporates commitment to the value of facilitative leadership and shared decision-making among key stakeholders about issues that affect one's work. Decentralized decision-making and everyone having a "voice" can be practiced in almost any setting, even those outside of healthcare.

Q: How do we implement shared governance?

A: There are many ways to implement shared governance. Salient features of a shared governance model include: partnership between staff and leadership; inclusion of input from all impacted stakeholders; aiming for consensus decisions but having a back-up plan if you cannot reach consensus; being facilitative rather than directive; listening to all perspectives as much as possible; shared accountability; team ownership; flexibility within boundaries. Examples of shared governance "vehicles" are: unit and clinic boards, committees, councils, task forces, Nursing Staff Bylaws, even surveys seeking your input. Evidence tells us that the most successful shared governance bodies are those that have at least 6 structural elements:

- a charter, including outlining the boundaries of decision-making;
- collaboration between staff co-chairs and the area manager;
- regular meetings with a formal means of communication to all staff;
- mutually planned agendas (co-chairs and manager) distributed before the meetings;
- ground rules of how to work together, be it in-person meetings or online meetings;
- striving for consensus decisions, meaning that everyone agrees to support them after having discussed the options.

Shared Governance

Q. What are some other terms that might mean the same as shared governance?

A: Other terms seen in the literature include: shared leadership, shared decision-making, decentralization, decisional involvement, collaborative governance, professional governance. Some Vanderbilt forums that reflect shared governance are: unit or clinic board, staff councils, focus groups, task forces, process improvement teams, operations councils, practice committees, etc.

This page was last updated February 2, 2010 and is maintained by Shared Governance

Our Nursing Bylaws Guide Us:

- All patients are entitled to safe, effective, evidenced-based nursing care.
- Nursing care of the patient is enhanced by use of an evidence-based care delivery system tailored to the uniqueness of each patient and provider.
- The continuing measurement, evaluation and improvement of nursing practice are essential to the provision of safe, effective, evidence-based nursing care.
- The patient is best served by the nursing staff's collaboration with other hospital staff, participation in educational and research programs, and use of EBP.
- All nursing staff are accountable for our mission of continuous quality improvement, patient safety, customer satisfaction, and cost effective, evidence-based, value-added care.
- Patients are best served in a healthcare environment that fosters learning, stimulates professional growth and promotes nursing research and innovation in nursing practice.

Notes

Nursing Quality

Objectives

1. Identify the organizational quality initiatives.
2. Identify nursing model tactics at Vanderbilt to enhance the quality of care.
3. Identify National Patient Safety Goals and list strategies to meet the given goal.

Where do quality initiatives come from?

- NDNQI— **National Database of Nursing Quality Indicators**

  NDNQI is a proprietary database of the American Nurses Association. The database collects and evaluates unit specific nurse sensitive data from hospitals in the United States and participating facilities receive unit level comparative data reports to use for quality improvement purposes.

- The Joint Commission—**National Patient Safety Goals**

  In 2002, The Joint Commission established its National Patient Safety Goals (NPSGs) program; the first set of NPSGs was effective January 1, 2003. The NPSGs were established to help accredited organizations address specific areas of concern in regard to patient safety.

- Centers for Medicare & Medicaid Services—
  HCAHPS: Hospital Consumer Assessment of Providers & Systems

  The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care.

Nursing Quality Initiatives at Vanderbilt

- Pressure Injuries
- Falls Prevention
- Rapid Response Team (RRT)
- Catheter Associated Urinary Tract Infections (CAUTI)

Nursing Model Tactics (Studer Group)

- Hourly Rounding
- Bedside Shift Report
- Individualized Patient Care
- Discharge Phone Calls (in select areas)
- Vanderbilt Nursing Module initiatives materials

Nursing Quality

2019 Hospital National Patient Safety Goals

Identify Patients Correctly

NPSG.01.01.01; Use at least two ways to identify patients.

NPSG.01.03.01; Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve Staff Communication

NPSG.02.03.01; Get important test results to the right staff person on time.

Use Medications Safely

NPSG.03.04.01; Before a procedure, label medicines that are not labeled.

NPSG.03.05.01; Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01; Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use Alarms Safely

NPSG.06.01.01; Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent Infection

NPSG.07.01.01; Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01; Use proven guideline to prevent infections that are difficult to treat.

NPSG.07.04.01; Use proven guideline to prevent infection of the blood from central lines.

NPSG.07.05.01; Use proven guideline to prevent infection after surgery.

NPSG.07.06.01; Use proven guideline to prevent infections of the urinary tract that are caused by catheters.

Identify Patient Safety Risks

NPSG.15.01.01; Find out which patients are most likely to try to commit suicide.

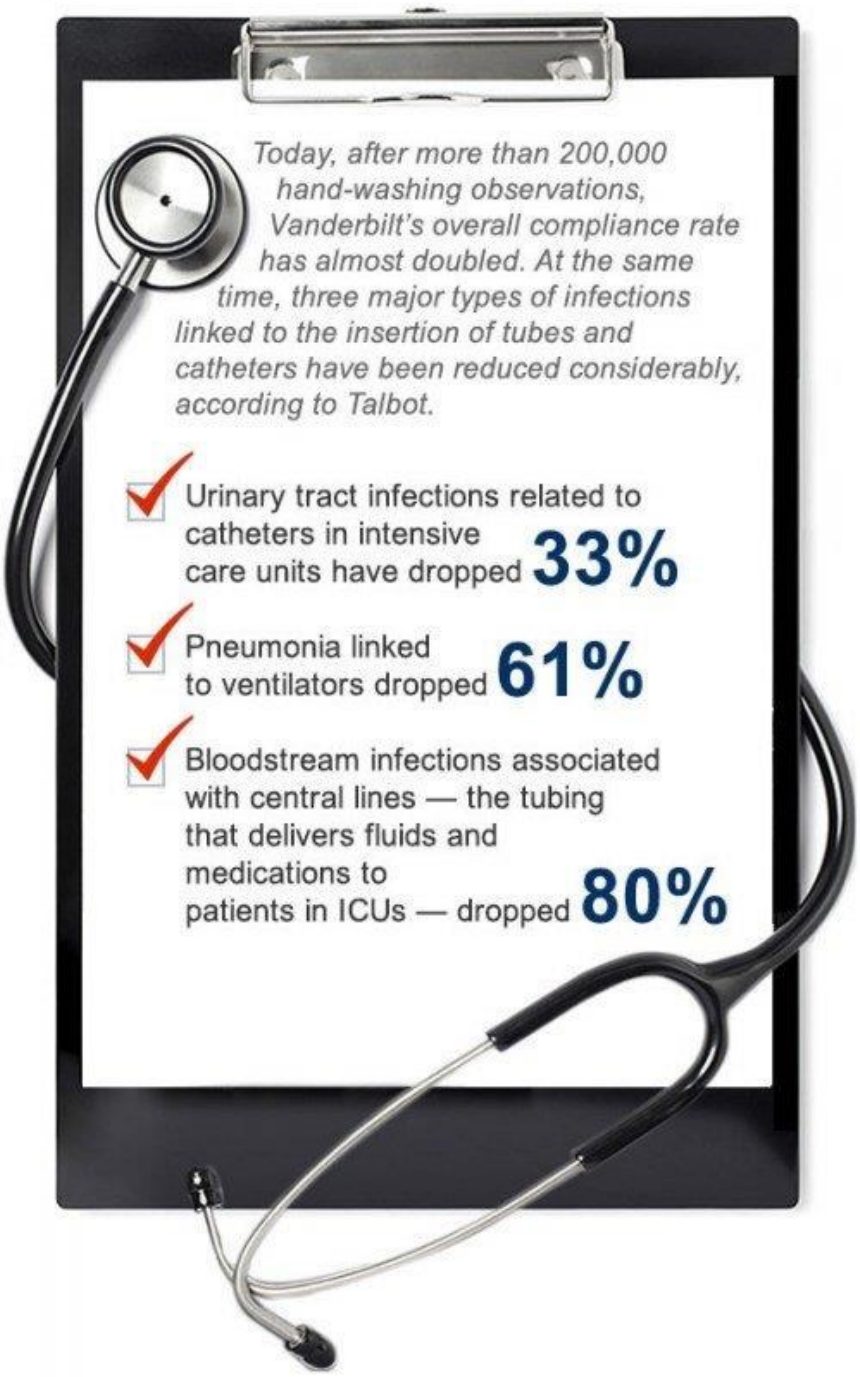
Prevent Mistakes in Surgery

UP.01.01.01; Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01; Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01; Pause before the surgery to make sure that a mistake is not being made.

Hand Hygiene



EVERY Patient. **EVERY** Time. **EVERYONE.**

Patient Safety is in Your Hands!

[Vanderbilt Hand Hygiene Program]

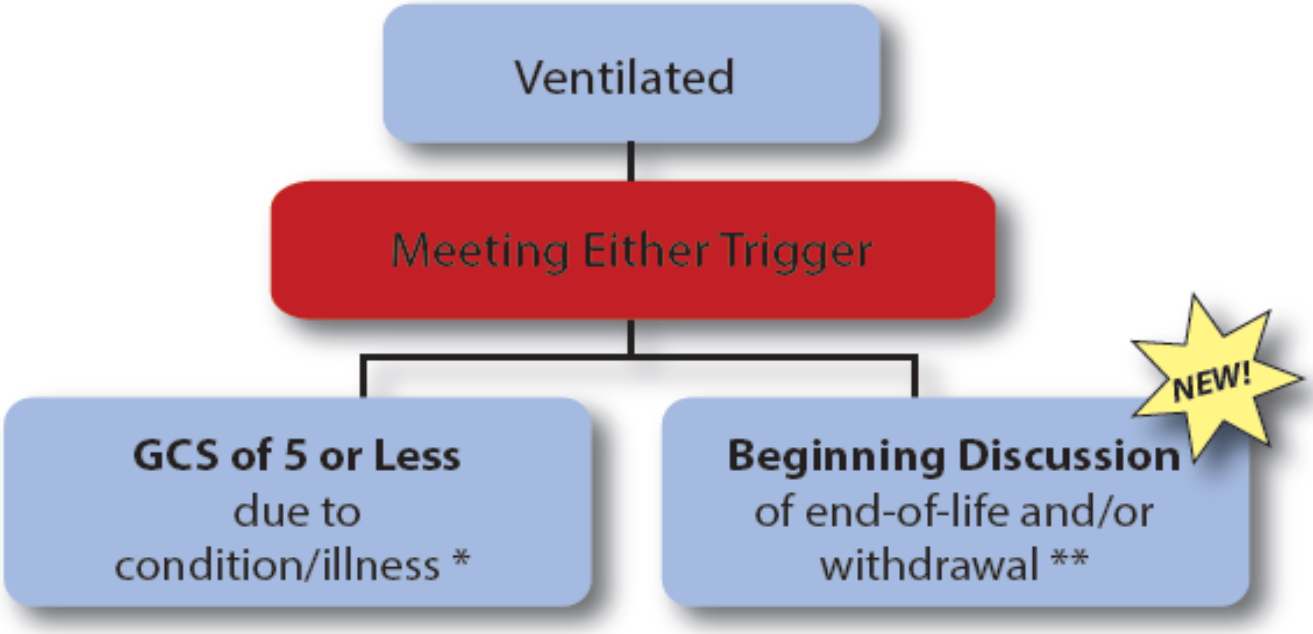
Clean Hands Save Lives

Tennessee Donor Services

YOUR call is the life-line to Organ Donation.

It is vital to this process for you to contact Tennessee Donor Services **within one hour** when a ventilated patient meets one of the clinical triggers.

The triggers you are accustomed to have changed.
The new triggers are:



Evaluation criteria **no longer requires that a patient have a neurological injury to be assessed for organ donation.*
** *Evaluation will occur before withdrawal **regardless of GCS score**.*

Tennessee Donor Services
an extraordinary commitment to science, health and hope

Tennessee Donor Services

Tennessee Donor Services
TISSUE REFERRAL PROCESS

Call **before the family leaves the hospital** and within **one hour** of every death.

TDS will evaluate donor registry status and medical suitability prior to a donation conversation.

If, and only if, the patient is medically suitable, a plan will be discussed to transition the donation conversation to TDS before the family leaves the hospital.

Encourage the family to speak with TDS before they leave the hospital due to the time sensitive nature of this conversation.

The family of each potential donor will be offered this opportunity with discretion and sensitivity.

Your role as Hospital Staff:
1. Call before the family leaves the hospital
2. Make a plan with TDS to transition the conversation
3. Be transparent when introducing TDS to the family
4. Encourage the family to speak with TDS as this conversation is time sensitive

You will be provided guidance by TDS during this process.

24-Hour Referral Line
1-800-969-4438

Decedent Affairs

VUMC Decedent Affairs Communication Guide

To Report a Death:	• Call the appropriate pager number. These pager numbers are monitored 24/7: ▪ VUH: 615-835-1497 ▪ VCH: 615-835-0390
To Coordinate Patient Release from VUMC:	• Vanderbilt University Hospital (adult) and Vanderbilt Children's Hospital release will go through VUH release team at 615-835-1497 (pager). • Decedents will be released from VUMC by appointment only to Funeral Homes from 7:00am to 11:00pm daily. ***Exception- Tennessee Donor Services (TDS) or Medical Examiner (ME) cases. • Patient releases from the unit and/or VCH family transports are strongly discouraged. These situations are considered on a case-by-case basis and MUST be coordinated through the Decedent Affairs release team. Approval from the Director of Patient Flows is required. For inquires, page 615-835-1497.
For Assistance with Non-release Inquires:	• A Decedent Affairs Liaison may be contacted Monday - Friday from 8:00 a.m. - 5:00 p.m. by calling the Patient Flows office at 615-343-5165. ***Any voicemails left after 5:00 p.m. Monday - Friday and on weekends will be processed the following business day. • If no one answers, and you need urgent assistance, call the Decedent Affairs cell phone at 615-818-8872.
Additional Questions:	• Concerns to be elevated to the Decedent Affairs Liaison: ▪ Death certificates ▪ Infant cremation process ▪ Family follow-up/questions/concerns ▪ Quality assurance and feedback

Decedent Affairs

VUMC Decedent Affairs

Decedent Affairs **DOES**

- Accept the body to the morgue
- Facilitates a release when…
    - Next of kin selects a funeral home and notifies Decedent Affairs of permission to release to facility
    - All Medical Examiner/Tennessee Donor Services work is finalized and document ed accurately
    - All death reporting is finalized and documented accurately
    - All fetal disposition paperwork (if applicable) is finalized and documented accurately
- Offers a list of local facilities and services provided
- Coordinates the release of patient's belongings from the morgue
- Partners with TDS to organize donation and reporting
- Partners with VUMC surgical pathology, when applicable
- Confirms all documentation is accurate
- Compiles and submits Tennessee's monthly required reports
- Initiates Death Certificates

Decedent Affairs **DOES NOT**

- Mail completed Death Certificates
- Release medical records or Personal Health Information (PHI)
- Coordinate identification/showings
- Offer bereavement counseling

Information Provided to Families on Request

- Social Services
- Veterans Affair (VA)
- Cremation
- List Funeral Homes

When to Page	When to Call
VUH Decedent Affairs: 615-835-1497 VCH Decedent Affairs: 615-835-0390 · Report a death · Pickup of belongings	Decedent Affairs' Office 615-818-8872 · Incorrect MD information

Evidence Based Practice

Objectives

1. Differentiate between practice and evidence based practice.
2. Identify challenges to evidence based practice.
3. Identify how we incorporate evidence based practice into our clinical practice at Vanderbilt.

Evidence Based Nursing

Vanderbilt is one of the nation's top leaders in educating and supporting nurses as they work to improve patient care and generate game-changing research through Evidence-based Practice initiatives. The Office of Nursing Research & Evidence-based Practice supports nurses' involvement in the use, generation, and dissemination of knowledge to advance nursing practice and patient care.

How do we incorporate EBN into our practice at Vanderbilt?

- All of our policies and procedures are evidence based. So if you are practicing according to our policies, you are practicing EBN.
- If you have a question on how to perform a nursing skill or procedure at Vanderbilt, we reference Mosby's Nursing Skills. All of Mosby's procedures are based on EBN.

Evidence Based Practice and Nursing Research

Notes

Blood Administration

Policy Title/Number: Blood Product Administration CL 30-07.06

Objectives:

1. Identify Resources.
2. Identify the Blood Verification and Administration Process

- Blood products are administered safely and according to evidenced-based practices.
- Blood products are administered only by trained licensed staff who are identified as transfusionist and approved to administer blood and blood products.
- The Transfusionist visually observes the patient at the beginning of each blood product infusion to monitor for possible Transfusion Reactions. Thereafter, the patient is periodically observed for signs and symptoms of a suspected Transfusion Reaction. (See policy)
- Licensed staff with documented blood administration competency may assist with the verification process and monitoring the patient. Care partners or other non-licensed direct care staff may assist with vital signs.
- Blood products may be stored only in Blood Bank prepared coolers or area/department refrigerators designated as "Remote Blood Bank Refrigerators".

  Note: Blood products are not stored in any other type of unit-based refrigerators.
- Please refer to the policy in its' entirety regarding specific procedures in the verification and administration process of a blood product and for clinical implications of a suspected transfusion reaction.

Elsevier Clinical Skills*, Mosby's Skills
Vanderbilt Transfusion Medicine

Notes

Alaris Pump Safety Inspection

Proper inspection of the Alaris® Pump module door

Inspect each Alaris® Pump module door on each unit prior to use. Any damaged pump module should be removed from service and sent to the biomedical engineering department for repair.

Pivot latch screw

- Inspect the pivot latch screw to ensure it does not appear to be loose *(Figure 2)* or has not backed out *(Figure 1)*. A properly installed screw will appear recessed into the screw hole and will not be flush with the outer casing of the door cover *(Figure 3)*.
- Alaris Pump modules with loose or backed out pivot latch screws should be removed from service and sent to the biomedical engineering department for repair. Replace the pivot latch screw if it is removed or loose.
- DO NOT reuse or tighten the same pivot latch screw.

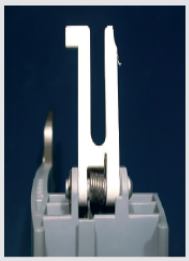
Figure 1: Backed out pivot latch screw

Figure 2: Loose pivot latch screw

Figure 3: Properly installed *(recessed)* pivot latch screw

Sear

- Check the sear for any cracks, damage or looseness before use.
- Refer to the proper administration set loading instructions if no damage is seen.



Broken sear

Bent sear

Undamaged sear

Warning:

- Do NOT use the device if it is physically damaged.
- Close the Alaris Pump module door first before pushing down on the pivot latch.
- Do NOT use unauthorized parts. This could result in potential hazards. Be sure to purchase all replacement parts from CareFusion, including the pivot latch.

For product support, contact Customer Advocacy at 888.812.3266 or customerfeedback@carefusion.com.
For technical support, contact Instrument Technical Support at 888.812.3229.
For product orders, contact Customer Order Management at 888.482.4822.

CareFusion
San Diego, CA

carefusion.com

CareFusion

Restraint/Seclusion Management

Objectives

1. A comprehensive overview of the VUMC restraint policy
2. Review application of restraints
3. Review potential complications and considerations during the use of restraints

Policy Title/Number: Restraint/Seclusion Management CL 30-04.18

Purpose of the policy: To support the patient's right to be free from unnecessary restraint or seclusion and to protect the patient's rights, dignity, physical, and psychological well-being

Notes

Restraint/Seclusion Management

Restraint or Seclusion Requirements

<table>
<tr><th>Task/ Issue</th><th>Nonviolent</th><th>Violent</th></tr>
<tr><td>Emergency Application of Restraint or Seclusion
• Notify the provider responsible for the restraint/ seclusion order</td><td>• A Registered Nurse (RN) may apply restraint in an emergency situation.
• The RN notifies the provider responsible for the patient immediately (within a few minutes) and obtains an order</td><td>• An RN may apply restraint/seclusion in an emergency situation
• The RN notifies the provider responsible for the patient immediately (within a few minutes) and obtains an order
• A face-to-face evaluation is obtained within 1 hour</td></tr>
<tr><td>Performing the Face-to-Face Assessment</td><td>Not applicable</td><td>Who: Provider Timeframe: Within 1 hour, the face-to-face assessment is complete and documented</td></tr>
<tr><td>Provider Orders Obtained and Reviewed</td><td>Restraint orders are evaluated for discontinuation on an ongoing basis and do not exceed 48 hours
Documentation includes:
• Date, Time, reason for restraint, use, and alternatives that have failed. Type of restraint (least restrictive device)</td><td><table><tr><th>Age Dependent</th><th>Provider Notification for Order Continuation or Discontinuance</th></tr><tr><td>Child< 9 years</td><td>Every hour</td></tr><tr><td>Child 9-17 years</td><td>Every 2 hours</td></tr><tr><td>Adult 18+ years</td><td>Every 4 hours</td></tr></table>• At the timeframes listed above, the RN contacts the provider and communicates the assessment. The provider authorizes to continue or discontinue the restraint.
• No single order is active for longer than 24 hours
• On or before the 24 hour order expires, the provider sees and assesses the patient, and a new order and face-to-face are obtained if indicated</td></tr>
<tr><td>Nursing Observation/ Reassessment</td><td>Individualized to the patient and ongoing for patient safety, comfort, and evaluation for earliest possible restraint discontinuation.</td><td>Individualized to the patient and ongoing for patient safety, comfort, and evaluation for earliest possible discontinuation of restraint or seclusion</td></tr>
<tr><td>Nursing Documentation</td><td>Regularly document ongoing checks for safety and comfort throughout the shift, and as needed per individual patient condition, not to exceed 4 hours.
Assess: Ability to cooperate, nutrition, hydration, circulation, skin condition, patient response, ROM, elimination, hygiene, and discontinuation goal.</td><td>(VPH documents every 15 minutes). Ongoing checks for safety and comfort, and as needed per individual patient condition. Regularly documented ongoing checks for safety and comfort throughout the shift, and as needed per individual patient condition, not to exceed 4 hours.
Assess: Ability to cooperate, nutrition, hydration, circulation, skin condition, patient response, ROM, elimination, hygiene, and discontinuation goal.</td></tr>
<tr><td>Plan of Care</td><td>Restraint use is reflected in the interdisciplinary plan of care</td><td>Restraint use is reflected in the interdisciplinary plan of care</td></tr>
<tr><td>Discontinuation</td><td>Based on assessment and discontinuation goal. Remove restraint as soon as possible.</td><td>Based on assessment and discontinuation goal. Remove restraint as soon as possible.</td></tr>
</table>

Medication Safety

Patient Identification

Policy Title/Number: Patient Identification SA 30-10.05

- Patient Identification – The active process of correctly matching a patient through the use of two
  approved patient identifiers and/or sources to verify the individual is correctly matched to the care, treatment, or service.

- Patient Identifier – Approved patient-specific information used to correctly match a patient to care, treatment, or service.

The following identifiers are approved for positive identification of patients:

1. Patient name
2. Date of birth
3. Medical Record Number
4. Last four digits of Social Security Number
5. Government-issued photograph identification (e.g., driver's license)
6. Photograph (taken in Vanderbilt Psychiatric Hospital)

Look-Alike / Sound-Alike Medications

Policy Title/ Number: Look-Alike/Sound-Alike Medications AS201420-50.20

Specific safety strategies are followed for a specified list of potential look-alike/sound-alike medication combinations.

1. Utilize Tall Man lettering where possible.
2. Store in separated locations within the pharmacy area.
3. Provide drug name selection alerts in the CPOE system and the pharmacy computer system.
4. Require extra verification steps.
5. Limit stock areas within the pharmacy.
6. Limit supply to set strengths or concentrations which will avoid confusion.
7. Place in separated compartments in the automated dispensing system or place in multi-pocket drawer which does not contain similar dosage forms.

Medication Safety

High Alert Medication

Policy Title/ Number: High Alert Medication AS201420-50.11

High alert medications: Drugs that bear a heightened risk of causing significant patient harm when they are used in error.

The following medications are identified as high alert:

1. Chemotherapeutic agents
2. Digoxin IV
3. Heparin IV (excluding heparin flushes and heparin containing IV fluids for line patency)
4. Hypertonic Sodium Chloride (concentrations greater than 0.9%)
5. Insulin IV and Sub Q
6. Neuromuscular Blocking Agents
7. Potassium Chloride IV (2mEq/ml)
8. Potassium Phosphate IV (3mM/ml)

Infusions are administered with the aid of smart pump technology. These medications require verification by a second nurse, paramedic, or other qualified medical provider prior to administration.

Notes

Medication Safety

EPINEPHrine for Anaphylaxis

EPINEPHrine 1 mg/mL
1:1000 for Anaphylaxis

Adult Dose	Pediatric Dose
0.3 mg IM = 0.3 mL	0.01 mg/kg IM = 0.01 mL/kg

CAUTION

IM ROUTE ONLY

Each Vial Contains Multiple Doses

Medication Assessment Guide

Clinical Orientation Manual, Pages 39-46

Medication Safety

Content of the Medical Record – Abbreviations, Acronyms, and Symbols: Use of, MR 07-00

- A list of "DO NOT USE" abbreviations is maintained, reviewed, and updated at least annually.
- "DO NOT USE" designated abbreviations, acronyms, and symbols may not be used in hand written notes, orders, reports, manually transcripted orders and prescriptions.
- Physician orders (handwritten) that contain "DO NOT USE" abbreviations must be clarified and rewritten prior to activating the order except in emergent/urgent situations.

VUMC has adopted The Joint Commission's "Do Not Use" list of abbreviations to promote patient safety. The following abbreviations, acronyms, symbols, and dose designations are prohibited in medical record documentation including all orders, preprinted forms, electronic template forms and medication-related documentation:

Abbreviations	Intended Meaning	Common Error	Correction
IU	International Units	Mistaken for IV (intravenous) or (10) ten	Write "international unit"
MS MS04 MgSO4		Confused for one another. Can mean morphine sulfate, or magnesium sulfate	Write "Morphine Sulfate" or "Magnesium Sulfate"
Q. D., QD, q.d. or qd	Latin abbreviation for every day	"QID" or "QOD"	Use "Every Day"
Q. O. D., QOD, q.o.d. or qod	Latin abbreviation for every other day	Misinterpreted as "QD" (daily) or "QID" (four times daily) if the "O" is poorly written	Use "every other day"
Trailing zero (X.0 mg)		Decimal point is missed	Never write a zero by itself after a decimal point (X mg)
Lack of Leading Zero (.x mg)		Highlights dose amount	Always use a zero before a decimal point (0.X mg)
U or u	Units	Read as a zero (0) or a four (4) causing a 10 fold overdose or greater, (4U seen as "40" or "4U" seen as "44")	"Unit" has no acceptable abbreviation. Use "unit".

Medication Safety

1 kg = 1000g	1 L = 1000 ml	1 g = 1000 mg
1 cc = 1 ml	1 mg = 1000 mcg	1 gr = 60 mg
1 kg = 2.2 lbs ***Remember weight in pounds is always a greater value than weight in kg.***	0.1 mg = 100 mcg	

Helpful Tips

Epinephrine:

1. Epinephrine 1:1,000 (1mg/mL) given for anaphylaxis should be given intramuscularly (IM). CAUTION: Each vial contains multiple doses
2. Anaphylaxis protocol
   - Adult dose: 0.3 mg IM = 0.3 mL
   - Pediatric dose: 0.01 mg/kg IM = 0.01 mL/kg

Frequency:

1. mg/kg/day?
   - Convert weight to kg
   - Day (24 hours) ÷ ordered interval (q 6 hours) = 4
2. Ordered frequency “over 6 hours”, no conversion for time needed.

General Rules of Thumb:

1. No dose range orders
2. Zeros before a decimal
3. No zeros following a whole number

Medication Safety

Basic Formula

Example:

Lasix 18mg IV is ordered. The ampule is labeled 10mg/1mL. How many mL's would you give?

Formula:

Dose desired (18mg) ÷ Dose available (10mg) x Quantity available (1mL)

Calculation:

18mg ÷ 10mg = 1.8mg

1.8mg x 1mL = **1.8mL (answer)**

Calculation of PCA Pump Administration

Example:

Morphine 1 mg/hr "continuous" (basal rate) and 1 mg every 10 minutes "demand" rate is ordered via PCA (patient controlled analgesia) pump. What is the maximum dose the patient can receive within 1 hour?

Formula:

Continuous rate: 1mg every 10 minutes; 60 minutes (1 hour) ÷ 10 (ordered frequency = 6mg
The basal rate (1mg) + the continuous rate (6mg) = maximum dose per hour.

Calculation:

1mg + 6mg = **7mg/hour (answer)**

Medication Safety

IV Drip Rate Calculations

Drop rate calculation:

Example:

D5LR to infuse at 125mL/hour. The macrodrip primary tubing set delivers 15gtt/ml. How many drops per minute are needed to deliver the ordered dose?

Formula:

Dose rate ordered (125mL/hour) x drops per mL (15gtts/mL) ÷ minutes per hour (60)

Calculation:

125mL x 15gtts/mL = 1875

1875 ÷ 60 = **31.25gtts/min (answer)**

Concentration calculation:

Example:

An order is received to infuse heparin 2000 units/hour. The concentration provided is 25,000 units/250mL.

Formula:

Units per hour ordered (2000 units/hr) ÷ units available (25000 units) x amount of fluid used for dilution (250mL) = mL/hour

Calculation:

2000 ÷ 25000 x 250 = **20mL/hour (answer)**

Medication Safety

Ratio and Proportion

Example:

Lasix 18mg IV is ordered. The ampule is labeled 10mg/1mL. How many mL's would you give?

Formula:

Dose desired (18mg) x (? mL's)

Dose available (10mg) ÷ Quantity available (1mL)

Calculation:

18mg ÷ 10mg = **1.8mL (answer)**

Calculation of mcg/kg/min

Example:

Dopamine drip at 10mcg/kg/min is ordered. Available is 400mg vials to be mixed in 500mL's of D_5W. The patient weighs 154 pounds.

Formula:

Convert pounds (154) to kilograms (2.2 kg per 1 pound)

Dose ordered (mcg 10) x weight in kg x minutes in 1 hour (60)

Convert calculation to mg

Dose ordered (in mgs) ÷ Dose available (400mg) x Volume available (500mL)

Calculation:

154 ÷ 2.2 = **70 kgs**

10/**70**/60 (minutes in an hour) = **42000mCg**

Convert above calculation (**42000**) into mg (1000mg in 1Gram); 42000 ÷ 1000 = **42**mg

42 ÷ 400 x 500 = **52.5mL/hour (answer)**

Health Care Decision Making

Advance Directives

Policy/Procedure: Health Care Decision Making OP 20-10.08

Vanderbilt University Medical Center ("VUMC") provides information to patients/families regarding the adult patient's right to make health care decisions and honors the desires of patients that have been expressed in valid advance directives.

- Determination of Existence of Advance Directive: Ask about existence of Advance Directive: During the pre-admitting process or at the time of admission, staff asks Patients/Patient representatives whether or not the Patient has an Advance Directive and whether further information regarding Advance Directives would be helpful. In the Emergency Department, this discussion occurs, if feasible, based on the Patient's condition and on the presence of a Patient representative.
- Advance Directive not required: There is no requirement that Patients have a Living Will or Durable Power of Attorney to receive care at VUMC, nor can admission to a VUMC hospital be conditioned upon such a requirement.
- Staff also provides Patients/Patient representatives with written materials if requested. Patients/ Patient representatives wishing to obtain additional information are referred to the Office of Patient Affairs.
- Obtain a copy of any existing Advance Directive and place it in the Patient's medical record. If the Patient does not have an Advance Directive, or the Advance Directive cannot be located, the efforts to locate an Advance Directive and the fact that one was not found is documented in the medical record. Reviews the Advance Directive and communicates with physicians and unit staff regarding implementation of the Patient's wishes.
- Readmissions: On readmissions, staff asks the Patient or Patient's representative whether or not the Advance Directive is still in effect. The Advance Directive documentation is updated as necessary and retained in the medical record. In the absence of any known revocation, the Advance Directive from a previous admission is presumed to remain in effect.
- Revocation: The health care provider to whom the Patient communicates a revocation is responsible for documenting or including the revocation in the Patient's medical record and for informing the rest of the health care team about the revocation.
- Outpatient Practice Areas: VMG Outpatient practices honor patient Advance Directives contained in the Patient's medical record or presented at the time of a visit.

Legal Assistance: For assistance with determinations of validity of Advance Directives, contact the Office of General Counsel. (615) 936-0323

Health Care Decision Making/Advance Directives Employee Information

A site has been developed to help employees know more regarding types of health care decision documents, education for staff, witnessing an Advanced Directive, completing your own and more.

Go to Health Care Decision Making/Advance Directives*

GOT OURS …….GET YOURS

Patient Rights and Responsibilities

We will treat you without regard to your race, nationality, religion, beliefs, age, disability, sex, sexual orientation, gender identity or expression, or source of payment.

You have the right to considerate and respectful care, including the right to:

• Be safe from abuse or harassment.
• Have your pain treated.
• Have your doctor and a friend or member of your family told that you are in the hospital.
• Be free from being restrained or secluded, unless needed for your care.
• Wear appropriate clothing or cultural or religious items as long as doing this doesn't interfere with your treatment.
• Know the names of the people caring for you, what they do, and who they work for.
• Have an interpreter at no cost if you need one.
• Have an assistive (service) animal or aid if you need one.
• See your bills and have them explained to you.
• Talk with other doctors (at your own expense).
• Have your complaints handled fairly. Your care will not be affected if you share any complaints with us.

You have the right to privacy, including the right to:

• Be examined in as private an area as possible.
• Have someone of your own sex with you when you are examined.
• Have your medical information kept private, as provided by law.
• Not have any photos or videos taken of you unless you agree to this, except as needed to treat you.

You have the right to be involved in all aspects of your care. This includes the right to:

• Know what your problem is and what this might mean for you.
• Share in decisions about your care, including getting information in a way that you can understand.
•Be told what you can expect from your treatment, its risks and benefits, other choices you may have, and what might happen if you are not treated at all.
• Have your wishes for advance care (living will, power of attorney) or organ donation followed.
• Meet with an ethicist, chaplain, or advocate to talk about ethical issues and policies.
• Refuse tests or treatment (as far as the law allows) and to be told what might happen if you do.
• Leave the hospital (as far as the law allows) even if advised against it. If this happens, we will not be responsible for any medical issues that may result.
• Be involved in research only if you agree to this in writing.
• Be given information about any ongoing care you may need after you leave the hospital. You will not be sent to another place without being told why.
• Have a support person of your choice with you in the hospital or clinic exam room unless the presence of that person interferes with your care or other patients' care.

To keep you safe, we encourage you to become actively involved in your care by:

• Confirming to us which part of your body you will be operated on.
• Reminding us to check your ID band before we give you medicine or blood.
• Making sure we wash or foam our hands before caring for you.
• Checking for our ID badge.
• Asking questions.
• Knowing what medicines you are taking and why.

It is your responsibility to:

• Give us truthful and complete information about your health, medicines, and insurance.
• Ask any questions you may have about your treatment and what you need to do to take care of yourself.
• Follow your plan of treatment.
•Give us a copy of any living will, power of attorney, or donor forms you may have.
• Follow all hospital and clinic rules, including the no smoking policy.
• Respect other patients, visitors, staff, and property.
• Tell us if you are concerned about or notice any changes in your condition.
• Make sure your bills are paid.
• Go to all of your appointments and be on time.
• Let us know if you are concerned about your privacy.

If you have concerns or complaints:

• If you are a patient at Vanderbilt Psychiatric Hospital, contact the Patient Advocate at 615-327-7085. Otherwise, contact the Office of Patient Affairs at 615-322-6154. Any member of our staff can help you with this.
• You may also contact the Joint Commission at 630-792-5800 or http://www.jointcommission.org.
• Or you may contact the Tennessee Department of Health:
State of Tennessee
Department of Health Care Facilities
West Tennessee Regional Office
2975 Highway 45 Bypass
Jackson, TN 38305
Phone: 800-778-4504
Fax: 731-512-0063

If you have TennCare and have problems getting medical care, ask for a copy of the TennCare medical appeal form. You may also contact:

TNCARE Solutions
PO Box 593
Nashville, TN 37202-0593
Phone: 800-878-3192
TTY/TDD: 800-772-7647

Español: 800-254-7568
This information is available in Spanish upon request.
Solicite la versión en español de esta información.

VANDERBILT UNIVERSITY MEDICAL CENTER

MC-1765 – 08/11

Patient Relations

Policy Title/Number: Patient Rights and Responsibilities OP 10-50.06

VUMC Staff, physicians, and students from all disciplines are expected to demonstrate respect for the human rights and individual dignity of each patient in the delivery of all aspects of health care and services. In return, VUMC expects patients and their families to demonstrate mutual respect through reasonable and responsible behavior toward VUMC physicians, staff, students and other care providers.

Vanderbilt Health Patient Relations

We serve as a neutral bridge between patients, families, guests, staff and faculty. We encourage open communication and fairness in order to offer excellent service to every patient.

A Patient Relations specialist can help:

- Answer your questions or concerns about care received at Vanderbilt
- Answer your questions or concerns about VUMC policies and the academic medical center setting
- Help you know and use your Patient Rights (Versión en Español)
- Offer information about Advanced Directives, documents that offer set instructions for care in certain situations
- Represent a formal grievance process
- Pass along comments and praise for outstanding service

Ethics

Policy Title/Number: Clinical Ethics Consultation OP 20-10.19

Clinical ethics consultation is available to, and may be requested by, any member of the VUMC faculty and staff, as well as by all patients, and their surrogates and family members.

Clinical ethics consultation is provided by the Clinical Ethics Consultation Service, which is the clinical service arm of the Center for Biomedical Ethics and Society. A clinical ethics consultant is on call 24 hours a day, 7 days a week, through the VUMC page operator.

Personalized Medicine at Vanderbilt

Stages of Age Specific Care

Stage	Age	Issues	Descriptors
The Infant	1st Year of Life	Trust v. Mistrust	Totally dependent for daily care and basic needs: sleeping, feeding, sucking, bathing, affection. Mistrust evolves from inconsistent care and unmet needs.
The Toddler	1-3 years	Autonomy v. Shame and Doubt	Walk, talk, feed and dress themselves. Have favorite pillow or stuffed animal. Likes simple, familiar foods. Stranger danger.
The Preschooler	3-6 years	Initiative v. Guilt	Learn right from wrong. Have vast imaginations. Develop fine motor skills. Need explanation and demonstration of unfamiliar procedures.
School Age	6-12 years	Industry v. Inferiority	Have personal achievements. Work, learn, play. Like to be included in scheduling activities. May keep a journal. Like punching bags.
The Adolescent	12-18 years	Identity v. Role Confusion	Likes privacy. Same sex staff should assist with procedures. Are self conscious. Have many body changes/ puberty.
The Young Adult	18-30 years	Intimacy v. Isolation	Develop stronger ties. Have dedication to education and occupation. Increase their commitment to others. May prefer the help of their significant other. May deny/mask symptoms.
Middle Adulthood	30-60 years	Generativity v. Stagnation	Like to maintain economic status. Are family caregivers. Involve them in decision making.
Late Adulthood	60+ years	Integrity v. Despair	Are family centered. Are good listeners. May need a good listener. Are reminiscent. Have increased fall potential.

Population Specific Guidelines for All People

Needs	Care Considerations
Physical Needs	*Diet*: In some cultures or religions, certain foods or combination of foods are strictly forbidden. Ask patient or family about dietary restrictions, preferences, or prohibitions. Ensure that ordered diet is in "sync" with the patient's cultural and/or religious needs. *Treatments*: Some cultures or religions expressly restrict or forbid certain treatments or procedures. *Procedures*: Address modesty and privacy needs. In addition, patients may prefer that examinations or procedures be done by a single practitioner and not in front of a group; they may also prefer that the practitioner be of a particular gender and/or that a family member be in attendance.
Cognitive Needs	In some populations medical information may be only discussed with certain family members or decisions are to be made by certain designated individuals.
Psychosocial Needs	During certain cultural or religious festivals and/or holidays, patients may wish to be discharged from the hospital. Some cultures and groups place high regard on, and depend on, the presence of the family in the clinical environment. When patients are asked to make adjustments or changes to their normal attire, they need careful and thorough explanations of the rationale for the change. Ensure the patient's needs for modesty and privacy.
Spiritual Needs	For some individuals and groups, spiritual rituals and needs are important activities of daily living. Ask how you can help the patient to continue to meet these needs. Honor the patient's desire for visits from spiritual leaders, unless absolutely contraindicated by the patient's condition. Note that spiritual beliefs can impact a patient's ability to travel on certain days; this could affect admission, discharge, and meal planning. To avoid conflict with special religious or spiritual days, help the patient plan procedures, tests and surgery. Receiving sacraments is very important to some patients and their families, especially when the survival of the patient is in question or the patient has just died. The patient's appearance or the location of his or her belongings may be closely related to his or her modesty or morality. Patients may experience greater distress if their appearance, furnishings, or personal items are changed.

Confidentiality

Authorization to Access Medical Records

Policy Title/Number:
Authorization to Access Medical Records: Self & Others IM 10-20.01

Faculty and staff members are not authorized to access any information pertaining to a spouse, adult child, minor child who meets any exception within the VUMC policy on Consent for Treatment of Minors (see references), relative, friend, other faculty or staff member, or any other patient unless one of the following circumstances exists:

1. The faculty or staff member must access the information in order to perform his or her job responsibilities as defined by job role.
2. The patient or patient's legal representative has completed the "Authorization to Access Medical Records" form (MC 3166) granting the faculty or staff member authorization to access the patient's health information.
3. The patient verbally authorizes access to his or her medical record and this verbal authorization is documented in the medical record prior to the faculty or staff member accessing the patient's health information.
4. Faculty and staff members who access an electronic medical record without appropriate authorization are subject to disciplinary action in accordance with VUMC policy on Sanctions for Privacy and Information Security Violations

Social Media Policy and Guideline

Policy Title/Number: Social Media Policy and Guidelines OP 10-10.30

Online social media allow VUMC faculty or staff to engage in professional and personal conversations. These guidelines apply to faculty and staff who identify themselves with VUMC and/or use their Vanderbilt email address in social media venues such as professional society blogs, LinkedIn, Facebook, etc. for deliberate professional engagement or casual conversation. If faculty/staff identify themselves as a member of the VUMC faculty or staff in any online forum and/or use their Vanderbilt email address, faculty/staff make it clear that they are not speaking for VUMC, and what they say is representative of their individual personal views and opinions and not necessarily the views and opinions of VUMC.

Confidentiality

Confidentiality of Protected Patient Information

Policy Title/Number: Patient Safety and Confidentiality: No Information, Security Risk, Stat, and Alias Designations IM 10-20.12

Protected patient information (PPI) is confidential and protected from access, use, or disclosure except to authorized individuals requiring access to such information. Attempting to obtain or use, actually obtaining or using, or assisting others to obtain or use PPI, when unauthorized or improper, results in performance counseling or disciplinary action up to and

Patient Safety and Confidentiality: No Information, Security Risk, Stat, and Alias Designations

Policy Title/Number: Patient Safety and Confidentiality: No Information, Security Risk, Stat, and Alias Designations IM 10-20.12

Vanderbilt University Medical Center (VUMC) maintains processes for identifying and documenting patients for whom special precautions are necessary to control dissemination of information regarding those patients. These processes include designation of a patient as "No Information" upon a patient request to opt out of the patient directory or as necessary for the safety of the patient and others, designation of a patient as a "Security Risk" when necessary for security

Access to Confidential Information

Policy Title/Number: Access to Confidential Information IM 10-30.03

Each individual who needs access to VUMC confidential information is required to comply with VUMC policies and procedures for granting access to its information resources and protecting the information obtained in the course of business.

Access to Protected Patient Information by Job Role

Policy Title/Number: Access to Protected Patient Information by Job Role IM 10-30.10

Each VUMC job description will indicate the categories of protected patient information that are necessary to fulfill its designated functions. Reasonable steps must be taken to limit staff members' access to only categories of protected patient information that are designated in his or her job description.

Safety

Time-out

Policy Title/Number: Universal Protocol-Identification of Correct Patient, Procedure, Site/Side CL 30-04.16

The universal protocol and timeout is a process used to verify the correct patient, procedure and site/side in order to minimize the risk of performing incorrect procedures.

Verification of the following is completed pre-procedure:

1. Patient;
2. Procedure;
3. Site;
4. Side;
5. Components of Pre-Procedure Checklist, include the following:
    a. Relevant documentation;
    b. Diagnostic and radiologic studies;
    c. Blood products;
    d. Implants;
    e. Devices;
    f. Special equipment.

Pain Management

Policy Title/Number: Pain Management Guidelines CL 30-02.04

Pain management is an integral component of patient care. Staff recognizes the patient's right to pain assessment and appropriate management. This right is included in patient teaching at the time of patient admission and included in discharge instructions. The patient's pain is identified in the initial screening/ assessment. Pain assessment is ongoing.

All caregivers monitor patient's pain and take appropriate actions within their scope of practice.

Risk and Insurance Management

The Office of Risk and Insurance Management exists to support the University's research, teaching, and service missions through a combination of risk financing, risk prevention, and risk control activities. Our goal is to provide excellent, ethical, and timely risk management resources and services to our internal and external customers.

We reach these goals by:

- Treating others professionally and with respect
- Taking responsibility for finding a solution to any problem or complaint for all those seeking our services
- Continuously evaluating and improving our performance.

Occurrence Reporting

Policy Title/Number: Occurrence Reporting: Patient & Visitor OP 10-10.24

When a serious or significant event involving a patient or visitor occurs, immediately notify Risk and Insurance Management and the Administrative Coordinator or Administrator-on-Call via telephone or pager.

Physicians and staff have a responsibility to communicate reportable events to Risk and Insurance Management. The report can be made using the following methods:

1. VERITAS II on-line reporting system;
2. Telephone call to a risk manager;
3. Paging the on-call risk manager

VUMC does not discipline or otherwise retaliate against individuals who identify and communicate reportable events in good faith, even if the concern reported is ultimately determined to be groundless.

Risk and Insurance Management

Adult Abuse, Neglect, and/or Exploitation

Policy Title/Number: Identification and Reporting of Adult Abuse, Neglect, and/or Exploitation OP 20-10.25

Vanderbilt University Medical Center complies with Tennessee law, which requires VUMC personnel to report suspected adult abuse to appropriate agencies and/or law enforcement.

"Abuse or neglect" means:

- The infliction of physical pain, injury, or mental anguish, or;
- The deprivation of services by a caretaker which are necessary to maintain the health and welfare of an adult, or;
- A situation in which an adult is unable to provide or obtain the services which are necessary to maintain that person's health or welfare.

"Exploitation" means:

- The improper use by a caretaker of funds that have been paid by a governmental agency to an adult or to the caretaker for the use or care of the adult.

Criteria for Identification of a Potential Adult Abuse Victim:

1. Patient admits to physical abuse;
2. Patient presents with multiple unexplained injuries;
3. Extent or type of injury is inconsistent with explanation patient gives;
4. Untreated old injures;
5. Injuries on area of body normally covered by clothing;
6. Injuries consistent with burns, whip-like bruises, etc.;
7. Previous suicide attempt or intent;
8. Patient age 18 years or older and physically or mentally unable to protect own interest;
9. Patient age 65 years or older who is a victim of self-neglect, neglect by a caregiver, physical, sexual, or mental/emotional abuse or financial exploitation of government checks.

Faculty/staff having reasonable cause to suspect that an adult patient has suffered abuse, neglect, or exploitation reports this to the patient's attending physician or to Vanderbilt Social Work (VSW), who notify the Department of Human Services, Adult Protective Services for the county where the patient resides (1-888-277-8366).

Adult Abuse, Neglect, and/or Exploitation

Rape or Other Sexual Offense

Faculty/staff having reasonable cause to suspect that a rape or other sexual offense has been committed in a facility licensed by the Department of Mental Health and Developmental Disabilities or any hospital contacts Vanderbilt University Police Department to contact the local law enforcement agency.

Child Abuse, Neglect, and/or Exploitation

Policy Title/Number: Identification and Reporting of Child Abuse, Neglect, and/or Sexual Abuse OP 20-10.26

Vanderbilt University Medical Center complies with Tennessee law that requires any person (including physicians, nurses, and hospital personnel) to report known or suspected child abuse, neglect, or sexual abuse to appropriate agencies and/or law enforcement.

Criteria for Identification of a Potential Victim Child of Abuse

1. History is incompatible with the pattern and/or degree of injury
2. Explanation of how injury occurred is vague, or parent/guardian is reluctant to give information
3. Child is brought in with minor, unrelated complaint and significant trauma is found
4. Contradictory histories
5. History is not possible given age or developmental level of child
6. Patient's affect is inappropriate in relation to extent of injury
7. Evidence of abnormal parent/child interaction
8. Parent(s), guardian, or custodian disappears after bringing child in for trauma or a child with suspicious injury is brought in by an unrelated adult.
9. Multiple fractures of differing age
10. Delay in seeking care
11. Disclosure from patient or caregiver that abuse has or may have occurred

Any person including physicians, nurses, and hospital personnel who knows of or is called upon to treat a child who has been sexually abused or has sustained any wound, injury, disability, or physical or mental condition which is of such a nature to reasonably indicate that it has been caused by brutality, abuse, or neglect, reports such harm immediately to the child's attending physician and the Vanderbilt Social Work Department (VSW). The attending physician verifies that the Department of Children's Services (DCS) is contacted in a timely fashion in accordance with TCA 37-1-403 and DCS policy.

Safe Haven Law—Surrender of Newborn

Policy Title/Number: Safe Haven Law –Surrender of Newborn OP 80-10.12

To comply with Tennessee Safe Haven Law (§68-11-255) which provides a mother with the right to surrender her unharmed newborn within 72 hours of delivery to any hospital employee on hospital premises without triggering a child abuse or neglect report to the Department of Children's Services (DCS).

Vanderbilt University Hospital (VUH) and Monroe Carell Jr. Children's Hospital at Vanderbilt (Children's Hospital) offer protective shelter, medical care, and appropriate treatment to any unharmed newborn aged 72 hours or younger who is voluntarily surrendered by the mother to the hospital. When a mother surrenders a newborn to a hospital employee in this circumstance, the hospital does not identify the mother in a report to DCS and does not notify police as would otherwise be required in the case of an abandoned child.

Any Vanderbilt University Medical Center (VUMC) employee may accept temporary care of a newborn that is voluntarily brought to the hospital by a mother who expresses a desire to surrender the newborn to the hospital without the intention of returning for it. The employee immediately notifies the Administrative Coordinator for Children's Hospital to take the baby to the Emergency Department.

Do not notify the Vanderbilt University Police Department and/or Law Enforcement if the case meets the statutory requirements for surrender.

The Administrative Coordinator:

- Accepts the newborn from the hospital employee.
- Notifies the charge nurse in the pediatric ED.
- Transports the newborn to the pediatric ED, where the newborn is registered with an Alias Name, given a medical record number, and placed in "No Information" status.
- Offers medical care to the newborn's mother and escorts her to the VUH ED if medical care is accepted.
- Offers Safe Haven Information Packet to the mother.

Pressure Injury Prevention and Treatment

Objectives

1. Describe the Pressure Injury Prevention Program
2. Identify pressure injuries and causes
3. Discuss assessment and documentation

Policy Title/Number: Pressure Injury Prevention and Treatment-Adult SOP

Policy Title/Number: Skin Care & Pressure Injury Prevention and Treatment-Pediatrics SOP

Wound Ostomy Clinic: 2-6633

Response time is 24 hours Monday-Friday from time of consult (0800-1630).
WOCN not available weekends and holidays.

Role of WOCN	In-Patient 615-835-0491	Out-Patient 615-835-9829
Ostomy	Pre-op teaching, stoma marking Post-op teaching Pouching problems problems r/t ostomy	Pre-op teaching, stoma marking Post-op teaching Pouching problems problems r/t ostomy
Wound, Skin	Simple Wounds PUP Survey	No Wound Clinic
Tubes, Fistulas	Recommendations for management of pouching/containment of fistulas and tubes	Recommendations for management of pouching/containment of fistulas and tubes

Notes

Falls Prevention

Policy Title/Number: Falls Prevention-Adults CL 30-02.09
Policy Title/Number: Falls Prevention-Pediatrics CL 30-19.26

Purposes for the Falls Prevention Program:

- To establish guidelines for the prevention of falls by identifying inpatients at risk
- To enhance patient safety by working to preventing patient falls
- Protect patients from injury-related falls.

Objectives:

1. State the purpose of falls prevention
2. Define a fall
3. State the falls assessment frequency and interventions for Standard, Moderate and High Risk
4. Discuss measures being taken at VUMC to reduce falls

What if I Fall?

- Notify management
- On dayshift go to Occupational Health
- On nightshift and weekends go to the Adult ED
- Complete a Veritas II
- Fill out Tennessee First Report of Injury

E Docs Falls Assessment Tools:

- Click the link below to access E-Docs
- Under the "Age" box click on either Adult or Peds or if you wish to see both click on "both"
- Under the "Age" box type in "falls" in the box that says "Type in text to limit search"
- Once "falls" is typed click search
- The title of the documents will appear on the page.
- To view one of these documents click on the corresponding pair of sunglasses to the right.
- You may print from this screen.

Patient Care E-Docs

Falls Prevention

Adult Falls Prevention Reference Chart

	Fall Risks	Fall Risk Interventions
Standard	Implement standard fall prevention interventions as the routine standard of care for all patients Morse Fall Scale Score (0-24)	• Purposeful patient rounding • Patient/family education • Orient to surroundings • Use of call light • Nonskid footwear • Requesting assistance for daily activities as needed • Place personal items, phone, call light within easy reach • Pathways free of clutter • Proper lighting (use night lights) • Bed in low position with wheels locked
Moderate	Implement all standard fall prevention interventions and interventions based on individual risk factors Morse Fall Scale Score (25-44)	Maintain standard interventions (above) AND interventions based on individual risk factors such as, but not limited to, the following examples: • Monitor medication side effects that increase fall risk • Provide non-skid footwear • Coordinate activities to maximize uninterrupted sleep • Assess for proper use of assistive devices such as cane or walker • Use transfer devices if appropriate
High	Any ONE of the following constitutes high fall risk: • Morse Fall Scale Score >45 • RN judgment	Maintain standard interventions, moderate interventions (above) AND do the following: • Closely monitor/protect/engage the patient • Remain with patient during toileting • Provide bedside toileting devices if needed • Assist with ambulation and transfers • Bed alarms/chair alarms where appropriate • Move to room with best visual access • Consider protection or padding • Evaluate orthostasis and/or need for PT/OT referral • Education family/patient every shift about high fall risk status and why they need to call for assistance • Toileting schedule (individualized or per unit protocol) • Yellow socks, High Fall Risk sign, and yellow armband • For patients/families unable or unwilling to participate in the fall prevention program, consider 1:1 care or a sitter

MC 9540 (rev 3/25/09) *Refer to Policy CL 30-02.09 Falls Prevention, Adult*

Falls Prevention

Post-Fall Assessment

IMPLEMENT STANDARD POST-FALL INTERVENTIONS AS THE ROUTINE STANDARD OF CARE FOR ALL PATIENTS.	• Do not move initially until it is determined that patient can be safely moved; consider use of total lift device if no suspicion of spine injury • Call for assistance • Obtain baseline vital signs (blood pressure, heart rate, respiratory rate, oxygen saturation, blood sugar level) • Notify physician • Clean and dress any wounds • Request post falls management order set and arrange for appropriate testing (CT scan/x-rays) • Consider need for analgesia • Notify consultants and other members of the health care team • Observations: Monitor vital signs at least every four hours, ordered for 24 hours, or as ordered • Notify family • If not already assessed as high risk of fall injury, implement high risk fall interventions, per hospital policy • Post Fall Review- document in medical record strategies implemented

IF SPINAL INJURY IS SUSPECTED, PATIENT REPORTS HITTING HEAD OR NECK, OR THE PATIENT CANNOT VERBALIZE POINT OF IMPACT	MAINTAIN STANDARD INTERVENTIONS (ABOVE) **AND** DO THE FOLLOWING:
	• Do not move initially until it is determined that patient can be safely moved;
	  * If spine injury is suspected, notify medical team
	  * If medical team not immediately available to assess patient, call 1-1111 and request EMT-Paramedic from ED to bring spine board and to assist with spinal stabilization
	• Perform neurological observations to include Glasgow Coma Scale, change in level of consciousness, headache, amnesia or vomiting
	• Perform ongoing neurological and assessment
	  * Record vital signs and neurological observations hourly for 4 hours then follow unit guidelines surrounding vital signs
	  * Continue observations at least 4 hours for 24 hours or as required
	  * Notify MD immediately if any change in observations

MC 9538 (rev 5/2009)

Safe Patient Handling

The Smooth Moves Patient Handling Program at Vanderbilt Medical Center is a comprehensive program designed to prevent musculoskeletal injuries in nurses and other caregivers from patient handling and movement.

The Safe Patient Handling Program includes:

- Policies to support eliminating or minimizing manual lifting
- Carefully chosen, user-friendly equipment
- An injury reporting system
- On-going training
- Commitment by staff and top level management

Smooth Moves Safe Patient Handling Program

Notes

Policy Search

Policy Search

PolicyTech*

Elsevier Clinical Skills, Mosby's

Skills education for nursing and other disciplines:

Elsevier Clinical Skills*

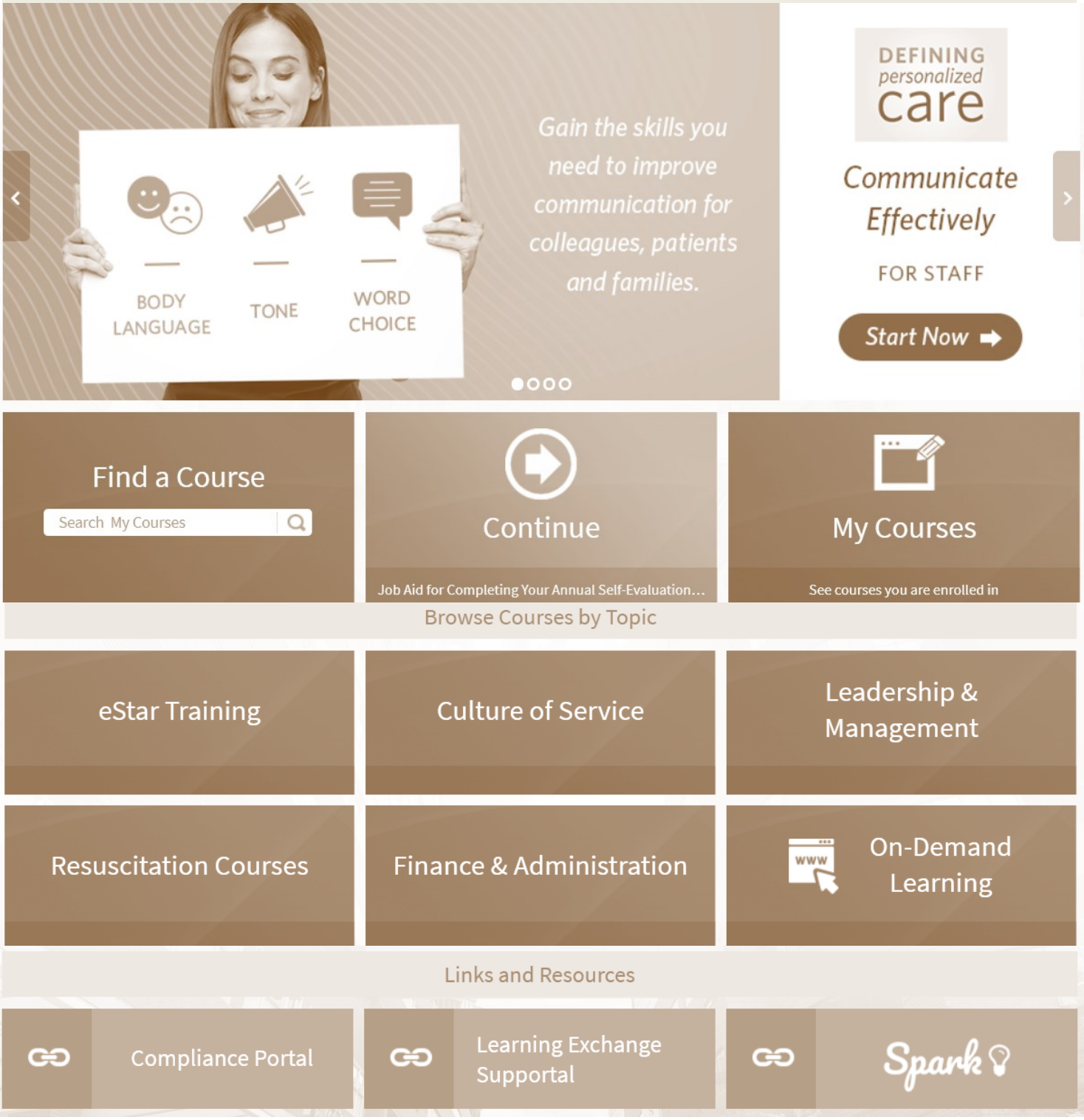
Krames Patient Education Library

Patient education resource:

Krames Patient Education Library*

Notes

The Learning Exchange



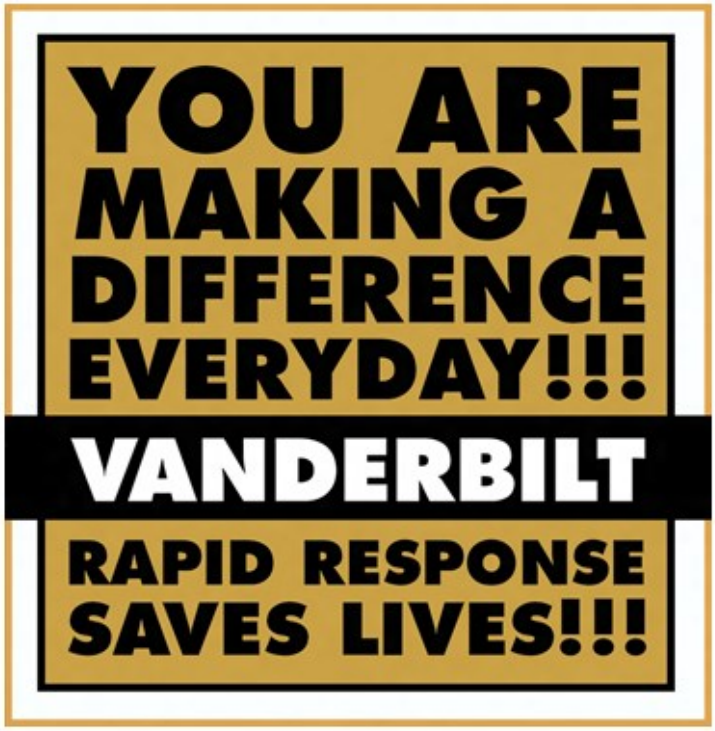
The Learning Exchange, also know as LMS, is the online tool for education and training.

Powered by Workforce Performance Operations (WPO)

Need help with LMS operations? Visit The Learning Exchange Supportal*

Rapid Response Team

Policy Title/Number: Rapid Response Team Activation CL 30-08.16
Rapid Response Team Activation-Pediatric CL 30-19.22

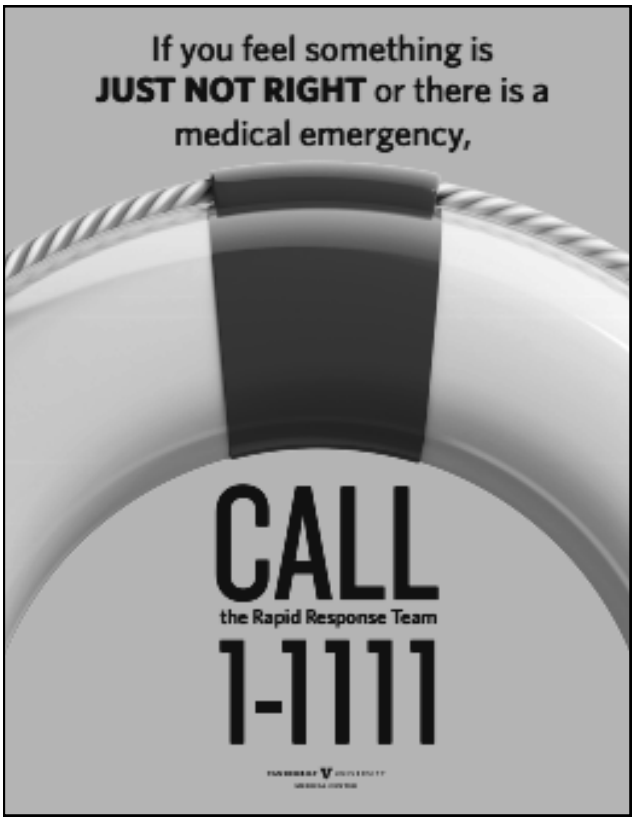


Adult RRT

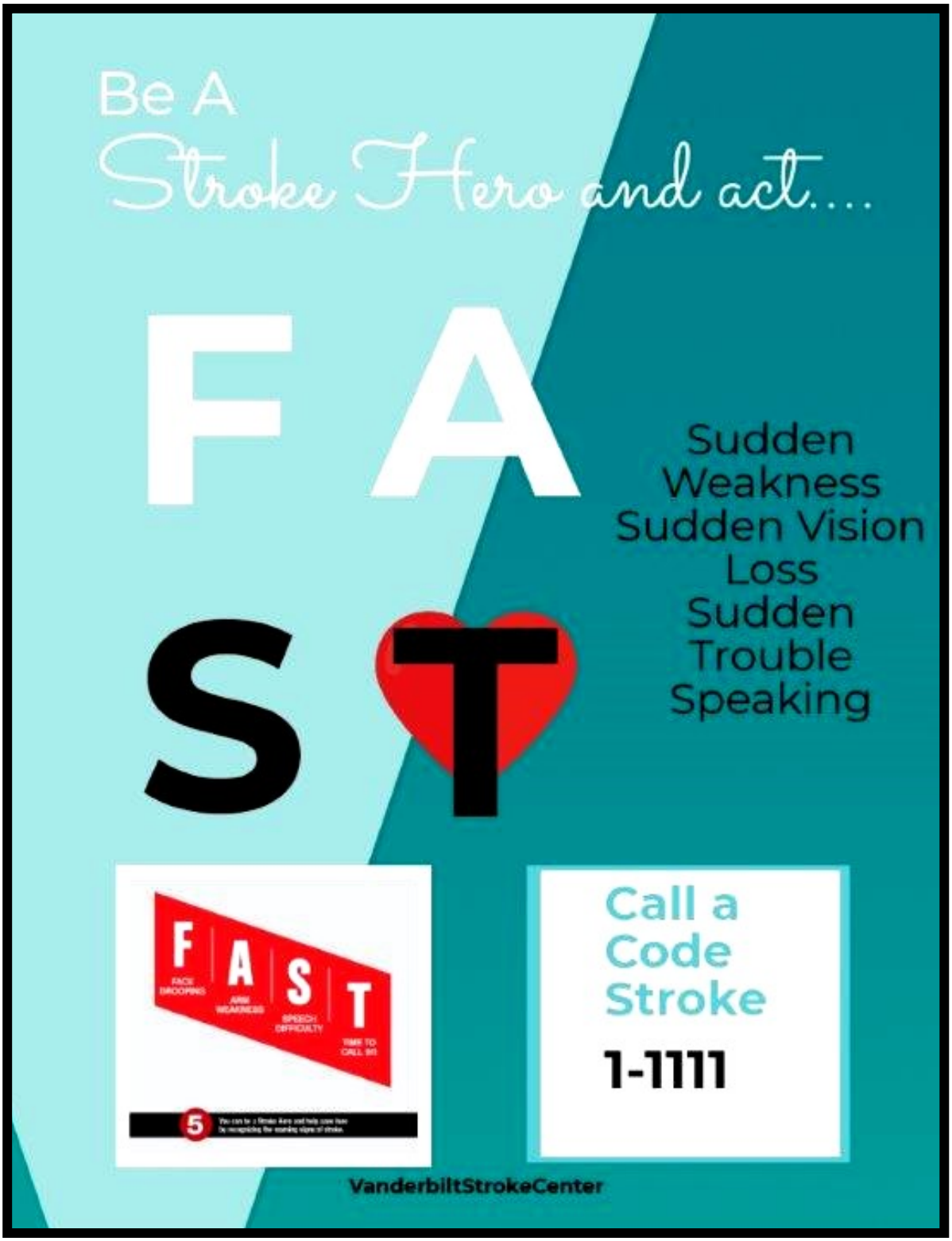
- ICU charge nurse or trained ICU RN;
- Respiratory care supervisor or designee;
- ICU NP/PA when available; and
- ICU attending or physician designee as needed.

Pediatric RRT

- Pediatric Critical Care Unit (PCCU) Fellow or Attending;
- PCCU Charge Nurse or designee; and
- PCCU Respiratory Therapist.



Rapid Response Team



EHAC DID YOU KNOW?

HEART ATTACKS HAVE BEGINNINGS...

- Like other diseases, heart attacks have early signs & symptoms
- THESE "BEGINNINGS" MAY OCCUR IN 50% OF PATIENTS
- If recognized, people can be treated before heart damage occurs

Learn Early Heart Attack Care

- Review the signs and symptoms
- Take the EHAC Pledge and promise to spring into action

Prevent a Heart Attack

- Learn the risk factors
- Understand the difference between men and women
- Is it a heart attack? Learn the atypical symptoms

Save a Life

- If someone collapses, call 9-1-1
- Perform Hands-Only CPR
- Find and deploy an AED (Automated External Defibrillator)

Discover Accredited CPCs

A hospital near you has adopted processes that can save your life. Download the Free Early Heart Attack Care mobile app to find one in your area.

Deputy Heart Attack EHAC

VANDERBILT HEART

Take the EHAC Pledge™

I understand that heart attacks have beginnings that may include chest discomfort, shortness of breath, sweating, shoulder and/or arm pain, and weakness. These may occur hours or weeks before the actual heart attack. I solemnly pledge that if it happens to me or anyone I know, I will call 9-1-1 or activate our Emergency Medical Services.

Name _____ Date _____

Visit us at deputyheartattack.org for more information about heart disease and prevention.

Stay Calm! Save a Life

If you miss the early signs and someone collapses, call 9-1-1 and begin Hands-Only CPR. It takes just minutes to learn, but you could be adding years to someone's life. If an AED is available, deploy it as soon as possible. AED's provide easy to follow verbal instructions in order to help someone.

Discover Accredited CPCs

The EHAC Mobile App is Free!

A hospital near you has adopted processes that can save your life. Download the Early Heart Attack Care mobile app to find one in your area. The EHAC app also includes all of the vital program information including early signs and symptoms as well as risk factors.

If you work for a hospital that is deploying Early Heart Attack Care in your community, you can download the mobile app to take the EHAC Course.

Remember: When in doubt, call 9-1-1!

ACC Accreditation Services

Vanderbilt Resuscitation Program

Policy Title/Number: Cardiopulmonary Resuscitation (CPR) CL 30-08.21

Licensed and non-licensed staff with direct patient care responsibilities are required to obtain resuscitation training according to the table within this policy prior to the end of their orientation period and maintain a current course completion card at all times.

Acceptable agencies for Resuscitation Training

1. American Heart Association – Preferred for all BLS/CPR training, as well as ACLS, PALS, and PEARS.
2. American Red Cross – Accepted for BLS/CPR Training.
3. Military Training Network – Accepted for all BLS/CPR training as well as ACLS and PALS.

Systems Support Services

System Support Services is committed to providing staff with the tools needed to serve Vanderbilt's patients. The SSS department functions as a liaison between system developers and the end-users in the design, planning, training, implementation and on-going support of various clinical computer applications and systems enhancements. An additional role within the department is CAPS (Clinical Applications Support). CAPS is designed to give nursing unit leadership, staff nurses, care partners, medical receptionists, physicians and ancillary departments a designated resource person to assist them in the use of the clinical applications used to care for and document the care of patients.

To stay up-to-date on the latest training, downtimes, changes and upcoming computer system implementations visit Systems Support Services (SSS).

Systems Support Services

Eskind Digital Library

The Annette & Irwin Eskind Biomedical Library

Resources:

- ACORN
- CINAHL
- PubMed/Medline
- OVID
- Nat'l Guidelines Clearinghouse http://www.guidelines.gov
- Specialized Journals e.g. Evidence Based Nursing, Evidence Based Medicine
- Centre for Evidence-Based Medicine http://www.cebm.net/

Multiple other services are available. To search services or locate contact information, visit

Eskind Biomedical Library

Health and Wellness

Health & Wellness is here to help you maximize your well-being and productivity. All programs and services are provided to you as part of your employment benefits.

Vanderbilt Health and Wellness consists of three departments that exist to protect and support the Medical Center's most valuable asset: its faculty and staff.

- Occupational Health
- Work/Life Connections
- Health Plus

Explore the Health & Wellness to learn more about each department and what services and programs they provide.

Health and Wellness

Vanderbilt University Police Department (VUPD)

The Vanderbilt University Police Department is a professional law enforcement agency dedicated to the protection and security of Vanderbilt University and its diverse community.

To fulfill this mission we will:

- Deliver superior law enforcement services with integrity and pride.
- Respect and safeguard the dignity and rights of all individuals.
- Demonstrate respect toward the people we serve and one another to maintain an environment of trust.
- Develop partnerships with all segments of our community through effective communication and collaboration.
- Carefully select and maintain a well-trained, educated and professional staff.
- Accept individual responsibility and accountability for our actions.

Vanderbilt University Police Department
2800 Vanderbilt Place
Nashville, TN 37212

By Phone

- Emergency – 911 or (615) 421-1911
- Non-Emergency – (615) 322-2745

Vanderbilt University Police Department

SafeVU is a mobile safety application for iOS and Android smartphones. The app allows users to connect directly from their cell phones to the Vanderbilt University Police Department.

SafeVU is:
FREE
For iOS and Android
Available for anyone

Quality Interactions Resource Center

The Quality Interactions Resource Center

Cultural Competency at Your Fingertips

- Ethnic Origins; African American/Black, Arab American/Middle Eastern, European American/White, American Indian/Alaskan Native, Asian American/Pacific Islander, Hispanic/Latino
- Religions; Buddhism, Christianity, Hinduism, Islam, Judaism, Sikhism
- Foundations; ResCUE Model™, QI Framework™, Definitions
- Clinical Issues
- Difficult situation
- Language & Interpretation

The Quality Interactions Resource Center site provides essential information to help you improve patient communications and manage daily cross-cultural challenges. Explore the site to learn more about specific cultural/ethnic groups, common cross-cultural issues, or cultural competency concepts by clicking the above topics.

Quality Interactions Resource Center

Vanderbilt Interpreter Services Overview

Policy Title/Number: Interpretive Services: OP 10-50.01

Interpreters available on-site:
VUH, VCH & OHO Staff Interpreters for
Arabic and Spanish

For other spoken foreign languages, please utilize our video or telephonic interpretation

For ASL interpreters or other signed languages, please contact Bridges directly (see below for information)

If you dial the VCH or VUH pager for Spanish or Arabic and you do not receive a response within 10 minutes, *please proceed with telephonic interpretation*.

How to access Vanderbilt Interpreter Services:

We offer limited, on-site Spanish interpretation (VCH & VUH) after-hours video and telephonic interpretation 24 hours a day/7 days a week, including holidays.

Main Office Number:	2-7378
Office Hours:	Monday-Friday 8:00 a.m. – 4:30 p.m.
American Sign Language (ASL) Interpreters:	615-248-8828 (Bridges) or use video cart
VCH Pager (Spanish):	615-835-0507
VUH Pager (Spanish):	615-835-9798
VUH & VCH Pager (Arabic):	615-835-7676
Telephonic Interpretation (main):	**2-7378**
(secondary vendors – more than 180 languages served	Language Line, 866-874-3972 OPI (Optimal Phone Interpreters), 877-746-4674
Feedback on telephonic interpretation:	Hope.collins@vanderbilt.edu , 6-0837 (direct line)
Manager Contact Information:	Hope.collins@vanderbilt.edu , 6-0837 (direct line)
Interpreter Services website:	http://www.vanderbilthealth.com/main/14548

VUH & VCH On-site/Pager Coverage		
Language	**Coverage Days**	**Times**
Arabic	Monday – Friday	8:00 a.m. – 5:00 p.m.
Spanish	Monday, Thursday	6:30 a.m. – 12:30 p.m.
Spanish	Tues, Wed, Friday	6:30 a.m. –7:00 p.m.
Spanish	Saturday	2:00 p.m. – 6:00 p.m.
Spanish	Sunday	12:00 p.m. – 12:30 a.m.
OHO On-site Coverage		
Language	**Coverage Days**	**Times**
Arabic	Monday – Friday	8:00 a.m. – 4:30 p.m.
Spanish	Monday – Friday	8:00 a.m. – 4:30 p.m.

Updated by Vanderbilt Interpreter Services, September 2018

Interpreter Services

How Do I Know When An Inpatient Needs An Interpreter?

Please ask the patient if he or she needs an interpreter and make sure that the computer demographic information reflects the patient's LEP status.

How do I request an ASL (American Sign Language) interpreter?

Contact Bridges directly at www.hearingbridges.org or (615) 248.8828.

How Do Families Who Speak Arabic or Spanish Reach Vanderbilt by Phone?

Interpreter Services has a new incoming patient line for Arabic & Spanish patients. Patients dial the number and hear a message in both Arabic and Spanish. They choose their language (option 1 for Spanish, option 2 for Arabic) and are connected with the appropriate interpreter. Next, the call is connected to the Vanderbilt operator, with the patient and interpreter on the line. The operator transfers the call to the appropriate department for the patient. The interpreter stays on the line during the entire call to eliminate the language barrier. At this time, information cards about this incoming patient line are available to give to patients. As you incorporate this number into the clinic information you give to patients, Interpreter Services can provide the appropriate electronic translation in Arabic & Spanish to include in your documents.

Bilingual Provider Fluency Assessment

If You Speak a Language Other Than English and Use It With Your Patients, You Must Have a Fluency Assessment!

Interpreter Services is providing bilingual fluency assessments for providers that use a language other than English with their patients. Assessments are done by phone, at no cost to you. If you pass with a "competent" or above rating for each language (English & your other language), you will receive a badge card, designating you as a "Qualified Bilingual Provider – (language here)". Fluency assessments and tracking of bilingual providers is highly recommended by the Joint Commission. Please schedule yours today!

Vanderbilt Health Interpreter Services

National Standards of Practice for Interpreters in Health Care

Interpreter Services

Service	General Information	Contact Information
Hard of Hearing or Deaf	The League for the Hard of Hearing (THE LEAGUE) services are provided at no cost to the patient through the Interpreter Services Department	ASL interpreter at The League for the Hard of Hearing (THE LEAGUE) can be found at the VUMC Interpreter Services Website. (See References). Twenty-four hour emergency coverage is available through Telephone Devices for the Deaf (TDD). TDDs and amplified telephones are available to patients who are hard of hearing and/or with speech impediments by contacting the Interpreter Services Department, Monday through Friday, 7:30 a.m. – 4:00 p.m. or the Administrative Coordinator/Administrator On-Call if unable to reach Interpreter Services.
Blind and Visually Impaired	The Patient Right's document is available in Braille upon request through Interpreter Services. Other Braille documents are available as needed. Limited selections of recorded documents are available through Interpreter Services.	Assistance for visually impaired patients is available through Interpreter Services Monday through Friday, 7:30 a.m. – 4:00 p.m. or the Administrative Coordinator/ Administrator On-Call if unable to reach Interpreter Services.
Limited English Proficiency:	Interpreter Services provides services to patients/ visitors with LEP via on-site and telephonic interpreter services.	Contact the Language Line Services telephonic interpreters (LLS) operator. For onsite interpreters, contact Interpreter Services: Monday – Friday 7:30 a.m. – 4:00 p.m. After hours and weekend Spanish needs: (See Website Reference) For other languages, call Language Line Services. (See Website Reference) Language Line Services is available at all times. Emergency Departments: Spanish interpreter 24/7: (See Website Reference)
Telephonic Interpretation	Language Line Services is available 24 hours/day.	See References for link to VUMC Interpreter Services website.
Urgent/Emergent Requests	Staff use the most appropriate methods of communication in urgent/emergent situations, including Ad Hoc Interpreters, until such time there is the ability to utilize the Language Line or on-site Interpreters.	Contact Language Line Services telephonic interpreters (LLS) operator. For onsite interpreters, contact Interpreter Services: Monday through Friday 7:30 a.m. – 4 p.m., (See Website Reference). After hours and weekend Spanish needs and any other languages, call Language Line, (See Website Reference). Emergency Departments: Spanish interpreter 24/7: (See Website Reference)

Vanderbilt Center for Quality Aging

Center for Quality Aging

The Vanderbilt Center for Quality Aging was established in August, 2006 as part of the Vanderbilt School of Medicine, Institute of Medicine & Public Health. The mission of the Center for Quality Aging is to develop innovative interventions to improve quality of care and quality of life for older adults in a variety of care settings including, but not limited to, the following:

- Hospital and Emergency care
- Assisted-living
- Post-acute care
- Long-term care

Training Modules

At the Center for Quality Aging you will find protocols, guidelines, and other support information to help care in eight areas that profoundly affect the quality of life and well-being.

- Feeding Assistant Training
- Weight Loss Prevention
- Incontinence Management
- Pain Screening
- Quality-of-Life Assessment
- Pressure Ulcer Prevention
- Mobility Decline Prevention
- Providing Resident Directed Care

Vanderbilt Center for Quality Aging

Nursing Tuition Assistance Benefit

Policy Title: Education Assistance Programs

The Vanderbilt University Medical Center (VUMC) Nursing Tuition Assistance Benefit is based on the need to continuously attract and retain qualified Registered Nursing personnel and qualified nursing faculty to be employed by VUMC.

Limited to Bachelors and Masters in Nursing programs only

Staff member must:

1. Have satisfactorily completed 3 years of continuous full-time employment
2. Be employed full-time
3. Be in good standing
4. Be enrolled in an accredited nursing program.

Nursing Tuition Assistance Benefit

HR Tuition Benefit

Vanderbilt University Medical Center (VUMC) regular or term full-time faculty and staff and their spouses or same sex-domestic partners are eligible for tuition benefits as outlined in this policy to further personal development and life-time learning.

Eligibility:

Educational benefits are available for VUMC staff members and their spouses provided:

1. The staff member is employed full-time in a regular or term position
2. The staff member has been in such a position for three (3) months before course registration.

Additional information is available on the sites

Human Resources Tuition Benefit page and VUMC My Learning Center

Vanderbilt Professional Nursing Practice Program (VPNPP)

Policy Title/Number:

Vanderbilt Professional Nursing Practice Program (VPNPP)

Administrative Practices CL 20-07.01

All Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) in direct patient care and their managers know and understand the Vanderbilt Professional Nursing Practice Program's (VPNPP) administrative practices, enabling consistency across Vanderbilt University Medical Center (VUMC).

1. RNs hired at VUMC with less than a year of experience are classified as RN 1. Advancement from RN 1 to RN 2 is expected by the end of the first year of experience at VUMC and is a manager decision based on satisfactory performance at RN 2, as evidenced by the VPNPP performance evaluation.
2. LPNs hired at VUMC with less than one year of experience are classified as LPN 1. Advancement from LPN 1 to LPN 2 is expected by the end of the first year of experience at VUMC and is a manager decision based on satisfactory performance at LPN 2, as evidence by the VPNPP performance evaluation.
3. Advancement to Level 3 or 4 is an RN's or LPN's choice. See policy for requirements

Vanderbilt Professional Nursing Practice Program (VPNPP)

GOALS

Nurse Residency Program

VUMC created a Nurse Residency Program to help newly hired nurse graduates transition into the role of professional nurse. We offer career tracks in specialized areas of care (either Adult Health or Pediatric Patient-Care Settings), giving nurse residents the ability to focus on areas that match their interests and career goals.

Track options are:

- Adult Cardiovascular Units
- Adult Critical Care Units
- Adult Medicine Units
- Adult Oncology Units
- Adult Surgery
- Burn Program
- Emergency Nursing
- Pediatrics
- Psychiatric Health
- Women's Health

Nurse Residency Program (New Grads)

Professional Nursing Organizations and Resources

Professional Nursing Organizations

Tennessee

- Tennessee Nurses Association
- Tennessee Board of Nursing

National

- The Advisory Board Company
- American Nurses Association (ANA)
  - ANA Code of Ethics
  - ANA code of Ethics for Nurses at Vanderbilt Hospital and Clinics
  - ANA Bill of Rights for Registered Nurses at Vanderbilt Hospitals and clinics
- American Nurses Credentialing Center (ANCC)
- Joint Commission Standards Manual
- Nurse Practice Act Search

Other

- Other professional organizations related to specific specialties and certifications

Vanderbilt Nursing: Achieve the Remarkable

ANA AMERICAN NURSES ASSOCIATION

TNA Tennessee Nurses Association
The voice for professional nursing in Tennessee since 1905...

Tennessee State Board of Nursing

The board's mission is to safeguard the health, safety and welfare of Tennesseans by requiring that all who practice nursing within this state are qualified and licensed to practice.

Phone: 615-532-5166 or 1-800-778-4123

TN Department of Health
Board of Nursing

Licensure

Policy: Licensure, Registration and Certification Verification/Reverification CL 20-06.02

Staff are responsible for adherence to all applicable laws, regulations, and internal policies defining requirements for certification, licenses, and registrations for their scope of practice.

- Each staff member will have proof of active licensure/registration/certification no later than the first date of employment and by each renewal date
- Employee name, license, registration, required certification or temporary permit number, and expiration date are verified by primary source verification and tracked.
- All staff are responsible for immediately reporting any change in their licensure/registration/ required certification status to their supervisor
- Staff are responsible for adherence to the Rules of the Tennessee Health Related Boards and any applicable national boards governing their license registration/certification.

If a staff member allows his/her license/registration/required certification or current Tennessee temporary permit, or any applicable national boards governing their license/registration/ certification, as applicable to practice to expire or becomes void, he/she may not continue to work in any capacity until all requirements for reinstatement have been met

Philosophy of Nursing

Policy Title/Number: Philosophy of Nursing CL 20-03

We believe that the provision of highly skilled and specialized nursing care is essential to the fulfillment of Vanderbilt University Medical Center's mission of quality in patient care, education, and research. Nursing embraces the responsibility to provide patient-centered, high quality, and cost effective nursing care for all patients and their families.

We believe nursing is an art and science with the focus of professional practice being to assist individuals, families and communities in achieving optimum health and well-being. This assistance includes preventive health care, education, facilitating recovery and continued support through illness, disability, or death. Professional nurses collaborate with physicians and other disciplines to ensure patient care that is coordinated and comprehensive in a variety of settings.

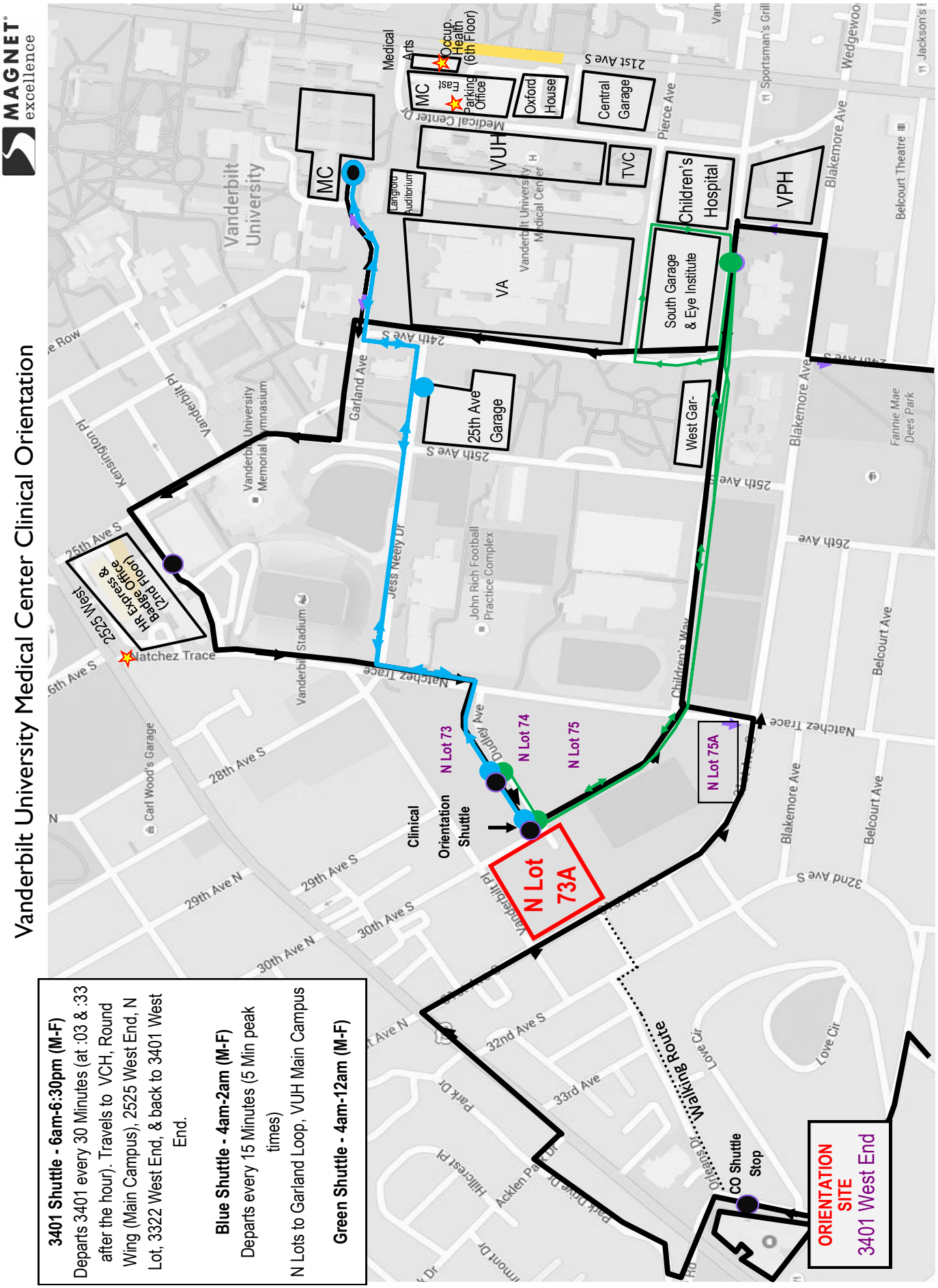
We are guided by a philosophy that recognizes the inherent worth, dignity, and uniqueness of every individual. We promote participation of patients and significant others in making health care related decisions. We work as a team with them to achieve an optimal level of wellness.

We are committed to providing an environment that continually seeks to improve delivery of patient care, facilitates rapid changes in practice and encourages flexibility throughout all levels of care providers. We believe in the concept of Shared Governance whereby staff participate in decisions affecting nursing practice and the clinical work environment. We believe in the enhancement of an environment that fosters effective communication at all levels, provides recognition of nursing staff for excellence in clinical practice and promotes the recruitment and retention of clinically competent staff. We support the roles of nurses in advanced practice as clinical experts and resources for the enhancement of patient care throughout the care continuum.

We believe that research is a vital component for the advancement of clinical practice. Systematic evaluation of the effectiveness of nursing practice contributes to the improvement of patient care and the expansion of nursing knowledge. Excellence in nursing practice is enhanced by creating an environment that provides opportunities for advanced nursing education as well as stimulating personal and professional growth. We seek to foster innovation by working collaboratively with other disciplines to develop new models of clinical practice to improve quality patient outcomes.

We believe that the future of the profession rests upon developing collaborative models between nursing service and nursing education. Nursing accepts the responsibility for facilitating education of patients, families, nursing peers, colleagues from other disciplines and students of the various health professions. Each nurse serves as a role model for high quality professional practice.

We are accountable for our practice in accordance with recognized professional standards and ethical codes. We accept the challenge of providing high quality nursing care as a member of the total health care team in a complex and dynamic health care environment.


Vanderbilt University Medical Center Clinical Orientation
MAGNET excellence
Nursing Education and Professional Development
VANDERBILT UNIVERSITY MEDICAL CENTER
3401 Shuttle - 6am-6:30pm (M-F)
Departs 3401 every 30 Minutes (at :03 & :33 after the hour). Travels to VCH, Round Wing (Main Campus), 2525 West End, N Lot, 3322 West End, & back to 3401 West End.
Blue Shuttle - 4am-2am (M-F)
Departs every 15 Minutes (5 Min peak times)
N Lots to Garland Loop, VUH Main Campus
Green Shuttle - 4am-12am (M-F)
Clinical Orientation Shuttle
N Lot 73
N Lot 74
N Lot 75
N Lot 75A
N Lot 73A
ORIENTATION SITE
3401 West End
CO Shuttle Stop
Walking Route
MC
VUH
TVC
VA
Children's Hospital
VPH
Oxford House
Central Garage
South Garage & Eye Institute
West Gar-
25th Ave Garage
Vanderbilt University
Medical Center
Occup. Health (6th Floor)
Parking Office
Medical Arts
Langford Auditorium
Garland Ave
Jess Neely Dr
Natchez Trace
Dudley Ave
Children's Way
Blakemore Ave
Belcourt Ave
Belcourt Theatre
Pierce Ave
21st Ave S
24th Ave S
25th Ave S
26th Ave
28th Ave S
29th Ave S
30th Ave S
32nd Ave S
33rd Ave
Love Cir
Park Dr
Hillcrest Pl
Acklen Park Dr
Vanderbilt Pl
Vanderbilt Stadium
John Rich Football Practice Complex
Vanderbilt University Memorial Gymnasium
Fannie Mae Dees Park
Carl Wood's Garage
2525 West
HR Express & Badge Office (2nd Floor)
Natchez Trace

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Clinical Orientation Time and Attendance

Use this sheet to document your time and attendance during Clinical Orientation. A thirty-minute lunch break is understood.

Print Your Name:			
Unit/Department:			
Supervisor's Name:			
Date:	**Day of the Week:**	**Time In:**	**Time Out:**
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		

It is the responsibility of the staff member to accurately and honestly record their time in the above chart. Time sheets are to be turned into your supervisor.

Employee Signature: _____

Date: _____

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