

# Handbook for Nursing Faculty and Students

August 8

# 2012

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This handbook is intended to guide the Academic Affiliate, Faculty, and Students before and during their clinical rotation at the Clement J. Zablocki VAMC, 5000 W. National Ave., Milwaukee, WI 53295

Clement J.  
Zablocki VAMC





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## Mission

*"...to care for him who shall have borne the battle and for his widow, and his orphan..."*  
Abraham Lincoln

Honor America's veterans by providing exceptional health care that improves their health and well-being.

## Vision

To be a patient centered integrated health care organization for veterans providing excellence in health care, research and education; an organization where people choose to work; an active community partner and a back-up for National emergencies.

*...but every great organization must periodically examine the fundamentals upon which it operates, guided by enduring but transforming principles*

**People-Centric**

**Results-Driven**

**Forward-Looking**



## VA Core Characteristics



## Values and Quick Reference

Because I CARE, I will ...

**INTEGRITY** ... Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

**COMMITMENT** ... Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

**ADVOCACY** ... Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

**RESPECT** ... Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

**EXCELLENCE** ... Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

“I CARE” is more than just words. It is a personal commitment to act.

**You demonstrate who we are and what we stand for every day when you interact with our Veteran and other clients**

Department of Veteran Affairs Core Values - [http://www.va.gov/about\\_va/](http://www.va.gov/about_va/)



## Leadership of the Milwaukee VA Medical Center

The Milwaukee VA is part of the Great Lakes Health Care System, also referred to as Veterans Integrated Service Network (VISN) 12, which is comprised of seven facilities. These facilities include Hines (Illinois), which is the VISN 12 office site; Jesse Brown (Illinois); North Chicago (Illinois); Madison, Milwaukee and Tomah (Wisconsin); and Iron Mountain (Michigan).

The VISN 12 Network Director: Jeffrey A. Murawsky, M.D.

The Top Management Team (TMT) at Milwaukee VA Medical Center is comprised of:

- Medical Center Director: Robert Beller, FACHE
- Associate Director Patient/Nursing Services: Beth Ann Taylor, DHA (c, RN, NEA-BC)
- Chief of Staff: Michael D. Erdmann, M.D.

The Operations Council (OP) is comprised of the TMT, Division Managers, PI Manager and CIO. Their purpose is to provide broad strategic direction, planning, and communication for all Medical Center activities.

The Medical Executive Committee (MEC) serves as the Executive Committee of the Medical Staff. The MEC either approves for the medical staff or recommends actions for approval by the Medical Center Director, items that affect the delivery of health care and quality improvement at the Medical Center.

The Nursing Executive Committee (NEC) is comprised of the nurse Division Managers and chaired by the Nurse Executive. The purpose of the NEC is to provide leadership for the practice of nursing in a decentralized organization and to assure the provision of quality patient care by nurses across all settings.



## **Information for Academic Affiliates: Faculty, and Nursing Students**

- 1. Internet Site** – The Nursing Services internet site homepage is available by accessing this site [Allied Health/Nursing Programs - VAMC Milwaukee, Wisconsin](#). Most forms, Faculty/student handbook, and information relating to student placement may be accessed from this web page.
- 2. Paperwork/Forms/Fingerprinting**- **All paperwork/forms and fingerprinting must be completed one month before the start of clinical rotation. Any delay in completing the on-boarding process will delay orientation. Fingerprinting is done in room 70 E 38. At Least one month prior to the students scheduled orientation; they must be fingerprinted by the VA. They can do this anytime between the hours of 0800-1530, Monday – Friday in room 70 E 38. No Appointment is needed. Students showing up at the orientation without having completed this process will be turned away. No computer access will be given until this process is complete. Please keep in mind that this is a Federal Agency and business offices are closed on Federal Holidays (Martin Luther King’s Birthday, President’s Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran’s Day, Thanksgiving, Christmas, and New Years).** If assistance is needed with office hours please call ahead to 414-384-2000 Ext 47266 (Wendy Brewer).  
**Any student who lives out of state may have their courtesy fingerprinting done at another VA Medical Center. Please inform that VA that courtesy fingerprints are needed for the Milwaukee VA and give the SOI-VAA7 and the SON-1719.**
- 3. Trainee Qualifications and Credentials Verification Letter (TQCVL) must be completed for every student each semester. An updated Educational Program Letter of Agreement (EPLA) must be completed initially and updated as needed (see attached files titled “TraineeQualificationsVerificationLetter.pdf” & “EducationalProgramLetterOfAgreement.pdf”), to be completed by Education Coordinator.**
- 4. Talent Management System** - Mandatory training for all faculty, students, and trainees must be completed one month prior to clinical start date and annually thereafter for returning faculty and students. No computer access will be given until this process is complete. Please follow the attached file titled, “TMS\_Instructions”.



- 5. Parking** – Faculty and students using the facility during 0600-1530 must use the parking lot behind building 6 (see map). The Employee Shuttle may be used for transportation to the main hospital. All other hours, faculty and students may park in visiting parking.

Campus Map and up-to-date Bus schedule see link provided.

[http://www.milwaukee.va.gov/EDU/Documents/pdf-parking\\_changes.pdf](http://www.milwaukee.va.gov/EDU/Documents/pdf-parking_changes.pdf)

**6. New and ongoing Nursing Faculty Orientation**

- Complete Information Technology (IT) requirements annually.
- New Faculty will attend an initial Facility Orientation Day in August, January, or May.
- Ongoing Faculty will attend a Refresher Orientation an annual Faculty Update class once per year.

- 7. Course Curriculum/Objectives** – A current copy of the curriculum and objectives must be maintained at the VA for each clinical.

- 8. Clinical Group-** Only eight students are allowed on a clinical unit at one time.

**9. Communicate with Education Coordinator/Nurse Manager/Deputy Manager/Staff:**

- Meet Manager, Deputy Manager, and staff members on your clinical unit.
- Provide your contact information including a phone number and email address.
- Provide dates and times students will be on unit including prep times.
- Provide complete information on what students can and cannot do.
- Post students' assignment in designated area prior to the start of the clinical work day.
- Complete a Unit Orientation.

- 10. Job Aid:** The Milwaukee VAMC utilizes the Mosby Nursing Skills electronic aid for procedures/skills. See link below for information and accessing.

<http://www.nursingskills.com/vamedicalcenter-wimilwaukee>

- 11. Valuables/Personal Belongings:** There are no lockers or areas for student belongings on the units. Please do not leave personal items on the unit/clinical area.

**12. Conference Rooms**

- Check with the unit Deputy Manager for availability of a conference room on the unit.



- The Employee Education Center and Student Workroom (70 D 25) located in building 70 may have rooms available but will need to be reserved by Nursing Education and Research. Rooms may or may not be available for post conferences. Call Jannah Ebner at: 414-384-2000 Ext. 46895.

**13. Evaluations of clinical experience-** All faculty and students must complete an evaluation of their clinical experience at the end of the semester or at the end of the clinical. Faculty/Coordinators should forward the information to the students in their clinical group(s) and/or precepted students. Please use the link provided to complete the national on-line survey, and the word document for the local evaluation.

<http://www.va.gov/oa/surveys/>

<http://www.milwaukee.va.gov/EDU/Documents/Evaluation.doc>

Please return completed evaluations and on-line survey certificate(s) to- Attention: Ethel Davenport Room 70 D 24.

**14. Student Identification** – All students must wear their VA I.D. badges while on VAMC campus. \*\*\*All Student ID badges must be turned in at the end of the clinical rotation\*\*\*. Please return badges to Room 70 D 24, to the Attention of: Ethel Davenport.



## **New & Ongoing Clinical Nursing Faculty Orientation**

### **New Nursing Faculty Orientation**

New Faculty orientation consists of 1-3 hour classroom orientation, and a four hour BCMA (Bar Code Medication Administration) computer class, and four hours of Patient Safety class (scheduled at the beginning of clinical rotation), and a 2 hour computer class on Computerized Patient Record System (CPRS scheduled on first day of clinical rotation).

### **Classroom Orientation**

- Faculty/student handbook review.
- Policies.
- Communication – review what students can and cannot do.
- Competencies – IV pump, TubeFeeding Pump, and Glucometer.
- ID Badge – Personal Identification Verification ID.

### **Computer Training**

- Faculty are required to attend four hours of BCMA training if their clinical group will be passing medication during their clinical rotation.
- Faculty are required to attend the CPRS with their students on the first day of their clinical rotation and/or other designated date.
- Distant learners who not within the Milwaukee area are required to complete a CPRS on-line training module for computer access.

### **Safe Patient Handling**

- A class must be schedule with Nursing Education and Research for Safe Patient Handling equipment. This class must be schedule within the first two weeks of your clinical rotation.

### **Unit Responsibilities**

- Unit routine/report – days/pms/nights.
- Patient assignments/patients not appropriate for student experience.
- Who to contact off hours.
- Tour of unit.
- Equipment-beds, pumps, Sequential Compression Devices, etc.
- Forms/flow sheets-review documentation, including key policy points and unit specific forms and note templates.
- Inform Faculty if there are any other students on unit



### **VA Nurse Preceptor Responsibilities**

- Review the course description, objectives, guidelines, and evaluation criteria, etc.
- Share unit specific student guidelines with the Faculty/coordinator and student.
- Set up clinical hours with the student and to notify the student of any changes.
- Provide feedback to the student and to share patient assignment.
- Communicate with the Faculty/coordinator at least weekly about the student's performance, concerns, goals, etc.
- Provide input into the students evaluation (preceptor will not be responsible for completing the student's evaluation or course grade).

### **Student Responsibilities in a 1:1 Precepted Experience**

- Complete all required documents, on-line mandatory training, and fingerprinting one month prior to clinical start date.
- Comply with the policies and procedures of the hospital.
- Maintain confidentiality of the patients, records, etc.
- Notify the preceptor(s) if you are ill.
- Complete an evaluation of your clinical experience.
- Return identification badge to preceptor with completed evaluation.



## Patient Rights & Privacy

### Patient's Rights include:

- Receiving a written statement of his or her rights.
- The right to make decisions regarding treatment.
- The right to be informed about the outcomes of care.
- The right to considerate and respectful treatment.
- The right to privacy and security. Personal and medical information must be kept confidential.
- The right to accept or refuse medical care. This is part of the patient's right to "informed consent".
- Respect and nondiscrimination.
- The right to voice complaints about his or her care, and to have those complaints reviewed and, whenever possible, resolved.
- The right to choose whether or not you will participate in any research project.
- The right to receive information about Advance Directives and to have them followed.
- The right to appropriate assessment and management of pain.

\*Patient Rights information is also displayed in outpatient areas.

### Protecting Our Patients' Privacy

- Knock on the patient's door before entering.
- Pull privacy curtains.
- Shut doors when exam/test is being done.
- Be aware of auditory privacy issues, particularly in the cafeteria, hallways and elevators.
- Make sure only "authorized" persons review the patient's record.
- Do not leave patient information unattended in a location that is accessible to non-authorized individuals.
- Whiteboards used as locator boards may contain the patient's last name if the patient has given permission.
- Whiteboards may not contain any clinical or diagnostic information, i.e. procedures, tests, DNR, etc.
- Patient information on computer screens must also be kept out of public view.
- Keep patient information out of public view when bedside charting is done.
- Patients must give us permission to release information about them.



## **Ethics**

Each VA appointee shall respect and adhere to the fundamental principles of ethical service and are responsible for adhering to their respective professional Code of Ethics at all times.

### **Guidelines:**

- Do not enter into any financial or other types of transactions with patients or families.
- Do not accept gifts or money from patients and/or families.
- Do not show favoritism or prejudice to any patients, beneficiaries, or others having business with VA.
- Do not enter into romantic or sexual relationships with patients for whom they currently provide care or service

DNR Orders, Organ donations and Informed Consent are not the responsibility of the student. Policies are in place outlining staff responsibilities and patient rights. For more information discuss with VA Supervisor/ designee and/or Faculty.  
Ethics consultant pager number: 414-999-6439.

## **Patient Abuse**

It is the responsibility of all students to provide for patient safety.

- It is the students' responsibility to be alert for patient neglect, abuse, assault, and/or exploitation.
- A student that identifies a patient as a possible victim of neglect, abuse, assault, or exploitation must immediately notify the VA Supervisor/ designee and/or Faculty.

## **Continuum of Care**

The clinical staff is committed to an integrated plan of care across the continuum for each patient:

1. Increase patient involvement in care planning.
2. Identify patient problems early in the admission process.
3. Improve interdisciplinary collaboration of the patient's care.
4. Integrate the complete patient care process.
5. Improve pain management for each patient who experiences pain.



## **Advance Directives (AD)**

Upon admission to Primary Care or to an inpatient unit, patients are asked if they have an AD and/or want to complete one. When a patient has an Advance Directive, it will be noted by the presence of a boldface letter “D” in posting section in the upper right-hand corner of the CPRS Cover Sheet. AD’s are not in force until they are implemented.

## **Physician Responsibilities:**

- Physicians determine a patient’s capacity for health care decision making, and they need to assist patients in advance care planning.
- REVIEW: A licensed independent practitioner must review any existing AD at each inpatient admission, annually if an extended inpatient status, when there is a significant change in condition, and at a patient’s request.
- This review is documented as an addendum to the electronic “Advance Directive” note. The original electronic “AD” note is typically entered by the Social Worker who assists in completing and filing the AD.

\*Postings are located in upper right hand corner of patient electronic record.

## **Pain Management**

Milwaukee VA recognizes pain as the 5<sup>th</sup> vital sign. All patients are assessed for pain on a 0-10 scale as part of routine vital sign monitoring, and reassessment following the administration of pain medication.

## **Restraint and Seclusion**

The use of restraints and/or seclusion is a restriction of personal liberty and has serious legal ramifications.

- A Licensed Independent Practitioner (LIP) or a licensed, qualified and authorized individual (RN) completes an assessment of the patient.
- The patient demonstrates behaviors indicating a potential need for restraints.
- The reasons for the patient's behavior is assessed and analyzed.
- All alternatives to restraint and seclusion have been considered or tried.
- The clinical judgment for the use of restraints has been achieved.
- The least restrictive device is used.
- An order for the restraint is obtained.
- The patient and family are educated about the need for restraints.
- The patient's safety is monitored and the findings are documented.
- Ensure that the patient is able to participate in the care process as much as possible.
- Attempt a trial release of the restraints if an improvement in the behavior is evident.

## **Patient and Family Education**

Areas assessed prior to beginning patient/family education include:

- Learning needs.



- Learning abilities.
- Preferences.
- Readiness to learn.
- Cultural and religious barriers.
- Desire & motivation to learn.
- Physical, cognitive, language and emotional limitations.

Patient/family education general focus includes:

- Safe and effective use of medication.
- Safe and effective use of medical equipment.
- Potential food-drug interactions and counseling on nutrition/modified diets.
- Hygiene and grooming.
- Rehabilitation techniques.
- Access to available community resources.
- When and how to obtain further treatment.
- Patient's responsibility in the treatment process.
- Pertinent discharge instructions for continuing care needs.

### **Population Specific Care**

Population-specific competencies address the specific patient attributes or characteristics such as age, gender, diagnostic categories (i.e., cardiac, orthopedic, endocrine, mental health, oncology, palliative care, etc.) and cultural differences (i.e., personal values, beliefs and preferences; religious preference; race; ethnic background; primary language; literacy level; educational level; lifestyle; socio-economic background; etc.).

Identification of population specific competencies is good patient care. Knowing the characteristics of the populations served, enables healthcare staff to tailor the care and services provided to the specific needs of the patient. Thus, care is more effective, the patient is compliant with the treatment plan, and the patient is more satisfied with the outcome.

### **Diversity**

Patients will be treated in a manner giving reasonable consideration to their background, culture, religion, heritage and personal beliefs.

There is ZERO TOLERANCE for harassment or discrimination of any kind.



## **Customer Service & Patient Advocate**

Customer Service is a central component of VHA's mission to provide patient-centered health care and to ensure the highest quality care and services are made available to our veterans, and by extension, their families and/or significant others. The specific goal that applies to this proposal is within VHA's Eight for Excellence is: Continuously improve veteran and family satisfaction with VA care by promoting patient-centered care and excellent customer service. Within this goal, the Veterans Health Care Service Standards are:

- Staff courtesy
- Timeliness
- One Provider
- Decisions
- Physical comfort
- Emotional needs
- Coordination of care
- Patient education
- Family involvement
- Transition

Two other areas of customer service are:

- Hourly rounding – Each unit follows a patient rounding schedule please check with your patient care area for times.
- Quietness – Noise monitors are located on most units, please keep voices at an acceptable level while in the Medical Center.

Customer Service is a cornerstone of all quality programs and is broadly defined for the purpose of this proposal as the veterans or other patients we care for and all staff that provide them care/services. Measurement of customer service to determine how well an organization is doing is an organizational priority and integral to determining customer and market focus and realizing optimal business results and effective leadership.

### **Gratuities**

Gratuities are not accepted for the service provided. Veterans and/or beneficiaries may not tip any of the employees of the VAMC.

### **Solicitation**

The selling of goods or services on Federal property is prohibited. This would include but is not limited to the sale of Girl Scout cookies, and Boy Scout popcorn.



## **Patient Advocate**

The Medical Center provides a Patient advocate for patient's compliments and concerns. Please contact your VA Supervisor/ designee and/or Faculty for referrals.

## ***Safety is Everyone's Job!*** **Your Role in Safety**

You are responsible for following all safety rules and to report unsafe conditions to your VA Supervisor/ designee and/or Faculty.

To access Material Safety Data Sheets use the Quick links for the Home Web Page- scroll down to MSDS.

### **Fire = RACE**

R = **Rescue** person(s) in immediate danger

A = **Activate** by pulling the fire alarm and calling 911

C = **Close/Contain** fire by closing the door(s)

E = **Evacuate** the area by following hospital policy and procedure

### **2012 National Patient Safety Goals**

Beginning January 1, 2012 all JCAHO accredited health care organizations will be surveyed for implementation of all the recommendations related to the services the organization provides. JCAHO reviews and revises the goals annually. After performance expectations have been met by the majority of surveyed organizations, goals are retired. The retired goals and performance expectations are then changed to standards and moved to the appropriate section. The goal number is also retired.

### **GOALS RETAINED FOR 2012**

- Goal 1: Use of Two Patient Identifiers (With a Change)
- Goal 2: Improve the effectiveness of communication among caregivers.
- Goal 3: Improve the safety of using medications.
- Goal 7: Reduce the risk of health care-associated infections.
- Goal 9: Reduce the risk of patient harm resulting from falls.
- Goal 14: Prevent health care associated pressure ulcers (decubitus ulcers).
- Goal 15: The organization identifies safety risks inherent in its patient population.



## Patient Safety and Improvement

The goal of the Patient Safety & Improvement Program is to prevent injuries to patients, visitors, and personnel. The keys for accomplishing the goal of injury prevention are:

- Identification and reporting of Adverse Events, Sentinel Events, and Close Calls.
- Reviewing Adverse Events, Sentinel Events, and Close Calls to identify underlying causes and system changes needed to reduce the likelihood of recurrence.
- Publicizing patient safety alerts and lessons learned regarding effective system changes resulting from event review.
- Analyzing of service delivery systems before an Adverse Event occurs to identify system redesigns that will reduce the chance of error.

**Adverse Events** are untoward incidents and other undesirable occurrences directly associated with care or services provided within medical center, outpatient clinic or other VA facilities. Adverse Events may result from acts of commission or omission such as:

- Administration of the wrong medication, failure to make a timely diagnosis or institute the appropriate therapeutic intervention (adverse reactions or negative outcomes of treatment).
- Examples of more common Adverse Events include patient falls, medication errors, procedural errors/complications, completed suicides, parasuicidal behaviors (attempts/gestures/threats), and missing patient events.

It is the responsibility of ALL students to report ANY events that either cause actual harm (an adverse event) or might have caused actual harm (a “close call” or “near miss”) to any patient, visitor or employee. Actual events or close call or near misses are reported to VA Supervisor/ designee and/or Faculty. All reported events are evaluated and investigated using a variety of different processes.

**Sentinel Events** are a type of Adverse Event and include unexpected occurrences involving death or serious physical or psychological injury, or risk thereof.

- Sentinel Events are investigated by teams of employees in order to identify system problems which might have caused the event and make recommendations for fixing those problems.
- Serious injury specifically includes loss of limb or function. Major permanent loss of function means sensory, motor, physiologic, or intellectual impairment not previously present that requires continued treatment or life-style change.

The phrase “risk thereof” means that a recurrence of the same type of event would carry a significant chance of serious adverse outcomes.



**Close calls** or **“Near Misses”** are situations which could have resulted in an accident, injury or illness, but did not, either by chance or timely intervention (e.g., surgical procedure almost performed on the wrong patient).

**It is the responsibility of ALL students to report events that either cause actual harm or might cause harm to their VA Supervisor/ designee and/or Faculty.**

### **Infection Control**

The Infection Prevention Program is attached. Please read the attached file titled, “PSM\_VIII-1\_InfectionControl.pdf”.

### **Hand Hygiene**

Attached file titled, “PSM\_VIII-7\_Hand\_Hygiene.pdf”.

### **Isolation Precautions**

Attached file titled, “PSM\_VIII-12\_StandardPrecautionsGuidelines.pdf”.

### **Latex Allergy**

Attached file titled, “LatexGuidelines.pdf”.

### **Infectious Waste**

Attached file titled, “PSM\_VIII-19\_InfectiousWasteManagement.pdf”.

### **Occupational Safety Program**

Attached file titled, “SM\_00S-083\_OccupationalSafety.pdf”.

### **Medication Security and Safety Is Everyone’s Responsibility...**

- All medications must be secured at all times.
- Med Carts must be locked (no meds on top of carts).
- Patients on self-medication protocol must keep their meds in locked lockers.
- Controlled Substances (narcotics) must be double locked.
- Anesthesia Carts and procedures trays with medications must be secured when not in use by authorized staff.



- Syringes containing pre-drawn medications must be labeled with name of drug, time, date, and name of person filling and labeling.
- Offices and staff work areas or team rooms must be kept free of unattended medication and pre-drawn syringes.

### **Adverse Drug Reactions (ADRs)**

An Adverse Drug Reaction (ADR) is defined as any unexpected, unintended, undesired, or excessive response to a medication.

ADRs include events occurring from drug overdose, whether accidental or intentional, drug abuse, drug withdrawal, and significant failure of expected pharmacological action.

Reactions to be reported include those from administration of over-the-counter, prescription, and investigational/research drugs.

If an ADR is observed, promptly report to your VA Supervisor/ designee and/or Faculty.

### **Confidentiality and Information Security**

Any information about the patient, whether electronic, written, or verbal, is confidential.

- Do not talk about patients or cases in public areas such as the cafeteria, elevators, or hallways.
- All papers, reports, or documents with patient information that are being discarded must be shredded.
- You must log off the computer system before leaving a terminal or PC unattended.
- Clinical information cannot be listed or posted in public view.
- Do not leave patient information and records unattended in a location that is accessible to non-authorized individuals.
- Keep patient information out of public view when bedside charting is done.
- Avoid release of clinical information to non-authorized individuals over the telephone.

### **Medical Record & Release of Information**

The medical record includes the paper record and the computer-based patient record. The computerized portion of the patient record is known as CPRS (Computerized Patient Record System). The BCMA (Bar Code Medication Administration) System is also part of the electronic portion of the patient record. Release of Information (ROI) is the section that officially releases information on patients. If questions arise refer the patient to VA staff.



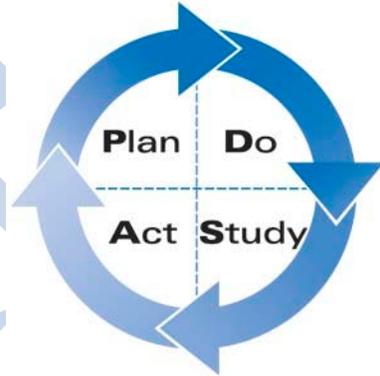
## Compliance

Compliance is an oversight process for monitoring conformity with regulations, policies and procedures. It is used by all levels of the organization to identify high-risk areas and assure that appropriate corrective actions are taken.

## Performance Improvement

Every student provides important care or service to the patient. In housekeeping, it may be that the room is clean. In dietary, that the food is hot. In plant operations, that the room is the right temperature. In respiratory therapy, that the patient receives the right treatment.

### Plan-Do-Study-Act (PDSA) The Medical Center Model for Performance Improvement



#### PLAN

- Use quality improvement tools such as brainstorming, data collection and aggregation techniques, cause and effect diagrams, flow charts, and graphs to examine the process.
- Meet and identify team goals, roles, and rules.
- Create a timeline, which includes reassessment of any improvements made.
- Determine meeting times and establish agendas.
- Study the process and create a plan for improvement.
- Collect pre-improvement data, (internal, external), and scientific literature as appropriate.
- Develop a design of the new process utilizing design guidelines. Set performance expectations including performance measures.
- Include at least one variable that reflects customer satisfaction, as appropriate.
- Plan to carry out the cycle (what, who, where, when).

#### DO

- Test the plan on a trial basis or implement the plan as appropriate.
- Collect data for evaluation purposes.
- Document progress, including problems and unexpected observations.

#### STUDY

- Analyze the data.
- Compare data to expected outcomes:



- Externally controlled (outside data).
- Internally controlled.
- Summarize what was learned.

## **ACT**

- Has performance improvement taken place? (Re-assess and evaluate the changes made).
- Evaluate for needed revisions or maintenance.
- Develop and submit a report, with specific recommendations to the I&I Council.

## **Team Building**

Teamwork is the key to mastering new techniques, services and improving efficiency. Teamwork fosters a collaborative environment in which staff is supportive to each other. Teamwork enables staff to systematically coordinate activities in response to patient concerns and needs, resulting in positive outcomes and employee and patient satisfaction.

## **Recognizing the Impaired Provider in the Workplace**

An impaired provider is any person providing direct patient care, regardless of professional licensure, that exhibits personality, behavioral, or physical changes which may result in unsafe patient care and treatment.

- Any individual within the organization has the responsibility to report concerns regarding unsafe treatment or behavior by providers.
- All complaints, allegations or concerns will be thoroughly reviewed and evaluated. Based on the result of the review, appropriate action will be taken as required in local and VHA policy and regulations.
- Confidentiality is paramount in reporting allegations of provider impairment. The purpose of this process is to offer assistance and rehabilitation, rather than discipline.
- Reports are to be made directly to the VA Supervisor/ designee and/or Faculty.

## **Drug Free Workplace**

VA policy requires the workplace to be free from illegal use, possession, or distribution of controlled substances. Any illegal use, possession or distribution of controlled substances will be promptly dealt with in accordance with legal and administrative procedures. Any individual who violates VA Drug Free Workplace Program policy will have their WOC appointment terminated immediately and will be removed from the facility.



### **Violence in the Workplace**

Workplace violence is any physical assault, threatening behavior or verbal abuse that occurs while working or on duty.

- Do not physically intervene.
- In the event of an emergency, call 911.
- Notify VA Supervisor/ designee and/or Faculty or any incidents of threats, intimidation, harassment, physical assault and injuries to employees or volunteers.
- Weapons – Are not allowed on campus including but not limited to firearms and knives longer than four inches.

### **VA Police**

VA Police officers are on duty at all times and may be called to assist in any situation where the staff feels insecure or at risk. Officers may be contacted by dialing:

- **Emergency 911**
- **Non-emergency 42222**

Identification badges are required to enter the building and are to be worn by all students while in the building.

### **Cell Phone Usage**

The use of personal cell phones is prohibited unless used at specified break or lunch times. At no time should the cell phones be carried or utilized in patient care areas or while caring for a patient. Phone calls relating to one's personal business should be conducted during breaks and lunch unless there is an emergency. Only in an emergency will one be called away from patient care for personal phone calls. It is inappropriate to conduct personal business while on duty.

### **Attire, Appearance and Conduct**

- Photo ID badge must be worn at all times while in the medical center. A photo ID will be issued to you upon appointment to the medical center.
- Appearance should be clean, neat and professional.
- Attire should:
  - meet the safety requirements for the position;
  - be clean, neat and in good repair; and
  - reflect a positive image of the medical center.
- If your position requires that you wear a uniform, wear it any time you are in the medical center.



- Footwear is clean, neat and in good repair. It should be of a style that provides safety, support, good body alignment and traction. Open-toed and recreational footwear in direct patient care areas is not appropriate.
- Condition of nails and hands.
  - Nails should be short enough to allow the individual to thoroughly clean underneath them and not cause glove tears.
  - The hands, including the nails and surrounding tissue should be free of inflammation.
  - If nail polish is worn, it must not be chipped.
  - Only natural nails are allowed. Artificial fingernails or extenders must not be worn by any healthcare workers (supervisory or non-supervisory) who regularly or occasionally provide direct, hand-on care to patients, or by personnel who work in SPS decontamination area or pharmaceutical compounding area for sterile preparations.

### **Food/Beverages**

Drinking and eating in the patient care areas is not allowed. Food and beverages must be consumed in designated areas (i.e. break room, cafeteria).

### **Smoking Policy**

It is the policy of this Medical Center to encourage and promote good health concepts to its patients, employees, and community at large. The use of smoking materials has been identified as a preventable cause of premature death and disability. The Clement J. Zablocki VA Medical Center and all Community Based Outpatient Clinics under the charge and control of this Medical Center will be smoke-free environments, except in designated smoking areas. This practice will reduce fire hazards, provide a safe and healthful environment and allow patients, visitors, volunteers and employees to enter and exit government buildings without being at risk of exposure to second hand smoke. Individuals have the right to smoke, but cannot exercise that right to the detriment of others. Where the interests of smokers and nonsmokers are in conflict those of non smokers will take precedence.

Smoking of any kind by patients, employees, visitors, volunteers, or contractors is prohibited in all Medical Center buildings and community based outpatient clinics.

- 1) Smoking is prohibited within twenty-five (25) feet of all buildings and Community Based Outpatient Clinics. Exceptions to this are only those designated smoking shelters.
- 2) Smoking is prohibited under the Building 111 south entrance canopy.
- 3) Smoking is prohibited within the loading dock area defined as the area beginning at the security barrier west to the docks and compactors. The bulk oxygen storage tank within the loading dock area is considered a building.



4) Smoking cessation and educational assistance is provided.

Prior to the initiation of oxygen therapy, patients will be educated in fire safety and oxygen use by nursing, admissions, and/or health care provider. This education will include the prohibition of receiving oxygen therapy while actively smoking. All in patients receiving oxygen therapy will be prohibited from possessing smoking materials. Family members and support persons shall be educated in prohibiting the patient's possession of smoking material by confused patients. This education is to be documented in the patient record/care plan. The ability of patients to safely possess smoking materials while receiving oxygen therapy shall be evaluated by the health care provider as the patient condition changes.

When inpatients are identified as a smoking risk, a notation will be placed in the progress notes via the wristband update template and the Interdisciplinary Care Plan as referenced in Professional Services Memorandum No. I-6, Management of Confused Patients.

Patient non-adherence to the Medical Center Smoking Policy is also referenced in Professional Services Memorandum No. I-2, Patient Control During Hospitalization.

**EXCEPTIONS:**

1. Smoking may be permitted in the designated smoking area for inpatients of the Mental Health Unit. This Smoking Policy provides for such exceptions when a licensed independent practitioner (LIP) clinically assesses that sudden withdrawal may interfere with the patient's treatment. The LIP must write a "Patient may utilize smoking room if behavior is safe and appropriate" order in the patient's record.
2. A designated location on the inpatient Mental Health Unit that is environmentally separate from all patient care areas will be available to these patients with a LIP order, at limited times when employees is available to monitor. Visitors, employees, and volunteers are prohibited from smoking in this designated area.

All patients, employees, visitors, volunteers, and contractors must adhere to this policy.

Patients may be referred to the Patient Education Center (PEC) as needed for smoking cessation programs. Appointments may be made via DHCP, under "Smoking Cessation Program" at PEC. Employees may register for the smoking cessation program through Employee Health Clinic.

Noncompliance with policy is required to be reported to VA Police at extension 42222. Police Service will initiate appropriate law enforcement action. Supervisors shall follow normal disciplinary procedures for noncompliance within their Division/Programs.



In case of an inpatient's noncompliance with this policy, the incident is to be documented by clinical staff in the patient's record at the time of discovery. VA Police will be notified at extension 42222, to initiate appropriate law enforcement action. Inpatient violating this policy will be issued a United States District Court Violation Notice and fined fifty dollars (\$50.00) by VA Police, enforcement authority 38 USC 1.218 (b) (6). Repeat (2 or more offenses) offenders will be documented and notification will be made by VA Police to the Manager, Performance Improvement within two business days of the second offense of an individual.

Medical Center employees, visitors, volunteers and contractors found to be in violation of this policy are subject to being issued a United States District Court Violation Notice VAF10-9019 by VA Police and a fine of fifty dollars (\$50.00) imposed. Enforcement authority 38 USC 1.218 (b) (6).



Clement J. Zablocki VA Medical Center  
November 12, 2010

## ***Relationship Based Care: A Professional Practice Model for Nursing***

**Excellence in health care through the relationship  
between the Veteran and nurse in a healing environment**

*This document illustrates and describes the professional practice model for nursing at Clement J Zablocki VA Medical Center, Milwaukee, WI, USA. We recognize that nursing is a dynamic profession informed by research; new knowledge is incorporated as it relates to our pursuit of excellence.*

The Relationship Based Care Professional Practice Model for Nursing (Relationship Based Care) is a means to achieve excellence in healthcare through the caring relationship between the Veteran and professional nurse in a healing environment\*. The Relationship Based Care model, and professional nursing practice, identifies concepts that are crucial to achieving excellence in care: the Veteran and nurse relationship, a healing environment, core values, trust and mutual respect, collaboration, and empowerment. Structures and processes of care are incorporated in the Relationship Based Care model and professional nursing practice to achieve quality outcome.



## Nurse Faculty/Coordinator/Student Agreement

**Faculty/Coordinator/Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Dates of student experience:** \_\_\_\_\_

**Type of students:** \_\_\_\_\_

**Clinical Area of experience:** \_\_\_\_\_

**Each Nurse Faculty/Coordinator/Student must complete this annual agreement prior to the start of first clinical day.**

**Review Handbook for Nurse Faculty/Students** (contains mission, infection control, customer service, job aid, parking, etc.)

**Unit/Department specific safety and related information** (contact unit Program/Deputy Manager/CNS).

**\*The Faculty/Coordinator is responsible for sharing the contents of the handbook and unit specific information with each student at the beginning of each clinical rotation.**

Faculty/Coordinator/Student is responsible for participating in any mandatory/regulatory education or training related to safety, security, JACHO, etc.

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



DRAFT