



***Orientation Packet for  
Medical Student, PA/NP Student***



Dear Student:

Welcome to Parkview Community Hospital Medical Center. Below is a set of documents that require your attention and completion prior to starting your clinical rotation at Parkview Community Hospital. These documents must be submitted to the Medical Staff Office one week prior to the scheduled rotation.

- 1) Hospital Orientation materials & Test Questionnaire – please read & answer the questions correctly
- 2) Confidentiality Statement – please sign and date
- 3) Orientation Summary Checklist – please initial each item, sign and date

Prior to the start of clinical rotation, the student shall proceed to the Medical Staff Office to coordinate and obtain their ID Badges, and computer training. ID Badges must be worn at all times when at the hospital premises.

Please do not hesitate to call us at 951 352-5397, if you have any questions.

Thank you very much:

Conchita de Leon, CPMSM, CPCS  
Director, Medical Staff Services  
Parkview Community Hospital Medical Center

## ***CONFIDENTIALITY***

All Students have a moral, professional and legal obligation to protect the confidentiality of patients, physician, employee and administrative information. It is your obligation to maintain confidentiality while on-duty and off-duty. This obligation continues even after the employment relationship has ended.

Students are authorized to access only that information that is required to carry out their duties.

It is difficult to control information that may be inadvertently overheard. Information should not be discussed or shared in public places.

**Patient Confidentiality** refers to keeping the medical record and any other patient information secure by:

- Ensuring that only individuals allowed to access patient Information do so
- Being aware of your surroundings and who can view your computer screen
- Securing medical records in a controlled area
- Wearing your ID Badge at all times
- Not discussing patients in elevators, cafeteria, parking lots, hallways or any public area

If you are in doubt about the proper handling of information, maintain discretion and refer the matter to the area Manager. Do not let relatives, friends or insurance carriers push you into releasing confidential information.

Patients or legal guardians do have access to their records, but only in the presence of an authorized person. The chart is not available to friends or family members unless permission has been given by the patient and we have proper written consent. If you should see an unauthorized person looking at confidential information, please ask for it immediately or ask the person in charge of the area to do so.

### ***Hospital Mission:***

- To provide
  - Comprehensive
  - High-quality
  - Cost-effective healthcare services
  - Responsive to the needs of the community.

### ***Hospital Vision:***

- Community health status
- Integrated network of healthcare delivery
- Meet or exceed customer expectations

***Hospital Values:***

- Quality services
- Patient safety
- Collaboration
- Teamwork
- Education
- Community health
- Financial resources

***Customer Service:***

- Priority of care
- Patients who are happy with their care are more likely to return to PCHMC and to recommend the hospital to their friends and family
- Patients who are satisfied will report higher scores on patient Satisfaction surveys
- Press Ganey survey

***PATIENT RIGHTS ARE:***

- Given to each patient upon admission
- Posted throughout the facility in English and Spanish

Patient rights apply to all persons regardless of sex, culture, economic, status, education, or religion. The following is a partial listing. Patients have the right to:

- Impartial access to available medically indicated treatment and pain management
- The name of all health care providers and their responsibilities
- Information concerning their illness, course of treatment, alternatives, and prospects of recovery
- Informed participation in decision making
- Form an advance directive and appoint a decision maker for health care decisions on their behalf
- Information regarding continuing health care requirements
- Privacy concerning their medical care
- Expect reasonable safety in areas controlled by medical personnel
- Be informed of any pending transfer or discharge
- Considerate and respectful care
- Be informed if the hospital or physician proposes to engage in experimentation that affects care
- Response to any reasonable request

***Patients are responsible to/for:***

- Provide, to the best of their knowledge, accurate and complete medical information
- Report unexpected changes in their condition
- Make known whether they understand the medical care and treatment provided
- Their actions if treatment is refused or medical instruction not followed
- Follow treatment plan recommendations
- Keep appointments and when unable, notify the appropriate service
- Be respectful of the hospital rules and relations affecting patient care and conduct

**COMPLAINTS**

The responsibility for handling patient complaints/grievances belongs to the Patient Relations Department, who will respond, investigate, take appropriate action and communicate resolution back to the patient or appropriate family member.

**PURPOSE**

To provide a planned, systematic mechanism for receiving and acting upon issue expressed by patients and/or their significant other.

To provide an on-going system for monitoring and trending patient/significant other concerns

Patient Relations: Ext: 1036

***National Patient Safety Goals***

In order to evaluate the safety and the quality of care provided for patients/residents, the Joint Commission establishes National Patient Safety Goals annually. The purpose of this section of Module 2 is to help you understand the National Patient Safety Goals and your role, as a member of the health care team, in promoting patient/resident safety. The exact language of the Goals can be found at [www.jointcommission.org](http://www.jointcommission.org).

When a National Patient Safety Goal becomes a standard; the goal number is retired and is not used again. *Therefore, you will find that several numbers are missing.* The goals below have specific requirements for protecting patients/residents and have been revised from the previous year to become more specific in response to concerns from the field about resources needed to comply with National Patient Safety Goals (The Joint Commission, 2012). Compliance with these goals is required for a successful accreditation survey (The Joint Commission, 2013). One new National Patient Safety Goal was added for 2014 on safe clinical alarm management for hospitals and critical access hospitals (Joint Commission, 2014).

**Goal 1: Identify Patient Correctly**

- Acceptable identifiers include: the individual's name, an assigned identification number, a telephone number, or other person-specific identifiers, such as date of birth and hospital I.D. The patient's/resident's room number or physical location is not used

as an identifier. *(Applies to Ambulatory, Behavioral Health Care, Critical Access Hospital, Home Care, Hospital, Laboratory, Nursing Care Center, Office-Based Surgery.)*

- Make sure that the correct patient gets the correct blood when they get a blood transfusion: Match the blood or blood component to the order; Match the patient to the blood or blood component; and Use a two-person verification process or a one-person verification process accompanied by automated identification technology, such as bar coding. *(Applies to Ambulatory, Critical Access Hospital, Hospital, Office-Based Surgery.)*

## **Goal 2: Improve Staff Communication**

- Get important test results to the right staff person on a timely basis. *(Applies to Critical Access Hospital, Hospital, Laboratory.)*

## **Goal 3: Improve the Safety of Using Medication**

- Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings. Note: Medication containers include syringes, medicine cups, and basins. *(Applies to Ambulatory, Critical Access Hospital, Hospital, Office-Based Surgery.)*
- Reduce the likelihood of patient/resident harm associated with the use of anticoagulant therapy. *(Applies to Ambulatory, Critical Access Hospital, Hospital, Nursing Care Center.)*
- Record and pass along correct information about a patient's/resident's medicines. Find out what medicines the patient/resident is taking. Compare those medicines to new medicines given to the patient/resident. Make sure the patient/resident knows which medications to take when they are at home. Tell the patient/resident it is important to bring their up-to-date list of medications every time they visit a doctor. *(Applies to Ambulatory, Behavioral Health Care, Critical Access Hospital, Home Care, Hospital, Nursing Care Center, Office-Based Surgery.)*

## **Goal 6: Reduce the Harm Associated with Clinical Alarm Systems**

- Make improvement to ensure that alarms on medical equipment are heard and responded to on time. *(Applies to Critical Access Hospital, Hospital.)*

## **Goal 7: Reduce the Risk of Health Care Associated Infections**

- Use the hand hygiene guidelines from the Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO). Set goals for improving hand cleaning. Use the goals to improve hand cleaning. *(Applies to Ambulatory, Behavioral Health Care, Critical Access Hospital, Home Care, Hospital, Laboratory, Nursing Care Center, Office-Based Surgery.)*
- Implement evidence-based practices to prevent central line-associated bloodstream infections. *(Applies to Critical Access Hospital, Nursing Care Center.)*

- Implement evidence-based practices to prevent health care-associated infections due to multi-drug-resistant organisms in acute care hospitals. *(Applies to Critical Access Hospital, Hospital.)*
- Implement evidence-based practices for preventing surgical site infections. *(Applies to Ambulatory, Critical Access Hospital, Hospital, Office-Based Surgery.)*
- Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections. *(Applies to Critical Access Hospital, Hospital.)*

### **Goal 9: Prevent Residents From Falling**

- Reduce the risk of falls. *(Applies to Home Care, Nursing Care Center.)*

### **Goal 14: Prevent health care associated pressure ulcers (decubitus ulcers)**

- Assess and periodically reassess each resident's risk for developing a pressure ulcer and take action to address any identified risks. *(Applies to Nursing Care Center.)*

### **Goal 15: Identify Patient/Resident Safety Risks**

- Identify patients/residents at risk for suicide. *(Applies to Behavioral Health Care, Hospital.)*
- Identify risks associated with home oxygen therapy such as home fires. *(Applies to Home Care.)*

**Universal Protocol:** The organization meets the expectations of the Universal Protocol.

- Prevent Mistakes in Surgery.
  - Conduct a pre-procedure verification process. *(Applies to Critical Access Hospital, Hospital, Office-Based Surgery.)*
  - Mark the procedure site. *(Applies to Ambulatory, Critical Access Hospital, Home Care, Hospital, Office-Based Surgery.)*
  - A time out is performed before the procedure. *(Applies to Ambulatory, Critical Access Hospital, Hospital, Office-Based Surgery.)*

### ***FIRE SAFETY***

If you are involved in a fire, remember R.A.C.E

R = **REMOVE** People in danger of fire

A = **ACTIVATE** The alarm

C = **CONTAIN** The fire and dial ext. 1000

E = **EXTINGUISH** The fire

To use fire extinguishers correctly, remember the P.A.S.S

P = **PULL** The pin on the fire extinguisher

A= AIM The extinguisher nozzle at the base of the fire

S = **SQUEEZE** Or press the handle

S = SWEEP From side to side until the fire appears to be out

### ***EMERGENCY CODES***

At PCHMC dial EXT.1000 to report an emergency.

- Code Blue-Cardiac Arrest
- Code Red- Fire (with location to be specified by operator)
- Code White-Pediatric Medical Emergency
- Code.Purple-Child Abduction
- Code Pink-Infant Abduction
- Code Orange-Hazardous material spill/release
- Code Gray-Combative patient
- Code Silver-Persons with weapon/hostage
- Code Yellow-Bomb Threat
- Code Triage-Disaster (External, Internal)

### ***DISASTER CODES***

The hospital works collaboratively with the community and other hospitals in mitigation of potential disasters Code Triage (Internal)

- Paged for an internal disaster
- An event occurring within the hospital
- Examples: Power outage or :fire
- Damages in the facility resulting in a loss of service Code Triage (External)
- Paged for an external disaster
- An event occurring outside the hospital
- Examples: Earthquake, bioterrorism, etc.
- A large number of people would arrive at the facility for treatment

In a disaster the facility activates the HICS (Hospital Incident Command system)

- 1.HICS is based on the incident command system used by police, fire, and the military
2. The HICS incident command structure calls for an Incident Commander for every event
3. The main role of the Incident Commander is to manage the disaster
4. The following positions report to the incident commander
  - Operations Section Chief
  - Finance Section Chief
  - Planning Section Chief
  - Medical/Technical specialist
  - Public Information Officer
  - Finance/Administration Chief

Disaster equipment *is* located in the Founders Center building in front of the hospital. Food and supplies are located in the annex outside of the hospital next to the emergency entrance.



## ***ELECTRICAL SAFETY***

1. Personnel are responsible for knowing how to operate each piece of electrical equipment before using it.
2. All equipment in patient care areas must be approved by the Engineering Department of the hospital.
3. Check power plugs and cords before turning on equipment. Any damaged equipment should not be used and should be report to Engineering.
4. Turn equipment "off" before pulling the plug from the outlet.
5. When disconnecting the equipment from an outlet, always pull the plug, never the cord.
6. Avoid using extension cords whenever possible.
7. If any electrical equipment "looks, smells, or sounds strange: ,pull the plug and notify Engineering.
8. Patients are not allowed to use their own electrical appliances unless battery operated.
9. The first step to take in the eyent of an electrical fire or electrical shock is to disconnect the power to the equipment
10. Never handle electrical equipment while in contact with potential grounds -water, faucets, sinks, or wet areas.
11. Always report to Engineering the following:
  - a. Any wall outlet that loosely holes a plug
  - b. Any wall outlet that is damaged or dead
  - c. Switches, knobs, controls that are loose or broken.

## **BODY MECHANICS**

Keep these basic rules in mind:

1. Stand and sit with your back straight. Avoid leaning to one side.
2. Bend your knees to lift, keeping your back straight.
3. Avoid twisting; always face your work.
4. Work at appropriate work heights. When standing, your elbow should be at 90° or at a right angle with the counter or table.
5. Use proper height for your chair. When sitting, your feet should be nicely resting on the floor with your knees at 90° and elbows at 90° or right angle with the table.
6. Maintain abdominal control (that is, keep our stomach muscle tight) while sitting, standing, walking, stooping, and reaching.
7. Reach up with two hands and avoid over-reaching. Use a 'reacher' or step stool.
8. Bring objects close to your body and use both hands to carry objects.
9. Use larger and stronger muscles. Remember to use your legs, arm work uses up more energy.
10. Push, don't pull.
11. Slide, don't lift.
12. Eliminate unnecessary motions.
13. Change position frequently; alternate between sitting and standing.
14. Take appropriate rest breaks.

### ***Hazardous Materials and Waste***

A waste as defined in California Administrative Code, Title 22, Division 4.5, Article 1, section 66261.3, or any hazardous material or waste listed in Chapter 11, Article 5, Appendix X (listing available in Engineering Office).

PCHMC has the responsibility to protect its patients, staff, visitors, and the surrounding community from exposure or potential harm. In compliance with applicable regulations, and to afford this level of protection, the hospital will inform and educate

employees regarding risks associated with the use and exposure to hazardous substances in the work environment.

Material Safety Data Sheet (MSDS): A sheet prepared by the manufacturer for a product containing hazardous substances. The MSDS identifies the products hazardous ingredients and properties, hazards associated with its use, appropriate precautions, emergency spill procedures, first aid, and manufacturer information.

### **Hazardous Materials Management Phases:**

Receipt/Transfer– The process of receiving materials at a centralized location or specific department and transferring to the end user.

- Handling/Use– Mixing, loading, application, or administration of a hazardous substance, or pesticide, or any maintenance, service, or cleaning of contaminated equipment.
- Accumulation– The temporary storage of waste materials generated within a department or unit.
- Storage– The collection and storage of waste materials at a designated, centralized location for removal from the campus.
- Disposal– The removal of hazardous waste by licensed, registered, hazardous waste haulers in accordance with Federal, State, and Local regulations.

### ***INFECTION PREVENTION GOALS***

Minimize the risk of transmitting infections by maintaining device-related hospital-acquired infection rates in ICU lower than the 75 percentile of published National Healthcare Safety Network (NHSN) or/and California hospitals as published in the CDPH annual reports.

Minimize the risk of transmitting infections by maintaining surgical site infection (SSI) rates lower than the 25 percentile of published National Healthcare Safety Network (NHSN) or/and California hospitals as published in the CDPH annual reports.

Minimize the risk of transmitting infections by maintaining compliance with hand hygiene at or above 90%

Minimize the risk of transmitting infections and limiting unprotected exposure to pathogens by maintaining compliance with appropriate wearing PPEs at or above 90%

Minimize the risk of transmitting infections associated with the multi-drug resistant organisms through admission screening to high risk patient at 90%and educating patient & family identified at or above 90%.

Minimize the risk of transmitting infections associated with medical equipment or devices by monitoring compliance with completing the Central line Insertion Practices (CLIP) form and monitoring daily evaluation for the necessity for central line at or above 90%.

Increase compliance rate with the Flu vaccine P&P to employees, at or above 90%  
Increase Pneumococcal and Flu vaccine evaluation for patients that meets the criteria of administration, at or above 90%.

***SUSPECTED CHILD ABUSE/NEGLECT***

If you have a "reasonable suspicion" of abuse, you must report any act of omission or commission that endangers/impairs a child's physical or emotional health and development.

***ABUSE:***

- a. Physical injury inflicted on a child other than an accident.
- b. Willful cruelty or infliction of unjustifiable punishment/mental suffering.
  - i. Cruel or inhuman corporal punishment or injury.
  - ii. Abuse in out-of-home care.
  - iii. Emotional and psychological abuse.

***NEGLECT:***

- a. Failure to thrive
- b. Abandonment/desertion of children).
- c. Dependence on addictive drugs and/or alcohol at birth.
- d. Inadequate food, clothing, shelter.
- e. Lack of medical care/supervision

***SEXUAL ABUSE/ASSAULT\*:***

A report is required when a child 14 years or younger seeks care for pregnancy

\*Refer to law for other reporting requirements.

II. Contact Department of Children and Family Services 800 number immediately then complete a

written report within 36 hours and mail to address provided by phone consultant.

III. Contact Social Services to inform them that a report has been made to ensure agency follow up.

***DEPENDANT ADULT or ELDER ABUSE/NEGLECT:***

1. Dependent Adult: Any person aged 18 through 64 who has physical and/or mental limitations restricting his/her ability to carry out normal activities or protect his/her own rights, including those whose disabilities are developmental or age related.
2. Elder Abuse: Infliction of bodily harm to a person 65 or older by a spouse, child, family, caregiver.

3. Elder Neglect: Passive or active with holding of medicine, medical care, food, clothes, emotional support, basic hygiene by spouse, child, family, caregiver

## ***RESTRAINTS***

Restraints shall be used only in emergency situations when alternative methods are not sufficient to protect the patient or other from imminent harm or injury. The patient's plan of care will not be compromised by the use of restraints

- Consistent with our Mission and Values, PCH will work to actively decrease the use of restraints.
- PCH supports the goal of achieving a restraint free environment.
- When restraint is necessary, such activity will be undertaken in a manner that protects the patient's health and safety, and preserves his or her dignity, rights, and well being.
- The use of restraint/seclusion is a last resort, after alternative interventions have either been considered or attempted;

### Restraint should:

- Be used only when other less-restrictive measures are ineffective
- Never as punishment, coercion, or for staff convenience
- Only for clinically justified situations.

## ***KEY POINTS IN RESTRAIN USE***

- The use of restraint has the potential to produce serious consequences such as physical and psychological harm, and even death. For this reason, the following guidelines govern the use of restraint for selected patient populations:
  - Patients with cognitive impairment may have a greater likelihood for attempting to self- remove restraints. Thus the risk of injury to this patient/resident population is higher. Consideration should be given to increased frequency of monitoring for this type of patient.
  - Patients with physical limitations may not have the ability to sense or alert staff of untoward effects of restraint, or communicate needs while restrained. Consideration should be given to increased frequency of monitoring for this type of patient.

## **PATIENT FALLS**

PCHMC has a proactive fall prevention program designed to analyze and reduce risks to patient safety. Upon admission patients need to be identified if they are a fall risk. All patients who are identified as at risk for falling will have a leaf drawing placed above the head of the bed as an identifier.. If a patient falls please complete an Incident Report from and a

Post fall questionnaire, then submit it to the risk management department.

PCHMC has a Fall Prevention Performance Improvement Team and fall prevention is one of our patient safety initiatives. Therefore, report all falls on an Incident report.

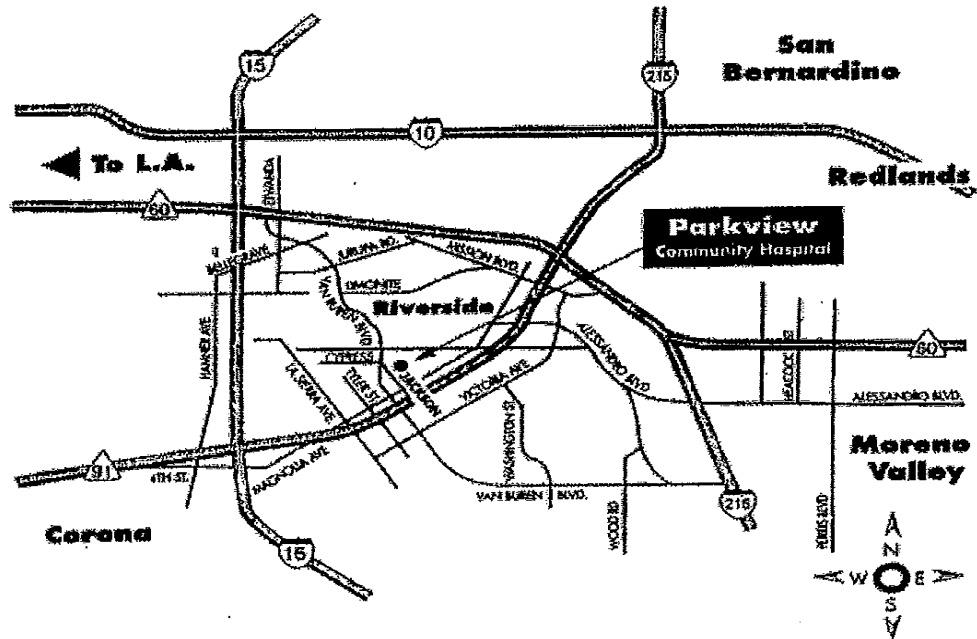
### *PARKVIEW COMMUNITY HOSPITAL DOCUMENTATION GUIDELINES*

Write legibly, or print neatly if you prefer. Only use black ballpoint. Be sure to time and date each entry. Sign your name using (first initial, last name) and title. Remember to obtain a co-signature from your facilitator. Print your name once per shift if indicated in signature box. Remember that there should be no obliteration, erasing, altering of charting. This is unacceptable for legal reasons. Never leave a blank line or ask others to leave blank lines for you. Reflect facts not suppositions. Do not chart in anticipation of what will occur in the future (e.g. m will re-start I.V.). Avoid the need for late entries. If you have a late entry, list the current date and time (e.g. late entry for 3/10/10, 0800). Identify the problem list for your patient. Evaluate each problem in your documentation each day. Only abbreviations on PCHMC's approved abbreviation list may be used in the medical record. The approved list is in the hospital policy and procedure manual, section 1, #18

### **COMMUNICATION**

**SBAR** is a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions. This methodology can be used by all to communicate both clinical and non-clinical situations.

- **Situation**- What is happening? What is the chief complaint, what changes? Why are you calling?
- **Background**- What factors lead up to this event? What are the vital signs? What pertinent history?
- **Assessment**- What do you see? What do you think is going on?
- **Recommendation**- What do you need? What action do you propose? What do you think should be done?



**Directions to Parkview Community Hospital and Medical Center (PCHMC)**

**From San Bernardino County** take interstate 15 south to 91 freeway east, or interstate 215 south to 91 freeway west . exit Van Buren blvd. follow map above.

**From Ontario Airport** take interstate 10 east to interstate 15 south to 91 freeway east. exit Van Buren blvd. follow map above.

**From Imperial County** take interstate 8 west to interstate 15 north to 91 freeway east. exit Van Buren blvd. follow map above.

**From Orange County** take 91 freeway east. exit Van Buren blvd. follow map above.

**From San Diego County** take interstate 15 north to 91 freeway east. exit Van Buren blvd. follow map above.

**From Los Angeles County** take interstate 10 east to interstate 15 south to 91 freeway east. exit Van Buren blvd. follow map above.