

MRCH STUDENT ORIENTATION DOCUMENTS AND FORMS, revised August 2019

- Please review and sign as indicated all documents contained in the *Student Orientation Forms* link (approx. 15 pages on [www.http://madriverrhospital.com/materials-nursing-students](http://madriverrhospital.com/materials-nursing-students)). All signed forms then should be filed at your school. There are four (4) forms below that you need to sign.
- On the first day of your in-person orientation in MRCH (Mad River Community Hospital) Staff Development, please print and bring with you three items from the *Student Orientation Forms* link: “Check-off Attestation Sheet” completed and signed by you and your instructor (immediately below), “Day One Checklist,” and “Tour/Scavenger Hunt.” Please also bring your “Student Online Orientation Post-test” that is taken after you review the student online orientation power point.
- You will hand in the “Check-off Attestation Sheet” to MRCH Staff Development. We will discuss the “Student Online Orientation Post-test” during your MRCH in-person orientation. “Day One Checklist” and “Tour/Scavenger Hunt” will be completed during orientation to your hospital unit, unless informed otherwise.

CHECK-OFF ATTESTATION SHEET

(Please print and bring to in-person MRCH orientation)

I have reviewed and understood the content of the documents and forms listed immediately below. I will comply with these policies and standards of MRCH.

Student Name: _____ College: _____

This student has reviewed the materials listed below and signed items as indicated. These are kept in the school’s files.

Instructor Signature: _____ Date: _____

Name of Form(s)	Student Initials (indicating you have read the specific material)	Date of Review
Day One Checklist - Print and bring to in-person orientation (please sign, as needed on unit)	n/a, because applicable sections completed, and signature done as needed, on unit	n/a
Tour/Scavenger Hunt- Print and bring to MRCH in-person orientation	n/a, because applicable sections completed on unit	n/a
HIPAA/Confidentiality Statement & Agreement (2 documents) (please sign both)		
Patient Rights & Responsibilities Policy and Visitation Policy		
Abuse Reporting (please sign)		
SBAR Communication		
Organ Donation Overview		

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PLEASE SEE FORMS AND OTHER ITEMS BELOW.

DAY ONE CHECKLIST

Students complete sections of this checklist relevant to their student placements.

Purpose: The Day One Checklist describes the general employment and work safety information to be discussed on or before your first day of work in your department.

Directions: Please check the column when you have been oriented to that topic by your instructor, department manager/director, or preceptor.

This must be completed and returned to manager of first day of work.

Department Overview	Department Safety Procedures																		
1. Job Description & performance standards reviewed	8. Hazardous substance program discussed to include: <ul style="list-style-type: none"> <input type="checkbox"/> Hazardous substances in the department <input type="checkbox"/> Location of MSDS sheets <input type="checkbox"/> Disposal & spill procedure (Code Orange) 																		
2. Department/unit scope of service/care described.	9. Utility failure: Action to take if the following fail: <ul style="list-style-type: none"> <input type="checkbox"/> Water system <input type="checkbox"/> Phone system <input type="checkbox"/> Medical gas <input type="checkbox"/> Electric power 																		
3. Policies related to employment discussed: <ul style="list-style-type: none"> <input type="checkbox"/> Work hours <input type="checkbox"/> Lunch/break time <input type="checkbox"/> Overtime policy <input type="checkbox"/> Timecard Completion-edit/transmittal book <input type="checkbox"/> Schedule Requests <input type="checkbox"/> Sick call <input type="checkbox"/> Dress code <input type="checkbox"/> Personal phone calls <input type="checkbox"/> Reporting concerns <input type="checkbox"/> Fair treatment policy <input type="checkbox"/> Confidentiality <input type="checkbox"/> Harassment 	10. Emergency codes discussed to include how to enact & role in each: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Code Blue</td> <td><input type="checkbox"/> Code Red</td> </tr> <tr> <td><input type="checkbox"/> Code Yellow</td> <td><input type="checkbox"/> Code Gray</td> </tr> <tr> <td><input type="checkbox"/> Code Purple</td> <td><input type="checkbox"/> Code Silver</td> </tr> <tr> <td><input type="checkbox"/> Code Pink</td> <td><input type="checkbox"/> Code Orange</td> </tr> <tr> <td><input type="checkbox"/> Dr. Strong</td> <td><input type="checkbox"/> Code Security</td> </tr> <tr> <td><input type="checkbox"/> Code Orange</td> <td><input type="checkbox"/> Triage Internal</td> </tr> <tr> <td><input type="checkbox"/> Triage External</td> <td><input type="checkbox"/> Code Security</td> </tr> <tr> <td><input type="checkbox"/> Code Shelter-in-Place</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Rapid Response Team</td> <td></td> </tr> </table>	<input type="checkbox"/> Code Blue	<input type="checkbox"/> Code Red	<input type="checkbox"/> Code Yellow	<input type="checkbox"/> Code Gray	<input type="checkbox"/> Code Purple	<input type="checkbox"/> Code Silver	<input type="checkbox"/> Code Pink	<input type="checkbox"/> Code Orange	<input type="checkbox"/> Dr. Strong	<input type="checkbox"/> Code Security	<input type="checkbox"/> Code Orange	<input type="checkbox"/> Triage Internal	<input type="checkbox"/> Triage External	<input type="checkbox"/> Code Security	<input type="checkbox"/> Code Shelter-in-Place		<input type="checkbox"/> Rapid Response Team	
<input type="checkbox"/> Code Blue	<input type="checkbox"/> Code Red																		
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<input type="checkbox"/> Dr. Strong	<input type="checkbox"/> Code Security																		
<input type="checkbox"/> Code Orange	<input type="checkbox"/> Triage Internal																		
<input type="checkbox"/> Triage External	<input type="checkbox"/> Code Security																		
<input type="checkbox"/> Code Shelter-in-Place																			
<input type="checkbox"/> Rapid Response Team																			
4. Introduced to work associates & volunteer staff.	11. Hospital/individual security measures described: <ul style="list-style-type: none"> <input type="checkbox"/> Wearing name tags, securing belongings 																		
5. Phone System discussed/demonstrated: <ul style="list-style-type: none"> <input type="checkbox"/> Hold <input type="checkbox"/> Transfer <input type="checkbox"/> Paging <input type="checkbox"/> Courtesy 	12. Infection control information provided: <ul style="list-style-type: none"> <input type="checkbox"/> Location of protective equipment <input type="checkbox"/> Department specific measures <input type="checkbox"/> Waste disposal procedures <input type="checkbox"/> Clarify nasal swab policy 																		
6. Electrical Safety Discussed: <ul style="list-style-type: none"> <input type="checkbox"/> Location/purpose of emergency outlets <input type="checkbox"/> Reporting malfunctioning equipment 	13. Sharps Safety Devices																		
7. Fire Safety information Provided	14. Department Specific																		

Verification of Day One Checklist: I have received and understand the above information.

Employee/Student Name

Date

Department Manager/Director, Preceptor, or Instructor

Date



Tour / Scavenger Hunt

Please check the boxes when you have located the following, if they relate to your student clinical.

<p><u>Physical Layout:</u></p> <p>Kitchenette :</p> <ul style="list-style-type: none"> <input type="checkbox"/> Spoons <input type="checkbox"/> Crackers <input type="checkbox"/> Ice / Water Machine <input type="checkbox"/> Fridge <p>Mini Central :</p> <ul style="list-style-type: none"> <input type="checkbox"/> Foley Cath <input type="checkbox"/> Dressing Supplies <input type="checkbox"/> Hygiene Supplies <input type="checkbox"/> Restraints <input type="checkbox"/> Index / Rolodex of Supplies 	<p><u>Supply Location:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Manual B/P Cuffs <input type="checkbox"/> Linen <input type="checkbox"/> Thermometers <input type="checkbox"/> IV Fluids <input type="checkbox"/> IV antibiotics <input type="checkbox"/> Med Fridge <input type="checkbox"/> Pharmacy / IN Box <input type="checkbox"/> Pharmacy / OUT Box <input type="checkbox"/> IV Start supplies <input type="checkbox"/> Alcohol Swabs <input type="checkbox"/> Narcotics Draws <input type="checkbox"/> Isolation Carts <input type="checkbox"/> Wheel Chairs
<p><u>Patient Room Orientation (if applicable)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Bed Controls <input type="checkbox"/> Call Light <input type="checkbox"/> TV <input type="checkbox"/> White Erase Board <input type="checkbox"/> Suction <input type="checkbox"/> Oxygen – air dispensers (green/yellow trees) <input type="checkbox"/> Bathroom <input type="checkbox"/> Patient Closet 	<p><u>Resource Materials:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Infection Control Manual <input type="checkbox"/> Human Resource manual <input type="checkbox"/> Hospital –Wide ORG Manual <input type="checkbox"/> Environment of Care (EOC) Manual <input type="checkbox"/> Employee Health Manual <input type="checkbox"/> Department – Specific Manual <input type="checkbox"/> IV Drug Books <input type="checkbox"/> Patient Ed Documents/Krames-on-Demand
<p><u>Department Safety Features:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Location of emergency power outlets <ul style="list-style-type: none"> • Fire Alarms, Extinguishers, Fire Doors, Exits, Flashlights • Crash Cart, Ambu Bags <input type="checkbox"/> MSDS Sheets <ul style="list-style-type: none"> • Personal protective equipment • Medical gas shut off valve location 	<p><u>Documentation:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Bedside charts, Virtual charts <input type="checkbox"/> 24-Hour MAR <input type="checkbox"/> Graphic I & O <input type="checkbox"/> Assessment flowcharts <input type="checkbox"/> Care Plans <input type="checkbox"/> H&P <input type="checkbox"/> Labs <input type="checkbox"/> Physician Orders <input type="checkbox"/> Medication Reconciliation
<p><u>Equipment Location:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Supply Rooms (other than minicentral) <input type="checkbox"/> Dirty Linen <input type="checkbox"/> Red Bagged Waste <input type="checkbox"/> Dirty Equipment <input type="checkbox"/> Dirty Dishes <input type="checkbox"/> Room 131 <input type="checkbox"/> Standing Scales, O₂ Tanks and Foot Cradles <input type="checkbox"/> Central Sterile Supply <input type="checkbox"/> Purchasing Department 	<p><u>Telephones / Fax / Copies:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient Rooms <input type="checkbox"/> Nurses Station

Confidentiality Statement and Agreement

I agree to accept the responsibility and obligation to follow all Mad River Community Hospital's policies and procedures. I acknowledge that in the course of my clinical experience with MRCH, I may have access to confidential, sensitive, or proprietary information relating to the business of MRCH and to patient identifiable health information. I acknowledge that unauthorized use or disclosure of such information is prohibited and could cause MRCH to sustain significant and irreparable damage.

Accordingly, I understand and agree to the following:

1. I will not in any way divulge, copy, release, sell, loan, revise, alter, or destroy any confidential information except as properly authorized within the scope of my clinical experience with MRCH.
2. I will use and safeguard confidential information as necessary and in a manner that is appropriate to perform my legitimate duties.
3. I will not misuse, misappropriate, or disclose any such information directly or indirectly, to any person during my clinical periods, nor at any time thereafter, except as required in the course of my clinical experience or as required by law.
4. I will utilize appropriate safeguards and destruction methods including utilizing shred boxes, shredders, and logging off of workstations, when I leave the immediate area.
5. I will not share my password(s) or user code(s) with any other person, and I will change my password when automatically prompted. Further, I will not use any other person's password or user code.
6. I understand that the confidentiality of all patient information is required by law including information such as that pertaining to mental health, infectious diseases such as HIV, and chemical dependency such as drug and alcohol abuse.
7. I will only access information for which I have a "need to know" in the scope of my duties, and I understand that my access to electronic patient information (as applicable) will be routinely audited to ensure that I am accessing only the patient information to which I am authorized.
8. I may be subject to disciplinary action should I violate MRCH policies and procedures and compliance agreement.
9. I am responsible for immediately reporting any known or suspected violation of compliance and/or MRCH policies and procedures.

Name (print): _____

Date: _____

Signature: _____

**ACKNOWLEDGEMENT OF CONFIDENTIALITY OF
HOSPITAL RECORDS AND DOCUMENT /
PROPERTY REMOVAL POLICIES**

Caring for patients is confidential in nature and all information pertaining to patients is considered privileged. I understand that I may not provide information about, or in any way discuss, patients- including their illnesses, treatment or physicians- with anyone except those persons who are entitled to receive such information in order to provide patient care. Any violation of this policy will lead to disciplinary action.

I also understand that I may not remove property , documents or other materials belonging to the Hospital from the premises. If I believe it is necessary to remove such property belonging to the Hospital, I understand I must first obtain approval from Administration. I understand that the Hospital's supervisors and the Administration are authorized to inspect packages and other items in the possession of any employee entering or leaving the Hospital.

Furthermore, I understand that all information relating to the business operation of the Hospital is to be held in the strictest confidence. This includes, but is not limited to, financial matters and business associates.

Name _____

Date _____

Signature _____



Patient Rights (accessed August 2019)

Policy:

Mad River Community Hospital supports and protects the basic human, civil, constitutional and statutory rights of each patient. Patient rights incorporate the requirements Healthcare Facilities Accreditation Program; Title 22, California Code of Regulations, Sections 70707 and 74743(Home Health Code); and Medicare Conditions of Participation.

The hospital's policies and procedures that address patient rights are reviewed and approved by the Board of Directors. In accordance with the above, the organization and medical staff have adopted the following list of patient rights so patients may exercise their rights without coercion, discrimination or retaliation:

You, the patient, have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences. Title XXII 70707(b)(2)
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital. Code 482.13(b)(4) HFAP 15.01.09(D)
3. Know the name of the licensed health care practitioner who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and nonphysicians who will see you. The right to know the reasons for any proposed change in the professional staff responsible for your care. HFAP 15.01.09(M) Title XXII 70707(b)(3)
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment. Code 482.13(b)(1) HFAP 15.01.09(A) Title XXII 70707(b)(4)
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment. Code 482.13(b)(2) Title XXII 70707(b)(5) Title XXII 70707(b)(16) HFAP 15.01.09(B)
6. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of physicians, to the extent permitted by law. Code 482.13(b)(2) HFAP 15.01.09(B) Title XXII 70707(b)(6)(10)
7. Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects. HFAP 15.01.09(K) Title XXII 70707(b)(12)
8. Reasonable responses to any reasonable requests made for service. Title XXII(b)(9)
9. Appropriate assessment and management of your pain as effectively as possible. Information about pain, pain relief measures and to participate in your pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates. HFAP 15.01.09 (R)
10. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf. Code 482.13(b)(3) HFAP 15.01.09(C)
11. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of

any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms. Code 482.13(c)(1)(2) HFAP 15.01.09(E) Title XXII 70707(b)(7)

12. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information. Code 482.13(d)(1) HFAP 15.01.09(H) Title XXII 70707(b)(8)

13. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse, neglect, and exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse. Code 482.13 (c)(3) HFAP 15.01.09(F)(G)

14. Be free from restraints and seclusion of any form, including involuntary seclusion, that are not medically necessary used as a means of coercion, discipline, convenience or retaliation by staff. Code 482.13 (e) HFAP15.01.09(J)

15. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care. Title XXII 70707(b)(11)

16. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also. Title XXII 70707(b)(13)

17. Know which hospital rules and policies apply to your conduct while a patient. Title XXII 70707(b)(15)

18. Designate visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood or marriage, unless:

No visitors are allowed.

The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff or other visitor to the health facility, or would significantly disrupt the operations of the facility.

You have told the health facility staff that you no longer want a particular person to visit.

However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. Title XXII 70707(b)(17) HFAP 15.01.09(S)

19. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household. Title XXII 70707(b)(18)

20. Examine and receive an explanation of the hospital's bill regardless of the source of payment. The right to access the cost, itemized when possible, of services rendered within a reasonable period of time. Title XXII 70707(b)(14) HFAP 15.01.09(P)

21. The right to be informed of the source of the facility's reimbursement for services, and of any limitations which may be placed upon your care. Examine and receive an explanation of the hospital's bill regardless of the source of payment. HFAP 15.01.09 (Q)

22. The right to know the reason(s) for your transfer within or outside of the hospital. HFAP 15.01.09 (N)

23. The right to know the relationship(s) of the hospital to other persons or organizations participating in the provision of your care. HFAP 15.01.09 (O)

24. The right to access information contained in your clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits. Code 482.13(d)(2) HFAP15.01.09(I)

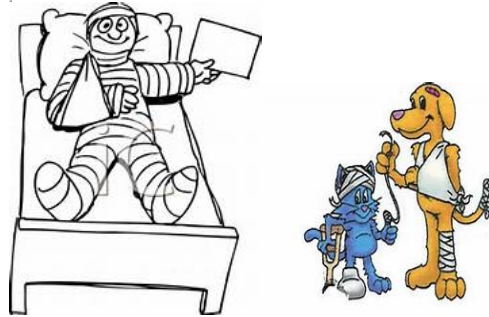
25. The Patient's family has the right of informed consent of donation of organs and tissues. HFAP 15.01.09(T)

26. Exercise these rights without regard to sex, race, color, religion, ancestry, national origin, age, disability, medical condition, marital status, sexual orientation, educational background, economic status or the source of payment for care. Title XXII 70707(b)(1)

27. File a complaint/grievance. If you want to file a complaint/grievance with this hospital, you may do so by calling the Administrative Secretary at: (707)826-8201 and /or writing Mad River Community Hospital, 3800 Janes Road, Arcata, CA 95521. Code 482.13(a)(2) Title XXII 70707(c) HFAP 15.01.05

28. File a complaint/grievance with the state Department of Health Services regardless of whether you use the hospital's complaint/grievance process. The state Department of Health Service's phone number is 866-784-0703 and address is Department of Health Services, 2170 Northpoint Parkway, Santa Rosa, CA 95407. Code 482.13(a)(2) HFAP 15.01.02

29. Know the professional status of any person providing your care/services. HFAP 15.01.09(L)



Visitation (accessed August 2019)

Policy:

The Hospital encourages family centered care and encourages visitor participation in the patient's recovery. This Visitor guideline is non-discriminatory, and allows a liberal and flexible program recognizing the patient's right to have visitors; while maintaining a secure, therapeutic environment for all patients that ensures adequate patient rest and support.

Upon admission patients are provided the Hospital Visitation guidelines and expectation. Hospital visiting hours facilitates visitor access during routine hours (0800 to 2100).

Patients have the right to withdraw or deny consent to visitation. The right of a patient to have visitors may be limited or restricted when visitation may interfere with the care of the patient, or that of other patients. Variations from the guideline may occur on a case-by-case basis with approval of physicians, Nursing Administrative Supervisors (NAS) or clinical Unit Managers, based on clinical judgment that accounts for patient's health, recovery and safety.

Staffs are instructed in the "VISITATION" guidelines during the orientation, and are asked to direct concerns/requests regarding visitors to the available Clinical Manager/NAS.

Procedure:

1. Visitors are not permitted to smoke or use tobacco products this includes "vaping", in the hospital, or on hospital grounds, and are asked to refrain from or sleeping on the patient beds.
2. Visitors are not to spend the night in the hospital without the expressed approval of the Nursing Administrative Supervisor (NAS).
3. In patient care areas with space limitations, or in-progress interventions, visitors may be restricted to one allowed visitor at a given time.
4. Individuals with communicable respiratory infections or open draining lesions are advised to refrain from visiting patients. Visitors with communicable respiratory infections are to wear a mask if they do visit. All draining lesions must be covered by dry sterile dressing.
5. A non-service animal must be held closely/or on leash at all times by the visitor. Non-service animals are not: taken into the cafeteria; another patient's room, or allowed to roam independently. (See "Service Animal" policy, Org Wide Manual)
6. Visitors are allowed in the operating rooms and the surgical recovery room only when properly attired and approved per Surgical Services department protocols.
7. Persons below age 18 will have each visit individually approved by the nursing staff prior to entrance to high risk areas (i.e. Intensive Care).
8. Children visiting an immune-compromised patient must have the patient's physician consent.
9. Siblings/children visit in the Birth Center according to department policy.
10. Pediatric patients: Parents or guardians have more liberal visiting privileges. A parent may be asked to remain overnight with a pediatric patient.

11. Patients with transmission precautions: Visitors should check with the patient's nurse regarding the need for personal protective equipment (PPE). When assisting or in close proximity to these patients on "precautions", visitors are expected to use the same PPE as staff and to dispose of PPE in the receptacle at the patient's door when leaving room.

MINOR VISITORS

Minor children will be accompanied by responsible adult. Patient is not considered as the supervising adult.

MANAGEMENT OF DISRUPTIVE VISITORS

Hospitalization can be a stressful event, even for visitors. The goal of health care providers is to reduce anxiety and to offer support, guidance and compassion during crisis, but not to tolerate disruptive behavior or disruptions to patient care. Acts of violence are not acceptable at Mad River Community Hospital. Physical assault on any health care team member or other patients by a visitor will automatically result in the notification of police for their removal from campus and issuance of a trespass warning. Medical and/or Nursing staff may request the removal of visitors who hinder patient care or place others at risk of harm, injury, or illness.

DESIGNATING A SUPPORT PERSON FOR VISITATION

A patient has the right to designate a support person for visitation. A patient's "support person" does not necessarily have to be the same person as the patient's representative who is legally responsible for making medical decisions on the patient's behalf. A support person could be a family member, friend, or other individual who supports the patient during the course of care, treatment, or service.

Not only may the support person visit the patient, but he or she may also exercise a patient's visitation rights on behalf of the patient with respect to other visitors when the patient is unable to do so.

The organization shall accept a patient's designation, orally or in writing, of an individual as the patient's support person. When a patient is incapacitated or otherwise unable to communicate his or her wishes and an individual provides an advance directive designating an individual as the patient's support person the organization shall accept this designation, provide the required notice of the patient's visitation rights, and allow the individual to exercise the patient's visitation rights on the patient's behalf.

When a patient is incapacitated or otherwise unable to communicate his or her wishes, there is no advance directive designating a representative on file, and no one has presented an advance directive designating himself or herself as the patient's representative, but an individual asserts that he or she, as the patient's spouse, domestic partner (including a same-sex domestic partner), parent or other family member, friend, or otherwise, is the patient's support person, the organization shall accept this assertion, without demanding supporting documentation, provide the required notice of the patient's visitation rights, and allow the individual to exercise the patient's visitation rights on the patient's behalf. However, if more than one individual claims to be the patient's support person, the organization may ask each individual for documentation supporting his/her claim to be the patient's support person.

INFORMING THE PATIENT / SUPPORT PERSON OF THEIR RIGHT TO VISITATION

The organization shall inform patients (or the patient's support person, where appropriate) of their visitation rights. This information shall be provided in writing, whenever possible, before the organization provides or stops care. If the patient also has a representative who is different from the support person, the representative must also be provided information on the patient's visitation rights, in addition to the support person, if applicable.

The written notice shall address any clinically necessary or reasonable limitations or restrictions imposed by hospital policy on visitation rights, providing the clinical reasons for such limitations/restrictions, including how they are aimed at protecting the health and safety of all patients.

The information shall be sufficiently detailed to allow a patient (or the patient's support person) to determine what the visitation hours are and what restrictions, if any, apply to that patient's visitation rights.

The notice must also inform the patient (or the patient's support person, where appropriate) of the patient's right to: Consent to receive visitors he or she has designated, either orally or in writing, including but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend; Receive the visitors he or she has designated, including but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend; and

Withdraw or deny his/her consent to receive specific visitors, either orally or in writing.

The medical record must contain documentation that the written notice was provided to the patient or, if appropriate, the patient's support person.

RESOLVING DISPUTES REGARDING VISITATION

If there is a question or disagreement surrounding who may visit the patient, it shall be resolved as quickly as possible as follows:

If the patient is able, the patient shall decide who may visit

If the patient is unable, the patient's designated support person shall decide who may visit

In the event that a patient has both a representative and a support person who are not the same individual, and they disagree on who should be allowed to visit the patient, the organization shall defer to the decisions of the patient's representative.

If none of the above options present themselves, the organization shall determine who may visit based on a good faith understanding of the patient's likely wishes.

TRAINING OF STAFF

Staff that play a role in facilitating or controlling visitors shall be trained to assure appropriate implementation of this policy and on the avoidance of unnecessary restrictions or limitations on the patient's right to receive visitors. Training shall be provided as part of new-hire orientation.



The Patient Rights policy also contains an addendum entitled, "A Child's Bill of Rights." Both the Patient Rights and Visitation policies can be accessed on the MRCH intranet.

“Abuse Neglect Recognition & Reporting”
Excerpts from MRCH Policy in Organization Wide Manual
(with slight editing) (accessed on MRCH Intranet July 2017, August 2018)

Any medical practitioner or non-medical practitioner, within the scope of his/her employment or professional capacity, who has seen the victim of abuse or neglect shall report the known or suspected instances to law enforcement, local child protection agency, or the Health Department. While in that capacity, the practitioner is a **mandated reporter**.

Reporting Child Abuse/Neglect and Elder/Dependent Adult Abuse/Neglect [compilation from policy]

1. For any suspected child abuse or neglect a telephone report is made to Child Welfare Services (CWS) as soon as reasonably possible. **CWS #445-6180.**
For any suspected elder or dependent adult abuse or neglect, a telephone report is made to Adult Protective Services (APS) as soon as reasonably possible. **APS #476-2100.**
2. A written report using a CWS form, or an APS form, is completed and mailed or faxed to CWS or APS as soon as possible, but within 2 working days. **CWS fax #445-6254. APS fax #476-2142.**
3. A copy of the CWS or APS report is attached to an Occurrence Report and sent to the Administrative Supervisor for review and to assure appropriate reporting has taken place.
4. A copy of the report is placed in the “Confidential File” of the patient’s Medical Record.

Reporting Violence, Assault, Battery, Spousal Abuse, or Domestic Violence

1. For suspected violence, assault, battery, spousal abuse, or domestic violence a telephone report is made to Arcata Police Department (APD) or applicable law enforcement agency ASAP.
2. A written report using a hospital generated reporting form is sent to the APD or applicable law enforcement agency as soon as possible, but within 2 working days.

[3. and 4. are the same as above.]

Legal Liability [for reporting]

Persons mandated to report are protected from civil and criminal liability.

Liability [for not reporting]

It is a misdemeanor and punishable offense for mandated reporters to fail to report suspected abuse to the appropriate authorities. Failure to report suspected abuse could also result in civil liability.

Please also see the above-referenced MRCH policy’s “Appendix II, Signs and Symptoms of Abuse/Neglect.”

I have read and understood the above:

Signature of Student: _____ Date: _____

CALLING OR COMMUNICATING WITH A TEAM MEMBER: THE “SBAR” PROCESS

Situation: What is the situation you are calling *about*?

- Identify self (*first* name, *last* name, title), unit, patient, room number.
- Briefly state the problem: what it is, when it happened or started, and *how* severe it is.

Background: Give pertinent background information.

- Admission date and admitting diagnosis.
- Current medications, allergies, IV fluids, labs.
- Most recent vital signs.
- Lab results: date/time test done.
- Other clinical information and code status.

Assessment: What is the nurse’s assessment of the situation?

Recommendation: Nurse’s recommendation – what does he/she want:

- Notification that patient has been admitted.
- Patient needs to be seen now.
- Order change.

Remember to document change in the patient’s condition and physician notification.

Organ Donation

(Prepared by Donor Network West, updated by DNW May 2018, with slight edits from MRCH)

In accordance with the Department of Health and Human Services 42 CFR Part 482 – Conditions of Participation of Hospitals, **all imminent deaths of ventilated patients and all deaths will be reported by the hospital to the appropriate organ and tissue recovery agencies.** [Per MRCH policy, this referral call is made by a hospital coordinator.] This regulation is supported and reviewed by JCAHO to assure potential organ donors are converted to organ donors when consented. HIPAA regulations allow for the disclosure of PHI to provide care to the potential donor and family, including the appropriate placement of organs/tissue.

The above regulations were enacted to standardize the referral process of all potential organ donors and to assure that the approach process is conducted at the appropriate time with great sensitivity. The 3 major components to the regulation are:

1. **Timely Referral:** to Donor Network West: 1-800-553-6667. **CALL EARLY.**

Refer all ventilated patients **within one (1) hour of meeting the following criteria:**

- At the first indication that the patient has suffered a non-recoverable illness/injury OR
- Prior to plans for family discussions regarding comfort care or withdrawal of life-sustaining measures OR
- Prior to plans for formal brain death evaluation

This timely referral allows for the donation potential to be phone screened by the Transplant Coordinator. If determined a potential, the Transplant Coordinator will make a plan with you.

These steps are to be taken prior to the brain death and any mention of organ donation.

2. **Clinical Management:** Maintain Option of Donation

- **Maintain organ viability** until the clinical suitability has been determined, and either 1st person consent is established or legal next of kin has been approached by the Designated Requester from Donor Network

This may require support measures to sustain organ viability/perfusion (i.e. dopamine/neo-synephrine to allow time for evaluation and approach). The Transplant Coordinator will provide clinical management suggestions.

3. **IMPORTANT: Only Trained Designated Requesters Approach Families about**

- **Designated Requesters from Donor Network West will approach families once the potential for donation has been determined.**

Update

(Organ) Donation after Circulatory Death: DCD

On occasion, it may be possible for a patient to become an organ donor after circulatory death. This is referred to as DCD. For example, if care is determined futile or quality of life significantly compromised, families decide to withdraw life support to allow death with dignity and to end suffering. If the family/patient then wishes to consider organ donation, it may be possible if in advance:

- Medical suitability is determined by DNWest with the attending physician(s)' assistance. This includes the attending physician clinical assessment that asystole will occur within 1-2 hours of extubation.
- Extensive planning and management is in place prior to extubation.