

**SAINT ANTHONY HOSPITAL
NEW EMPLOYEE ORIENTATION – ACKNOWLEDGEMENT**

First Name: _____ **Last Name:** _____

Agency: _____ **Date:** _____

SECTION 1

I acknowledge that I have read and will adhere to the Policies and Procedures provided within the Saint Anthony Hospital - New Employee Orientation.

Signature: _____

SECTION 2

I acknowledge that it is my responsibility, in conjunction with the hospital, to have performance evaluations completed on the first shift at each new department or facility.

Signature: _____

SECTION 3

Please check one of the following:

_____ I am not currently, nor have I ever been, an employee of Saint Anthony Hospital or a Saint Anthony Hospital affiliate.

_____ I was employed by Saint Anthony Hospital from _____ to _____.

Signature: _____

SECTION 4

I understand that I may only work at Saint Anthony Hospital through **one healthcare staffing agency.**

I declare that _____ is my preferred agency.

I am aware that I must notify Saint Anthony Hospital OneSource Program in writing, if I choose to change my preferred agency selection.

Signature: _____

ACCU-CHEK Inform II System Competency Test

Staff Name: _____ Last 4 digits of SS#: _____ Staff Unit(s): _____

Mark "T" if the statement is True and "F" if the statement is False.

T F

- 1. Before running a patient test, you must be sure the test strip lot number on the test strip vial corresponds to the test strip lot number displayed in the ACCU-CHEK Inform II meter.
- 2. If "Quality Control is Due" or "QC Due Immediately" appears in the display, you should run controls and make sure that the results are in range before proceeding to do a patient test.
- 3. The ACCU-CHEK Inform II system cannot record operator or patient ID information.
- 4. Personal protection equipment must be worn when performing blood glucose or glucose control testing and when cleaning and disinfecting the ACCU-CHEK Inform II system.
- 5. The six-digit number on the meter screen needs to match the number on the test strip vial you are using.
- 6. The test strip is placed in the test strip slot with the yellow target area or test window facing up and the end with the gold bars inserted into the meter.
- 7. The proper site for the finger puncture is on the side of the fingertip.
- 8. The test will start when the appropriate amount of sample is applied to the ACCU-CHEK Inform II test strip, about 0.6 μ L.
- 9. Glucose control solutions do not have to be dated when first opened.
- 10. Only capillary whole blood samples should be used when testing with the ACCU-CHEK Inform II meter and ACCU-CHEK Inform II test strips.
- 11. The ACCU-CHEK Inform II meter should be docked in the base unit when not in use.
- 12. The ACCU-CHEK Inform II meter uses a rechargeable battery.
- 13. You should touch and hold the drop of blood to the front edge of the ACCU-CHEK Inform II test strip.
- 14. Does the meter system detect if there is enough blood sample prior to running the blood glucose test?

Fill in the blanks.

15. Where are the expiration dates for test strips and control solutions found?

16. Where can a troubleshooting guide for the ACCU-CHEK Inform II system be found?

17. "HI" on the ACCU-CHEK Inform II system display indicates that the blood glucose value is over _____ mg/dL, and the result may be the _____ reading range of the meter.

18. "LO" on the ACCU-CHEK Inform II system display means the blood glucose is below _____ mg/dL, and the result may be _____ the reading range of the meter.

19. What type(s) of blood can be used with the ACCU-CHEK Inform II meter and ACCU-CHEK Inform II test strips?

20. ACCU-CHEK Inform II control solutions are stable for _____ months after opening.

21. If patient results are higher than _____ mg/dL or lower than _____ mg/dL, a lab backup should be ordered.

22. ACCU-CHEK Inform II test strips are stable until the expiration date listed on the _____

23. The proper fingerstick procedure is:

Date: 8/30/13
To: Saint Anthony Hospital Staff
From: Jill Stemmerman, Chief Nursing Officer
Re: Expectations Related to Patient Identification

As everyone knows, one of our organization's strategic goals is to be a quality organization. We expect our patients to receive the best care possible. In order to continue to ensure that our patients receive the best care possible, it is important that all hospital staff use the two patient identifiers for patient identification from transporting the patient for testing to serving the patient's meal. As an organization, we have a ZERO TOLERANCE policy for not using two patient identifiers in providing patient care.

I want to be sure each of you is aware of how our many different roles can impact quality care, in particular with patient identifiers. This memo is not intended to be all inclusive of the different situations where two patient identifiers are required as many of us are involved in the patient experience.

Registration – The accuracy of our registration on the front end ensures care can be provided in a safe and timely manner. If the patient is alert and oriented, you must ask them to state their name and birthday and compare those identifiers to the ID band when placing it on patient. If the patient is not alert and oriented or is unable to communicate, it is important that the patient's name and date of birth be compared to a picture ID. Ensuring we have accurate demographics, insurance information and the correct primary care provider all help improve the healthcare experience for the patient.

Care Providers – Patients are not bed numbers. They are not diagnoses. They are people with names who have trusted us to provide them care. Don't cut corners. We have bar coded medication administration to help us provide safe care. When dispensing medication, it is your obligation to use it unless the system is unavailable. When performing a point of care test such as a pregnancy test, glucose test, or participating in a bedside procedure, the patient's name and birthday must be confirmed by asking the patient to state their name and date of birth and comparing this to the order. If patient is unable to communicate, you must check these two identifiers on the ID band and compare them to the order.

Dietary – Patient care staff are often moving patients from room to room. How can a dietary aid delivering a patient meal tray be confident they are giving it to the correct patient without asking the patient their name and date of birth? Even if you verify the patient diet list with the nursing staff, you still must verify the correct patient is in the bed where you deliver the tray. Also, please look for the NPO sign for every patient. If you find a discrepancy, seek clarification with the patient's nurse.

Transportation – Errors can be made by transporting the wrong patient to a test. We should never use bed number as a way to identify a patient for transport. When picking up a patient, it is imperative that you have the correct patient and you have identified that he or she is going to the correct department. You should ask the patient their name and birthday and compare those two identifiers to the ticket to ride. Ask them what test they are going to. If you do not have a ticket to ride, **you should not transport the patient.**

Laboratory, Radiology, or Diagnostic Testing – Again, patients must not be identified by room numbers. We need to verify correct name and birthday by asking the patient to state their name and date of birth or if unable to communicate, by checking the name and date of birth on their ID band. This information should be compared to the provider order. If we don't check the orders or ask our patients, errors can happen. The patient may agree to something that is not ordered for them as they trust us and are scared.

Checking to ensure you are providing care to the right patient is an expectation. This is not a choice. Patient identification is a regulatory requirement as it prevents serious medical errors. If you choose not to check the patients name and date of birth, this is considered grounds for immediate termination.

Information on patient identification is attached to this memo. Please review and sign the back of this memo stating that you have read and understand the expectations.

As an associate of Saint Anthony Hospital, I am committed to providing quality care to our patients. I will not refer to patients by room number or diagnosis. I promise to use at least two patient identifiers when

providing care, treatment and services. I understand that the two identifiers are patient name and date of birth. I promise to use the two identifiers at all times. I understand that compliance with the use of two identifiers is a condition of my continued employment. I understand that if I do not check the patient's name and date of birth as a form of patient identification prior to providing care, it will be considered reckless behavior and grounds for immediate termination.

Employee's Name (Please print)

Employee's Signature

Date

Patients are NOT room numbers

For patient safety, we are required to use at least **TWO PATIENT IDENTIFIERS** when providing care, treatment, and services. The intent of dual patient identification is to prevent wrong-patient errors in all stages of diagnosis and treatment. There are TWO parts to the process of checking dual identifiers:

- 1) Reliably **IDENTIFY** the individual as the person for whom the service or treatment is intended. **At Saint Anthony Hospital, the identifiers we use are stated PATIENT NAME and stated DATE of BIRTH.** This means we **MUST** ask the patient to state his or her name and date of birth. If the patient is non-verbal use the armband to verify name and date of birth.
- 2) **MATCH** the service or treatment to that individual. **At Saint Anthony Hospital, the identifiers we use are stated PATIENT NAME and stated DATE of BIRTH.** This means we must then check the patient's name and date of birth, as stated, against the relevant document (examples: EHR, order for medication or diagnostic treatment, specimen label).

WHAT THIS MEANS...

EVERY PATIENT must be identified using their NAME & DATE of BIRTH BEFORE administering medications, blood, or blood components.

EVERY PATIENT must be identified using their NAME & DATE of BIRTH when collecting blood samples and other specimens (urine, sputum, tissue, etc.) for clinical testing.

EVERY PATIENT must be identified using their NAME & DATE of BIRTH when providing treatments or procedures and prior to physical transport of the patient.

A patient's room number or physical location CANNOT be used as an identifier.

Containers used for blood and ALL other specimens MUST BE labeled in the presence of the patient (i.e., at the bedside).

Attachment to Memo: Expectations Related to Patient Identification from Jill Stemmerman, Chief Nursing Officer, 8/30/2013.

Please detach this page and give to the Employee.

St. Anthony Hospital

Paragon Medication Administration Training

Acknowledgement

By signing this form, I acknowledge that I have read, understand, and will incorporate the Paragon Medication Administration Training into my daily work practices while assigned at St. Anthony Hospital.

Employee Printed Name

Employee Signature

Date