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Dear:			
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Enclosed please find the orientation materials for Provident Hospital of Cook County. This includes:

- · A Receipt of Policies and Procedures
- A CCHHS Computer Sign on Request Form
- A Pharmacy Department Pyxis ID/Password Assignment Info form
- A Customer Services Standards Issuance Receipt
- A PHCC Employee Profile Sheet
- A Commercial Registry Nurse Data Sheet
- · A Commercial Registry Nurse Experience Profile and Skills Checklist
- A Security Care Access Information Form

Please complete and return this entire packet to us as soon as you complete them. **Be sure to sign your name on these forms where indicated**. Please call us if you have any questions.

Sincerely,

All of Us at The Nurse Agency

Cook County Health & Hospitals System

Todd H. Stroger • President Cook County Board of Commissioners

Warren L. Batts • Chairman Cook County Health & Hospitals System

Jorge Ramirez • Vice-Chairman Cook County Health & Hospitals System

William T. Foley • CEO Cook County Health & Hospitals System



1900 West Polk Street Suite 123 Chicago, Illinois 60612

Health & Hospitals System Board Members

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Commissioner Jerry Butler
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Heather E. O'Donnell
Andrea L. Zopp

Memorandum

Personnel File

Date:	November 18, 2009
To:	Human Resources Department of Provident Hospital
Re:	RECEIPT OF POLICES AND PROCEDURES
I,	, have been given copies of the following policies of the
C-1-C	Please Print ounty Health and Hospitals System. I understand that it is my responsibility to read and
abide by	y these polices and that if I have any questions that I should contact the Director of Human
Resource	ces for clarification.
policy d	nderstand that refusal to sign this acknowledgement of receipt of the below mentioned does not remove my responsibility to adhere to the policies. • Policy # 00.01.16S – Smoke-Free Campus • Rule 8 – Conduct and Discipline of Personnel
Signatu	re: Date:
Witness	Date:
□ Emp	loyee refused to sign.
cc:	Department File

Ambulatory & Community Health Network
 Cermak Health Services
 Cook County Department of Public Health
 John H. Stroger, Jr. Hospital
 Oak Forest Hospital
 Provident Hospital
 Ruth M. Rothstein CORE Center

CCHHS Computer	Sign-On Request F	orm	Network:						
A. 🗆 Add 🗆 Change acco	ess or personal info	te 🛘 Re-activate	Other:						
B. Last First			Healthcare Credentials (e.g., RN, LPN, CRNA, CNS)						
Cook County ID badge # or last 2	of SSN APN NPI		APN Pager						
State License # APN DEA									
With my signature, I affirm that the Information Security Rules of the	I received, read, and will abide to Behavior.	Date /	/ 20 Firm/Agency, if non-County						
User's Signature		Position or Title							
C. Primary	Location (check one)	D. Access Duration	n						
☐ ACHN ☐ Core Center	□ Juv Det □ Provident □ OFH □ Public Health	/Start Da	te End Date						
Medical Department or ACHN Site	or Public Health Site		sers such as students, volunteers, residents & contractors) ee (No end date) EMP# Req						
	☐ Cook County email ☐ Scanning to Email ☐ Bizhub Sc	Internet							
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Incomplete forms will NOT be processed. Deliver to either Stroger Hosp HIS Help Desk, room 2650, Email to cch-helpdesk@cookcountyhhs.org or fax 312-864-9364. Call Help Desk, 312-864-HELP, for status. After 2 Business days, bring Photo ID to pick up password in person. Rev. AUG 2016

PROVIDENT HOSPITAL OF COOK COUNTY

PHARMACY DEPARTMENT

Pyxis MEDICATION Rx System 3000 ID/Password Assignment Information

Statement

I, understand that my ID, in combination with the confidential Bio- ID log in will be my electronic signature for all of my transactions on the MEDSTATION Rx system for both controlled substance and patient care record keeping purposes. A time stamp and date will also be affixed to my transaction. These records will be maintained and archived as per the policies of this Hospital and will be available for inspection by the Drug Enforcement Administration (DEA) as is currently the case with my handwritten records for controlled substances.

I also understand that, to maintain the integrity of my electronic signature, I will be using my Bio-ID sign in and logging off after each use.

Signature				_Date
Print Name & Position	-		-	_User
Department				Unit
Authorized Levels of Access Station	: A B	C D E	F G H I	J K
Console (RX Only)	: A B	C D E	See later in this	Appendix for definitions)
Authorized Areas for Access				
Authorized by: Supervisor				Date
Entered into Pyxis	1		v.	Date
	Q1 X	×		2
Confidential				

MEDICATION Rx System 3000 User Information

Department

ID*

Temp Password

* Leave blank to be assign	d by the Pharmacy	Department
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Position

Name

Subject: CUSTOMER SERVICE STANDARDS	Policy No. 08-01-51
1	Page 10 of 10

Customer Services Standards Issuance Receipt

Ι,	4 8	, TITLE, _	3 5	/DEPARTMENT	· \
ASSESSED TO SECURE 1		7,1			464
Received PHO	CC Customer S	ervices Standar	ds Review and a c	copy of the Standards	Policy.
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- 15 N					
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			Employ	ree Signature	Date

RECEIVED 03/02/2016 02:44PM 17737798866 THE NURSE AGENCY

312 572 1813 03/02/2016 14:33 #535 P.001/001

From:NURSING ADMIN PROVIDENT HOSPITAL OF COOK COUNTY

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PALS (EXPIRATION)

SEE ATTACHED CODE FORMS

PROVIDENT HOSPITAL OF COOK COUNTY COMMERCIAL REGISTRY NURSE DATA SHEET

Please Print:			
Date:		Registry:	
Name:			
(Last)	(First)	(Middle)	
Address:			
Telephone:			
Nursing Preparation:(AD, Diploma, BSN, MSN,	LPN)	Year Graduated:	× .
Six months or more clinical competen	ce in the following are:	as;	
Circuit or of America Norman			
Signature of Agency Nurse:			
	To be completed by S	Staffing Office Personnel	
Original Current RN/LPN Illinois Lie	cense Number:		
Is	sue Number: .		
Ex	piration Date:		
Current CPR Certification	A CANONIA PARA PARA PARA PARA PARA PARA PARA PA	LPN Pharmacology Certification	
(Exp	. Date)	5. El 14 i hamilacology Certification_	(Yes/No)
4. Picture I.D. (Agency, Drivers Licen	se, State)		
5. Other Credentials:			
6. Copies of the above are attached		If no, why not?	
	(Yes/No),	
The above data and credentials were	checked and reviewed	d by:	
Staffing Office Repre	sentative	Date	

COMMERCIAL REGISTRY NURSE EXPERIENCE PROFILE AND SKILLS CHECKLIST

Name	RN or LPN	DATE

To be completed prior to or during orientation at the hospital. Must be received by the Provident Hospital of Cook County staffing office and reviewed by a nursing supervisor during the commercial registry nurse's orientation.

PREVIOUS EMPLOYERS	CLINICAL AREAS WORKED	POSITION HELD	INCLUSIVE DATE

NURSING AREAS	MONTHS OF EXPERIENCE	NURSING AREAS	MONTHS OF EXPERIENCE
Critical Care		Pediatrics ICU	
MICU		Surgery	
SICU		Medicine	
TRAUMA		Out Patient	
NEURO		Psychiatric	
BURNS		Other:	
CORONARY			
TELEMETRY			
Emergency Room			
Operating Room			
Recovery Room			
Ob/Gyne			
Labor & Delivery			
Post Partum			
Newborn Nursery			
Pediatrics			
Neonatal ICU			

Provident Hospital of Cook County Department of Nursing and Patient Care Services Commercial Registry Nurse's Skills Checklist

	m	

Date			
Daio			

NURSING CARE ACTIVITIES (Check appropriate box)	Can Do	Cannot Do	Need Help	NURSING CARE ACTIVITIES (Check appropriate box)	Can Do	Cannot Do	Need Help
MEDICATION				TUBES (continued)			
Administration				Endotracheal			
Z-Track Technique				Hemovac Suction			
Narcotics				Gastric Tube Feedings			
Hyperalimentation				PROCEDURES			
IV Push				Care of T-Tube			
Lipids				Jejunostomy			
IV Piggybacks				Gastrostomy		la la	
Patient Controlled Analgesia				RESPIRATORY THERAPY			
IRRIGATION				Ambu Bag to E.T. Tube			
Bladder Continuous Irrigation				Incentive Spirometry			
Ostomy Irrigation				Ventilator Care			
CATHERIZATION				VITAL SIGNS			
Insertion Foley Male	12			Apical Pulses			
Female				Peripheral Pulses			
Removal Foley				Neuro Signs			
TUBES				Blood Pressure			
Insertion Nasogastric				EQUIPMENT			
Tracheostomy Care				Stryker Frame			
Suctioning Oral				Hoyer Lift			
Tracheal				Air Mattress			

NURSING CARE ACTIVITIES (Check appropriate box)	Can Do	Cannot Do	Need Help	NURSING CARE ACTIVITIES (Check appropriate box)	Can Do	Cannot	Need Help
EQUIPMENT (continued)			Pelvic Exam/Pap Smear				
Hypo/Hyperthermia Blanket				Cutdowns			
Leather Restraints				C.V.P. Insertions			
Soft Restraints				Chest Tube Insertion			
Posey Belt and Jacket				IVs			
Glucose Monitoring				Insertion			
Device (Accu-Check)				Heparin Lock			
Bed Scale				Venipuncture			
Defibrillator			DOCUMENTATION/FLOW SHEETS				
Cardiac Monitor				Assessment			
Electric Bed				Transcription of Orders			
Air Fluidized Bed				Patient Response to Tx.			
SPECIMENS				Nursing Care Plan			
Throat Culture				Medication and IV Profiles			
Urine Midstream				Discharge Planning			
Clinitest/Acetest				PATIENT EDUCATION			
Wound Cultures				Pre-Operative Teaching			
Hematocrit				Diabetic Teaching			
PREPARATIONS FOR PROCEDURES	REPARATIONS FOR PROCEDURES			MISCELLANEOUS			
Lumbar Puncture				Peritoneal Dialysis			
Thoracentesis				Post-Mortem Care			

Page 3

CRITICAL CARE	Can Do	Cannot Do	Need Help	OB/GYNE	Can Do	Cannot Do	Need Help
Arterial Line				Check Fetal Heart Rate			
Swan Ganz				Check Breasts			
I.A.B.P.				Check Perineum			
Pacemaker Permanent				Check Episiotomy or Laceration			
Pacemaker Temporary				Vaginal Exam			
Assist Cardiac Arrest				Check Lochia			
Assist Intubation				Normal Vaginal Delivery			
MONITOR DRUGS				Emergency Delivery			
Nipride				C-Section Delivery			
Dobutamine				Fetal Monitoring			
Dopamine				Nonstress-Stress Testing			
NTG				Aminocenthesis			
Pavalon				Apgar Scoring			
MSO4				Newborn Stabilization			
Versed				Fetal Monitor	1		
Lidocaine				Ultra Sound			
Pronestyl				Infant intensive Care			
Phenobarbital				MONITOR DRUGS			
Mannitol				Pitocin		-	
				Augmentation			-
				Induction			-
2.				MgSO4			

Revised: 8/03

John H. Stroger, Jr. Hospital of Cook County



SECURITY CARD ACCESS INFORMATION FORM

PLEASE PRINT - USE	BLACK INK	h 	
NAME	LAST	FIRST	MI
DEPARTMENT		1	EXTENSION/PAGER
			ALLE STOTIFIE AGEN
HOSPITAL I.D. NO.		TITLE	/ CLASSIFICATION
		IIILE	CLASSIFICATION
DO NOT FILL IN			
CARD NO.			
CAID NO.			
ACCESS LEVELS (LOCATION)	DAYS	TIME	RESTRICTIONS
(BOCATION)			· -
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I ACKNOWLEDGE THE RECE RULES AND REGULATIONS R			
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THE CASHIER PRIOR TO REC SIGNED BY THE DEPARTMEN WITH THE HOSPITAL POLICE			
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COUNTY BOARD'S RULES AN	REGULATIONS GOV	EKNING EMPLOYEE C	ONDUCT.
Employee Signature / Date		Department He	ad / Date

REVISED 11/2011