



# Advanced Practice Provider Observational Training

## Welcome to Premier Health

In order to participate in an observational experience, you must review this brochure and complete the orientation content review. You will be held responsible for the content. Our team at Premier Health will work to provide you with the best experience possible.

This brochure serves as a general orientation to:

- Observer responsibility
- Premier Health Mission, Vision, and Values
- Patient Experience
- Patient Rights
- HIPAA
- Special Signage
- Safety Information, Safety Codes
- Infection Control

Any unit-specific orientation will occur when on the unit during your observation experience with your preceptor.

## What is an observational experience?

A Premier Health employee hired into an advanced practice provider (APP) position may benefit from an observational experience. This allows for flexibility of learning the role and processes while the credentialing process is underway. Prior to credentialing and privileging, the employee understands they are not to practice as an APP and to simply utilize this time period to learn the APP role by observation.

A Premier Health employee hired into an APP role who is transitioning from a Premier Health registered nurse position may have patient contact under the Ohio registered nurse scope of practice only. Any additional experiences must be only observational until approved through the APP credentialing and privileging process.

A Premier Health employee hired into an APP role, who is not transitioning directly from a Premier Health registered nurse position, must receive clearance to practice as a registered nurse through Human Resources (TB testing, background check, etc.) prior to any observational experience. Patient contact is limited to the Ohio registered nurse scope of practice until approved as an APP through the credentialing and privileging process.

A Premier Health employee hired as a physician assistant may only observe until the credentialing and privileging process is completed. Those filling a physician assistant position must also be cleared through Human Resources (TB testing, background check, etc.) prior to any observational experience. There is no additional license to allow for patient contact.

APP privileging is not guaranteed after an observational experience. Observational experiences are not available to APP orientees transitioning from outside of Premier Health.

## Who is the preceptor?

You will be assigned at least one experienced professional related to your area of hire. The preceptor is an expert in their field who is willing to share career information and review their typical day. The preceptor will explain similarities and differences of their position to your hired role.

# Job Observation Participant Responsibilities

## What are the roles and responsibilities of the observer?

The observer should arrive to observe with a baseline knowledge of the hired role and a willingness to explore possibilities.



## All participants are required:

- To read and sign confidentiality statements due to HIPAA guidelines and out of respect for the patient
- To be compliant of all Premier Health vaccination requirements

## Premier Health Behavioral Standards

- Meets Patient Experience (Safety, Quality and Service) expectations.
- Anticipates and meets patients and their families needs.
- Puts the patient and their family at the center of care.
- Shares complaints with preceptor and/or instructor to remedy the concern.
- Builds trust.
- Understands, empathizes, adapts to individual needs and cultural needs.
- Balances technical, political and cultural factors in clinical rotation.
- Listens and communicates effectively.
- Receptive to feedback from preceptor.
- Seeks assistance in a safe, time effective manner.
- Seeks clear direction on What needs to be accomplished and How it needs to be accomplished.

## Patient Confidentiality and Patient Satisfaction



- Keep all information pertinent to the experience confidential, including things you may have seen or heard, as outlined in the Confidentiality Statement.
- A patient may want to protect their privacy by declining a request to have you shadow. It is the patient's right to do so. In this case, you will politely excuse yourself and wait where the preceptor asks you to while care is provided to the patient.
- Ask your preceptor to explain **AIDET** – Acknowledge, Introduce, Duration, Explanation and Thank You.
- Ask your preceptor about Hourly Rounding if you are in an inpatient care area.

## Special Signs

A sign may be posted outside of a patient's room. The sign shares information to those entering a patient's room. It is every employee's responsibility to notice and respond to the information displayed on the sign.

An example of a sign, is one announcing that the patient in the room is at risk for a fall. If a fall risk sign is displayed outside the door, the patient should not be out of bed without assistance. If the patient is attempting to get out of bed by himself, ask the patient to wait until you can get help.

## Patient Armband Color

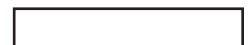
**RED – Allergy Alert**



**YELLOW – Fall Risk**



**WHITE – Patient ID**



**PINK – Do not use arm for blood pressure or blood draws**



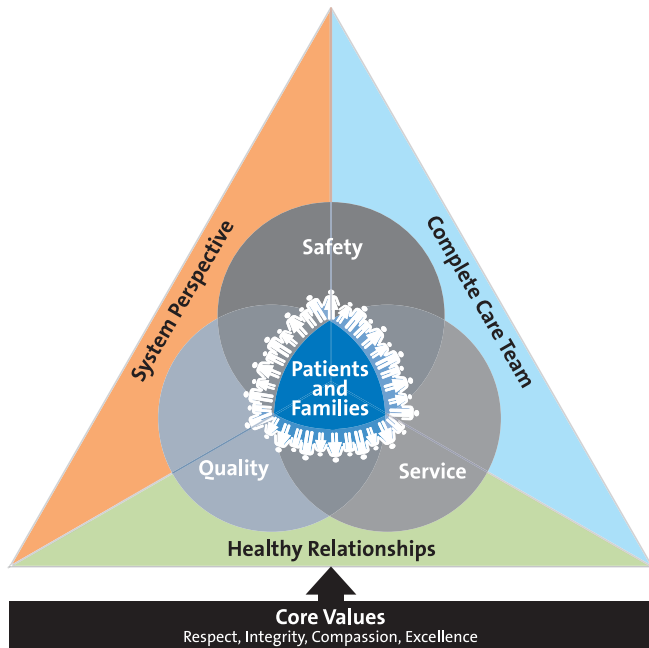
**BLACK & WHITE - DNR**





At Premier Health, our patients and their families are at the center of all that we do. We recognize that our actions and behaviors impact our patients, so we strive to provide excellence in every patient interaction. All positions within Premier Health adhere to this philosophy.

## Patient Experience Starts with Me...Every Person, Every Time.



- Patients and Families are the center of all that we do... they are the only reason we are here and why *you* are able to have this experience.
- You will have the opportunity to interact with patients, families, and many staff members.
- Your facial expressions, speech, the way you interact, and how you present yourself *all* have an effect on the Patient's Experience, whether you know it or not.
- Therefore, please act as you would if it were your own family member in that patient's place.



**We all impact Patient Experience—the complete care team includes everyone from the storeroom to the boardroom.**



# Patient Rights and Responsibilities

Health care is a shared experience involving patients and their families and those who provide care. Premier Health facilities and employees recognize the personal worth and dignity of each patient. Your patient rights and responsibilities are offered as an expression of our philosophy and commitment to you.

## Patient Rights

1. You have the right to considerate, respectful, and responsive care. You have the right to medical treatment regardless of your age, race, color, national origin, religion, language, sex, gender identity or expression, sexual orientation, disability, socioeconomic status, or sources of payment for care.
2. You have the right to receive the visitors whom you designate (or your support person designates, as appropriate) including, but not limited to, a spouse, a domestic partner, another family member, or a friend. You may also deny or withdraw consent of a visitor or visitors at any time. Premier Health hospitals do not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. Please note that Premier Health hospitals may limit visitors at times for clinical and safety reasons as appropriate.
3. You have the right to respectful consideration of your psychosocial, spiritual, and cultural values, needs, and preferences. You have the right to request and receive pastoral/spiritual care services.
4. You have the right to prepare a living will and/or appoint a surrogate to make decisions on your behalf in accordance with Ohio law. You have the right to present your advance directive (living will and/or health care power-of-attorney) at the time of admission and have hospital staff and practitioners comply with your directive to the extent permitted by law and hospital policy. Premier Health is opposed to and will not participate in assisted suicide and/or active euthanasia, nor will life-sustaining treatment be withheld or withdrawn in the presence of a viable fetus. Should you want to formulate your wishes through an advance directive during or after admission, you have the right to do so. To arrange for this, speak to your nurse or call the patient experience department (see phone numbers on reverse side).
5. You have the right to have your physician promptly notified of your admission to the hospital.
6. You have the right to have a family member or representative of your choice notified of your admission to the hospital upon request.
7. You have the right as a competent adult to be involved in all aspects of your care. If you are unable to make decisions for yourself, we will involve your surrogate decision maker, next-of-kin, or a family member as appropriate and allowed by law.
8. You have the right to and are encouraged to obtain timely, relevant, current, and understandable information concerning your diagnosis, treatment, and prognosis from your physicians and other direct care-givers.
9. You have the right to be informed about any proposed treatment options so that you understand the potential risks, benefits, and possible side effects of those options, the likelihood of achieving your goals, problems that might occur during recuperation, and alternative courses of treatment and their associated risks, benefits, and side effects as well as the risks of not receiving treatment before making decisions about your medical care.
10. You have the right to be informed about the outcomes of care, treatment, and services, including unanticipated outcomes, that you need to know about in order to participate in current and future health care decisions.
11. You have the right to appropriate assessment and management of your pain consistent with accepted medical standards.
12. You have the right to know the name of the physician who has primary responsibility for your care as well as the names of other professionals responsible for authorizing and performing treatments.
13. You have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of your refusal. This refusal includes, but is not limited to, experimental research.
14. You have the right to a reasonable response to your requests for hospital services within the available resources of the hospital based upon priority of need and continuity of care. This includes discharge planning services such as facilitating transfers to another medical or extended care facility.
15. You have the right to reasonable resources to facilitate effective communications, e.g., language interpreter, sign language interpreter, and devices to assist the hearing impaired.
16. You and/or your next-of-kin, or an appointed surrogate speaking on your behalf, have the right to request and participate in appropriate discussion of ethical concerns and issues related to your care. To arrange such discussion, speak with the nursing personnel caring for you or your loved one or call the patient experience department (see phone numbers on reverse side).
17. You have the right to confidentiality in regard to your medical record and care.
18. You have the right to personal privacy and safety including access to protective services should they be required, e.g., guardianship and advocacy services. You have the right to receive care in a safe setting free from all forms of abuse, harassment, neglect, or exploitation.

*continued on next page*

19. You have the right to be free from any form of restraint and/or seclusion that is not medically or behaviorally necessary. Restraint and/or seclusion may not be used as a means of discipline, coercion, convenience, or retaliation.
20. You have the right to know the rules that apply to your conduct and that of your family and visitors while you are a patient at any Premier Health hospital.
21. You have the right to access, request amendment to, and obtain information on disclosures of your health information in accordance with hospital policy and as allowed by law and regulation.
22. You have the right to receive upon request a detailed explanation of your charges and bills for medical services and treatment. You have the right to ask and be informed about the existence of business relationships among hospitals, educational institutions, and other health care providers or payers that may influence your care.
23. You have the right to receive a copy of the hospital's nursing staffing plan on request.
24. You have the right to express concerns about your care at any Premier Health hospital. Speak to your physician or the staff caring for you if you have any concerns about your care. If the issue is not resolved to your satisfaction, contact the patient experience department (see phone numbers below) to speak to a patient experience representative. Your concerns will be heard, investigated, and responded to in a timely manner.

**Patient Experience Department Phone Numbers**

Atrium Medical Center	(513) 974-5072
Miami Valley Hospital	(937) 208-2666
Miami Valley Hospital North	(937) 208-2666
Miami Valley Hospital South	(937) 208-2666
Upper Valley Medical Center	(937) 440-4714

You also have the right to file a complaint with The Joint Commission which accredits all Premier Health hospitals or the Ohio Department of Health, regardless of whether you choose to first use the Premier Health hospital complaint process. Complaints may be forwarded to The Joint Commission using any of the options below:

- At [www.jointcommission.org](http://www.jointcommission.org), using the "Report a Patient Safety Event" link in the "Action Center" on the home page of the website
- By fax to (630) 792-5636
- By mail to The Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181
- More information on how to file a complaint is available on The Joint Commission's patient safety event phone line at (800) 994-6610

Complaints may be forwarded to the Ohio Department of Health as follows:

Email: [HCComplaints@odh.ohio.gov](mailto:HCComplaints@odh.ohio.gov)  
 Phone: (800) 342-0553  
 Fax: (614) 564-2422

Mail: Ohio Department of Health  
 Complaint Unit  
 246 North High Street  
 Columbus, OH 43215

**Patient Responsibilities**

1. You have the responsibility to make informed decisions about your health care. This includes seeking and considering the information provided by your physician and other caregivers.
2. You have the responsibility to provide accurate and complete information about all matters relating to your health.
3. You have the responsibility to inform the hospital staff and your health care providers about the existence of any living will and/or health care power-of- attorney that you have prepared and to present these documents so that they are readily available and can be included in your medical record.
4. You have the responsibility to report any changes in your condition to your physician and/or the nurse caring for you.
5. You have the responsibility to follow treatment plans and instructions recommended by your physician. This includes your responsibility to ask questions when you do not understand the plan of care or instructions given to you. If you choose not to follow instructions, you are responsible for the outcome.
6. You have the responsibility to cooperate with the hospital staff caring for you and to ask questions when you do not understand instructions, need clarification, or have concerns about your plan of care.
7. You have the responsibility to express any concerns that you have about your hospital care. Speak to your physician, the staff caring for you, or call the patient experience department (see phone numbers on this page) to express and discuss concerns about your care.
8. You have the responsibility to abide by the rules that apply to your conduct and that of your family and visitors while you are a patient at any Premier Health hospital. You also have the responsibility to be considerate of the hospital's staff and property as well as other patients and their property, privacy, and confidentiality.
9. You have the responsibility to ensure payment of your bill(s) for care and treatment received. This includes the responsibility to cooperate with appropriate hospital staff to provide accurate information for processing insurance forms and other payment processes.
10. You have the responsibility to send valuables home with your family/friends or to secure them in the hospital safe by notifying your nurse while you are a patient at any Premier Health hospital.



# Safety Codes, Numbers, and Your Role...

Use the following facility phone numbers when reporting an emergency.

**Offsite Locations** – Ask your preceptor for emergency code number.

**SAFETY CODES** – Listen to **What** code is called and **Where** it is. Individuals participating in a job shadowing experience are required to be aware of these emergency codes.

EVENT	CODE
Fire	Code Red
Child/Infant Abduction	Code Adam
Bomb Threat	Code Black
Severe Weather/Tornado Warning	Code Gray
Hazardous Material Spill	Code Orange
Medical Emergency – Adult	Code Blue
Medical Emergency – Pediatric	Code Pink
Disaster	Code Yellow
Crisis Prevention Intervention/Violent Patient	Code Violet
Active Shooter/Person with Weapon/Hostage	Code Silver
Missing Adult Patient	Code Brown

**In case of emergency, call:**  
 Atrium ..... (513) 974-5555    Satellites ..... 911  
 MVH ..... (937) 208-3333    Austin EC ..... (937) 388-7920  
 MVHN ..... (937) 734-3333    Beavercreek EC ... (937) 797-6420  
 MVHS ..... (937) 438-2411    Jamestown EC .... (937) 374-5370  
 UVMC ..... (937) 440-4444

**R.A.C.E.** Rescue Alarm Contain Extinguish/Evacuate  
**P.A.S.S.** Pull Aim Squeeze Sweep  
**S.D.S.** Safety Data Sheet  
**Run-Hide-Fight** Active Shooter Response

**ATRIUM MEDICAL CENTER**

EVENT	CODE
Fire	Code Red
Child/Infant Abduction	Code Adam
Bomb Threat	Code black
Severe Weather/Tornado Warning	Code Gray
Hazardous Material Spill	Code Orange
Medical Emergency – Adult	Code Blue
Medical Emergency – Pediatric	Code Pink
Disaster	Code Yellow
Crisis Prevention Intervention/Violent Patient	Code Violet
Active Shooter/Person with Weapon/Hostage	Code Silver
Missing Adult Patient	Code Brown

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**P.A.S.S.** Pull Aim Squeeze Sweep  
**S.D.S.** Safety Data Sheet  
**Run-Hide-Fight** Active Shooter Response

**MIAMI VALLEY HOSPITAL**

EVENT	CODE
Fire	Code Red
Child/Infant Abduction	Code Adam
Bomb Threat	Code Black
Severe Weather/Tornado Warning	Code Gray
Hazardous Material Spill	Code Orange
Medical Emergency – Adult	Code Blue
Medical Emergency – Pediatric	Code Pink
Disaster	Code Yellow
Crisis Prevention Intervention/Violent Patient	Code Violet
Active Shooter/Person with Weapon/Hostage	Code Silver
Missing Adult Patient	Code Brown

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**UPPER VALLEY MEDICAL CENTER**

**MISSION**  
 We care. We teach.  
 We innovate. We serve.

**VALUES**  
**I.C.A.R.E.**  
 Integrity  
 Compassion  
 Authenticity  
 Respect  
 Excellence

**VISION**  
 To inspire better health

**COMMITMENTS**  
 Safety, Presence,  
 Understanding

**ATRIUM MEDICAL CENTER**

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**UPPER VALLEY MEDICAL CENTER**

# Infection Prevention

## Hand Washing Must Occur...

- Before entering a patient room and upon leaving the room (even if not planning to touch patient or anything) This includes job shadowing participants!
- Before eating or drinking
- After using the restroom
- Before touching a patient
- After contact with an inanimate object in the immediate vicinity of the patient



## Biohazard Waste

- Biohazard waste is disposed of in **RED BAGS**
- Examples of biohazard waste:
  - Disposable items dripping or caked with blood
  - Disposable items that are able to release blood if compressed/squeezed, including peri pads in OB
  - Liquid excretions in disposable items (e.g. nasogastric suction fluid)
- Examples of what does not go in biohazard bags:
  - Food or food/drink containers
  - Newspapers, paper, regular trash

## How Can You Protect Yourself?

- Use personal protective equipment per policy and as advised by your preceptor
- Wash your hands frequently, before and after patient contact and as instructed
- Follow policy and protocol...if in doubt, ask your preceptor

## What Do You Do If An Exposure Occurs?

- **Do Not** wait until the end of your shift/time to report an exposure!
- Wash the area with soap and water **IMMEDIATELY!**
- Report the incident to your preceptor and follow policy for the next steps to take.

# Patient Experience Tools

Ensuring that our patients have the best possible experience is a top priority at Premier Health. Below is a brief description of some of the tools we use to promote consistent and excellent care.



## AIDET

The tool we use to ensure that consistent introductions are used each time a staff member or student enters a patient room is called AIDET. Using AIDET consistently helps minimize patient and family anxiety.

### A — Acknowledge

Always personally engage the patient, family and member of the care team at the bedside; make eye contact and be present.

### I — Introduce

Always introduce yourself; identify who you are, state your credentials, and explain the purpose of your visit.

### D — Duration

Always explain approximately how long it will take you to complete your task.

### E — Explanation

Always explain what you are going to do and answer any questions the patient may have.

### T — Thank You

Always thank the patient with compassion and empathy—and let them know how much we appreciate the opportunity to care for them.



## Bedside Handoff

All RNs and PCTs give report at the bedside. Doing so allows the patient to hear that you are transitioning their care appropriately; it also allows the patient to comment and ask questions, engaging them in their own care. It is the expectation for all nursing students to make every effort to be part of bedside handoff. This will allow the patient to see that you are partnering with their nurse in their care.



## Hourly Rounding

It is our expectation that each patient will be rounded on every hour. Please check with your RN to determine if you should round on even or odd hours. When conducting hourly rounding, please do the following every time you enter a patient's room:

- Use AIDET
- Use the key phrase “hourly rounding” when interacting with the patient to help the patient remember they were checked in on every hour. (i.e., “Mr./Mrs. \_\_\_\_\_? I am \_\_\_\_\_, a nursing student from \_\_\_\_\_. I am here to do my hourly rounding on you.”)
- Conduct the following assessments every time you enter the room:
  - Assess 3 Ps
    - 1. Pain**—Use the pain scale (check with RN if treatment is required)
    - 2. Potty**—Does the patient need assistance with the bathroom? Is the urinal within reach?
    - 3. Position**—Does the patient need assistance with turning or positioning?
  - Assess other things, such as: filling water pitcher, adjusting pillow/blankets, etc.
  - Assess environment: clean up, clear clutter, check floor for cords and debris, make sure call light/phone is within reach, etc.
- Ask, “Is there anything else that I can do for you? I have time.”
- Tell the patient “Myself or another member of your care team will return in about an hour. If you have an immediate concern before then, please use your call light.”
- Document—create your accountability. If you did not chart your rounding, then it was not done.



**Attestation:**

I have reviewed the information in the observation brochure and agree to abide by its contents.

Observer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Security and confidentiality are matters of concern for all persons who have access to Premier Health data and protected health information. Each person accessing Premier Health data and resources holds a position of trust relative to this information and must recognize the responsibilities entrusted in preserving the security and confidentiality of this information. Therefore, all persons who are authorized to access data and resources through all of the Premier Health information systems, access protected health information in any form (electronic, written, verbal), or through personal observation must read and comply with the confidentiality and security policies of Premier Health.

**As a condition to receiving access to the information systems(s), I agree to comply with the following terms:**

- I will not access or request data on patients for whom I have no business or job-related reason. In addition, I will not access any other confidential information, including financial or protected health information, whether written or electronic.
- I understand that the information access through the Premier Health system(s), medical records, or any other method of recording patient information contains sensitive and confidential protected patient health information, business, financial and employee information that should only be disclosed to those authorized to receive it.
- I will respect the confidentiality of any protected health information, whether on computer, written, or oral, or reports printed from the Premier Health system(s); and I will handle, store, or dispose of these records in accordance with the HIPAA regulations.
- I will not intentionally damage, corrupt, or inappropriately delete or destroy any data, protected health information, or computer programs.
- I will comply with all policies and procedures and other rules of Premier Health relating to confidentiality of information and login codes to the best of my ability.
- I will not serve as an Attorney in Fact or as Power of Attorney of health care for a patient and/or client of Premier Health unless the patient and/or client are related to me by blood, marriage, or adoption.

It is the legal, moral, and ethical duty of Premier Health and its employees to assure a patient’s privacy and hold in strictest confidence any and all information concerning the patient and his/her family. No employee shall actively seek to obtain any information regarding patient’s illness beyond that which is necessary to carry out assigned tasks.

I understand that my use of the Premier Health computer system(s) will be regularly monitored to ensure compliance with the agreement. I further understand that if I violate any of the above terms, I may be subject to disciplinary action, up to and including termination of contact or any other remedy available to Premier Health.

Observer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_