



UNDERGRADUATE NURSING STUDENT PRECEPTED HANDBOOK

2020

OUR VALUES



- SELFLESS SERVICE
- PASSIONATE ADVOCACY
- COMMITMENT TO EXCELLENCE
- UNWAVERING INTEGRITY

OUR MISSION

To make life better for children.

OUR STRATEGIC PRIORITIES



- Efficiency >
- Growth >
- People >
- Quality >





Welcome to Children's Health! We want you to have an enjoyable and educational experience while you are with us. **Please review the information contained in this handbook prior to starting your rotation/unpaid internship.** It will assist you as you are in our facility and contains valuable information that you will need during your student rotations at Children's.

Our System

Children's HealthSM traces its origins to the spring of 1913 when a group of nurses led by public health nurse May Forster Smith organized the Dallas Baby Camp, an open-air clinic, on the lawn of the old Parkland Hospital. After a few years, the Dallas Baby Camp grew into the Bradford Hospital for Babies. In 1948, the Bradford Hospital for Babies joined with Children's Hospital of Texas and Richmond Freeman Memorial Clinic to become Children's Medical Center Dallas.

Over 100 years later, we've continued to grow as our "right care, right place, right time" approach to health care required an increase in our geographic reach through growth of our hospital network and expansion of our continuum of care. Today, the Children's Health system includes two full-service hospitals, multiple specialty centers, a long-term care and rehabilitation clinic, and a network of primary care offices.

Our Hospitals

Among all our campuses, Children's Health is licensed for 616 beds, including 490 beds at the main campus in the Southwestern Medical District near the heart of downtown Dallas, and 72 beds at Children's Medical Center Plano and 54 beds at the Our Children's House facility in Dallas. Among all our facilities, we receive nearly 800,000 patient visits annually, from all 50 states and around the world.

Our pediatric intensive care unit is one of the largest in Texas, and our dedicated pediatric cardiac ICU is the largest heart center for children in North Texas.

- 71 dedicated pediatric intensive care unit beds
- 22 state-of-the-art pediatric operating rooms
- 20 dedicated pediatric cardiac ICU beds
- 2.6 million square feet across our campuses

Specialty Care Centers

Our [Children's HealthSM Specialty Centers](#) bring nationally-recognized pediatric care close to home for families. Offering a wide array of outpatient pediatric specialties, outpatient surgery, lab services and rehabilitation, Children's HealthSM Specialty Centers have a wealth of resources under one roof.

You can find more information at Childrens.com

Thank you for choosing our hospital and helping to make life better for Children!

Sincerely,
Student Services



Student Services
A division on Human Resources
O: 214-456-1901
E: studentservices@childrens.com

1935 Medical District Drive | Mailstop ST6.01 | Dallas, TX 75235

Follow Children's HealthSM www.childrens.com

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NURSING STUDENT REQUIREMENTS

- If your school works with Children's Health to set up your student rotation; your clearance requirements are provided by the school. Your instructor may ask you to complete some paperwork.
- If you are working independently to set up your precepted shifts, you will need to review the clearance requirements for students in the Student Handbook found at this [link](#) and then under **Resources**.
- All information & paperwork is sent to NursingStudentPaperwork@childrens.com.
- All requests for student placements are entered into the CCPS system or sent to NursingStudentRequest@childrens.com

THINGS TO KNOW BEFORE THE FIRST SHIFT

This opportunity to complete your school course work at our facility is a privilege. This is an independent work-study of sorts and you will need to **work independently** to gain clearance, get a badge, and contact your preceptor for a schedule. Ask if you don't understand the requirements along the way. Your school instructor is your first contact for questions, otherwise you may contact the Clinical Educator on the unit or Ginger Nelson, Team Leader Clinical Education at 214-456-4425 or Virginia.Nelson@childrens.com.

You will be given one preceptor and the expectation is that you work your schedule out to complete the required number of hours by choosing dates to work with that one preceptor. You are not to work with other RNs on the unit unless previously approved by the Clinical Educator, the unit charge RN, or Ginger Nelson.

STUDENT ROTATION GUIDELINES AT CHILDREN'S

- Children's picture ID must be always worn
- Children's Dress Code policy should be followed always
- Students must pick up your student badge prior to starting your rotation
- Personal cell phones are not allowed on the units

End of Rotations:

- Badges must be returned to the Badge Office at the end of your rotation
- Students should complete end of rotation surveys - Hosting departments will provide students information on how to complete survey

CHECKLIST OF THINGS TO DO BEFORE THE FIRST SHIFT

- Review this Student Handbook
- Receive clearance email from Nursing Student Request
- Make an appointment with the Badge Office to pick up their badge. Take a copy of the clearance email to the appointment.
- Get your network/ Epic login credentials over the phone. The student can call the Service Desk at 214-456-4357 when they are at a computer to verify their ID and set up the login
 - **Ask for both your Cornerstone access and your network access.** If you have any issues, see the Appendix for troubleshooting.
 - Students will need their **Lawson ID** when they call the Service Desk.

The ID can be found on the clearance email. The student should write down and memorize this number for the entire semester— they will need this number if they have to call the Service Desk in the future.

- Download DUO from the App store



- Sign-in to Cornerstone and complete the online training assigned
 - The student then completes the **CH – EPIC Inpatient – Precepted Student Nurse** (curricula) independently (at home or at school)
- Contact preceptor to make schedule; arrange a place to meet on first shift
- Ensure that your patient documentation is always [co-signed](#) at the end of each shift

IDENTIFICATION BADGES

- Students must pick up the student badge prior to starting the clinical rotation.
- If a student is also an employee of Children’s, they must wear a student badge when they are here for clinical rotations. They may not wear their employee badges when they are here as a student.
- A government-issued photo ID must be presented for students to receive a badge.
- Identification badges may be obtained at either Children’s Medical Center of Dallas for Dallas based clinical rotations (including Our Children’s House) or at Children’s Medical Center Plano for Plano based clinical rotations. See below for badge office locations and hours.
- **It is the student’s responsibility to make sure the badge is returned at the end of rotation.**
- If a student comes to the campus without a badge, the student will be required to purchase a replacement badge for a \$10 fee. On weekends, Security Dispatch issue replacement badges.

DALLAS BADGE OFFICE

- Identification badges must be obtained from Security Badge Office which is located on the **3rd floor of the Bright Building, E3010, at the Dallas campus.**
- Call 214-456-1370 for an appointment.
- Dallas Campus Badge Office Hours:
 - 7:30 am to noon, 1 to 4:30 pm, Monday through Friday
 - The Badge office is closed from 12-1 daily for lunch and closed on Sat/Sun & holidays

DALLAS CAMPUS PARKING

- Students and instructors do NOT have access to use the employee parking or visitor parking garages.
- Park in the flat lot located off Medical District Drive (Across from Purple Parking garage)
- You will pull a visitor parking ticket on your first day and then badge out after you get your

badge

- After first day students must badge in and out of this this parking area
- If you park anywhere else on campus you will pay for parking

PLANO BADGE OFFICE

- The Badge Office is in the Security Office within the Central Plant Building, R1808. (This building is located across from the Emergency Department entrance).
- Call 469-303-1370 for an appointment.
- Plano Campus Badge Office Hours:
 - 6:00 a.m. to 2:00 p.m. on Monday and Friday
 - 7:00 a.m. to 3:00 p.m. on Tuesday, Wednesday, and Thursday
 - The Badge Office is closed from 12-1 daily for lunch and closed on Sat & Sun

PLANO CAMPUS PARKING

- Students can park in the Northeast employee lot or at the back of any lot on campus.

INFORMATION FOR PRECEPTORS

All student documentation will need to be **co-signed** by the preceptor at the end of each shift. If you are unfamiliar how to do this, please ask the Clinical Educator on your unit or review the quick reference resource on the [Nursing Student website](#) under **Resources for Senior-level Precepted Students**.

The student has been assigned to one preceptor. They should complete the required number of hours working with you. If you trade a shift, be sure to notify the student that you have traded and they will either trade the shift also or choose another shift that you are working. If you are unable to come to work and call-in on a shift that the student is scheduled to work with you, please call the student also. They shouldn't work that shift with anyone else; they will need to choose another shift. If there are problems or concerns that a student is not able to get the required number of hours, please contact the Clinical Educator or Ginger Nelson and we could discuss assigning an additional preceptor.

You should be with the student at all times. Engage them in the work that you are doing; watch them perform skills, assessments, and tasks. Explain and teach patient diagnosis and treatment plans. Encourage them to research on their own or review the patient chart. As time progresses, they will become independent in some tasks (similar things that a PCT can do independently). The goal is to work from simple to complex in tasks, skills, and time management. By the end of the student program, the student should have progressed to be able to take care of about a 3/4 average new graduate RN assignment on your unit (2-3 patients).

Review the list of skills/tasks that students are not allowed to do in our facility. The student is never to administer medications independently. Students do not have a license or access to document on the MAR. Students can do calculations and prepare medications for administration under the supervision of the RN preceptor.

At the end of the clinical rotation, the student turns their student badge in to the Badge Office. If the Badge Office is closed, please turn in your badge to the Security Department.

PATIENT CARE

Preceptors must remain with the student for all assessments and interventions with the patient. If a student has been validated on routine tasks such as taking vital signs & collecting I/O then the student may complete those tasks independently within the comfort level of the preceptor.

- **Unit Staff**

- Student should be familiar with roles on the unit:
 - RN
 - Resident, Hospitalist, Nurse Practitioner
 - HUC (Health Unit Coordinator)
 - PCT (Patient Care Technician)
 - MA (Medical Assistant in the clinics)

- **Infection Prevention**

- Hand hygiene is the single most important intervention to prevent the spread of infection. Practice hand hygiene prior to and following all contact with patients and the patient environment. Alcohol hand gels are located at the exit of all patient rooms and throughout the hospital.
- Standard precautions should always be observed on all patients. In addition to Standard precautions, the patient may require transmission based precautions. They include:
 - Contact
 - Droplet
 - Airborne
- Isolation signs are located outside the rooms of applicable patients. Strict compliance is expected.
- Personal protective equipment including gloves, impervious gowns, mask, and masks with shields are available for your use.
- Eating and drinking are not allowed in patient care areas or nurse's station.
- Isolation policies available via policy tracker.

- **Change of Shift Report**

- Bedside report is given by the off-going RN in a standard format (ISHAPED)
- The patient and family are encouraged to be a part of the change of shift report

- **Vital Signs**

- Temperature – check with preceptor on the following
 - Thermometer types
 - Routes and contraindications
 - Temp $\geq 38.5^{\circ}$ usually treated, rechecked every hour until normal
- Pulse for patients less than 2- count an apical pulse for 1 minute
- Respirations for patients less than 2 – use stethoscope to count for 1 minute; assess breath sounds and quality of respirations
- Blood Pressure
 - Select appropriate cuff size – appropriate to limb size
- Pain Assessment
 - FACES Scale
 - FLACC Scale
 - Numeric Scale (0-10)

- **Neuro Checks**

- Include pupils, motor strength, sensation, level of consciousness, verbal responses
 - **Weights**
 - Accuracy is **essential** for correct medication dosing
 - Recorded under Measurement on Vital Signs Flowsheet
 - Time of day varies by unit
 - **Cardiac/Apnea Monitors**
 - Ordered by providers
 - Unit protocols
 - **Beds/Baths**
 - Unit routine
 - **Patient summary – Contains important patient information. View only.**
 - **Student Documentation**
 - As the student logs in, they will assign the preceptor for the shift as a co-signer on their documentation
 - The student can chart on all flowsheets.
 - The preceptor must co-sign the documentation by the end of the clinical shift.
 - **Patient Education**
 - All patient education must be done in collaboration with the patient's nurse
 - Student nurse does not have access to patient education documentation tabs
 - **Dietary**
 - Formula
 - Obtaining special formula
 - **Calorie Count**
 - Record exact amount and type of P.O. intake
 - **Intake and Output**
 - Routine vs. Strict - discuss differences in output recording
 - Weighing diapers - discuss technique with preceptor
 - Flowsheet - discuss procedure for charting
 - Parent I & O sheet at bedside - must transcribe information to patient care flow chart and document prior to patient's discharge
 - **Miscellaneous**
 - Treatment Room (TR) – For all invasive procedures (IV's, LP's, bone marrows)
 - **Discharge**
 - All patient discharge education must be done in collaboration with the patient's nurse
 - Nursing student may reinforce discharge teaching
-

SPECIAL CONSIDERATIONS

Intravenous Lines (Students are to work with PERIPHERAL LINES ONLY. CENTRAL VENOUS CATHETERS INCLUDING PICCs should be managed by the preceptor with the student observing)

- **Basic considerations**
 - Clinical Practice Policy #4.41 [Peripheral Intravenous Management](#)
 - Emphasize necessity of **IV site assessment and documentation every hour and prior to IV medication** administration
 - Infusion pumps (Alaris)

- **IV Solutions**
 - Non-compounded fluids expire in 96 hours; 24 hours if compounded (medication added to solution).
 - Check IV solutions with initial assessment of patient
 - Most IV medications arrive *ready to administer* and do not require dilution
 - Refer to online formulary for additional information

- **IV Tubing**
 - Consult Attachment C in the PIV Management policy.
 - Document tubing change in EPIC, including date and time.
 - Label tubing

- **Rates**
 - KVO orders not accepted; rate must be specified
 - IV rate and IV site are to be visualized and documented every hour

- **Troubleshooting**
 - Ensure site is visible
 - Tape – change when soiled
 - Review signs of infiltration and phlebitis – if infiltration occurs or is suspected, notify patient’s nurse immediately; an incident report is required.

Medications

- **Preceptors must be present when students assist with medication administration.**
- **Basic considerations**
 - Medication Management Policy #1.10.01 [Medication Administration](#)
 - Implications of medication administration in the infant and child
 - Accessing Children’s Drug Formulary
 - Verify patient identification via ID band on the patient
 - Handheld device (Rover) verifies medication label against the provider orders
 - Students may not be a second verification for any high alert medications.
 - Any dosages of insulin, digoxin, schedule II narcotics, neuromuscular blocking agents, heparin (therapeutic), or others must be verified by two RNs

STUDENTS MAY NOT:

- Provide care to, or document on, patients that are undergoing procedural sedation (moderate sedation for a procedure that requires specific monitoring & documentation). Student may assist nurse with care of sedated patients.
- Delegate to unlicensed assistive personnel (MA's techs, etc.)
- Start IVs
- Administer chemotherapeutic drugs
- Transcribe orders
- Count narcotics
- Initiate administration of blood or blood products
- Monitor patients receiving blood or blood products
- Witness informed consents
- Participate in Advanced Life Support
- Take care of any patients in airborne isolation as they are not fitted for respirator masks
- Take verbal orders
- Access Central Line Venous Catheters (CVCs) or change CVC dressing (including PICC lines)
- Administer breast milk independently. In addition, breast milk must be obtained and logged in by staff RN only

Nursing Units may have patient diagnoses that students may not care for. Obtain this information from the unit educator.

Procedures not included on this list (e.g. suctioning, tracheostomy care, urinary catheter insertion) may be performed by students only with the assistance of their preceptor.

ATTENTION: The following pages includes information on major initiatives in place at Children's. Please familiarize yourself with these initiatives and practice them while you are a student at Children's.

EMERGENCY EVENT - PLAIN LANGUAGE CONVERSION FROM CODES

Background

The purpose of Plain Language is to establish a common language and communication system for our staff, patients, and visitors. It also allows Children's to use a common language to communicate with local emergency management, law enforcement, emergency medical services, fire departments, public health agencies, and other public organizations which may be involved during emergencies.



Plain Language means explicitly describing a situation rather than using codes. For instance, if you are reporting a fire to the incident commander, say you have a fire in the operating room. Don't say "Code Red in the OR."

Using Plain Language rather than hospital codes can reduce miscommunications and even decrease response times, and in an emergency, a faster response can save lives.

IMPORTANT: Plain Language does not change how you respond to an alert or emergency. The only difference is how you communicate.



Emergency Event	Current Emergency Event Notification	New "Plain Language" Emergency Notification & Response
High Census	Code Yellow + Descriptor + Location	Facility Alert - High Census + Location
Contaminated Patients	Code Yellow + Decontamination Team Activated + Location	Facility Alert - Decontamination Team Activation + Location
Disaster	Code Yellow + Descriptor + Location	Facility Alert - Disaster Plan Activated + Descriptor + Location
Fire	Code Red + Location	Facility Alert - Fire Alarm Activation + Location
Hazardous Release	Currently we do not announce over head	Facility Alert - Hazardous Release + Location
Evacuation	Currently we do not announce over head	Facility Alert - Evacuation + Descriptor + Location
Medical (NO CHANGE)	Currently we do not announce over head	Medical Alert - Code Blue + Location
Active Shooter	Code Silver - Active Shooter + Location	Security Alert - Active Shooter - Descriptor + Location
Hazardous Situation inside/outside the facility	Code Yellow - Lockdown/Lockout + Location	Security Alert - Lockdown/Lockout - Descriptor + Location
Missing/Abducted Child	Code Pink - Description of child + Location	Security Alert - Missing/Abducted Child - Descriptor + Location
Severe Weather	Code Gray - Severe Weather + Location	Weather Alert - Severe Weather + Location
Tornado Warning	Code Black - Tornado Warning + Location	Weather Alert - Tornado Warning + Location
Snow/Ice	Inclement Weather + Location	Weather Alert - Snow/Ice + Location

updated 9/2017 jmh

Patient Safety Toolkit



Commitment

Related Tool

Everyone Makes a Personal Commitment to Safety

"We do the Right Thing"

**Unwavering integrity
Selfless Service**

Everyone is Accountable for Clear and Complete Communication

"We are One Team"

Commitment to Excellence

Everyone Supports a Questioning Attitude

"We Get Results"

**Commitment to Excellence
Passionate Advocacy**

1. **AIDET** - Always introduce yourself and know who you're working with

2. **ARCC** for team member checking and coaching
Ask a question
Request a change
Concern – voice a concern
Chain of Command

1. Use **SBAR** to communicate concerns requiring action
Situation: What is the problem, Patient or project?
Background: What is important to know?
Assessment: What is your evaluation?
Recommendation: What action needs to take place?

2. **3-Way communication** with 1 or 2 clarifying questions to confirm and communicate routine, but important information. A clarifying question can be numeric (15: one-five) or phonetic (alpha, beta)

1. **QVY** – Question and confirm when you're unsure about something.
Qualify the source (do I trust this source)
Validate the content (does it make sense to me)
Verify your action (check it with an expert)

2. **Stop and resolve** – Don't proceed in the face of uncertainty

3. Pay attention to detail using **STAR**
Stop
Think
Act
Review

3. Use a **Standardized Handoff** method to transition assignments

AIDET

AIDET is a framework for staff and students to communicate with patients and their families as well as with each other. It is a simple acronym that represents a very powerful way to communicate with people who are often nervous, anxious and feeling vulnerable. AIDET is not applied in the same way every time you encounter a patient or family member. Customize AIDET to achieve the desired outcomes of reduced anxiety, improved trust, enhanced understanding, and improved overall customer satisfaction.

Acknowledge to reduce anxiety and build a good working relationship

- Knock, asking permission to enter
- Smile, make eye contact, greet pleasantly

Introduce to reduce anxiety and help them feel that they are in good hands

- State name and role at Children's
- Highlight skill and expertise (certs, years) of self/ others the customer will encounter

Duration to ease tension and stress caused by wait times

- Share wait times, procedure time expectations

Explanation to increase compliance in following instructions and guidelines

- Explain all processes and procedures
- Provide clear expectations

Thank you to foster an environment of gratitude and to identify additional needs

- Express appreciation for their cooperation, time, and/or entrustment of care
- Ask what else you can do

ALWAYS:

- Listen to what the customer is saying
- Ensure body language is relaxed, calm, open and non-threatening (don't seem rushed)
- Use appropriate emotions such as empathy, enthusiasm, positive attitude, and warmth

SURVEY READINESS

The Joint Commission regulations must be adhered to always. **With tracer methodology, any staff member or student could be asked questions related to the care of their patients.** To be ready always for the possibility of a survey and to maintain patient safety, Instructors and students should review the following questions and answers.

What is the orientation process for Instructor and students?	<i>Prior to rotation, students must review a standard hospital orientation that includes information on HIPPA, Compliance, Safety, and Infection Control. Instructor then completes 8 hours of orientation/re-orientation to their assigned units each year. This includes time with the educator and staff reviewing unit routines, documentation, and equipment. Hosting department's employee(s) are responsible for orienting the students to their department and hospital.</i>
Where are policies located?	https://childrens.policytech.com/
What do you do in case of fire?	<i>Rescue—rescue anyone in immediate danger Alert—report a “Code Red” by pulling the closest fire alarm or by dialing 33333 Confine—confine the fire Extinguish—extinguish the fire <u>To operate the fire extinguishers:</u> <i>P—pull the pin A—aim at the base of the fire S—squeeze the trigger S— sweep</i></i>
What is your responsibility in the event of a code? (Excluding Code Blue)	<i>Always report to the charge nurse for instructions. If off the unit, immediately return.</i>
Where to find the Patient's Bill of Rights?	<i>In all patient care areas and Admitting</i>
What do you do in the event of an unusual incident?	<i>Inform the patient's nurse and charge nurse. Consult with charge nurse on whether to complete an e-set (incident report) and how to document the event in the patient's chart.</i>
What do I do with malfunctioning equipment?	<i>Always notify the charge nurse. Equipment such as catheters, NGTs, etc. should be saved and placed in a bag and sent to Risk Management along with the e-set report. For pumps, monitors etc., complete a BioMed repair tag (found in the dirty utility room) and attach to the piece of equipment, then call BioMed for pick-up.</i>

HIPAA Highlights for Students

(The Health Probability & Accountability Act)

- All Students are responsible for ensuring they understand HIPAA and how it applies to them as a student during their rotation
 - Students completed CART training as part of their rotation requirement
 - Information in this document was pulled from **CH – CART: HIPAA Privacy v8.0** and is not meant to replace CBT
 - **If you email anything containing patient information (PHI) it must be sent securely.**

<h3 style="color: #4F81BD;">What Forms of Information are Protected by HIPAA?</h3> <p>HIPAA's privacy provisions apply to protected health information in "any form or medium." This includes electronic, hard-copy (paper) and verbal communications. If it's health data, and it's identifiable, it's protected!</p> <div style="display: flex; align-items: center;">  <div style="background-color: #FFD700; padding: 5px;"> <p>Remember</p> <p>Any form or medium of health information includes the following:</p> <ul style="list-style-type: none"> • Paper and electronic records • Faxes • E-mails • Verbal exchanges <p>DO NOT discuss identifying information about a patient in the elevator, cafeteria or hallway.</p> </div> </div>	<h3 style="color: #4F81BD;">Key Points to Remember</h3> <ul style="list-style-type: none"> • HIPAA provides all patients the right to control access to personal health information. • HIPAA identifies the protected information by the covered entities and their business associates. • Three basic rules will take you a long way: <ul style="list-style-type: none"> • Use or disclose health information only for legitimate work-related purposes. • Limit uses and disclosures to the minimum necessary to achieve goals. • Exercise reasonable caution, at all times, to protect the health information under your control.
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What forms of Information are Covered by HIPAA?

Identifiers

The following identifiers are protected by HIPAA when information is created or held by a covered entity or business associate.

<ul style="list-style-type: none"> • Name • All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code • All elements of dates (except year) for dates that are directly related to an individual • Telephone numbers • Fax numbers • Email addresses • Social Security Numbers • Medical record numbers • Health Plan beneficiary numbers • Account Numbers 	<ul style="list-style-type: none"> • Certificates/license numbers • Vehicle identifiers (VINs) and serial numbers, including license plate numbers • Device identifiers and serial numbers • Web universal Resource Locators (URLs) • Internet Protocol (IP) addresses • Biometric identifiers, including finger and voice prints • Genetic information • Full-face photos and comparable images • Any other unique identifying number, characteristic, or code
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Source: hhs.gov

Examples of Protected Health Information (PHI)

- An arm band with patient name and medical record number.
- An Excel file tracking patients' medical record numbers and drugs administered.

Acceptable Use of PHI (Protected Health Information)

If you are engaged in one of the following activities, you can safely access, view, and use PHI to carry out your work duties:

- Patient Treatment - caring for patients
- Payment Services - patient billing and collecting payments
- Healthcare Operations - teaching, patient satisfaction surveys, internal auditing

There are other circumstances in which you are permitted to access or share PHI without a patient's permission. Some additional rules may apply. If you are unsure about whether you can access or share the information, consult with your supervisor or the Privacy Office.



Only access PHI for work-related reasons. If you access PHI for reasons other than those necessary to perform your job responsibilities, you may be disciplined up to and including termination. You may not look up the patient information of family members (including children), friends, and co-workers for non-work related reasons.

Policy Links (Must be on Children's Health network to view):
 Clinical Practice #7.06 Research Policies | Administrative # 8.10 Health Information Uses and Disclosures | Administrative # 8.37 Glossary of Terms

A breach of HIPAA is grounds for immediate termination of rotation
If you have any questions, please discuss with your Hosting Department

2019 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

NPSG.01.03.01

Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01

Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01

Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01

Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01

Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks

NPSG.15.01.01

Find out which patients are at risk for suicide.

Prevent mistakes in surgery

UP.01.01.01

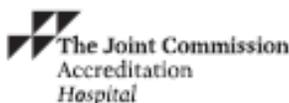
Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.



This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

Children's Medical Center Dallas
1935 Medical District Drive, Dallas
Located off I-35 (Stemmons Freeway), Exit Medical District Dr.



Children's Medical Center Plano

7601 Preston Rd, Plano



Our Children's House (Inpatient)



We are proud that Our Children's House is a part of Children's HealthSM.

Our Children's House (OCH) offers coordinated, comprehensive services for children with special health care needs. Patients include children from infancy through age 18 with developmental or birth disorders, traumatic injury and severe or chronic illness.

Inpatient programs include the feeding, rehabilitation, and pulmonary programs. Intensive day patient programs include the Day Feeding program, Day Neuro program, and Constraint Induced Movement day therapy.

Our specialty is transition to home, which includes patient and family education and discharge planning for complex patients.

In addition, Children's Health Specialty Clinics can help coordinate care, and offer developmental screenings and assessments, parent education and support, and physical, occupational and speech/language therapy. Families can also access outpatient feeding therapy, developmental therapy, and rehabilitation.

Our Children's House (Inpatient)

1340 Empire Central
Dallas, TX 75247
Phone: 214-867-6700

Parking is at an off-site location for students



WHERE: 1341 Mockingbird Lane (south on Brookriver). Spaces are marked for **Children's Health Parking**

HOW: A shuttle will run during the times below. The Shuttle will be waiting in the off-site parking lot in the mornings and at the OCH main entrance in the afternoon

M-F: 6:30 am – 9:30am and 3pm-8pm

- The two adjacent buildings have on site security and they do rounds at least hourly. CMC security will be rounding as well.
- There are several security cameras and additional lighting has been added just for us.
- This is within walking distance. If you need to leave in the middle of the day, it is a nice walk or a leader who is parked on site will give you a ride.

Children's Health Learning Center at Trinity Towers

2777 Stemmons Freeway (I-35E) in Dallas

Directions:

From the North,
on southbound Stemmons Freeway (I-35E), take the Inwood Road exit (432A) and continue on the service road to Trinity Towers at the corner of the service road and Inwood Road.

From the South,
on northbound Stemmons Freeway (I-35E), take the Inwood Road exit (432A) and continue on the service road to Inwood Road. Turn left on Inwood Road, then turn left at the southbound Stemmons service road. Trinity Towers is at the corner of the service road and Inwood road.



Parking:

Students attending classes in Children's Training Center **must park in the parking garage on the 2nd floor or above**. Once inside the garage you may park in any non-reserved space. If you arrive before 7:00 am or after 9:00 am, you will need to buzz the Security Desk and tell them you are here for a Children's sponsored class and they will let you in the gate.

You may not park in any of the flat 2 hour visitor parking. **If you park in the 2 hour visitor parking you will get a ticket.**

Inclement Weather:

In the event of poor weather conditions, please listen to the local news for information regarding Dallas Independent School District (DISD). **If DISD is closed OR has a delayed start time, classes will be cancelled.** Your instructor will receive an email from a Children's representative who will provide information on where and when class has been rescheduled.

Badge Office Location

We are now located on the 3rd floor of the Bright Building in the E3000 Suite. When you get off the E1 Elevators walk towards Southwest Medical Avenue and the office is located on the left between the elevator and the Blue Park Garage.

Children's HealthSM Children's Medical Center Dallas



DALLAS CAMPUS CONTACTS:

Unit	UNIT Name	Type of Services	Manager	Phone	Educator	Phone
B4	Gen Surgery/Ortho Trauma/Gen Peds	General Peds	Hayden Dutton	214-456-1039	Jordan Schools	214-456-7791
C4	General Surgery/Ortho/Trauma	Post-Surgical/Trauma	Hayden Dutton	214-456-1039	Jordan Schools	214-456-7791
C5	Renal/General Peds	Renal/Renal transplants General Peds	Maria Leal	214-456-0276	Jennie Yoo	214-456-2643
C8	Cardiology	Medical/surgical cardiology, Telemetry	Elysia Harshman	214-456-7128	Shawn Hudson	214-456-2064
C9	Center for Pulmonology	Difficult ENT, Asthma, Overflow CF, Overflow Pulmonology, Endocrine	Chelsea Reynolds	214-456-2702	Martha Shaw	214-456-2702
D9	Center for Pulmonology	Pulmonology, Complex Trach, Vent Dependent, CF, Asthma, Difficult ENT	Chelsea Reynolds	214-456-2702	Martha Shaw	214-456-2702
C10	Center for Neurosciences	EMU/Neurology	Melinda Adams	214-456-0696	Diana Montoya	214-456-7189
D10	Center for Neurosciences	Neurosurgery/Plastics/Gen Peds	Melinda Adams	214-456-0696	Diana Montoya	214-456-7189
C6/D6/C7	CCBD	Cancer, Blood Disorders Stem Cell Transplant Unit	Susan McCollom	214-456-7197	Sarah Kennedy Virginia Koepsell	214-456-5140
D8	GI	Inflammatory Bowel Dx/ Short Gut Liver/Intestinal Transplants	Maria Leal	214-456-0276	Jennie Yoo	214-456-2643
B1	ES	Emergency Services	Chelsey Rixon	214-456-6067	Angie Chelf Macy Ackermann	214-456-1880 214-456-1280
B2	OR	Surgical Procedures	Chris Robbins	214-456-8592	Laurie Ham	214-456-2833
B5	Psych	Pediatric Behavioral Unit	Jane LeVieux	214-456-6374	Jennifer Brown	214-456-5928
D2	PACU	Pre-Procedural/ Post-Procedural Care	Leslie Whitefield	214-456-3665	Shannon Williams	214-456-3652
C12	PICU	Medical/Surgical Critical Care	Marshall Stephenson	214-456-4967	Kendel Richards Kelsey Schuetze	214-456-7519 214-456-9930
C11	TICU	Neuro/Trauma Critical Care	Marshall Stephenson	214-456-4967	Kendel Richards Kelsey Schuetze	214-456-7519 214-456-9930
D3	CICU	Cardiac Intensive Care	NaShawn Findley	214-456- 2984	Kim Schuettner	214-456-6982
D7/C7	NICU	Neonatal Intensive Care	Jeanne Gaines	214-456-5840	Kristen Masters Deb Jenson	214-456-6464 214-456-0847

PLANO CAMPUS CONTACTS:

UNIT NAME	TYPE OF SERVICE	MANAGER	PHONE	EDUCATOR	PHONE
PLANO 1 & 2 North & South	General Peds/Surgery	Rachael Burris	469-303-4976	Kat Cooney	469-303-4958
Plano ED	Emergency Services	Astrid Sobotka	469-303-4078	Angie Chelf	214-456-1880
Plano PICU	Intensive Care	Adrienne Strait	469-303-4975	Kendel Richards	214-456- 7519
Our Children's House	Transitional Care/Rehab	Lori Batchelor	214-867-6722	Jill Hesler	214-867-6776

APPENDIX:

Computer Access and Online Training- Troubleshooting

- If your school works with Children's to set up your preceptorship, your online modules should take you about 1 hour to complete.
- If you are working independently to set up your preceptorship, your online training may take you about 3 hours to complete.
- If at any time in the future there are problems with your system access, please call 214-456-4357 to resolve.
- ***While completing this training, if you have any trouble, please contact the service desk at 214-456-4357. If still not resolved, please call Ginger Nelson at 214-456-4425.***

Login information for Children's learning management system (Cornerstone) using one of the following scenarios:

You are not an employee and have not attended Children's ever before as a student:

1. Go to <https://childrenshealth.csod.com>
 - a. **Username: CMCDXXXXX**
 - XXXXX= On the clearance letter from Student Services, find your Lawson ID number found under your name at the top of page (no spaces)
 - b. **Password: Success45**
 - You will be required to change your password to something you will need to remember
2. Once logged in to Cornerstone
 - a. **click on "Action Items"** and complete the online course(s) listed in the queue:
 - **CH - EPIC Inpatient- Precepted Student Nurse Curriculum**
 - **Children's Annual Required Training – CART may be on your Action Items**

You are either an employee, a past employee, or a student that attended Children's before:

1. Go to <https://childrenshealth.csod.com>
 - a. **Username: <first 3 letters of first name and first 3 letters of last name>.** John Brown would be JohBro
 - b. **Password: you will need to call the service desk to have your password re-set (214-456-4357)**
2. Once logged in to Cornerstone
 - a. **click on "Action Items"** and complete the online course(s) listed in the queue:
 - **CH - EPIC Inpatient- Precepted Student Nurse Curriculum**
 - **Children's Annual Required Training – CART may be on your Action Items**

You are a student that is also an Employee:

1. Use your network ID and password to access Cornerstone
2. Once logged in to Cornerstone
 - a. **click on "Action Items"** and complete the online course(s) listed in the queue:
 - **CH - EPIC Inpatient- Precepted Student Nurse Curriculum**
 - **Children's Annual Required Training – CART may be on your Action Items**

When you have completed all online training

- Send an email to NursingStudentPaperwork@childrens.com and NursingStudentRequest@childrens.com so that your file can be completed.
- Your email should include your Lawson ID number (from your clearance letter) & the date you completed training