Premier Health

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.

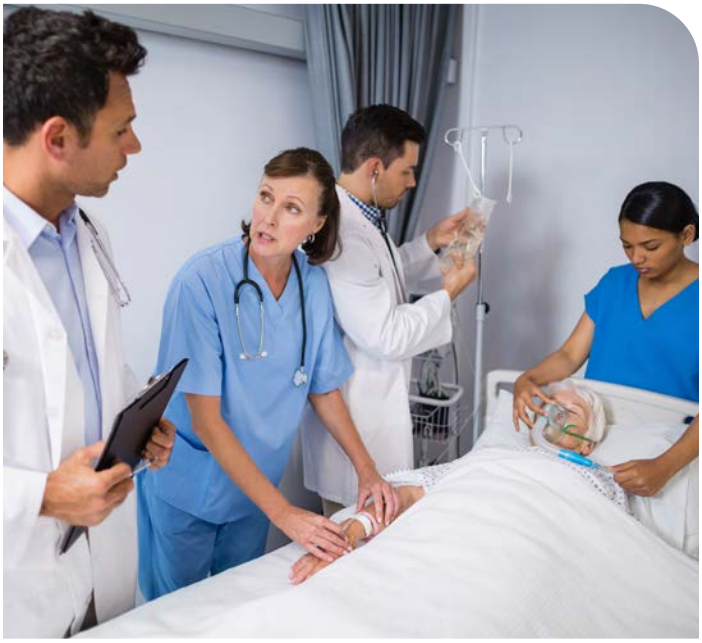
Who is the preceptor?

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.

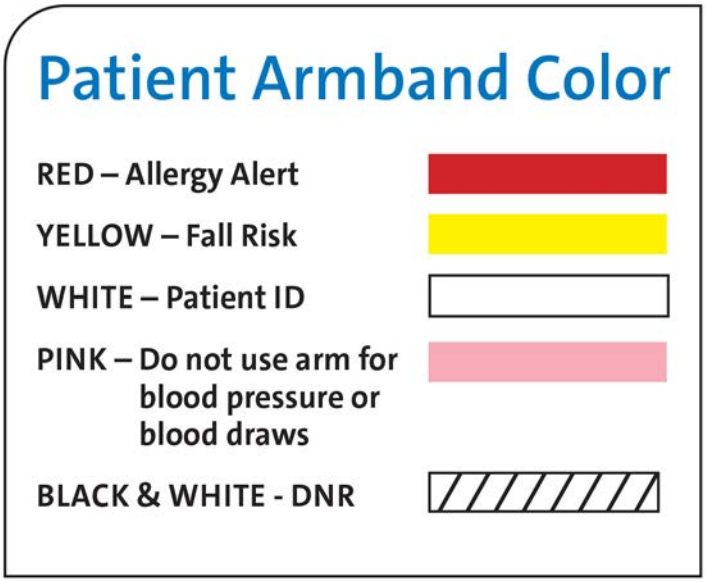
Patient Confidentiality and Patient Satisfaction

- 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

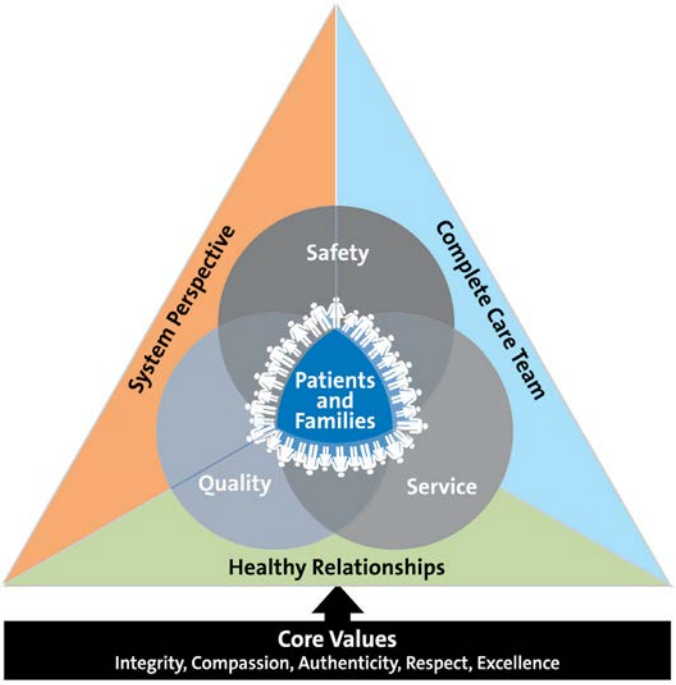
A sign may be posted outside of a patient's room. The sign shares information to those entering a patient's room. It is every employee's responsibility to notice and respond to the information displayed on the sign.

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.



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.

The Premier Health Compass

Patient Rights and Responsibilities

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.

You can also review our Notice of Privacy Practices.

Access Premier Health's Patient Rights

Access Premier Health's Notice of Privacy Practices

Safety Codes, Numbers, and Your Role...

Use the following facility phone numbers when reporting an emergency.

Offsite Locations – Ask your preceptor for emergency 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.

Infection Prevention

Hand Washing Must Occur...

- **Before entering a patient room and upon leaving the room** (even if not planning to touch the patient). 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.

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

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: _____