

Dear faculty member,

Welcome to Student Placement with the Premier Health Learning Institute! As part of our mission to build healthier communities, Premier Health is committed to providing educational experiences that help prepare the next generation of nurses to be successful in the dynamic field of healthcare.

This packet is designed to provide you with the information and resources you need to secure placements for your students—and ensure you are prepared to lead your students through their educational experiences at our hospitals.

To help you through this process, our clinical site liaisons will partner with you to ensure everything goes smoothly.

Clinical Site Liaisons	
Miami Valley Hospital	Holly Martin 937-208-6216 hamartin@premierhealth.com
Atrium Medical Center Miami Valley Hospital North Miami Valley Hospital South Upper Valley Medical Center	Anessa Collins 937-208-6279 anrcollins@premierhealth.com

If, after reviewing the enclosed materials, you have any questions about our student placement process or what is expected of you, please contact your clinical site liaison for assistance.

We look forward to working with you to coordinate clinical and preceptor placements for your students!

Sincerely,

LaToya Masterson, Director

Premier Health

ldmasteryo@premierhealth.com

Brenda Miller, Manager

Premier Health

brmiller@premierhealth.com

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Student Placement Checklist

Please use the following checklist to ensure timely completion of all required paperwork. Failure to submit required paperwork on time may cause a delay in starting clinical time.

Deadline	✓	School Coordinator Responsibilities
60 days before student placement		School coordinator submits the <i>Student Placement Site Request</i> form to Premier Health’s clinical site liaison.
15 days before student placement		School coordinator completes and submits the <i>CARF</i> form (this form ensures students have secured access to Pyxis, Epic, HealthStream, etc. when they arrive) to Premier Health’s clinical site liaison.

Deadline	✓	Faculty Responsibilities
15 days before student placement		All new faculty members contact the unit educator for a unit tour and 4-hour shadow experience to become familiarized with the unit before student placements begin (if faculty member is new to unit).
		Faculty member schedules student fingerprinting with IT. (see contacts on page 2)
		If any students are precepting, the faculty contact their assigned unit to obtain the preceptor’s schedule.
		Request room for orienting students if needed.
Prior to first day of student placement		Faculty member orients their students to the hospital and unit using the <i>Greater Dayton Area Hospital Association (GDAHA) Nursing Student Experience</i> guidelines available on www.gdaha.org .
		Faculty member collects the following student paperwork and submits to Premier Health’s clinical site liaison* 1. Faculty Checklist Cover Page 2. Exhibit A 3. Exhibit B 4. Scavenger Hunt 5. Expected Behaviors - Glucometer (see page 21) 6. Performance Criteria - Glucometer (see page 22)
		Faculty member verifies student completion of all HealthStream modules (see login instructions on p. 5)
		Faculty acknowledges Outlook email access (this information will be sent with your student’s passwords).
		Faculty to pick up badges for UVMC from Telecom, MVH from Holly Martin, and all other facilities from Anessa Collins.
		Faculty member reviews Premier Health’s <i>Student Placement Policy</i> .
After clinical rotations are complete		Faculty member collects student badges and returns to the same location where badges were picked up. Please make an appointment with Holly or Anessa.

*All required documents **must** be submitted prior to students being on the floor. Students will not be allowed on the floor until all required paperwork has been submitted.

Premier Health Student Placement Contacts

Please use the contact information below for assistance setting up your student placements.

Note: no faculty or student is to approach the hospital clinical staff, educator or manager to request clinical times or preceptors. All communication needs to go through the site liaison.

Atrium Medical Center
Clinical Site Liaison: Anessa Collins, anrcollins@premierhealth.com
To set up student fingerprinting appointments: John Collins, jdcollins@premierhealth.com
To obtain glucometers to train your students: Sharon Nitz, senitz@premierhealth.com
To book a room: Amber Rogers, arrogers@premierhealth.com
For issues concerning Pyxis Access: Phyllis Gullette, plgullette@premierhealth.com
For issues with Epic: Help Desk, (937) 208-2737
For badges: Anessa Collins, anrcollins@premierhealth.com

Miami Valley Hospital, Miami Valley Hospital North and Miami Valley Hospital South
Clinical Site Liaison for MVH: Holly Martin hamartin@premierhealth.com
Clinical Site Liaison for MVHN and MVHS: Anessa Collins, anrcollins@premierhealth.com
To set up student fingerprinting appointments: mvhdeviceandimage@premierhealth.com
To obtain glucometers to train your students: Holly Martin, hamartin@premierhealth.com
To book a room: Anessa Collins, anrcollins@premierhealth.com or Holly Martin, hamartin@premierhealth.com
For issues concerning Pyxis Access: Alicia Ricks, amricks@PremierHealth.com
For issues with Epic: Help Desk, (937) 208-2737
For badges at MVH: Holly Martin, hamartin@premierhealth.com
For badges at MVHN or MVHS: Anessa Collins, anrcollins@premierhealth.com

Upper Valley Medical Center
Clinical Site Liaison: Anessa Collins, anrcollins@premierhealth.com
To set up student fingerprinting appointments: uvmcitfieldsupport@premierhealth.com
To obtain glucometers to train your students: Pat Colby, pcolby@premierhealth.com
To book a room: Susan Behm, sbehm@premierhealth.com
For issues concerning Pyxis Access: Tarlesa Delcamp, TDelcamp@PremierHealth.com
For issues with Epic: Help Desk, (937) 208-2737
For badges: telecom

Student Badging

Student badges are activated for the duration of the clinical experience and provide students with access to primary entrances, the nursing unit breakroom, nutrition center and med prep areas; badges are also used for parking access.

Student **MUST** wear their badge forward-facing along with their Student ID.

Faculty Responsibilities

1. Pick Up Student Badges

To pick up student badges, please notify the contact person listed below at least two business days prior to the date you'd like to pick up student badges (provide the contact person with the number of badges you need and then schedule a time to pick up the badges).

Site	Badge Pick Up/Drop Off Contact
Atrium Medical Center	Anessa Collins: anrcollins@premierhealth.com
Miami Valley Hospital	Holly Martin: hamartin@premierhealth.com
Miami Valley Hospital North	Anessa Collins: anrcollins@premierhealth.com
Miami Valley Hospital South	Anessa Collins: anrcollins@premierhealth.com
Upper Valley Medical Center	Telecom

2. Distribute Badges to Students

Please make sure each student has received a badge prior to being on the unit for student placement.

3. Collect Student Badges and Return to Premier Health

Please collect all student badges at the end of the clinical experience and return to the contact person listed above.

Badges must be returned after each clinical experience.

Lost badges will be assessed a \$20 replacement fee. Fee must be paid prior to requesting additional badges.

4. Contact Clinical Site Liaison with any Badging Problems

Issues with badges that are not functioning properly should be discussed with the clinical site liaison. Students should not be directed to go to security to ask for a badge revision/reissue.

Clinical Site Liaisons	
Miami Valley Hospital	Holly Martin 937-208-6216 hamartin@premierhealth.com
Atrium Medical Center Miami Valley Hospital North Miami Valley Hospital South Upper Valley Medical Center	Anessa Collins 937-208-6279 anrcollins@premierhealth.com

Student Handouts

Instructions to log on to HealthStream Learning Center (HLC) Offsite

Note: Your pop-up blocker must be off.

1. In the address bar of your browser, type in <http://www.healthstream.com/hlc/php/> (note: HealthStream supports IE10 and above, Chrome, or Firefox). The screen should appear similar to the one below. The screen should appear similar to the one below.



2. Log in to HLC by typing in your Epic User ID and Password and clicking on *Login*.

UserID: see your student CARF for user ID

Password: Password1

3. The page will open to the default My Learning tab. The page will appear with the modules you need to complete. Proceed viewing each module and make sure the system records that you have successfully completed each module's test. Completed modules will appear on your "completed" tab.

TROUBLESHOOTING HEALTHSTREAM

The browsercheck is set to run whenever a user brings up our HealthStream login page. If you have any trouble accessing HealthStream, please contact the Customer Support Desk at **208-2737**.

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.

Stericycle RX Waste Compliance Service

Nursing Fact Sheet	
<i>Narcotics shall be disposed of per hospital policy!</i>	
<p>1. Red Sharps Container: Sharps that do not contain any medication: - Empty syringes (oral and intravenous) - Empty ampoules</p>	
<p>2. Red Bags (Regulated Medical Waste) - Blood saturated materials - Biohazardous waste</p>	
<p>3. Blue RX Container (no code) Any items that has the possibility of leaking must first be put into a ZIP LOCK bag. No free fluids allowed in container. (NO SHARPS!!) - Partial IV bags and bottles, partial medication vials - Tablets - whole, broken or partial - Partial Topical Ointments</p>	
<p>4. Black 2 Gallon Sharps Container: - Medication left in a syringe or ampoule</p>	
<p>5. 8 Gallon Black Compatible Container: (BKC and PBKC) - Any leftover medication in IV bag, bottle or vial coded as BKC or PBKC (NO SHARPS!!)</p>	
<p>6. Send Back to Pharmacy (SP, SPO, SPS, SPLP) - Items labeled as SP, SPO, SPC need to be returned to pharmacy for proper disposal. Examples may include aerosols, unused silver nitrate sticks and ammonia inhalant.</p>	

No free fluids allowed in any containers. Please put all IV bags, bottles and ointments which are not capped into a zip lock bag before disposal.

Pharmaceutical Waste Compliance

IV Disposal Guideline
<p>Drain Disposal Allowed Provided there are no medications instilled in the IV, drain disposal is permitted in any of the following solutions:</p> <ul style="list-style-type: none"> • Saline solution • Dextrose solution • Glucose solution • Electrolytes including Potassium • Lactated Ringer
<p>Pharmaceutical Waste (Blue Container) (No Code) - Represents 93% of hospital medication. Any leftover IV with non-controlled substance instilled in it and does not have a code.</p>
<p>Compatible Hazardous (Coded as BKC or PBKC) Any leftover IV with hazardous, non-controlled substance instilled in it. These items will be coded with a BKC or PBKC.</p>
<p>Witnessed Disposal - Controlled Substances Controlled substances should be disposed of per current pharmacy/hospital policy.</p>

I TOOK THE PLEDGE!

**CLEAN HANDS
SAVE LIVES**

Washing them **SHOWS WE CARE**

ARE YOU GELLING?



**We are engaged in a new effort across Premier to improve our hand hygiene efforts.
We need to have everyone onboard with this effort.**

Hospital policy:

It is the policy of Premier Health Hospitals and subsidiaries that caregivers in all clinical areas wash their hands in accordance with OSHA regulations, World Health Organization, and CDC Hand Hygiene Recommendations. Failure to perform hand hygiene, can lead to serious consequences for the organization. Hospital personnel can be corrected in accordance with the hospital's Corrective Action Process when there is repeated failure to perform hand hygiene. Corrective action will be utilized to provide an appropriate structure for behavioral changes. CLEAN HANDS ARE SAFE HANDS.

Hand Hygiene should always be done for the following:

- At the beginning and end of the work day.
- Before and after patient contact.
- Before and after using gloves.
- Before and after eating.
- Before and after handling medications.
- After using the toilet.
- After wiping nose, coughing, or touching your face.
- Decontaminate hands before donning sterile gloves.
- Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices.
- Decontaminate hands after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, when assisting to lift or turn a patient.)
- Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings.
- Decontaminate hands when moving from a contaminated-body site to a clean-body site during patient care.
- Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- Wash hands with soap and water if exposure to Bacillus anthracis is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores.
- Decontaminate hands whenever there is even the slightest chance your hands have been compromised.

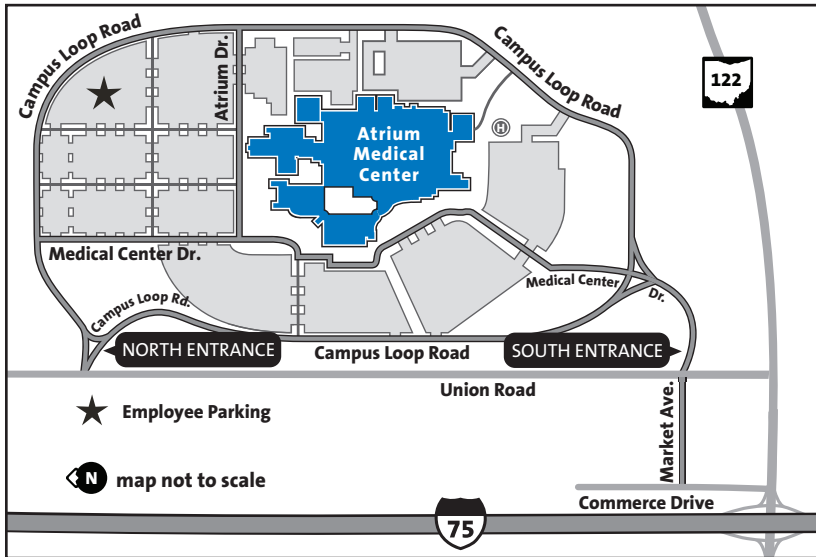
WEARING GLOVES IS NOT A SUBSTITUTION FOR HAND HYGIENE

Student Parking

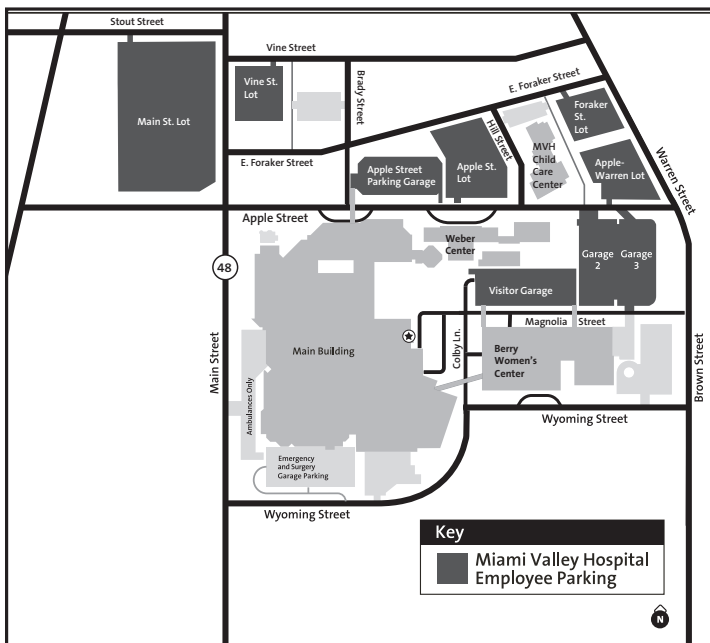
*Please, for detailed parking instructions contact your student placement liaison

Atrium Medical Center

All students and faculty are to park in the employee parking lot.*

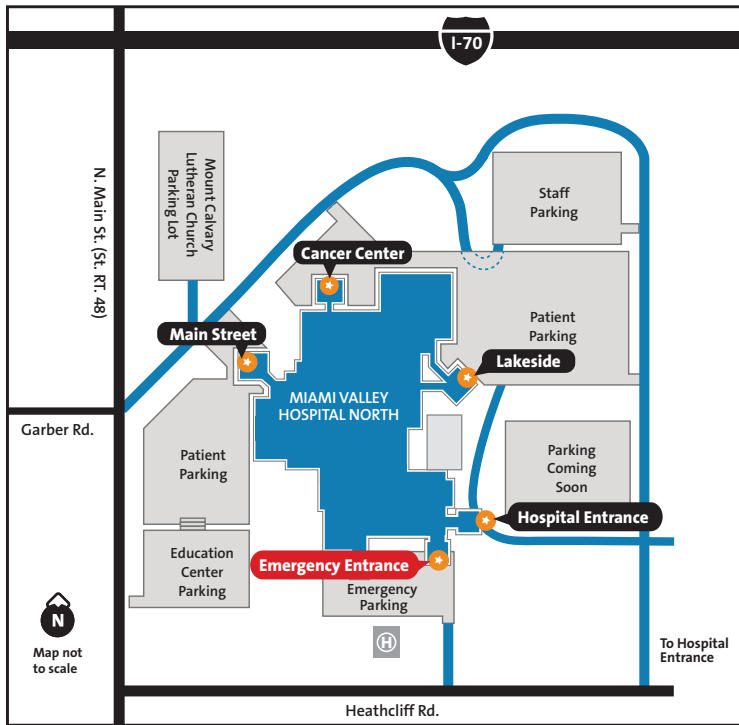


Miami Valley Hospital



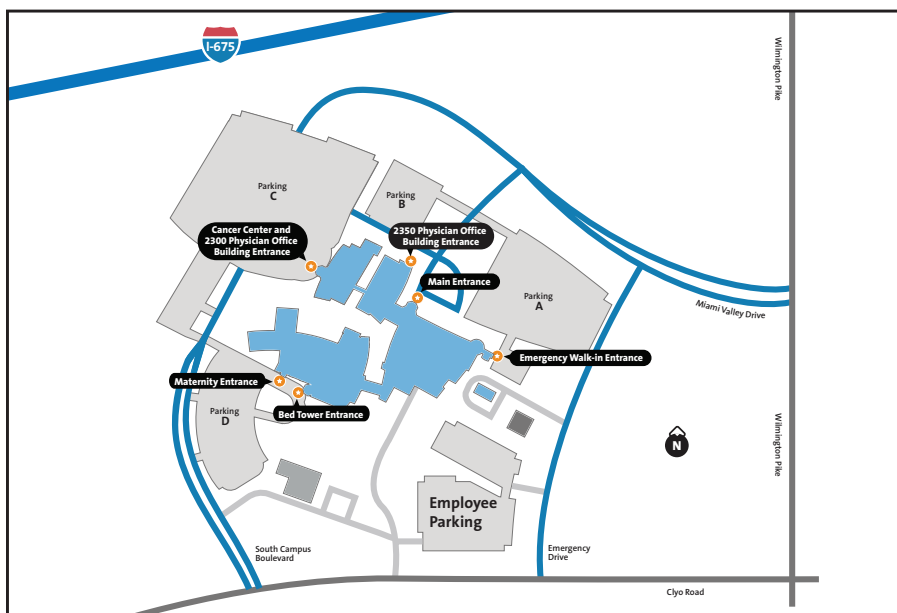
Student Parking

Miami Valley Hospital North



Miami Valley Hospital South

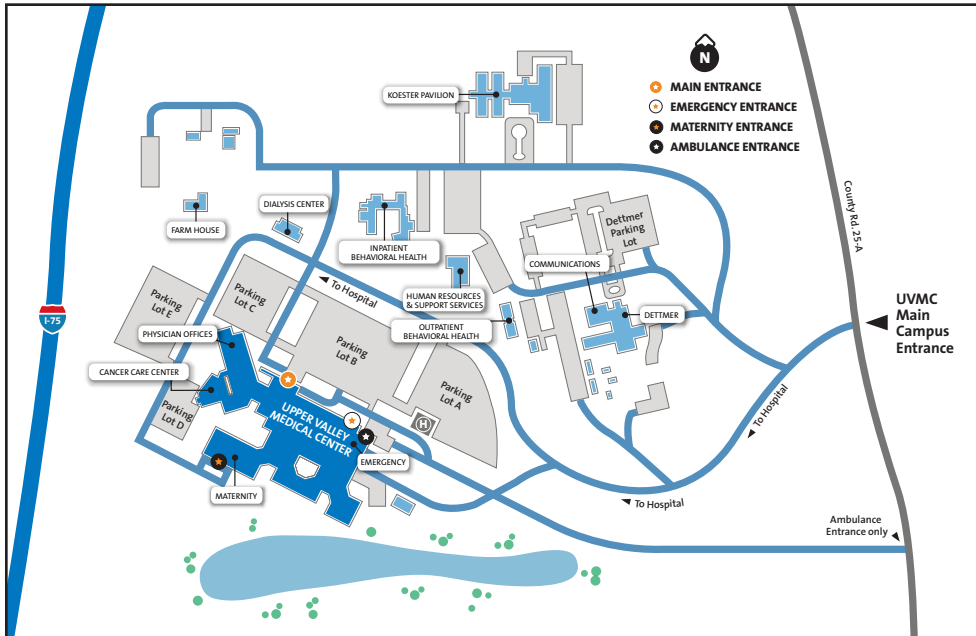
All students and faculty are to park in the employee parking lot.*



Student Parking

Upper Valley Medical Center

All students and faculty are to park in Lot E.*



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Faculty Paperwork:
Submit to Anessa Collins
(for all facilities)

Glucometer Training & Competency Validation

Glucometer training for students is comprised of faculty-led training and competency validation. Students will not be able to begin their clinical experience until Glucometer training is complete.

Faculty Responsibilities

1. Attend Onsite Glucometer Training and Competency Validation (New Faculty Only)

New faculty are required to attend onsite glucometer training prior to student placements. Upon completion, you will be assigned an Accu-Chek code and associated student ID codes.

2. Complete Glucometer Competency Validation (Returning Faculty)

Returning faculty are required to complete glucometer competency validation annually. Upon completion, you will be assigned an Accu-Chek code and associated student ID codes.

3. Provide Training and Competency Validation for Students

After training your students, please have students complete pages 21 - 22 in this packet. Each semester, faculty and students will receive new Pyxis and glucometer numbers for security purposes

Note: validation checklists on page 21 and 22 must be signed by instructor.

To obtain a training meter, please contact:

Site	Lab Coordinator
Atrium Medical Center	Phyllis Gullette plgullette@premierhealth.com
Miami Valley Hospital Miami Valley Hospital North Miami Valley Hospital South	Connie Cable crcable@premierhealth.com
Upper Valley Medical Center	Pat Colby pcolby@premierhealth.com

4. Submit Competency Validation Checklist

Faculty are responsible for submitting documentation of each student’s competency before student placement begins. Codes are deactivated at the end of the semester.

5. Submit pages 21 and 22 for each student.

COVER PAGE

Faculty Checklist for Student Paperwork Submission

School: _____

Faculty Name: _____

Unit Assigned: _____

Please feel free to scan and email or hand deliver your paperwork to Anessa Collins (anrcollins@premierhealth.com).

Please verify that the following items are included in your submission packet:

- Waiver Form (for those who decide not to use Pyxis or glucometer) (page 15)
- Exhibit A (page 16-17)
- Exhibit B (page 18-19)
- Clinical Laboratory – Glucometer (page 20)
- Accu-Chek Inform II - Initial Certification (page 21)
- Scavenger Hunt (page 22)

Premier Health Faculty Waiver Form

Please complete this form and submit to your clinical site liaison if your students will not be using glucometers or Pyxis during their student placement this semester.

Waive Glucometer Testing

Faculty Name: _____

School: _____

Date: _____

My group will **NOT** be using glucometers for this semester, signed: _____

Waive Pyxis Use

Faculty Name: _____

School: _____

Date: _____

My group will **NOT** be using the Pyxis for this semester, signed: _____

Premier Health Student Health & Liability Form - Exhibit A

USE INK AND COMPLETE EVERY BLANK

Each Student must complete this form and submit it to Facility at least one week prior to the commencement of the Individual Educational Experience at Facility.

STUDENT INFORMATION

Student Name: _____ Ohio Professional License # _____
(If student is licensed)

University: _____

Educational Period: _____ to _____

Faculty Member's Name (if applicable): _____

Student Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____ Date: _____

Current Premier Health employee? No Yes If yes, move to Health Insurance Requirements below.

HEALTH REQUIREMENTS

Verification of all test/vaccination dates and results MUST be maintained by University and be made available to Facility within forty-hours (48) hours of a written request.

Tuberculosis (TB) Testing (must complete one of the 3 TB test options)

1. Two-Step Mantoux Testing (Tuberculin Skin Testing/PPD)

Date of Test #1 (within last 12 months): _____ Results: _____

Date of Test #2 (within last 12 months): _____ Results: _____

Dates of annual screenings: _____

2. QuantiFERON® - TB Gold In-Tube test (QFT-GIT)

Date of test (within past 12 months): _____ Results: _____

3. T-SPOT® - TB test (T-Spot)

Date of test (within past 12 months): _____ Results: _____

If history of positive TB Test, date of last chest x-ray: _____

Rubella and Rubeola Titer (Documenting Immunity) OR Documentation of 2 MMR Vaccinations

Date of MMR Titer: _____ Results: _____

OR

Date of MMR Vaccination #1: _____

Date of MMR Vaccination #2: _____

History of Varicella/Varicella Titer OR Documentation of Varicella Vaccination

Date of Varicella Titer/Varicella Exposure: _____ Results: _____

OR

Date of Varicella Vaccination #1: _____

Date of Varicella Vaccination #2: _____

Hepatitis B Vaccination

Date of HepB Vaccination #1: _____

Date of HepB Vaccination #2: _____

Date of HepB Vaccination #3: _____

Proof of waiver: _____

Tetanus, Diphtheria, Pertussis (Tdap) Vaccination

Date of Tdap Vaccination (within last 10 years): _____

Proof of waiver: _____

Annual Influenza Vaccination (October through March)

Date of Vaccination: _____

Proof of Exemption, if applicable: _____

HEALTH INSURANCE REQUIREMENTS

Name of Company: _____

Policy Number: _____ Expiration Date: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____ Date: _____

Student Acknowledgment - Exhibit B

Each student must complete this form and submit it to Facility at least one week prior to the commencement of the Individual Educational Experience at Facility.

Specific Facility: _____

Alternate Facility (if IEE includes multiple Facilities): _____

University Name: _____

Preceptor/Faculty Name (if applicable): _____

Responsible Physician (if applicable): _____

Clinical Specialty Area: _____

Educational Period: _____ to _____

I, the undersigned student, do hereby acknowledge that I have read and understand the following statements. I agree to abide by and be bound by the following statements in return for Facility allowing me to participate in an Individual Educational Experience on its premises.

1. I will handle all confidential information in a professional and ethical manner and in accordance with all applicable HIPAA regulations; under no circumstances will I discuss a patient or client with anyone other than appropriate Facility or University personnel in a manner which could identify the patient or client. I understand that if I do not comply with all Facility policies and directives pertaining to patient confidentiality, I may be removed from Facility immediately.
2. I will adhere to all rules, regulations, policies, procedures, and directives of Facility.
3. I will provide proof that meets health care status requirements of Facility, including immune status for Rubella, TB, and annual Influenza vaccination.
4. I will demonstrate the integration of a philosophy of caring in patient care situations.
5. **If applicable**, I will continuously maintain my nursing licensure in the State of Ohio during the term of the educational experience and shall immediately notify University, Facility, Preceptor and/or Responsible Physician in the event of any revocation, suspension, restriction, nonrenewal, or surrender of said license.
6. **If applicable**, subject to Preceptor and/or Responsible Physician reviewing and co-signing all documentation thereto, I understand that I am permitted to document in the Integrated Care progress notes and other designated portions of the Facility patient's permanent medical record, in accordance with Facility policy. I acknowledge and understood that, as per TJC and/or Facility requirements, I may not document in either the History & Physical or Discharge Notes portions of said permanent medical record.
7. **Where applicable**, I acknowledge that I have read and signed the GDAHA passport agreement.
8. **Where applicable**, I have working knowledge of the pyxis and/or have completed the tutorial of the pyxis.
9. I shall wear appropriate professional attire as directed by Facility (including student identification badge with a photo) and shall conduct myself professionally and ethically at all times.
10. I will document only in designated portions of the Facility patient's permanent medical record, in accordance with Facility policy.
11. I understand that Facility retain the right to remove any student at any time in its sole discretion.
12. I acknowledge that I am not an employee of Facility for purposes of this Individual Educational Experience.
13. I understand that I am responsible for the cost of any medical care that I receive from Facility for any reason.
14. I acknowledge my responsibility and liability regarding the confidential nature of all information that I have access to at the Facility by virtue of my participation in this Individual Educational Experience.

- 15. I understand that I may not participate in an Individual Educational Experience at Facility until I have received an orientation that includes, but is not limited to, confidentiality, fire, safety and area specific requirements.
- 16. I will obtain written permission from Facility before publishing any material related to my Individual Educational Experience at Facility, if such publication contains proprietary or patient individual identifiable health information.
- 17. I certify that I am a student in good standing at University and that I have completed all prerequisites required by University so as to be eligible to participate in this Individual Educational Experience. Participation in the Individual Educational Experience is prohibited unless this statement is signed by Student.

Student Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____ Date: _____

Print Student Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone Number: _____

University's Contact Person: _____

University Contact Person Telephone: _____

Clinical Laboratory

COMPETENCY PERFORMANCE CHECKLIST

BLOOD COLLECTION USING FINGERSTICK TECHNIQUE

NAME: _____ UNIT: _____

EMPLOYEE #: _____ DATE: _____

PERFORMANCE CRITERIA	MET	NOT MET	COMMENTS
Check Physician orders.			
Positively I.D. patient. Use the 2 JCAHO required identifiers.			
Put on gloves.			
Select the puncture site on the lateral aspect of the finger.			
Position the finger in an independent position and massage toward the fingertip.			
For older adults and patients with poor circulation warm the site for about 10 minutes before attempting blood collection.			
Make sure POCT instrument is in the ready mode with all required information entered.			
Cleanse the site using a 70% alcohol pad. Allow the area to dry completely.			
Position the sterile lancet firmly against the skin perpendicular to the puncture site. Push the release switch allowing the needle to pierce the skin.			
Lightly squeeze the patient’s finger above the puncture site until a droplet of blood has collected.			
Wipe away the first drop and gently squeeze again to form another droplet. DO NOT apply over repetitive pressure (milking) to the site.			
Proceed with patient testing.			
Using a gauze pad gently apply pressure to the puncture site.			
Document POCT results.			
Discard test strip and lancet when test is finished. Gently wipe table with damp tissue if needed.			
Remove gloves and wash hands.			

Accu-Chek Inform II™ – Initial Certification

NAME: _____ DATE: _____

UNIT: _____ OPERATOR ID: _____

EXPECTED BEHAVIORS	MET	NOT MET
Demonstrates maintenance and quality control requirements:		
A. Cleans meter as required		
B. Verbalizes battery charging requirements		
C. Performs quality control and verbalizes frequency of use		
D. Verbalizes how to label controls and when they expire		
E. Verbalizes action to take if results are not within range		
Demonstrates procedure in performing patient AccuChek Inform II glucose testing:		
A. Wears the proper personal protective equipment		
C. Verbalizes finger puncture correctly		
D. Fills yellow target area completely		
E. Enters the appropriate ID numbers		
F. Verbalizes reportable/critical ranges for AccuChek glucose results and actions to take		
G. Disposes of lancet, contaminated materials and gloves properly		
H. Documentation of patient results		
I. Demonstrates Scanner use		
J. Enters appropriate comment codes		
Miscellaneous		
A. Has located and read the AccuChek Inform Glucose procedures on intranet		
B. Verbalizes reagent storage requirements		
C. Completes the corresponding competency exam Passing score of 90%		

I verify the above person has demonstrated the expected behaviors in performing glucose measurement with the AccuChek Inform meter.

Trainer Signature

Date

I, the undersigned, understand and have demonstrated the expected behaviors in performing glucose measurements on the AccuChek Inform meter.

Signature

Date

Student Scavenger Hunt and verification of Orientation

Student Name: _____

Faculty Name: _____ School: _____

TO FIND:	INITIAL:
Fire extinguisher	
Fire pull station	
Fire doors	
Exits	
Nurses station	
Break room	
Nourishment room	
Medication room	
Supply room	
Dirty utility room	
Conference room	
Where huddle takes places	
Nurse manager office	
How to locate policies	
Orientation to epic complete?	
Orientation to Pyxis complete?	
Orientation to use glucometers complete?	
MSDS sheets	
Understand bedside handoff	
Understand hourly rounding	
Understand the chain of command for the unit	
Locate spill kit (on floors where applicable)	
Locate eye wash station (on floors where applicable)	

Please note, this may be signed by your entire clinical group; however, it must be legible!

School Administrator Paperwork to Submit

Student Placement Request Form

Please fill in the following to request floors for your student groups for winter/spring semester 2018.

IMPORTANT: Once a clinical day and time is assigned it cannot be changed without prior approval from your Clinical Site Liaison. If you need to schedule a makeup day, your Clinical Site Liaison can help arrange this for you.

For MVH, MVHN & MVHS placements, please contact Holly Martin with any questions at 937-208-6216 or hamartin@premierhealth.com.

For AMC & UVMC placements, please contact Anessa Collins with any questions at 937-208-6279 or anrcollins@premierhealth.com.

School:	Winter 2018	Hospital:

Please list each clinical group separately.

Floor:	Faculty	Year of students	Class name	Day requesting	Dates of clinicals	Times of clinicals

Premier Health CARF Form

This form is used to request access to Healthstream, Epic, Pyxis & Accucheck.

Student Placement Coordinator or School Representative: Please complete this form in its entirety; one form per class section. Return the completed form via email to the Clinical Site Liaison for your requested facility as listed below. This form must be received 2 weeks prior to clinical start time to allow time for processing.

A delay in receipt of this document may cause a delay in starting clinical time.

Clinical Site Liaison/Contact Person for MVH, MVHN & MVHS:				Holly Martin	hamartin@premierhealth.com	Phone: (937) 208-6216		
Clinical Site Liaison/Contact Person for AMC & UVMC:				Anessa Collins	anrcollins@PremierHealth.com	Phone: (937) 734-2407		
University/College:								
Program Type:								
Clinical Coordinator Name(s):								
Clinical Coordinator's E-mail Address:						Clinical Coordinator's Phone Number:		
Clinical Instructor Last Name:			First Name:			Premier Employee?		
Clinical Instructor Middle Initial:		DOB:	Last 4 SS#:					
Clinical Instructor E-mail Address:						Clinical Instructor's Phone Number:		
Hospital Name:								
Clinical Location/Units:								
Clinical Day of Week & Clinical Hours:								
Clinical Dates (first date - last date):								
Student Last Name	Student First Name	Student Middle Initial	School Issued Student ID #:	Student Date of Birth:	Healthstream login	Is EPIC Training Needed?	As a student nurse, has student had Epic access at Premier?	Unit Assigned for Precepted Students Only

Submit to TES Submitted to CARF Admin Submit for HLC Account Pyxis Assigned Accucheck Assigned