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# **I Terms and Conditions for Employment**

*The following policies form a contract for employment with Advantage Nursing Services, LLC. Failure to comply with these policies will result in termination with cause.*

1. **AVAILABILITY** – All employees are required to call Advantage at least weekly (preferably Friday morning) with their availability for the coming week, even if availability is zero. More frequent calls are welcome. Good, clear, and frequent communication is necessary so we can keep you busy at client hospitals.

These requirements must be adhered to and will jeopardize your Unemployment Benefits.

2. **ASSIGNMENTS** – When a shift is offered the employee may accept or reject that shift. All shifts must be booked through Advantage Nursing Services prior to any shift being worked. We understand and appreciate that while working shifts at a facility, arrangements may be made for future shifts and we of course want you to work those shifts with Advantage. However, Advantage must be informed of the scheduled shift or shifts prior to them being worked. Failure to notify Advantage of a shift prior to it being worked may result in you working a shift without our authorization, therefore voiding the normal insurance coverage you have when working for us. Also, failure to notify Advantage of a shift or shifts prior to them being worked may result in Advantage not being able to pay you for said shift or shifts.

We suggest that you simply tell any facility that wants to book you for shifts that you want to work, “Thank you, I would be happy to work those shifts, but please make sure to call Advantage and make them aware of it so that we can follow the proper procedures and avoid problems” and then check with Advantage the same day to confirm that the facility has in fact advised Advantage of your shift or shifts.

3. **RESPONSIBILITIES** – When an employee accepts an assignment, he/she is expected to:
  - A. Be at the hospital 15 minutes prior to the shift time.
  - B. Wear clean and ironed appropriate uniform.
  - C. Sign in with the nursing office or appropriate location.
  - D. Have a positive attitude, be well mannered, polite and abstain from using unbecoming language.
  - E. Follow the regulation of the client hospital, the hospital supervisory personnel and have a willingness to offer help to your co-workers.
  - F. Be flexible and as cooperative as possible.
4. **CANCELLATIONS** – Do not accept a shift unless you are absolutely certain that you will be able to fulfill your obligation. Cancellations are not acceptable, unless due to dire emergency. In such cases of extreme emergency, call **ONLY** the ADVANTAGE office. We will contact the hospital. ADVANTAGE and the Hospital will have to make other arrangements to cover your absence, so give us as much time as possible. A minimum of twelve (12) hours notice prior to shift time is necessary. Less than a two hour cancellation is not acceptable. The Hospital needs sufficient notice to cover your absence. An untimely cancellation reflects directly on the nurse (the hospital is expecting you) and directly on ADVANTAGE.
5. Anyone who accepts an assignment and does not show up for duty, and does not call, will be considered a “NO SHOW”. This is a serious infraction which puts ADVANTAGE, the Hospital, and the nurse in a bad situation. Do not do this under any circumstances. Call us even if you are running late.

6. ACCIDENTS – All accidents must be reported to ADVANTAGE immediately. ADVANTAGE will advise you of the names and addresses of our physicians, or approve Emergency Room care, at the time we are notified of the accident. You are not required to go to the Emergency Room for all accidents. You may call this office on a 24 hour basis for this purpose. An incident report must be filled out by the end of the shift on the day of the accident. The incident reports are available in the hospital Nursing Office. A copy of the incident report must be returned to ADVANTAGE within 24 hours of the accident.

These requirements must be adhered to for Workers' Compensation consideration.

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## **II Drug Abuse Policy**

### **1. Statement of Purpose and Scope**

Advantage Nursing Services, LLC, recognizes that alcohol and drug abuse in the work place has become a major concern. It is a major concern of ours that drug and alcohol abuse can have an adverse effect on patient care. We believe that by eliminating drug and alcohol abuse, we will improve the safety, health and productivity of employees. The object of our drug abuse policy is to provide a safe and healthy environment for patients and a safe and healthy work place for all employees, prevent accidents and comply with appropriate State and Federal law.

The use, possession, sale, transfer, purchase or being under the influence of drugs by employees at any time on company premises, at client hospitals, or while on company business is prohibited. The illegal use of any drug is prohibited. Employees must not report for duty or be on company property or be at a client hospital while under the influence of, or have in their possession, any drug.

### **2. Definition of Drug**

For the purpose of this policy, the term “drug”, wherever it appears in this policy statement, includes alcoholic beverages as well as inhalants and illegal drugs.

### **3. Consequences of Violating the Drug Abuse Policy**

Violation of this drug abuse policy will result in one of the following forms of corrective action: Immediate discharge, suspension, probation, oral warning or written warning. In arriving at a decision for proper action, the seriousness of the infraction, the past record of the employee, and the circumstances surrounding the matter will all be taken into consideration.

### **4. Treatment Programs**

While we do not sponsor or endorse any specific drug treatment programs, such programs are available through public and private health care facilities in our area. Affected employees are encouraged to seek assistance for themselves and their dependents.

### **5. Education and Training Programs**

We do not offer, nor require participation in drug and alcohol abuse education and training programs. However, various public and private facilities in our area offer such programs and affected employees are encouraged to seek assistance.

#### 6. Drug Testing

We do require drug testing as a condition for employment. Our client hospitals require nurses to pass a drug screen before they are scheduled to work in their facility. Client Hospitals may request a drug screen when drug use is suspected or narcotics are unaccounted. Under these circumstances the nurse is asked to cooperate with the hospital and report the matter to us.

7. It is our policy to cooperate and abide by the drug policies of our client hospitals, as long as those policies do not violate any state or federal laws.
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### **III Confidentiality Statement**

I have been formally instructed in maintaining the confidentiality of the medical record and fully understand that the medical information regarding the patient may not be discussed with anyone either inside or outside the facility except to conduct business of the day as needed.

I understand that no medical records are to be removed from facility unless a "Release of Information" form has been completed and signed by the patient.

It is my understanding that such discussion or release of information is immediate cause for dismissal.

I have been formally instructed regarding the policies and procedures of Advantage Nursing Services, LLC. I have attended Advantage Nursing Services, LLC. formal orientation, and have read and signed the job description pertaining to my responsibilities and classification.

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### **IV Sentinel Event Policy and Procedures**

<http://www.jointcommission.org/SentinelEvents/PolicyandProcedures/>

In support of its mission to continuously improve the safety and quality of health care provided to the public, The Joint Commission reviews organizations' activities in response to sentinel events in the accreditation process. Including all full accreditation surveys and random unannounced surveys and, as appropriate, for-cause surveys.

- A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.
- Such events are called "sentinel" because they signal the need for immediate investigation and response.
- The terms "sentinel event" and "medical error" are not synonymous; not all sentinel events occur because of an error and not all errors result in sentinel events.

## **V    Report a Complaint about a Healthcare Organization**

If you have a complaint about the quality of care at a JCAHO accredited health care organization, JCHAO wants to know about it.

You can submit your complaint the following:

- Online
- Send via US Mail
- Fax
- E-mail
- Summarize the issues in 1 to 2 pages
- Include name, street address, State of the organization

### **Report a complaint about a Health Care Organization**

When submitting a complaint:

- You may provide your name and contact information
- You may submit your complaint anonymously
- By providing your information also give JCAHO the ability to contact you if additional information is needed
- JCAHO will not disclose any information about who provided the information, but the complaint with the subject will be disclosed for the investigation purposes

### **Report a complaint about a Health Care Organization**

JCAHO forbids the organization from taking retaliatory actions against employees for having reported quality of care concerns.

Contact Information:

Fax: Office of Quality Monitoring — 630-792-5636

E-Mail — [complaint@jointcomission.org](mailto:complaint@jointcomission.org)

Address —    Office of Quality Monitoring  
                  The Joint Commission  
                  One Renaissance Boulevard  
                  Oakbrook Terrace IL 60181

Phone Numbers for questions — 800-994-6610

## **VI Standardization List of Abbreviations, Acronyms, Symbols and Dose Designations that are not to be used in Healthcare Organizations**

<b>Unacceptable Abbreviations or Designation</b>	<b>Corrective Action</b>
Zero after decimal point (e.g. 2.0)	Do not use trailing zero when specifying a whole number (e.g. 2)
No Zero before decimal Point (e.g. 5)	Use zero before a decimal point when dose is less than one (e.g. 0.5)
- TIW or tiw - (for three times a week)	Spell out days the drug is to be administered
- AU or AS or AD - U (for Unit)	Spell out "both ears", "left ear" or "right ear"
U (for unit)	Spell out "unit"
IU (for international unit)	Spell out "international unit"
Q.D. (for once a day)	Spell out "daily"
Q.O.D. (for every other day)	Spell out "every other day"
MS (for Morphine Sulfate)	Spell out "Morphine Sulfate"
MSO4 (for Morphine Sulfate)	Spell out "Morphine Sulfate"
Mg SO4 (for Magnesium Sulfate)	Spell out "Magnesium Sulfate"
Drug Name Abbreviations	Spell out intended drug name
ug (for microgram)	Spell out "microgram"
> and <	Spell out "great than" or "less than"
-ss-	Spell out intended meaning; "sliding scale" or "one half"
SC or SQ	Spell out "Subcutaneously" or "subcut"
D/C	Spell out intended meaning: "discharge" or "discontinue"
HS or qhs or qn or BT	Spell out "nightly" or "at bedtime"
cc	Use "ml"
X3d	Spell out intended meaning: "for three days" or "for three doses"
Apothecary Symbols	Use metric system

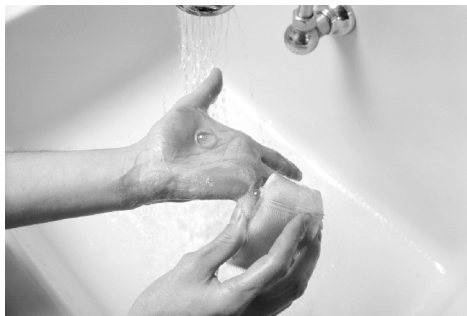
## **VII Hand Washing Indications**

In the absence of a true emergency, personnel should always wash their hands:

- Before performing invasive procedures.
- Before taking care of susceptible patients, such as those who are severely immunocompromised and newborns.
- Before touching wounds.
- After situations during which microbial contamination of hands is likely to occur, especially those involving contact with mucous membranes, blood or body fluids, secretions, or excretions.
- After touching sources that are likely to be contaminated.
- After taking care of an infected patient.
- Between contacts in high-risk units.
- Most routine, brief patient-care activities involving direct patient contact other than discussed do not require hand washing. Example: taking a blood pressure.
- Most routine hospital activities involving indirect patient contact such as handing patient medications, foods, or other objects, do not require hand washing.

### **Hand washing Technique**

- For routine hand washing, a vigorous rubbing together of all surfaces of lathered hands for at least 10 seconds, followed by thorough rinsing under a stream of water is recommended.



### **Hand washing with Plain Soap**

- Plain soap should be used for hand washing unless otherwise indicated.
- If bar soap is used, it should be kept on racks that allow drainage of water.
- If liquid soap is used, the dispenser should be replaced or cleaned and filled with fresh product when empty; liquids should not be added to a partially full dispenser.

### **Hand washing with Antimicrobial-Containing Products**

- Antimicrobial hand washing products should be used for hand washing before personnel care for newborns and when otherwise indicated during their care, between patients in high-risk units, and before personnel take care of severely immunocompromised patients.
- Antimicrobial-containing products that do not require water for use, such as foams or rinses, can be used in areas where no sinks are available.

## **VIII Annual Competencies and Qualifications**

The hospitals that we provide with supplemental staffing require us to maintain current credentials on our nursing staff. Since certain requirements must be met to work at their facilities, it is very important to keep your employee file up-to-date.

### **The following credentials must be updated annually:**

- RN, LPN, Respiratory Licenses.
- TB Testing
- National Patient Safety Goals
- Clearview Testing
- Skills Checklist
- Respirator Fit Test

### **The following credentials must be updated every 2 years:**

- CNA certifications
- Chest X-Rays (If you have ever tested positive for TB)
- BCLS, ACLS, PALS, NRP and any other certifications

## **IX. Medication Variations**

Advantage Nursing Services, LLC encourages staff personnel to report any medication variation or patient harm while the medication is in the control of the health care professional, patient or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring and use.

### **TYPES OF MEDICATION VARIATIONS:**

Medication Variations are analyzed by the types of breakdowns within the medication system. The categories of variations may not be mutually exclusive because of the multidisciplinary and multifactorial nature of medication variations. Medication variations are categorized along each functional step of the medication cycle: ordering, transcription, preparation and dispensing, administration, monitoring, equipment /environment and contributing factors.

**Order Variation** – Types of ordering variations include: inappropriate medication selected, inappropriate dose, illegible order, duplicate order, order not dated/timed, wrong patient/chart selected, contraindications, verbal order misunderstood, verbal order not written in the chart, wrong frequency, route, therapy duration, alert information bypassed or use of nonstandard nomenclature or abbreviations.

**Transcription variation** –Transcription involves both the orders that are manually transcribed onto manual record (e.g., medication administration record (MAR) and electronically transcribed into computer systems (e.g., into the pharmacy computer system). Types of transcription variations include: wrong medication, time, dose, frequency, duration, rate patient/chart, verbal order misunderstanding, medication administration record reconciliation problems, Order not manually transcribed onto medication administration record, and wrong pharmacy order entry.

**Preparation/Dispensing Variation** – Types of preparation and dispensing variations include: Inaccurate labeling, wrong quantity, medication, dose, diluent, formulation, expired medication, automated dispensing systems refill variation, and delay in medication delivery.

**Administration Variation** – Types of administration variations include: Wrong patient, dose, time, medication, route, rate, omission, extravasation (may be an adverse drug reaction) and unauthorized dose given.

**Equipment Environmental Factors** – Types of equipment environmental problems included: look alike/sound-alike problems, pump problems, problems, computer problem, equipment availability, and packaging/design problem.

**Contributing Factors** – Types of contributing factors include: fatigue, calculation variation, knowledge deficit, performance deficit, workload, computer software issue, computer downtime, hybrid system (manual/computer processes), lack of communication between practitioners, missing critical info, alert bypassed, MAR reconciliation process, order entry into pharmacy systems, accessed via override, charting related variation, medication reconciliation at transitions.

**Other** - Any system breakdown that is not captured with one of the above predefined breakdown point should be classified as “other” and described.

## **Medication Variation Exceptions:**

### **Omission Variation**

The failure to administer an ordered dose to a patient before the next scheduled dose, if any. Exclusions would be (1) a patient's refusal to take the medication or (2) a decision not to administer the dose because of recognized contraindications. If an explanation for the omission is apparent (e.g. patient was away from nursing unit for tests or medication was not available), that reason should be documented in the appropriate records.

### **Wrong Time Variation**

Administration of medication within 60 minutes from its scheduled administration time excluding doses that deviate due to logistical administration.

### **Wrong dosage form variation**

Administration to the patient of a drug product in a different dosage form than ordered by the prescriber. Excluded would be accepted protocols (established by the Pharmacy and therapeutics committee) that authorize pharmacists to dispense alternate dosage forms for patients with special needs (e.g., liquid formulations for patients with naso-gastric tubes or those who have difficulty swallowing), as allowed by state regulation.

## **MEDICATION VARIATION REVIEW**

Upon discovery of an unusual incident regarding a medication, the staff member should immediately notify the nursing staff and attending physician or immediate clinical supervisor in the area assigned. The staff member will report the incident immediately by submitting an occurrence/incident report according to the facility guidelines. If the variation occurred that resulted in potential patient harm, the employee is to contact Gary Cousins, RN, Chief Nursing Officer, immediately. If the patient has sustained serious illness/injury as a result of the incident, Bill McNary, Risk Management must be notified. The medication variation report should include:

1. Patient demographics (name, location, medical service)
2. Notation as to medical personnel who were notified of the incident (i.e. physician)
3. Type of System Breakdown
4. Severity rating of the incident
5. Name and title of person reporting and how to contact them
6. Accurate description of incident
7. Action to be taken by Advantage Nursing Services:
  - a.) First Occurrence: Gary Cousins to follow-up with personnel involved in the incident. Employee must complete the incident/occurrence report required for the facility. **DO NOT COPY** the facility incident/occurrence report. Write a separate occurrence of the incident on paper or in e-mail format to Gary Cousins, RN, Chief Nursing Officer, to review. If the incident did not result in patient harm, the individual will be provided counseling from Gary Cousins. If the incident resulted in patient harm, the employee would be required to complete the following continuing educational activities: 1 hours of continuing educational activities related to risk management and 1 hours of continuing educational activities related to medication administration.
  - b. Second Occurrence: if the incident did not result in patient harm, the employee will complete the follow educational activities: 1 hours of continuing educational activities related to risk management and 1 hours of continuing educational activities related to medication administration. If the incident resulted in harm, the employee would be required to complete the following continuing educational activities: 2 hours of continuing educational activities related to risk management and 2 hours of continuing educational activities related to medication administration.
  - c.) Third Occurrence: action to be determined by the Chief Nursing Office and Risk Management.