Course Title: Powerchart Nursing for School of Nursing Faculty and Student Nurse

Instructor(s): 

Date: _______________ Time: _______________

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Nursing School</th>
<th>Training Hospital</th>
<th>Training Unit</th>
<th>Circle one:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student</td>
</tr>
</tbody>
</table>

**** In order to receive CERNER – FUSION access please submit the following forms to the Southwest Healthcare System Information Services Department:

1. Sign-in sheet
2. Completed Computer Access Request Form
3. Universal Health Services Confidentiality Agreement Form
### Medication Administration Competency

<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>Standard Met</th>
<th>Standard Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Document a set of vital signs on your patient if not entered in the last hour.</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Sodium Chloride 0.9% 1,000 mL 1,000 mL, Soln-IV, IV, 125 mL/hr, Start date: 03/28/12</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>8:32:00 PDT, Stop date 04/27/12 8:31:00 PDT, Total volume</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>2. Your patient's Sodium Chloride IV bag infused. Hang the second bag and document in the MAR.</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>3. The doctor asked you to recheck the patient's POC glucose and administer the insulin coverage using the sliding scale. The patient's glucose resulted as 255.</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>insulin regular (Novolin R) Sliding Scale, Injection-Insulin, SubCutaneous, Before</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>4. The patient states they are no longer nauseous and can take the Tylenol. Acknowledge the vital signs and document the administration of the Tylenol.</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>acetaminophen (Tylenol) 650 mg = 2 Tabs, Tab, Oral, q6H PRN Pain 1 - 3 [Mild]</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>5. The patient complains of pain in the IV site immediately after starting the Vancomycin. The IV is removed and you are unable to insert another site. Unchart the Vancomycin as none of the dose was administered.</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

**Assessment Test Question 80% Pass**

**COMMENTS**

______________________________

______________________________

Employee Name ___________________ Dept ___ Date __________

PRINT

Employee Name ___________________ Employee number __________

SIGNATURE

Evaluator Name (PRINT) ___________________ Date __________

Evaluator Initials/Signature ___________________ Date __________
Universal Health Services, Inc., through its healthcare facilities is committed to maintaining the highest standards of confidentiality. The responsibility to preserve the confidentiality of all information (electronic, verbal or written) rests with each employee, staff member and participant in the healthcare process. In the performance of their duties, employees, physicians, consultants and vendors may at some time be required to operate computer equipment or have access to software systems; this information is also confidential.

All persons are surrounded by confidential and sensitive information and must understand their personal responsibility to comply with security policies.

I AGREE TO THE FOLLOWING:

- I agree that all sources of patient related information shall be held in the highest level of confidentiality. That means that I agree not to release or discuss any information except with those individuals directly responsible for the care of the patient in question.

- I agree to access only information sources, specifically computer systems, as required for the performance of my direct responsibilities.

- I agree to maintain my assigned passwords that allows my access to computer systems and equipment in the strictest confidence and not to disclose my (or anyone else’s) password to anyone, at any time, for any reason. I understand that my access is my legal signature, and that giving my password to another makes me responsible for their actions. I also agree not to make a record of my password (either mine or anyone else’s) in any manner. If accidental disclosure should result in inappropriate access, I can be held responsible.

- I agree to contact my supervisor or department director immediately if I have knowledge that any password is revealed.

- I agree not to operate or attempt to operate computer equipment without documented formal training from a designated UHS agent.

- I agree not to demonstrate the operation of computer equipment to anyone without specific authorization.

- I agree not to disclose any confidential information obtained during the course of my responsibilities. This includes, but is not limited to, patient, employee, financial, physician or medical information (electronic, verbal or written), as well as, the design, programming techniques, flowcharts, source code, screens and documentation created by the company employees or outside sources.

- I agree that no software or disks brought from home or any sources outside the facility is to be used or loaded onto the facilities equipment without the direct approval of the facility Information Services Director.

- I agree to report all activity that is contrary to the issue in this agreement to my supervisor, department director, facility Information Services Director, or the Risk Manager.

I understand that this form will become an official part of my employee/medical staff/contractor file and that failure to comply with the above policies will result in formal disciplinary action, up to and possibly including:

- Termination from Universal Health Systems, Inc. or its subsidiaries in the case of employees or agents, or Termination, voiding or cancellation of agreements, contracts, etc. with physicians, consultants, or vendors, etc.

Responsible Party – Signature ____________________________ Responsible Party – PRINT NAME ____________________________

Today’s Date ____________________________

Please check all that apply:

( ) Agency/Contract  ( ) Employee  ( ) Vendor  ( ) Consultant  ( ) Physician  ( ) Student
Southwest Healthcare System CERNER - FUSION

Faculty Instructor and Student Nurse Test

Print Name: ________________________ Nursing School: ________________________

SWHCS Hospital: ________________________ Unit: ________________________

Directions: Please circle one answer.

1. When a **blue circle with a white X** appears it represents?
   a. Incomplete required information.
   b. A nurse review is needed.
   c. A duplicate order has been entered.

2. What action should you perform when information was documented in the wrong patient’s chart?
   a. Return to the information, right click and select unchart.
   b. Return to the information, left click and select modify.
   c. Return to the information, right click and select charted in error.

3. To document a current event in IView with IO
   a. go to the **time heading** cell, right click and select every 15 minutes.
   b. go to the **time heading** cell, right click and select actual.
   c. go to the **time heading** cell, left click and select hourly.

4. How do you document a new peripheral IV site in IView with IO Adult Lines and Devices?
   a. Select the Central Line section, left click once on the dynamic group icon, left click the central line title to name the site, and document the IV start in the column.
   b. Select the Adult Assessment band, go to the **first cell** and double left click the column
   c. Select the Peripheral Line section, left click once on the dynamic group icon, left click the peripheral line title to name the site, and document the IV start in column.

5. Purple font color in the IView with IO section means
   a. you have not signed your documentation.
   b. you have signed your documentation.
   c. you cannot change your documentation.
6. Which of the following options ensures you are looking at the most recent data for the currently opened patient record?
   a. Select Refresh
   b. Select Orders for Signature
   c. Select Sign

7. The time clock icon in the Patient Task List represents which of the following options
   a. Nurse review
   b. Overdue
   c. Due now

8. To chart an intervention on the patient task list, which is the best option
   a. go to the item listed in the patient task list, double right click to open the form.
   b. go the item listed on the patient task list, left click and chart done.
   c. go to the item listed on the patient task list, double left click to open the form.

9. When a **discern alert** is displayed the best action is to
   a. read the alert and minimize it.
   b. read the alert and close it.
   c. read the alert and cancel it.

10. Which of the following is the correct option to **add** a new patient to your **custom list**?
    a. Enter the patient’s name in the search box, double left click the patient’s name and open the patient’s chart.
    b. In the location list, right click the patient’s name and select add to a patient list, and left click on your list name.
    c. Select the green man with the red X, enter the patient’s last name in the search box, and select the name from the list.
Southwest Healthcare System (SWHCS)

School of Nursing Faculty and Student Nurse CERNER Introduction Guide

Welcome to Southwest Healthcare System. We are a 2 hospital system that consists of Rancho Springs and Inland Valley Medical Centers.

Southwest Healthcare System has just completed the implementation of a new electronic medical record (EMR). We have customized our EMR from the CERNER Corporation and named it FUSION.

Please review the HIPAA policy at your assigned facility and sign the HIPAA compliance form prior to working in our clinical units.

Training objective: To develop a process for training School of Nursing (SON) faculty and nursing students to document and administer medications with the FUSION EMR.

Training method: The SON faculty and nursing students will complete a 4 hour interactive training class with a FUSION trainer. Training classes will be held at a SWHCS classroom with a computer that has a training program.

SON faculty can be deemed a trainer after completion of one class as a learner and one class as a trainer. Faculty must be observed and signed off by a SWHCS trainer. A trainer certificate will be provided to the faculty member after completion of training. Faculty trainers must call their hospital contact to schedule a computer classroom for student training. It is recommended to provide the contact with an advance notice to schedule a computer classroom.

Training outcomes: SON faculty and nursing students will be provided authorization to access the EMR after completing the following:

1. Passing a written test and competency with a passing score of 80% or greater.
2. Signing and dating a SWHCS confidentiality agreement form. If subsequent semester clinicals occur at another SWHCS facility or unit a new SWHCS confidentiality agreement will need to be signed.

Training goals include:

1. Logging into FUSION
2. Creating a Patient List
3. Reviewing Care Compass
4. Opening the Patient Chart
5. Navigating the Patient Chart
6. Using the Chart Menu
7. Beginning your Shift Workflow
8. Working with Tasks
9. Workflow
10. Understanding Discern Alert
11. Using AdHoc charting forms
12. Viewing, modifying and uncharting PowerForms
13. Charting in IVView with IO
14. Documenting home medications
15. Practicing Medication Administration Workflow
16. Logging off

RN Nursing Students cannot perform the following tasks in the EMR:

1. Enter any patient orders including: medication, lab or radiology.
2. Change or add patient allergies.
3. Enter a consulting physician.
4. Discharge a patient without the involvement of the RN preceptor assigned to the patient.