Orientation for Nursing Faculty
MedStar Good Samaritan Hospital

Part I:
2014 to 2015 General Information
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Part I

Welcome to MedStar Health and to MedStar Good Samaritan Hospital!

We are delighted that you have chosen our hospital for your clinical rotation and we remain committed to providing your students a high quality clinical experience in a nurturing environment. We have over 270 clinical students annually and were able to support a large number of practicum student placements last year.

This manual is intended to facilitate your orientation process at MedStar Good Samaritan Hospital.

As an organization, we must ensure that we are continuously in compliance with regulatory agencies’ and accrediting bodies’ standards, as well as legal statutes set forth by the State for clinical instructors and nursing students working within our facility. MedStar Good Samaritan Hospital is part of the MedStar Health and must adhere to all MedStar policies. It is essential that we have knowledge of all students and instructors working in our facility and that we ensure that both students and instructors have received a high-quality orientation.

We appreciate all the cooperation we have received in the past from schools and faculty in providing us with all the required documents for clinical rotations. Outlined below are the expectations that we have of the schools and faculty. Also outlined is a list of what you can expect from the clinical placement office. Please be aware that clinical instructors and the students will not be allowed on any nursing unit until all paperwork is received and verified for completion.

Schools:

1. Please provide a list of the faculty assigned for each clinical rotation 2 weeks prior to the start of clinicals. If the clinical instructor was not assigned through CAHS, please email the Clinical Placement Coordinator 2 weeks prior to the start of clinicals.

2. Use the Medconnect Access Request forms and the Pyxis access request form provided in Part IV of the Faculty manual; please submit requests for student and faculty accesses at least two weeks prior to the start of clinical. All parts of the forms must be completed including school ID number. Due to security reasons, Medconnect and Pyxis accesses will be inactivated at the end of each clinical. A new request form must be submitted before the next rotation.

Clinical Instructors:

1. Clinical instructors should review the MGSH Faculty Manual with students on the first clinical day. To access the MGSH Faculty Manual go to:
http://www.medstargoodsam.org/nursing and select Nursing Faculty manual from the left navigator bar.

2. New clinical instructors are required to meet with Joy Burke, RN, MSN, CCRN, Clinical Site Coordinator to receive an orientation to the facility and Medconnect training PRIOR to the start of clinical.

3. New clinical instructors are required to orient a MINIMUM of 4 hours on the unit where they will have their students. If an instructor will be bringing students to a unit that is different from where she/he has had prior clinicals, the instructor is required to work a MINIMUM of 4 hours orientating on the new unit.

4. Clinical instructors must complete MedConnect computer training at a MedStar facility prior to the clinical rotation (four-hour course). Contact Joy Burke for class dates and times. Instructors who have NOT completed this training will NOT be permitted to begin a clinical rotation.

5. All required paperwork MUST be completed and returned to Joy Burke on the first day of clinical. These documents include:

   a. Course Objectives
   b. Current Instructor resume or CV
   c. Documentation Summary Form
   d. Student Roster
   e. Instructor and Students’ Confidentiality Statement
   f. User Confidentiality Agreement and Acknowledgement of Responsibilities Form
   g. Safety, TJC, Infection Control Signature Sheet
   h. Medication Administration Patient Identification Signature Sheet for Instructors
   i. MedStar Code of Conduct Attestation Form
   j. Certification of Student Requirements (Background Check & Drug Screen verification Form must be emailed by school administrator)
   k. Faculty Medconnect Verification Form
   l. Faculty Pyxis & Medconnect Access Requests (Complete and email to Joy Burke. No paper copies accepted)
   m. Student Medconnect Access Requests (Complete and email to Joy Burke. No paper copies accepted)
   n. Verification of Flu Vaccine
   o. Faculty Information Form

Clinical Placement Office:

1. Clinical Placement Office, (443-444-5790), can reserve a computer lab for faculty to provide Medconnect training classes each semester. The elearning center (ground floor) or Parker 5 (1st floor) can be reserved for training. Please contact Joy Burke to
schedule a training room. **Include the date of your request with the start time and end time.**

2. The Clinical Placement office will provide Medconnect Access for students and faculty and Pyxis access for faculty. Requests must be completed and sent electronically using the forms in this packet. It takes two weeks to secure access for individuals once requests for access has been submitted to Joy Burke.

3. Observation placements - Clinical instructors who would like additional observational experiences for their students must make their request by email to Joy Burke the first week of the student clinical rotation. In the past student observational experiences have included the Cath lab, IV Therapy, Physical Therapy, rounding with the Wound/Ostomy nurse, and outpatient practices. **Clinical instructors should not contact managers or educators of these areas to pre-schedule their students.** Observational requests will be handled on a first come, first serve basis.

4. It is important that student and clinical instructor evaluations are turned into Joy Burke on the last day of each clinical rotation. The results of these evaluations are shared with the respective Patient Care Managers to acknowledge how well their staff received and supported visiting students and faculty.

We are excited that the new school year will be beginning shortly. We hope that your experience is a good one and welcome feedback and input throughout your clinical rotation. Please let us know how we can best assist you and your students to make this an optimal learning experience and do not hesitate to call if you have any questions. Thank you for your cooperation and we look forward to another great year.

Best Regards,

Joy Burke, RN, MSN, CCRN
Clinical Coordinator/Clinical Specialist/ Staff Development
Clinical Placement Office
joy.burke@medstar.net
443-444-5790 (office)
443-444-4250 (fax)
MedStar Good Samaritan Hospital (MGSH), a member of MedStar Health and winner of the American Psychological Association’s “Healthy Workplace Award”, is a 346-bed community teaching facility located at the corner of Loch Raven Boulevard and Belvedere Avenue in northeast Baltimore. For over 45 years we have provided adult medical and surgical services to our community. Today MGSH has Centers of Excellence in orthopaedics, rheumatology, rehabilitation, burn reconstruction, and renal care. We are also a certified Stroke Center. Good Samaritan has a full service Emergency Department and an Ambulatory Surgery Department. Recently, MGSH and Medstar Union Memorial Hospitals have partnered to create a new coordinated cancer program.

MGSH has teaching affiliations with many Baltimore area teaching institutions, including Baltimore City Community College, Community College of Baltimore County, Coppin State University, Harford Community College, Johns Hopkins SON, Notre Dame of Maryland University, Morgan State University, Stevenson University, Towson University and University of Maryland.

The patient care units have the following specialties:

- **2 East:** Rehab - Spinal cord injuries/neuro. Some medical overflow
- **2 West:** Rehab - Stroke/neuro and some medical overflow
- **3 East:** Heart Care Unit – Telemetry; monitored
- **3 West:** Intermediate care - Critical care step-down; ventilated patients; respiratory medicine: Med/surg
- **4 East:** Short Stay Unit – Cardiac monitored; Observation status (patients less than 24 hour)
- **4 West:** Transitional Care Unit - Sub acute step-down following long term care regulations
- **5th Floor:** Oncology/Rheumatology; medical; End-stage renal disease; vascular surgery; urology; general surgery
- **O’Neill 3:** Adult Orthopedics - specializing in hip and knee replacement and other related specialty surgeries; thoracic surgery; limited medical overflow; intense physical therapy on unit. This unit is open Monday through Friday Only
- O'Neill 4: Stroke; End-stage renal disease; vascular surgery; urology; general surgery

The ED, OR and Ambulatory Surgery are on the first floor. MGSH also has several outpatient and an inpatient renal dialysis units. Also there are many outpatient services.

Mission, Vision and Values

Knowledge and Compassion Focused on You

MedStar Health Mission

We are Good Samaritans, guided by Catholic tradition and trusted to deliver ideal healthcare experiences

MedStar Health Vision

To be the trusted leader in caring for people and advancing health

The MedStar SPIRIT Values

**Service**
We strive to anticipate and meet the needs of our patients, physicians, and co-workers.

**Patient first**
We strive to deliver the best to every patient, every day. The patient is the first priority in everything we do.

**Integrity**
We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.

**Respect**
We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.

**Innovation**
We embrace change and work to improve all we do in a fiscally responsible manner.

**Teamwork**
System effectiveness is built on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.
MGSH Goal

Our goal is to provide EXCELLENT care. MGSH is an organization committed to values. Our values are reflected in our Behavior Expectations, including Recognition, Ownership, Communication, Courtesy, Enthusiasm, and Teamwork.

General Information for Instructors

Documentation Required From the Nursing Instructor Includes:

MGSH is making every effort to be in compliance with the agreements established by MedStar Health Student Placement Committee.

Prior to the start of any clinical rotation, each school is required to complete the documents included in this packet.

The Documentation Summary and all documents referenced in the Documentation Summary must be completed and signed by the clinical instructor and turned into the Department of Education on or before the first clinical day. We request that clinical assignments are arranged at least 3 weeks prior to start of a semester. This should allow ample time to arrange and participate in a 4 hour share day (mandatory for any instructor new to a unit) and have all required documents completed. Clinical instructors who do not complete the required documentation on the first day of the clinical rotation will not be permitted to participate in the clinical experience.

All forms are to be completed and returned to Joy Burke, Nursing Education [mailbox is located in the Nursing Office on the 3rd floor near the main elevators]

Orientation/Share Day

Instructors who are new to Good Samaritan hospital or are new to a unit are required to participate in a 4-hour share day on that unit and attend a 4-hour Medconnect documentation class (computerized documentation).

Contact the Clinical Coordinator to arrange your orientation/share day.

Pre-/Post-Clinical Meetings

Conference room and classrooms are NOT readily available for post conference meetings. If the staff lounge is available, you should speak with the Patient Care manager or the charge nurse to request using the room.

Some pre- and post-conferences are held in the lobby. Please do not rearrange furniture in the lobby for conferences.

ATM Machines

There are two ATM machines located on the first floor off the main lobby.
**Bedside Shift Report**
Bedside Shift reporting occurs on all in-patient units. Report will begin promptly at 7am – 3pm – 7pm – 11pm at the bedside. See Guidelines for Bedside Shift Report.

**Cafeteria**
The *Belvedere Bistro* cafeteria on the Ground floor is open 7:00 a.m. – 7:00 p.m (closed 10:30am -11:00am to prepare for lunch)
The *Spice of Life Café* located on the first floor is open from 7:00 a.m. to 3:00 p.m.

**Cell Phones**
Personal phone calls are discouraged and therefore should be turned off while in patient care areas. Use of personal cell phones must be limited to non-duty hours or break periods. Please ask students to turn off their phone during clinical.

**Chapel**
The Hospital chapel and prayer room are open 24-hours a day and located on the first floor off the main lobby.

**Dress Code**
All instructors must obtain a MedStar Good Samaritan Hospital photo ID badge from the Clinical Placement Coordinator. Contact the Clinical Placement Coordinator to schedule a time to get your badge.

**Per Our Chief of Security:** Badges will be stored in the nursing office on the 3rd floor. In the nursing office - sign out your badge at the beginning of clinical rotation and return your badge to the nursing office at the end of each clinical. Your compliance is mandatory.

Students must wear their school ID badges at all times while on campus. Badges should be clearly visible and worn above the waistline.

Clinical instructor and students should follow the dress code of the college. Students must wear school uniforms.

Note: Nurses at MGSH wear scrubs with any combination of blue and white (at least one item must be white). Care Associates wear burgundy and blue.

**Injury/Exposure**
If you are injured or exposed to blood/body fluids, notify the supervisor and complete a hospital incident report. Treatment is provided by Employee Health during the day and by the Emergency Department during other hours. Report body/blood fluid exposure to Employee Health or after hours, call 410/780-CARE. Please report ALL injuries to the Clinical Placement Office. An occurrence report is required to be completed by the hospital.

Employee Health (x4390)

**Medication Administration and Safety**
Medication safety and accurate administration is very important and should be in
accordance with regulatory requirements and nursing-pharmacy policies and procedures. Please review MGSH medication administration policies on StarPort.

It is against the Maryland Nurse Practice Act and hospital policy for any student to administer any IV push medication or chemotherapy agent.

**Occurrence Reporting**
Anything that happens that is not part of the routine operation of the hospital or the care of the patient must be reported. Patient and visitor occurrence and potential occurrences should be reported in the on-line reporting system. This reporting is anonymous, and non-punitive.

**StarPort**
StarPort is MGSH’s Intranet and can be accessed from all computer desktops:

1. Click on Internet Explorer icon on desktop. This takes you to StarPort Home Page.
2. Select “Policies” to view Nursing policies
3. Select “Clinical Enterprise” then “Nursing” to view the Nursing page.

**Par Excellence**
Par Excellence is a computerized system that tracks supplies. Nursing units will orient instructors to the method of “tapping” to remove and charge supplies.

**Parking - Student & Instructor:**
Students and instructors must park only in the employee parking lot off Woodburn Avenue (lower lot). Do not park in any slot marked patient/visitor/church. A shuttle bus is runs every few minutes from the lower lot. Allow 10-15 minutes for transport from the lower lot to the hospital.

**Pevco**
All inpatient units will provide orientation for instructors to the Pevco system (our pneumatic tube system for sending lab specimens) and to the nurse call system (Comm-Tronics).

**Pyxis Request Process**
All inpatient-nursing units use an interdisciplinary approach to planning care for patients. Instructors requiring access to the Pyxis Medstation for the purpose of supervising administration of medications by students will be assigned access codes. These clinical codes will only be effective for ONE semester. Instructors are asked to submit a new pyxis access request for each new clinical rotation.

**Rapid Response**
The Rapid Response Team is available 24 hours, 7 days per week. From any phone, dial 11 to activate. Provide the operator with your name, the location of the code, and type of code.

**Smoking**
Good Samaritan Hospital is a SMOKE FREE hospital.
Unit Policies & Procedures (StarPort – GSH Intranet)
Each unit has a general nursing policy & procedure book. In addition, policies can be accessed from any computer by opening StarPort, MGSH’s Intranet. (See StarPort)

Security Assistance:
When safety of patients, visitors, or staff is threatened or you note unusual behavior by visitors within the hospital -- report this immediately to your supervisor or to Security at x4300. “CODE PURPLE” is the code for security assistance.

Security:
Nursing students should be reminded that lockers are not available and that personal items should be kept to a minimum. Ask the Patient Care Manager on your unit where purses and coats should be kept.

Universal Emergency Codes
The hospital code for Cardio-Pulmonary Arrest is “CODE BLUE” – adult, child/infant. Dial 11 to report an arrest.

CODE RED – Fire
CODE PINK – Infant or Child Abduction
CODE BLUE – Cardiac Respiratory Arrest
CODE GREEN – Combative Person
CODE GOLD – Bomb Threat- dial security at x4300
CODE ORANGE – Hazardous Material Spill
CODE GREY – Elopement
CODE PURPLE – Security Only Response
CODE YELLOW – Disaster or Emergency (Internal or External)
CODE SILVER – Active Shooter Hostage

Violence in the Workplace
Verbal or physical aggression may occur between patients, families, staff or visitors. Basic motives for violence and disruptive behavior include fear, anger and frustration. Steps to verbal crisis intervention include:
• Address the patient or visitor by using his or her name
• Introduce yourself and convey your concern and respect for the patient
• Ask if there is anything you can do to help
• If the patient or individual is holding an object STAY OUT OF RANGE
• Be calm, empathetic and in control
• Be professional and courteous
• Report the incident. Contact the supervisor.

Verbal Orders
Students should not take a verbal or phone order from a physician.
1. The off-going shift will:
   a. Print a summary report for each patient.
   b. Assure the assignment for the on-coming shift is entered in MedConnect.

2. Communicate with your patients before the Bedside report starts.
   • During the last hourly round say, “We will be doing Bedside Report very soon, so is there anything you need at this time?
   • “During report we will be talking about your condition and your progress this past shift. Since we want to maintain your privacy, we will ask your visitors to step out during report. Please feel free to let us know if you would like them to stay”

3. Report will begin promptly at 7am – 3pm – 7pm – 11pm

4. A brief safety huddle will be conducted at the nurse’s station for all staff.

5. Introduce the oncoming nurse. Manage up. “Good morning Mrs. Smith. I am going home now; Barb is going to be your nurse today.” If your patient is in a semi-private room, say “I am going to pull your curtain to maintain your privacy.”

6. Update the white board.

7. Give report at the bedside.
   a. Use information from the computerized medical record, patient summary and Kardex using SBAR format
   b. Discuss with the patient and nursing team the patient’s condition as well as any tests, procedures and their purpose.
   c. Discuss/share the plan of care for the day.
   d. View the Task List and/or Patient Access List (PAL) from the WOW. Assure that care tasks from previous shift have been documented: Assessments, medications, responses to treatment, pain re-assessments.
   e. Discuss sensitive information before or after report outside of the room

8. Check the equipment and supplies in the room.
   a. Visualize lines, drains, drainage bags, dressing, and equipment.
   b. A picture is worth a thousand words! “Mrs. Smith, we are going to check your IV and dressing to make sure everything looks okay.”

9. Address the four P’s
   a. Pain: How is your pain?
   b. Position: Are you comfortable – remind and/or assist patient to change positions
   c. Potty: Do you need to go to the bathroom?
   d. Possessions: place processions within reach
Code of Conduct
The MedStar Good Samaritan Code of Conduct is the foundation for how we interact with our patients, co-workers, vendors, and other persons. The Code of Conduct is based on our Mission and Patient-First philosophy of doing business and the shared common values that drive us. Students and Faculty are required to read the Code of Conduct and sign an Attestation Statement included in Part IV.

♦ Questions may be directed to your supervisor, facility compliance Director, Human Resources Dept., MedStar Health’s Corporate Compliance Officer or the Compliance Hotline (410-931-3554).

Confidentiality (See HIPPA)
Follow HIPAA regulations:
- Do not discuss patient names or conditions in public places.
- Make sure patients are properly covered at all times maintaining patient privacy.
- Close doors and draw curtains around patients when they are receiving care.

All patient complaints should be reported to your supervisor. Only review or access the materials and information necessary to fulfill your obligations at Good Samaritan Hospital.

Corporate Compliance
Ethical and legal concerns should be brought to the attention of the unit manager or supervisor. To remain anonymous, call the Corporate Compliance Hotline. If no one is available, please leave a detailed message on the Hotline (available 24/7). Report violations related to any of the following:

- Fraud and abuse
- Unethical conduct
- Thefts, bribes or kickbacks
- Falsification of billing or patient records
- Billing and coding concerns

Domestic Violence/Abuse/Elder Abuse and Neglect
Each health practitioner who contacts, examines, attends, or treats an alleged vulnerable adult and has reason to believe the person has been subjected to abuse is required by law to notify the local Department of Social Services Adult Protective Services.

Report concerns about domestic violence or abuse to the unit manager or charge nurse.

Emergency Medical Treatment and Active Labor Act (EMTALA)
This is a Federal law that requires that any person who seeks emergency treatment must receive a medical screening exam. Screening must not be delayed. Signs must be posted that state, “ Patients are entitled to an emergency screening. Failure to comply with this law will result in:

- Loss of Medicare Reimbursement for six months.
- $50,000 fine per occurrence
• Loss of JCAHO certification
  Personnel must assist anyone in need of treatment on the GSH campus.

**Safe Medical Device Act**
Federal legislation requires the reporting of any patient injury involving a medical device. A medical device is anything used in delivering patient care, which is not a drug. Medical devices include equipment such as beds, wheelchairs, infusion pumps, x-ray equipment, etc. If problems arise with a medical device, take the device out of service and report it immediately to your supervisor who will assist you in following standard reporting procedure.

**Emergency & Mandatory Information:**
We have included a quick reference sheet with disaster codes and extensions to call for various emergencies or injuries. This booklet also has a review of mandatory information including fire and electrical safety, hazardous materials, infection control and abuse in the hospital setting. Be aware that, as part of our fire safety program, regular fire drills and tests of the fire alarm system do occur. Check with your unit about specific unit policies and for locations of exits and fire extinguishers. *It is the instructor's responsibility to review all safety information with students on or prior to the first clinical day.* The instructor must then sign off on the roster sheet that the students have been instructed in these mandatory topics.
Due to an ever increasing demand for patient/visitor parking at Good Samaritan Hospital (GSH), we are asking all nursing students and faculty to park on the lower level parking lots of the hospital, located on the back of hospital's campus, along Woodbourne Avenue. (Note: This policy also pertains to GSH employees.)

The easiest way to access the lower level parking lots is to enter by way of Woodbourne Avenue. The lots can also be accessed by entering the hospital’s campus, proceeding to the Professional Office Building (POB) and following the road directly in front of the POB.

There are two lots on the lower level – the St. Matthews extension lot, and the GSH lot. Please ask your students to fill the spots on the St. Matthews extension lot first. If no spots are available on the extension lot, students are asked to park on the GSH lot.

Once students have parked, they should proceed to the shuttle pick-up booth, and a shuttle will take them up to, and drop them off at, the POB. The POB entrance takes you to the Ground Floor of the Hospital. Students can take the POB elevator to the first floor, make a left, and they will arrive at the Main Lobby of the Hospital.

We appreciate your cooperation with this important parking policy, which frees-up the upper level parking for patients and visitors. Thank you!!

* Students should allow 10-15 minutes for transport from the lower lot to the hospital.
From the Northeast
Take I-695 to Loch Raven Boulevard, South. Alternatively, take either Harford Road, Perring Parkway or Belair Road South, make a right onto Northern Parkway and then a left onto Loch Raven Boulevard. Cross over Belvedere Avenue and take a left into the hospital driveway.

From the Northwest
Take I-695 to I-83 South. Exit onto Northern Parkway, East. Turn right at Loch Raven Boulevard. Cross over Belvedere Avenue and take a left into the hospital driveway.

From the South
Take I-95 North through the Fort McHenry Tunnel to Exit 60, Moravia Road. Moravia turns into Cold Spring Lane after Harford Road. Proceed on Cold Spring and turn right (north) onto Loch Raven Blvd. After you pass Woodbourne Avenue and St. Matthew's Catholic Church, take a right into the hospital driveway.

From BWI Airport
Take I-195 west (exit from airport). Follow to I-95 North (toward Baltimore). Take I-95 North through the Fort McHenry Tunnel to Exit 60, Moravia Road. Moravia turns into Cold Spring Lane after Harford Road. Proceed on Cold Spring and turn right (north) onto Loch Raven Blvd. After you pass Woodbourne Avenue and St. Matthew's Catholic Church, take a right into the hospital driveway.
Phone Usage and Dialing Instructions

Initiating a STAT Page (Emergencies Only):
- Dial “11” from any in-house telephone. The paging operator will answer, giving priority over all other pages.
- Give the name of the person to be paged and the location of the emergency.
- The paging operator will “voice page” on the overhead system, giving the location where that person is needed.

Internal Calls
To call another in-house extension:
- Consult the phone directory for the extension
- Listen for a dial tone
- Dial the desired four-digit number

To call the hospital telephone operator:
- Listen for a dial tone
- Dial “O’

To request a telephone repair:
- Listen for a dial tone
- Dial the MedStar Health Help Desk – HELP or ext 4357

Paging Instructions

Pager Access Instructions:
Access within Good Samaritan Hospital:
- Dial 9 + (410) 932 + the last four digits of the page number

After the tone, enter your 10 digit telephone number (area code + number) for return call. To indicate an urgent call, enter your telephone number followed by 91
# Quick Reference Guide
## Frequently Used Telephone Numbers

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<td>Case Management</td>
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<td>Central Stores</td>
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<td>Dr. Sireesh Tripunancini</td>
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<td>Dr. Mohammed Khan</td>
<td>410-607-4833</td>
</tr>
<tr>
<td>Dr. Mills</td>
<td>410-932-8612</td>
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<tr>
<td>Dr. Dodo</td>
<td>410-471-8308</td>
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<tr>
<td>Dr. Oo</td>
<td>410-932-5389</td>
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<tr>
<td>Dr. Dubin</td>
<td>410-832-6577</td>
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<tr>
<td>Dr. Steiner</td>
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<tr>
<td>Dr. Sistani</td>
<td>410-806-0094</td>
</tr>
<tr>
<td>Dr. Vaughn</td>
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<td>Dr. Dange</td>
<td>410-445-3859</td>
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<tr>
<td>Dr. Ofori</td>
<td>410-439-7988</td>
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<tr>
<td>Dr. Mirza</td>
<td>410-909-9496</td>
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<tr>
<td>Dr. Scott</td>
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<td>Joanne Eich</td>
<td>4526</td>
<td>443-630-0700</td>
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<tr>
<td>Joy Burke</td>
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<td>Daisy Fischer</td>
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<td>Bonnie Ellis</td>
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<td>Kathy Gnardellis</td>
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<tr>
<td>Johanna Romero deSlavy</td>
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<tr>
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<td>Ivy Krauss</td>
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<td>Sherry Richburg</td>
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<tr>
<td>Yolanda Thornton</td>
<td>4460</td>
<td>443-444-1543</td>
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<tr>
<td>Debbie Wagner</td>
<td>4078</td>
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<td>IVRN: Charge Nurse:</td>
<td>410-932-0181</td>
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<tr>
<td>PICC Nurse</td>
<td>410-932-4876</td>
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## Nursing Leadership Contact Information

<table>
<thead>
<tr>
<th>DIRECTORS</th>
<th>TITLE/UNIT</th>
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<tbody>
<tr>
<td>Karen Droter, MSN, RN, ASPAN</td>
<td>Magnet Coordinator</td>
<td>4033</td>
<td>410-932-5423</td>
</tr>
<tr>
<td>Laura Purdue</td>
<td>Director - OR/ASU/PACU/ENDO</td>
<td>4089</td>
<td>410-932-7230</td>
</tr>
<tr>
<td>Joanne Eich, MSN, RN-BC</td>
<td>Director - Nursing Education/Staff Development</td>
<td>4526</td>
<td>443-630-0700</td>
</tr>
<tr>
<td>Kevin Platt, PT, MBA</td>
<td>Director, Senior - Rehab</td>
<td>4627</td>
<td>410-387-1960</td>
</tr>
<tr>
<td>Kim Sylvester, RN, MS</td>
<td>Director, Senior - Patient Care Services</td>
<td>4907</td>
<td>443-865-3757</td>
</tr>
<tr>
<td>Linda Carlson, RN, BSN</td>
<td>Director - ED</td>
<td>1745</td>
<td>443-791-5470</td>
</tr>
<tr>
<td>Nancy Hebert, RRT</td>
<td>Director - Respiratory Services</td>
<td>4318</td>
<td>410-932-8834</td>
</tr>
<tr>
<td>Shirley Roth, RN, MSA, CHE</td>
<td>VP - Patient Care Services</td>
<td>3918</td>
<td>410-790-3777</td>
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<tr>
<td>Vacant</td>
<td>Director - Clinical Informatics</td>
<td>3707</td>
<td>443-519-9942</td>
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<tr>
<td><strong>ASST. DIRECTORS OF NURSING</strong></td>
<td><strong>NEXTEL for outside calls:</strong> 410-984-9033</td>
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<tr>
<td>Sharon Bickauskas, RN</td>
<td></td>
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<td>Jo Ann Kennedy-Hoyte, RN, BSN</td>
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<td>Doris Phillip-Eley, RN</td>
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<tr>
<td><strong>PATIENT CARE MANAGERS</strong></td>
<td><strong>UNIT</strong></td>
<td><strong>Phone / Unit</strong></td>
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<tr>
<td>Cathy Rossetti, RN, CMSRN</td>
<td>O'Neill 3</td>
<td>8076</td>
<td>410-932-9601</td>
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<tr>
<td>Amy Keegan, RN, BSN, CEN</td>
<td>4East/SSU &amp; IV Therapy</td>
<td>4046</td>
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<tr>
<td>Barbara Buchanan, RN, BSN, CNOR</td>
<td>ASU/Endoscopy/PACU/PAT/PAIN MGMT</td>
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<tr>
<td>Carol Hiteshew, MS, RN, NE-BC</td>
<td>5th Floor</td>
<td>4054</td>
<td>4664</td>
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<tr>
<td>Carol Zeller, RN, MSN, CRRN</td>
<td>Rehab (2E/2W)</td>
<td>4207</td>
<td>4055/4050</td>
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<tr>
<td>Cathy Rossetti, RN, CMSRN</td>
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<tr>
<td>Ceci Pukacz, RN, BSN</td>
<td>4East/SSU &amp; IV Therapy</td>
<td>4046</td>
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<tr>
<td>Nasha Simoyi, RN, BSN</td>
<td>Renal Dialysis</td>
<td>4669</td>
<td>443-509-0817</td>
</tr>
<tr>
<td>Linda Hawes, RN, BSN</td>
<td>Cardiac Cath Lab/EKG/ECHO</td>
<td>4282</td>
<td>4570</td>
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<tr>
<td>Maureen Ryan</td>
<td>OR</td>
<td>3842</td>
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<tr>
<td>Rae Fodel, RN, BSN</td>
<td>ED</td>
<td>4115</td>
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<tr>
<td>Joanne Kennedy Hoyte</td>
<td>ICU/CCU</td>
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<tr>
<td>Rosine Castro, RN, BSN</td>
<td>HCU</td>
<td>5792</td>
<td>4065</td>
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<tr>
<td>Ruth Bertuzzi, RN, MSN</td>
<td>3West (IMC)</td>
<td>4064</td>
<td>4075</td>
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</tbody>
</table>

Patient Care Managers contact information is provided only as a reference.

**PLEASE DO NOT CONTACT ANY PATIENT CARE MANAGER DIRECTLY.**

All requests/questions MUST go through the Clinical Placement Coordinator: 443-444-5790
RAPID RESPONSE TEAM
(24/7)
DIAL “11”

Staff concerned that the clinically changing patient may need more intense treatment than is currently being provided for symptoms, such as:

- Heart rate changes of <60 or >120
- New onset of arrhythmias
- Respiratory distress/compromise RR <10 or abrupt dyspnea with RR >30
- Systolic Blood Pressure (SBP) decrease of 30% from baseline or SBP <90mmHg
- FiO2 increase to 50% or greater
- Acute change in SpO2 or < 90% on O2
- Acute significant bleed
- Urine Output <50ml for 4 hours
- Acute change in mental status/level of consciousness
- Seizures
- Rapid deterioration
- Failure to respond to treatment
- Unsure of situation/uneasy feeling about patient