



DEER LODGE CENTRE

Making lives better

Student Orientation Package
for Clinical Instructors
Revised January, 2020

WELCOME...



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A History of Deer Lodge Centre

Deer Lodge Centre (DLC) is a 419 bed hybrid health care facility providing in-patient and out-patient services to a diverse population. In-patient clinical units include personal care, dementia care, chronic care, and geriatric assessment and rehabilitation (geri-rehab).

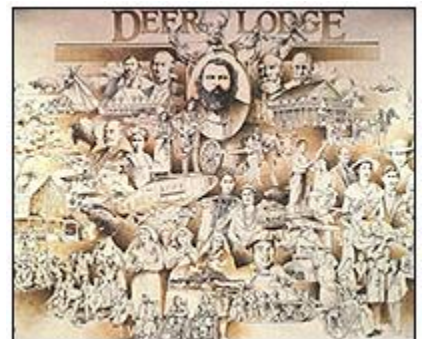
Established in 1916 as a military convalescent facility for 75 soldiers returning from the 1st World War, DLC has expanded over the years to meet the needs of wounded veterans and the general population. In the 1940s DLC was the largest health care facility in Manitoba with over 1200 in-patients.



In 1983 DLC became a provincial health care facility and the focus of care shifted from an acute care hospital to a facility caring for adults with ongoing complex health needs. Part of the agreement between the federal and provincial governments included the reservation of personal care beds for veterans.

Milestones in the rich history of DLC include:

- The first documented account of wheelchair sports anywhere in Canada
- First dialysis machine built and operated in Western Canada
- First geriatric pharmacology research unit
- Pioneer in orthopaedic surgical techniques
- First Geriatric Day Hospital in Canada



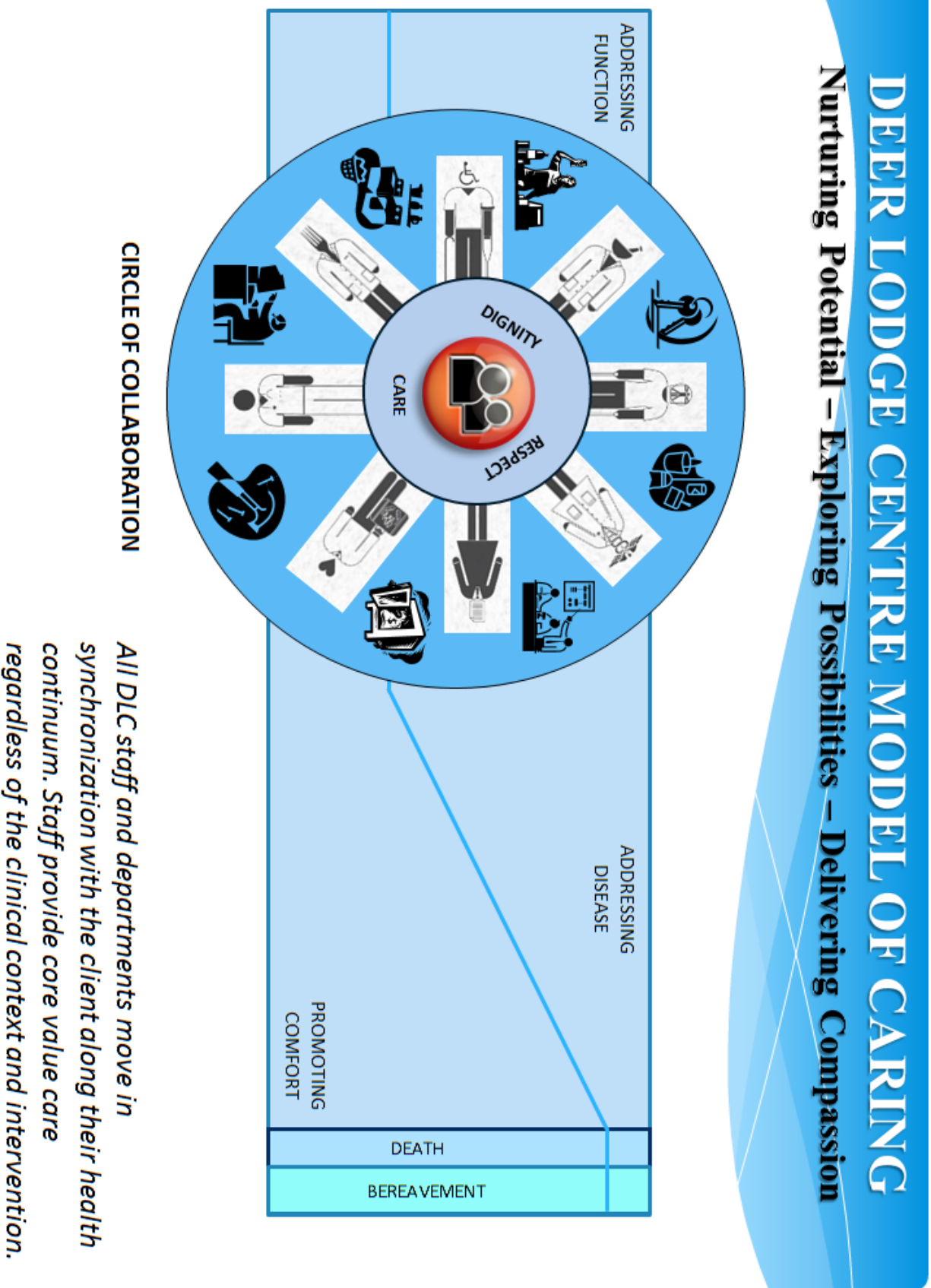
Vision

Deer Lodge Centre believes in making a difference by - **nurturing potential; exploring possibilities; delivering compassion.** It's what we mean when we say "Deer Lodge Centre makes lives better." We want to provide our clients and families with an experience where they can say, "I couldn't have wished for anything better".

The way we make lives better is by:

- being client/family centered;
- treating all individuals with dignity and respect;
- seeking opportunities to enhance care, caring and quality of life;
- collaborating with one another towards a shared vision;
- investing in the spirit, talent and skill level of our staff

Deer Lodge Centre Model of Caring



Resident Bill of Rights

Unlike acute care facilities, long term care (LTC) facilities have a Resident Bill of Rights due to the prolonged admission time of the clients. The purpose of the Resident Bill of Rights is to support the power and independence of clients as much as possible and to safeguard against harm. Framed copies of the Resident Bill of Rights are posted throughout the facility.

Clients have the right to:

- be treated with courtesy, dignity and respect at all times
- be sheltered, fed, dressed, groomed and cared for in a manner consistent with their needs in a safe, clean, home-like environment
- access and receive information regarding their own health record
- give or refuse consent to treatment, including medication, in accordance with the law
- communicate and have contact with and visits to and from friends, family, legal representatives and others in private if desired

Subject to the Canadian Charter of Rights and Freedoms, clients have the right of:

- freedom of conscience, religion, culture and language
- freedom of thought, belief, opinion and expression
- freedom of peaceful assembly and freedom of association

Clients have the right to:

- retain their autonomy and receive assistance towards maximizing and maintaining their independence with recognition of the limitations they may be experiencing
ex. choosing personal items to be kept in their room, space permitting, and selecting clothing to be worn each day
- choose their own recreational activities
- privacy
- be free from all forms of abuse, including verbal, physical, and psychological abuse
- have access to policies and procedures related to initiating complaints or commendations
- be free from all forms of reprisal, retribution, or discrimination as a result of exercising any of the above rights.

Inherent in the Resident Bill of Rights is the recognition of the client's responsibility to take into consideration the rights and needs of others.

Programs and Services

In-Patient Programs

Personal Care

Tower 4- 38 beds; Tower 5- 38 beds

Units are reserved for veterans who require individualized care to meet their physical, psychosocial, and spiritual needs. Clients suffer from many chronic and/or progressive medical conditions like congestive heart failure, COPD, multiple sclerosis, ALS, Huntington's disease, Parkinson's disease, stroke, post-traumatic stress disorder, dementia, depression, and diabetes.

Dementia Care

Tower 3- 26 SNU beds, 21 SNBU beds; Lodge 3- 11 SNBU beds; Tower 7- 36 SNU beds

Specialized units for clients with complex care needs related to dementia. Special Needs Units (SNU) and Special Needs Behaviour Units (SNBU) provide secure environments for individuals who require an integrated and multidisciplinary care plan to safely and effectively promote quality of life.

Chronic Care

Lodge 5- 44 beds; Lodge 6- 42 beds; Lodge 7- 36 beds

Clients have chronic and/or progressive medical conditions requiring specialized nursing care to address complex medical needs such as tracheostomies, peritoneal dialysis, ostomy care, enteral and parenteral nutrition, complex wound care, blood transfusions, and peripheral and central intravenous therapies.

Assessment and Rehabilitation

Lodge 2- 44 beds; Lodge 4- 44 beds

Clients are admitted post hip fracture, knee surgery, and/or stroke, while others are deconditioned from acute medical/surgical issues and long stays in acute care facilities. Clients are admitted from the community on the recommendation of the Geriatric Program Assessment Team. The goal of the 8 week program is to maximize functional capacity and help clients return safely to the community.

Typical In-Patient Program Shift Times for Nurses and Health Care Aides

Day shift 0715-1530h

Evening shift 1515-2330h

Night shift 2315-0730h

Out-Patient/ Out-Reach Programs

Communication Devices Program (CDP)- The program's mandate is to ensure speech generating devices are available and affordable to all eligible adults in the Province of Manitoba.

Day Hospital- Provides assessment and rehabilitation services for older adults living in the community to promote healthy living and reduce potentially preventable hospital admissions. Clients attend 1- 2 times per week and are discharged from the program after rehabilitation is completed.

Diagnostic Services of Manitoba- Onsite laboratory, ECG, and x-ray services for clients

Get Away Club- Provides older adults with dementia an opportunity interact and socialize with others and participate in recreational activities. The program also provides respite to caregivers.

Movement Disorders Clinic- Provides multidisciplinary specialty services to clients who have been referred by MDC Neurologists. Clients are diagnosed with a wide spectrum of movement disorders including Parkinson's disease and Parkinsonism, tremors, dystonia, chorea, myoclonus, Huntington's disease, Tourette's syndrome, restless leg syndrome, and drug induced movement disorders.

Motor Neuron Disease Clinic- Provides multidisciplinary specialty assessment and symptom management for clients with motor neuron diseases such as ALS, Kennedy's disease, and progressive lateral sclerosis. Disciplines involved in the clinic include respiratory services, respirology, speech language pathology, physio therapy, occupational therapy, clinical nutrition, nursing, neurology, and palliative care.

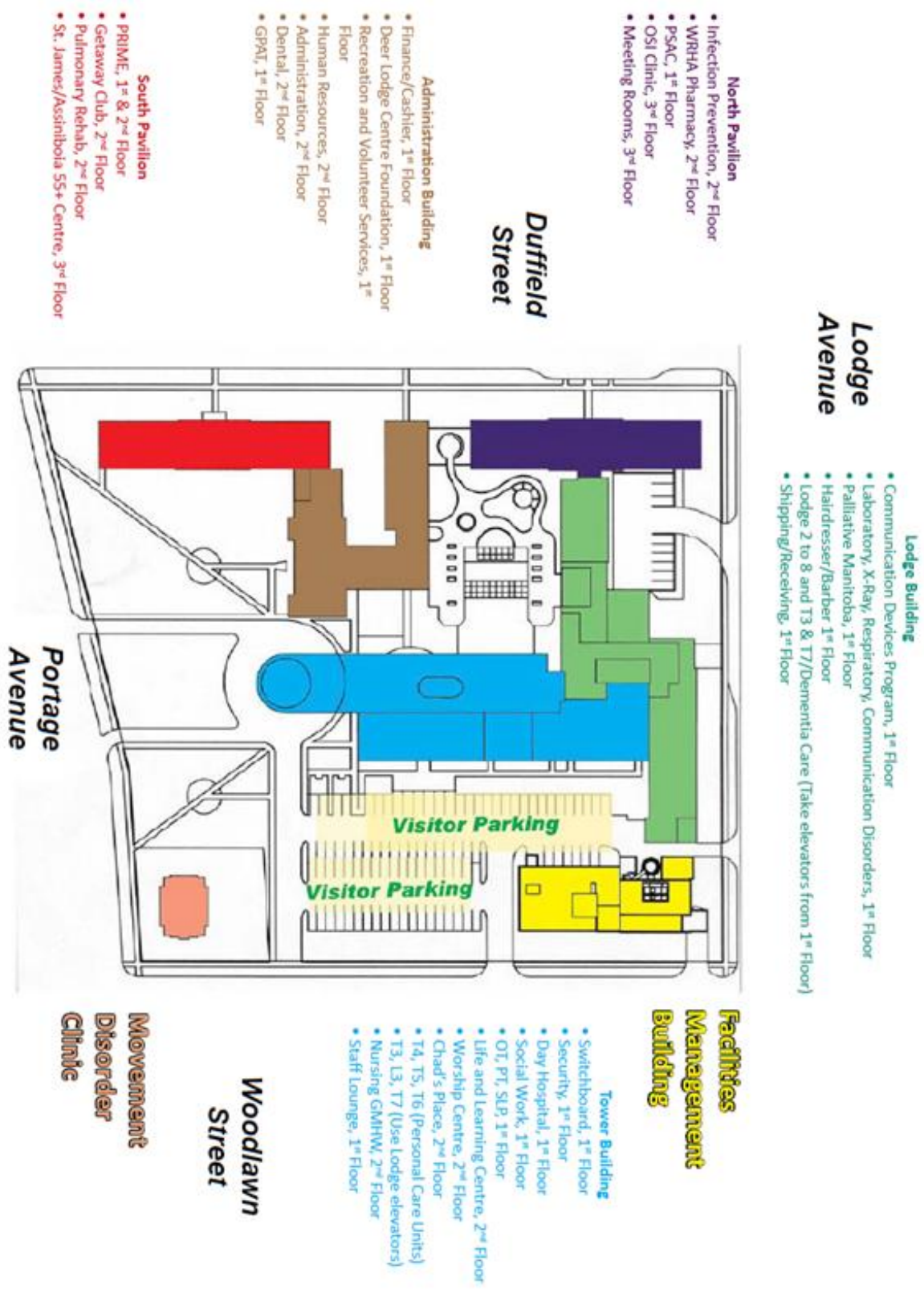
Operational Stress Injury Clinic (OSI)- Provides services exclusively to veterans of the Canadian Forces, current members of the Canadian Forces, eligible members of the RCMP, and their families. Services include assessment of operational stress injuries, individual counseling, drug therapy, couples and group therapy, and health and well-being education.

Out-patient Speech Language Pathology- Provides assessment and treatment of swallowing, voice, stuttering, and neurologically based communication disorders.

PRIME- A health centre for seniors, PRIME is a comprehensive community based program for clients 65 years of age and older who have complex medical and psychosocial care needs requiring the support of an interprofessional team. The goal of PRIME is to provide support to clients so they can live in the community for as long as possible.

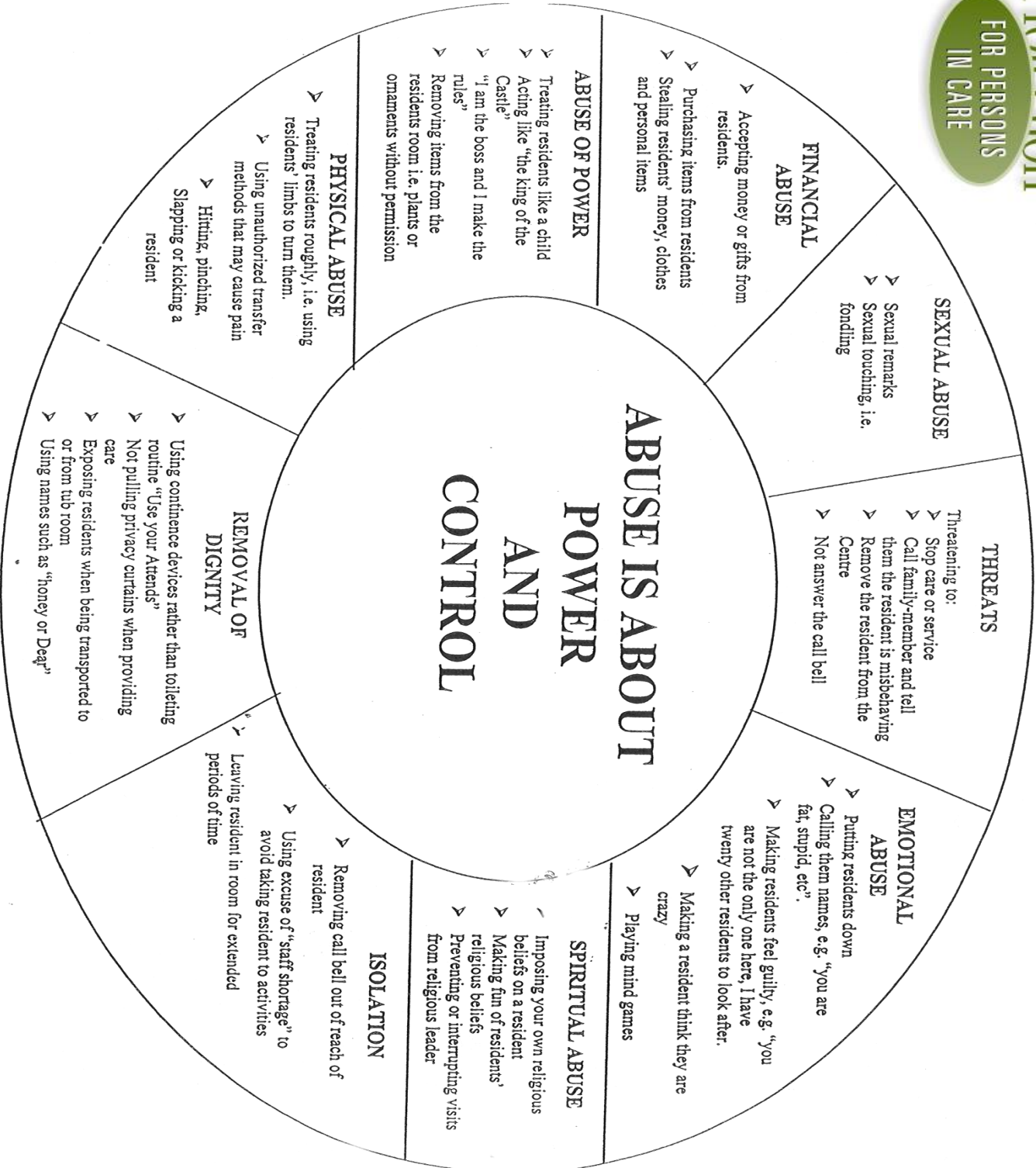
Pulmonary Rehabilitation Program- Offers programming for clients who have chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis and pulmonary fibrosis. The goal of the program is to facilitate client self-management of their lung problems.

Deer Lodge Centre Campus Map



Person in Protective Care Act and Freedom from Abuse

The Protection of Persons in Care Act (PPCA) is legislation to protect adults from abuse and neglect while they receive care in a health care facility. We all have a duty to report suspected abuse.



Occurrence Reporting

Occurrence: An event, accident or circumstance that results in, or could result in, an unintended, undesired outcome. It may cause an injury to an individual and or damage or loss of equipment or property

example:

- medication error
- falls (even if no injury)
- missing health record

Critical Occurrence: Involves substantial risk or harm to employees, medical staff, volunteers, students, other associated persons, or to property, reputation, or security.

example:

- fire causing damage
- back injury
- slander against organization that went to paper
- bomb threat
- needle stick injury

Critical Clinical Occurrence: An event that results in an unintended, undesired, client outcome

example:

- medication error resulting in death or disability
- fall, resulting in admission to hospital
- stage 3, 4, or unstageable pressure injury

Good Catch: A clinical occurrence that could have resulted in an unintended, undesired client outcome.

example:

- a client *almost* received an incorrect medication
- a client who is known to be susceptible to fractures would have fallen but *before* the client was transferred, staff noticed that the lift was incorrectly connected

Occurrence reporting is completed using an electronic system called RL6 Submission

Watch a 6 minute video on how to enter an occurrence report

<http://www.deerlodge.mb.ca/edRLOccRpt.html>

Disaster Management/Emergency Codes

<p>Code Blue – Medical Emergency</p> <ul style="list-style-type: none"> • Dial 55 • Report “code blue” • Identify the location • Stay with the person and assist to the extent of your training • If an acute care is required: • Dial 911 • Initiate actions • Notify family, attending physician, or the physician on call 	<p>Code Green - Evacuation</p> <ul style="list-style-type: none"> • Starting at the point closest to danger, move clients to designated safe area (beyond other side of the nearest fire doors) • Close doors when leaving an empty room and mark the door from side to side at eye level with yellow tape (stored in fire hose cabinets) • Do not use elevators • Move client records and prescription medications but do not endanger your life • Account for all clients, visitors, and staff
<p>Code Yellow – Missing Person</p> <ul style="list-style-type: none"> • Phase 1: Search rooms on unit • If unable to locate – Phase 2: Facility search • Dial 55 • Report “code yellow” • Identify home unit of missing person • Security provides search cards to response team • Response team members conduct searches according to locations provided on search cards • Notify family and make hourly contact until person is located 	<p>Code Brown – Chemical Spill</p> <ul style="list-style-type: none"> • Activated when there is a chemical spill or release of unknown/hazardous material • Alert people nearby of potential danger • Dial 55 • Report “code brown” • Identify location • Code brown response team responds with spill kit • Security will secure the area <p>Code Grey – Air Contamination</p> <ul style="list-style-type: none"> • Activate when DLC is exposed to significant amounts of airborne contaminants such as smoke, gas, or fumes from hazardous materials • May result in closure of windows, changes to ventilation system, or evacuation • Switchboard will broadcast instructions <p>*an “odour of undetermined origin” is not a code grey, these cases are handled by facility management*</p>
<p>Code White – Crisis Intervention</p> <ul style="list-style-type: none"> • Dial 55 • Report “code white” • Identify the location • Continue to try provide support to the client and prevent injury to staff, clients, and the individual • Response team will report to the location and initiate appropriate actions based on the situation 	<p>Code Orange – External Disaster</p> <p>*Emergencies within the region/mass casualties*</p> <ul style="list-style-type: none"> • Clinical care staff will remain with clients. All other staff return to their home department. • Visitors are asked to leave the centre and entrances will be blocked. • Wait for instructions from Incident Commander

Code Red - Fire		Code Black – Bomb Threat/ Suspicious	
RESCUE R	<ul style="list-style-type: none"> • Get everyone out of the immediate area • Make sure hallways are clear of furniture and people • Reassure all persons in area 	Suspicious Package/Device	<ul style="list-style-type: none"> • Don't touch it • Dial 55 • Report "code black" • Identify location • Evacuate immediate area
ALARM A	<ul style="list-style-type: none"> • Pull the nearest fire alarm • Dial 55 • Report "code red" • Identify location • Remain and assist on unit • Turn off oxygen in immediate area • Move portable oxygen tanks to a safe location 	Mail Threat	<ul style="list-style-type: none"> • Wear 2 pairs of procedure gloves • Handle letter and contents as little as possible • Dial 55 • Report "code black" • Identify location
CONFINE C	<ul style="list-style-type: none"> • Close all doors & windows • Designated staff move medical records to safe space 	Telephone	<ul style="list-style-type: none"> • Stay calm • Listen carefully and be courteous • Do not interrupt the caller • Complete bomb threat form found in DLC internal phone book • Obtain as much information as possible and try to record caller's exact words • Signal to colleague through gesture or written note if possible • Colleague to dial 55 • Report "code black" • Identify location
EXTINGUISH E	<ul style="list-style-type: none"> • If safe to do so, use fire extinguisher to put out fire using P.A.S.S. technique • A code green may be initiated if evacuation is required <p>*Refer to orders from the fire department*</p>		
Be prepared and know where the locations of: <ul style="list-style-type: none"> • fire pull stations • fire extinguishers • emergency exits 		Facility's response to code black: <ul style="list-style-type: none"> • Security will stop entry to DLC • Incident Commander assesses the situation and contacts WRHA and Winnipeg Police • Switchboard announces instructions 	

Nursing Student, Instructor, and Staff Roles and Responsibilities

Nursing Student:

- Collaborate and discuss the plan of care with the nursing staff when they have the same clinical assignment.
- Attend clinical prepared to administer medications, provide treatments, and carry out the plan of care for their clients in a safe manner.
- Ask questions of their nursing instructor and nursing staff to enhance their learning experience.
- If at any time the nursing student is concerned about a client's health status, they must immediately inform the staff nurse assigned to the client or the covering nurse.
- Communicate any concerns and provide feedback to the nursing instructor about their experience.
- Participate as a collaborative member of the health care team as appropriate.
- Communicate regularly to the staff nurse about the clinical status of the client, any outstanding items for follow up, relevant test results or treatments, and any recent or anticipated changes or concerns.
- Inform the nursing staff when they are off the unit for other activities.
- Return any medication administration records (MAR), flow sheets, IPNs, narcotic box keys, documentation, etc. to MAR binder on medication cart, client's health record, or nurse **prior** to leaving the unit.
- Document provided care/assessments with the collaboration of the nursing staff as appropriate.
- Ensure active access to WRHA username/password for access to online policies and monographs
- WRHA username/password needed for PYXIS use on A&R and CC units

Nursing Instructor:

- Clinical Instructors must ensure that students are familiar with all DLC client related equipment and devices (such as pill crushers, bath tubs, medication distribution systems, vital sign machines).
- Collaborate to create connection between the educational institution and the clinical setting.
 - Establish collegial relationships, specifically with patient care unit staff, CRNs, and Resident/Patient Care Manager
 - Facilitate staff/student interactions
- Orient self and students to the clinical area.
 - Familiarize self with the practice setting and medication distribution system
 - Develop an orientation for students so they can function effectively on the unit
- Ensure safe practice by the students.
 - Develop appropriate clinical assignments taking the student's abilities into consideration
 - Be aware of own strengths and limitations
 - Be available to assist students with skills as required
 - Determine when students are safe and competent to perform skills/tasks without supervision

- Be accessible to staff and students in a timely manner
- Present self as an effective role model.
 - Demonstrate effective interpersonal and nursing skills
 - Have confidences in own abilities
 - Share clinical expertise with staff on the unit
- Encourage unit staff and students to critique teaching strategies.
- Assist students with password resets through Digital Health as required to ensure access to online policies and monographs
- A&R and CC placements require WHRA username/password for PYXIS access
 - The nursing instructor is responsible to ensure the students have completed the online CareFusion PYXIS ES learning modules and sign the WRHA PYXIS user agreement.
 - The nursing instructor signs the user agreements as the Authorized Trainer and Manager after viewing the completed learning modules.
 - Submit signed WRHA PYXIS user agreements to Education Services ASAP to ensure timely access to PYXIS at DLC.

Nursing Staff:

- Collaborate and discuss the plan of care with the student when he/she has the same clinical assignment.
- Participate in facilitation of the clinical experience by answering questions, role modeling best practice, and observing skills/care performed by students to clients who are part of their clinical assignment.
- Communicate regularly with the student to ensure medications, treatments, and the plan of care are completed for the client in a safe and timely manner.
- Report any concerns and provide feedback to the nursing instructor.

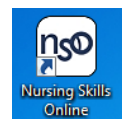
Computer Access

Each academic site is responsible to provide computer access (log in and password) for the WRHA. Log in information is the same at DLC as it is/was at any other WRHA facility. Please contact your academic site for system access information. If issues are experienced with log in information, please contact Digital Health Service Desk at 204-940-8500 or servicedesk@sharedhealthmb.ca. The academic site is responsible to ensure student names have been submitted to Digital Health for entry onto the PYXIS user database.

Policies and Clinical Skills

DLC specific policies and procedures are accessible through the DLC Intranet (<http://home.deerlodge.mb.ca/policies.html>).

General nursing care procedures are available through Nursing Skills Online by clicking the Nursing Skills Online icon of any DLC computer



Routine Practices

4 Moments of Hand Hygiene

1. **Before** contact with client or client's environment
2. **Before** aseptic or clean procedure
3. **After** body fluid exposure risk
4. **After** client or client environment contact

If the WRHA Learning Management System (LMS) is accessible, students and instructors should complete the following Infection Prevention and Control modules to ensure safe practice consistent with the infection control manual.

- Hand hygiene
- Personal Protective Equipment
- Point of Care Risk Assessment

<https://manitoba-ehealth.learnflex.net/include/login.asp?url=/users/index.asp>

If LMS access is not possible for the academic institution please ensure the following videos and booklets are reviewed:

- **Routine Practices:** <http://www.wrha.mb.ca/extranet/ipc/files/routine-practices/Booklet.pdf>
- **Hand Hygiene:** <http://www.wrha.mb.ca/extranet/ipc/hand-hygiene-videos.php>
<http://www.wrha.mb.ca/extranet/ipc/files/routine-practices/HH-Booklet.pdf>
- **Personal Protective Equipment:** <http://www.wrha.mb.ca/extranet/ipc/ppe-videos.php>
<http://www.wrha.mb.ca/extranet/ipc/files/ppe/Booklet.pdf>

Provincial/Regional Initiatives

Provincial Healthcare Violence Prevention C.A.R.E. Alert



- The alert indicates that the client has a specialized care plan related to responsive behaviours.
- The care plan contains reasons for the alert, behavioral triggers, and individualized management strategies.
- All staff (clinical and non-clinical) need to be aware of precautions and interventions applicable to their area of work.



Cherry Blossom Program



- Signage that is placed on the door to the client's room
- Indicates death is imminent or has occurred
- Be sensitive to the needs of visitors
- Do not congregate outside the door and keep noise to a minimum

Safe Patient Handling Logo System

See safe work procedures on DLC intranet for specific direction for safe patient handling:

<http://home.deerlodge.mb.ca/pol-pos-mob-amb.html>

Mobility Poster
Long Term Care
(Chronic Care & PCH)

Client Name: _____ Assessor Name and Date Assessed: _____ DO NOT REMOVE

BED MOBILITY			AMBULATION																										
LEVEL OF ASSISTANCE		OTHER INFO	LEVEL OF ASSISTANCE		OTHER INFO																								
<input type="checkbox"/> Independent	<input type="checkbox"/> Sliders:	e.g.) # of rails up, specialty slings, additional assist etc.	<input type="checkbox"/> Independent	<input type="checkbox"/> Transfer belt	e.g.) walking distance, knee brace, etc.																								
<input type="checkbox"/> Cueing			<input type="checkbox"/> Standby Assist																										
<input type="checkbox"/> 1 Assist	<input type="checkbox"/> Bed wedge		<input type="checkbox"/> 1 Assist	<input type="checkbox"/> None																									
<input type="checkbox"/> 2 Assist			<input type="checkbox"/> Non-Ambulatory	<input type="checkbox"/> 2ww																									
TRANSFER STATUS <input type="checkbox"/> Sit-Stand Lift <input type="checkbox"/> Mechanical Floor Lift <input type="checkbox"/> Ceiling Track Lift			SLING INFO/OTHER e.g.) sling type & size, loop colors, etc.																										
EQUIPMENT <input type="checkbox"/> None <input type="checkbox"/> Cane <input type="checkbox"/> 2ww <input type="checkbox"/> 4ww			Transfer Assist <input type="checkbox"/> Independent <input type="checkbox"/> Standby Assist <input type="checkbox"/> 1 Assist <input type="checkbox"/> 2 Assist																										
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Mobility Poster
Assessment & Rehab

Transfers		Walking	
<input type="checkbox"/> No aid <input type="checkbox"/> 2 w/w <input type="checkbox"/> 4 w/w INDEPENDENT	<input type="checkbox"/> No aid <input type="checkbox"/> 2 w/w <input type="checkbox"/> 4 w/w STANDBY ASSIST	<input type="checkbox"/> 2 w/w <input type="checkbox"/> 4 w/w	<input type="checkbox"/> I Distance <input type="checkbox"/> SBA <input type="checkbox"/> To Bathroom <input type="checkbox"/> 1 Assist <input type="checkbox"/> To Dining Room <input type="checkbox"/> N/A <input type="checkbox"/> To Appointments
<input type="checkbox"/> No aid <input type="checkbox"/> 2 w/w <input type="checkbox"/> 4 w/w TRANSFER BELT 1 ASSIST	<input type="checkbox"/> No aid <input type="checkbox"/> 2 w/w <input type="checkbox"/> 4 w/w TRANSFER BELT 2 ASSIST	Other: _____	
<input type="checkbox"/> Steady SIT STAND DEVICE 2 ASSIST	Sling: _____ MECHANICAL LIFT 2 ASSIST	Weight Bearing <input type="checkbox"/> N/A <input type="checkbox"/> Non W.B. <input type="checkbox"/> Partial W.B. <input type="checkbox"/> W.B. as tolerated Limb/Joint: _____	
Wheelchair (OT) <input type="checkbox"/> Assigned <input type="checkbox"/> Transport <input type="checkbox"/> Rental <input type="checkbox"/> SMD			
Name _____			

WB: Weight bearing N/A: Not applicable w/w: wheeled walker I: Independent SBA: stand by assist

Use this space for BRACES/SLING (type, location, schedule), goals, additional info

REDUCED MOBILITY RECORD Aug 2018

Minimal Lift Policy - < 35 lb of patient weight

- Guiding rather than lifting
- Helps prevent micro trauma/cumulative injury
- When in doubt about the safety of a transfer method use a more dependent method to prevent injury to staff and the client
- Minimum of 2 staff required for mechanical lifts (floor model lifts, ceiling track lifts & sit-stand lifts)
- Minimum of 2 staff required for use of sliders

Patient Weight Guidelines

- A client weighing > **155 lb** (~70.5 kg) must have the assistance at least 2 staff
- A client weighing > **250 lb** (~114 kg) must use at least the sit stand lift

Safe Feeding & Swallowing

Standard set-up etiquette:

- Check the care plan for any client specific requirements
- Check tray to ensure proper food, liquid textures and diet are provided
- Assess the client's level of alertness to eat
- Ensure client is seated as close to a 90-degree angle as tolerated
- Do not refer to client as "a feeder"

When assisting client to eat:

- Sit at eye level and feed slowly
- Provide small (teaspoon-sized) bites
- Ask client what they would like to eat next
- Do not mix food together unless requested by the client
- Do not make negative comments about the food (modified texture diets are the same quality and flavor as standard texture diets).

Standard care after a meal:

- Remain upright for 30 minutes after eating and drinking.
- Check for pocketing of food in the mouth
- Proper oral care after each meal/snack, or as needed
- Report any concerns

Communication

Charting – DARP

Focus charting is completed by recording the Focus # being addressed (if applicable), date, time, and discipline. Depending on the nature of the entry, not all components are required in every entry. For example, Data and Action may be all that is needed for a given entry with Response and Plan to follow later.

A blue binder of sample charting is available on each clinical unit with sample IPNs and frequently used forms.

- DATA:** Document subjective and objective data that supports the focus - this may include assessment data, direct quotes, client/family perceptions, and/or any other observations pertinent to the client.
- ACTION:** Describe your interventions (eg. meds given, calls to physician, and patient teaching, etc.).
- RESPONSE:** Record the client's response to the interventions.
- PLAN:** Describe changes to the plan of care as they relate to the specific focus.

Nursing flow sheets are used to record assessments and data for clients that falls within their "normal". The chronic care and geri-rehab use different versions of these nursing flow sheets. Students are expected to complete the nursing flow sheets in addition to documenting any abnormal findings or concerns related to the client's health or safety in the integrated progress notes.

SBAR

SBAR is to be used by members of the health care team when communicating about client concerns or condition updates. Following SBAR ensures communication is clear, concise, and effective to address the needs of the client.

S: Situation: What is the situation?

- Introduce yourself and where you work.
- Who are you calling about and what is their ACP status?
- What problem are you calling about and what is your concern?

B: Background: What is the clinical background?

- What is the client's age and primary diagnosis of concern?
- Mention any **relevant** past medical history and active issues or concerns.

A: Assessment. What is the problem?

- What are the client's vitals and what are the findings of your physical assessment?
- What are the significant changes from their baseline or last assessment?
- What do you think the problem is?

R: Recommendation. What do I recommend/request to be done?

- Based on your assessment, what do you want done?
 - i.e. Blood work, diagnostic tests, HMO to come assess, change in medication, etc.
- Read out **all** allergies if taking a telephone order even if you don't think they apply.

Post-Conference Room Booking

To book a room, contact Lori Ann Mundt (lmundt2@deerlodge.mb.ca or 204-831-2118) with the following information:

1. Date
2. Start and end time of meeting
3. Number of people
4. Room preference (if any)
5. Any equipment that may be required (i.e. TV/DVD player)
 - * Equipment for safe patient handling is always in the clinical skills lab and does not need to be booked separately through Lori Ann. Please do not use any of the supplies found in the grey cabinet in the clinical skills lab.
6. A contact name, phone number, email address, and name of academic institution

Room availability and booking(s) will be confirmed via email.

Note: DLC departments have priority for room bookings and a room booking may be bumped or cancelled if required. Attempts will be made to accommodate the post-conference in an alternate room if possible.

If a room is required for a private 1 to 1 meeting, the unit conference room may be available. Ask manager or CRN about availability.

Scan Cards, Lockers, Parking

Scan Cards

All student scan card requests go through the security desk near the Portage Avenue entrance. A security deposit of \$10 per student is required to receive a scan card to access the medication rooms, stairwells, supply rooms, and lockers. The Clinical Instructor will bring the students to the security desk with the completed form to receive their scan card.

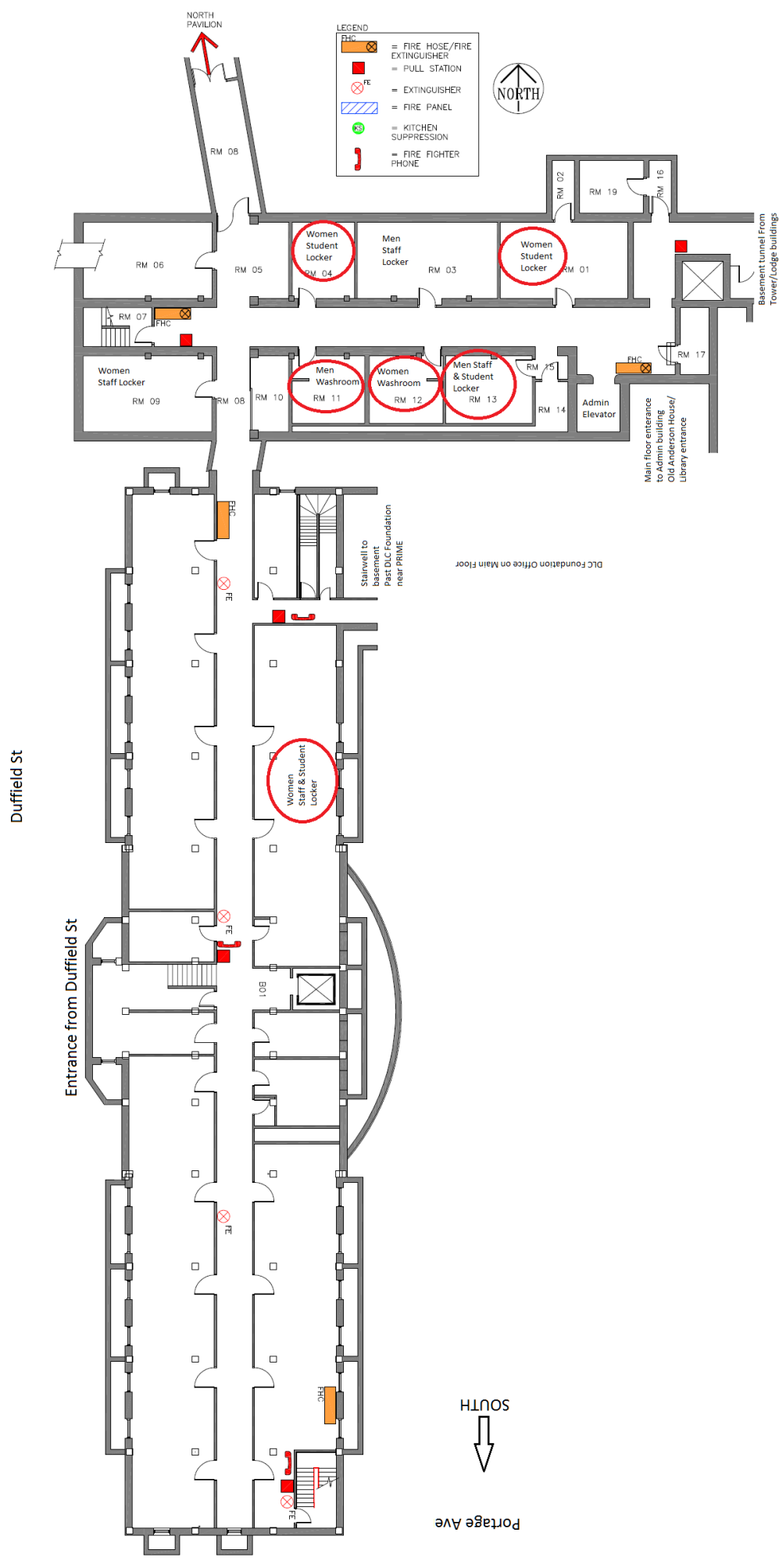
Form: <http://home.deerlodge.mb.ca/files/forms/ad0540-stdntproxcard.pdf> or see last page of this package.

The security deposit will be returned to students and instructors upon receipt of all pieces of the scan card provided to them (i.e. lanyard, plastic sleeve, and/or badge retractor).

Lockers

Space in patient care units is limited. Students must use assigned lockers to store outdoor apparel, knapsacks, etc. Students are required to bring their own locks and locks are to remain on the locker for the duration of the clinical placement to guarantee locker availability. Security is able to escort the Clinical Instructor to the location of the lockers if required.

See map on next page.



Parking

Parking is available in the south parking lot (across Portage Avenue). Maximum daily rate is \$7 (subject to change). When crossing Portage Avenue at the traffic lights be sure to push the pedestrian button to ensure enough time to cross the street. Please use caution when crossing to ensure traffic is stopping as there have been near misses due to vehicles failing to stop at the red light.

Free street parking is available a few blocks away from DLC. Students are responsible for any parking tickets or towing fees obtained by failing to abide by parking signs.

If you have any questions, please contact the Clinical Educator at 204-831-2135 or the Clinical Resource Nurse or Patient/Resident Care Manager on the clinical unit.

**We hope you enjoy your student experience at Deer Lodge Centre.
Thank you.**



**DEER LODGE CENTRE
STUDENT PROXIMITY ACCESS CARD APPLICATION**

**\$10.00 Refundable Deposit required for Access card only
No deposit is required for Locker**

SECTION 1: COMPLETED BY STUDENT

First Name: _____ ☐ Male
Last Name: _____ ☐ Female
Address: _____
Contact Number: _____ Email Address: _____
DEER LODGE CENTRE
Department/Unit: _____ Training Position: _____
Access Needed: _____
Final Day Scheduled at Deer Lodge Centre: _____

ONCE TERM AT DEER LODGE CENTRE IS COMPLETED
PLEASE RETURN YOUR ACCESS CARD TO SECURITY ALONG WITH THE ORIGINAL CASH RECEIPT TO
RECEIVE DEPOSIT REFUND

Student Signature _____ year _____ month _____ day

SECTION 2: COMPLETED BY INSTRUCTOR / UNIT MANAGER

Name: _____
Institution: _____
Contact Number: _____ Email: _____

Instructor / Manager Signature _____ year _____ month _____ day

SECTION 3: COMPLETED BY SECURITY

Access Card #: _____ Locker #: _____
Deposit Amount: _____ Cash Receipt #: _____

Security Staff Name (Please Print) _____ year _____ month _____ day

Security Staff Signature _____

All Locker Rooms are located in basement of the SOUTH PAVILION and ADMIN BUILDINGS