

Medical Staff Services Orientation and Reorientation



BON SECOURS
CHARITY HEALTH SYSTEM

A member of the
Westchester Medical Center Health Network

Bon Secours Charity Health System, Inc.

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Good Samaritan Hospital, Suffern, New York, is a non-profit, 370-bed hospital providing emergency, medical, surgical, obstetrical / gynecological and acute care services to residents of Rockland and southern Orange Counties in New York; and northern Bergen County, New Jersey.



Bon Secours Community Hospital, Port Jervis, New York is non-profit, 187 bed hospital providing emergency, medical, surgical, and acute care services to residents of western Orange County, New York, northwestern Sussex County, New Jersey and Pike County, Pennsylvania.



St. Anthony Community Hospital, Warwick, New York, is a non-profit, 73-bed hospital providing emergency, medical, surgical, obstetrical / gynecological and acute care services to residents of southern Orange County, New York and Sussex County, New Jersey.

Bon Secours Charity Health System, Inc.

Additionally, Bon Secours Charity Health System provides the services of a Certified Home Health Agency, two long-term care facilities, and an assisted living and adult home facility.



Schervier Pavilion, Warwick, NY is a 120-bed, skilled nursing facility dedicated to the highest standard of healthcare excellence. Residents participate in a broad range of therapeutic and social activities designed to enhance their physical and mental capabilities. Also located in Schervier Pavilion, the **Day-At-A-Time** program offers your loved one a chance to enjoy stimulating therapeutic activities in a positive social environment. From 9 am to 4 pm, our participants enjoy lively and beneficial programs such as exercise, art, music, gardening, and pet therapy. All activities are structured and tailored to meet each individual needs and abilities. Participation can range from two to five days per week.

Home Care Services, Since 1962, we have been providing a wide variety of home health care services, from neonatal to geriatric care. Home care services, provided by Good Samaritan Hospital Certified Home Care Agency, are available in Orange and Rockland Counties in NY.



Mount Alverno Center, Warwick, NY, is a New York State-licensed Adult Home with an Assisted Living Program serving 85 residents. Services are based on a team approach and are provided by highly competent professionals dedicated to the comfort and safety of our residents. Mount Alverno Center offers a host of professional services in a choice of; a private, semi-private or one-bedroom suites. Mount Alverno Center provides a gentle helping hand with daily activities, medication monitoring and nutrition.

St Josephs Place, located on the first floor of Bon Secours Community Hospital, offers 24-hour nursing care, long term and short term rehabilitation, tracheotomy care, head trauma care, respiratory care, and psychological services in a comfortable setting that our residents can call "home."

Our Mission

The Mission of Bon Secours Health System is to bring compassion to health care and to be good help to those in need, especially those who are poor and dying.

As a System of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

Our Vision

As a prophetic Catholic ministry we will partner with our communities to create a more humane world, build health and social justice for all, and provide exceptional value for those we serve.

Code of Conduct, Ethical & Religious Directives & Medical Staff Behaviors

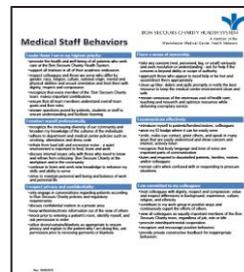
Code of Conduct



Ethical & Religious Directives



Medical Staff Behaviors



The Joint Commission

Hospitals that receive reimbursement from Medicare and Medicaid must be accredited by The Joint Commission. The Joint Commission conducts triennial surveys of organizations that are unannounced.

The purpose of a survey is to evaluate the organization's compliance with nationally established Joint Commission standards. The survey also helps the hospital maintain optimal patient outcomes.

The Joint Commission standards focus on the organization's quality of care, patient safety and the environment in which care is provided.

Accreditation helps hospitals:

- **Improve performance**
- **Raise the level of patient care**
- **Demonstrate accountability in rapidly changing environment**



The Joint Commission continued...

Anyone believing that he or she has pertinent and valid information about such matters is encouraged to contact the organization's management. If the concerns in question cannot be resolved at this level, please contact a Joint Commission field representative.

Information presented will be carefully evaluated for relevance to the accreditation process. Information about such matters must be made in writing and must also indicate the nature of the concerns.

Such requests should be addressed to:

Division of Accreditation Operations

Office of Quality Monitoring

Joint Commission on Accreditation of Healthcare Organizations

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

Phone Toll Free: 800.994.6610

Fax: 630.792.5636

Email: complaint@jcaho.org

This is posted in accordance with the Joint Commission's requirements.

The Joint Commission Standards

- **Environment of Care**
- **Emergency Management**
- **Human Resources**
- **Infection Prevention & Control**
- **Information Management**
- **Leadership**
- **Life Safety**
- **Medication Management**
- **Medical Staff**
- **National Patient Safety Goals**
- **Nursing**
- **Provision of Care, Treatment & Services**
- **Performance Improvement**
- **Record of Care, Treatment & Services**
- **Rights & Responsibilities of the individual**
- **Sentinel Events**
- **Transplant Safety**
- **Waived Testing**

National Patient Safety Goals 2015/2016

The Joint Commission determines the **highest priority patient safety issues** and how best to address them.

Consists of: A panel of widely recognized patient safety experts composed of nurses, physicians, pharmacists, risk managers, clinical engineers and other professionals who have hands-on experience in addressing patient safety issues in a wide variety of health care settings.

- **Identify patients correctly**
(Name & DOB)
- **Improve staff communication**
(Critical results)
- **Use medicines safely** (*Label meds, Complete Med Rec*)
- **Use & Respond to Clinical Alarms**
- **Prevent infection** (Hand Hygiene, prevent SSI's, CAUTI/CLABSI)
- **Identify patient safety risks**
(Suicide prevention)
- **Prevent mistakes in surgery**
(A ROBUST Universal Protocol)

Patient Bill of Rights



- Mandated by the NY State Department of Health and is posted throughout the hospital
- Written copy given to all admitted patients via “Your Rights as a Hospital Patient” booklet or bedside patient guide which also available to out-patients.
- As a patient in a hospital in New York State every patient has the right to understand each right that is consistent with the law.
- Every patient has the right to report any violations of their right without fear of reprisal.
- Every patient must be accommodated with the assistance to communicate. For patients who have a language barrier the Cyracom language phone system is utilized.
- Sign language is available at each facility by a contracted service that is available as needed.

What are Advanced Directives?

- The Living Will and Health Care Proxy are the two forms considered as the Advance Directives in New York State.
- The Living Will gives specific information about what you would want at the end of life i.e. feeding tube, ventilator, dialysis.
- The Health Care Proxy or agent is the person who speaks on your behalf in the event you are unable to speak for yourself.
- The Durable Power of Attorney (DPOA) is related to finance.
- The HCP can over-ride the Living Will under certain circumstances.

Patient Self-Determination Act (PDSA) 1990

Federal law that required healthcare facilities receiving Medicare or Medicaid to inform patients that they have the right to participate in healthcare decisions and can have an ***Advance Directive*** that allows for advance care planning to lay the groundwork for decision making at the time of acute illness.

Law designed to support patient *autonomy* and *improve end-of-life care*

Emergency Medical Treatment & Active Labor Act

EMTALA

Enacted by Congress in 1986

Purpose:

- To prevent discrimination in the treatment of patients with emergency medical conditions

Under EMTALA *all* patients have the same rights to *emergency medical care regardless of their ability to pay*. EMTALA applies to all Medicare hospitals with emergency departments

Under EMTALA, these hospitals must:

- Provide emergency medical screening to patients regardless of their ability to pay
- Stabilize patients with emergency medical conditions
- Transfer emergency patients only when medically appropriate

Failure to follow the rules of EMTALA can lead to:

- Medicare termination
- Fines
- Civil liability

Contacting the NYS Department of Health

To initiate a complaint about a hospital or a diagnostic and treatment center, you may call the toll-free number at 1-800-804-5447, or you may print and complete the [Health Facility Complaint Form \(DOH-4299\) with Instructions](#) and send it to:

New York State Department of Health
Centralized Hospital Intake Program
433 River Street, Suite 303
Troy, New York 12180-2299

Indicators of Physical Abuse may include:

- Injuries to the eyes, both sides of the head or body (accidental injuries typically only affect one side of the body)
- Frequent injuries of any kind (bruises, cuts, and/or burns) may appear in distinctive patterns such as grab marks, human bite marks, cigarette burns, or impressions of other instruments.
- Be alerted to the child who developmentally is unable to provide an adequate explanation of the cause.
- Destructive, aggressive, or disruptive behavior;
- Passive, withdrawn, or emotionless behavior;
- Fear of going home or fear of parent(s).

Indicators of Sexual Abuse may include:

- Symptoms of sexually transmitted diseases;
- Injury to genital area;
- Difficulty and/or pain when sitting or walking;
- Sexually suggestive, inappropriate, or promiscuous behavior or verbalization;
- Expressing age-inappropriate knowledge of sexual relations;
- Sexual victimization of other children.

Elder Abuse

Elder abuse, neglect (including self-neglect) and exploitation is becoming increasingly common

Associated with

- Depression
- Cognitive impairment
- Loss of functional capacity
- Increased mortality

Skin findings:

- Skin tears, abrasions, lacerations, and bruises

• Fractures:

- Spiral fractures of long bones

Malnutrition

- Also consider financial exploitation

Pressure Ulcers

- May indicate neglect

Indicators of Sexual Abuse

- Venereal disease
- Vaginal or rectal bleeding
- Bruises or lacerations on the vulva, abdomen, or breasts



Suicide Screening Assessing Our Patients Risk Factors for Suicide

- Joint Commission Requirement- All patients are screened for suicide risk
- Initiative of the U.S. Preventive Services Task Force
- Psychiatric Disorders are a major risk factor for suicide
- More than 90% of patients who attempt suicide have a major psychiatric disorder
 - Depression
 - Bipolar disorder
 - Alcoholism or other substance abuse
 - Anxiety disorder
 - Post traumatic stress disorder



Reporting Domestic Violence

Health Care Providers are mandated reporters of violence, maltreatment, neglect, and abuse

- There is a 24-hour hot line that handles these reports for adults. The number is 1-800-342-3009.
- For suspected child abuse or maltreatment cases involving children call the New York State Child Abuse and Maltreatment Register at:
1- 800 - 635-1522



Evaluating Suicide Risk

- Evaluate suicide risk
 - Studies show patients appreciate the opportunity to discuss suicidal thoughts and may not verbalize issues unless prompted
- Reduce immediate risk
 - Keep patient safe, remove potential methods for self-harm
- Manage underlying factors
 - Once safety is ensured, underlying factors are addressed such as precipitating events, ongoing life difficulties, and mental disorders
- Monitor and follow-up
 - Takes place in the outpatient setting



Electronic Prescription for Controlled Substances (EPCS)

In order to process electronic prescriptions for controlled substances (EPCS), all Practitioners must be enrolled in a certified electronic prescribing application that meets all federal requirements.

NYS Practitioner EPCS Registration:

- <https://www.health.ny.gov/forms/doh-5121.pdf>

IMPORTANT

- After you have been approved by the Board of Directors, please contact Physician Support at (845)368-5969 to schedule your Bon Secours Charity EPCS internal training and enrollment.

Life Safety Codes

EMERGENCY CODE	MEANING
Code HICS	Disaster Plan Activated
Code RED	Fire
Code GREEN	Evacuation
Code BLUE	Cardio-Pulmonary Arrest
Code WHITE	Pediatric Cardio-Pulmonary Arrest
Code PINK	Infant/Child Abduction
Code YELLOW	Bomb Threat
Code GRAY	Security/Behavioral Emergency
Code SILVER	Person with Weapon or Hostage
Code ORANGE	Hazardous Materials Incident
Code TRAUMA	ED Trauma Team Activated
Code TRIAGE	Multiple Casualty Incident
Code BLACK	Severe Weather
BROWN (Mr. or Mrs.)	Adult Patient Missing or Elopement
Rapid Response	Urgent Medical Assistance
BRAIN STAT	Stroke Protocol Initiated
HEART STAT	Chest Pain Protocol Initiated
Code H	Hemorrhage
EMERGENCY PHONE #4444	Phone number for all emergencies

At SACH 4444 will be used to call internal codes. Outside Emergency Assistance (PD, FD, etc.) will continue to be accessed through the Warwick PD Dispatcher at 986-3423.

Rapid Response

- When a patient is experiencing a medical emergency, call a rapid response.
- By calling for help before the patient has a cardiac or respiratory arrest, we can prevent an arrest from happening.

While caring for your patients, look for these signs that the patient is becoming unstable:

- Change in **HR** <50 or >130
- Change in **SBP** <90 or change in SBP >40
- New difficulty **breathing**
- Change in **RR** <8 or >28
- Change in **Pulse Ox** < 90% despite O₂
- Change in **mental status**
- Sudden **collapse**/syncope
- Change in **urine output** <50ml in 4hrs
- Excessive or new **bleeding**
- New onset, repeated or prolonged **seizures**
- Color change (patient or extremity): pale, dusky, gray or blue
- **Chest pain**

Fire Procedure

Policy 2351 and 2351A can be found on the intranet

When the fire bell rings : **RACE**

Rescue – Anyone in danger

Alert – Pull nearest fire alarm

Confine – Close all doors & windows

Evacuate/Extinguish – Move patients to designated areas

Grab the fire extinguisher and : **PASS**

Pull – Pull ring

Aim – Aim nozzle at base of flame

Squeeze – Squeeze handles

Sweep – Use sweeping motion with nozzle across fire

Staff with direct patient contact

Close all doors and windows

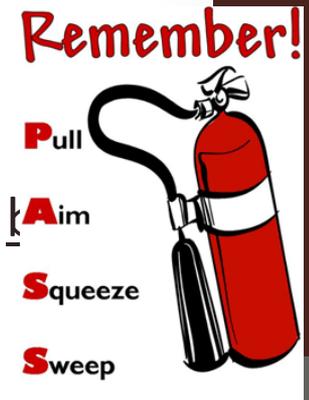
Assist in moving patients if indicated

Keep the lights on

Keep hallways clear

Maintain patient care as needed

Provide information to patients/visitors as available



Performance Improvement Methodology

Five Steps of the Six Sigma Improvement Methodology

Define the project

- Define the project's purpose and scope

Measure the current situation

- Data collection

Analyze to identify causes

- Identify the root causes of defects
- Confirm root cause with data

Improve

- Develop and implement improvements that address the root causes
- Use data to evaluate results of improvements

Control

- Maintain the gains that you have achieved

Case Management

Appropriate Status Placement

- Observation vs. Inpatient
- E.H.R. Medicare compliance program

Discharge Planning

- Rehab
- Durable Medical Equipment (DME)
- Homecare
- Skilled Nursing Facility (S.N.F)

Compliant Documentation Management Program (CDMP)

- **Clinical Documentation Specialist aids in improving clinical documentation compliance.**
- **Concurrent review of patient's chart from admission to discharge for completeness and accuracy for ICD-10.**
- **Confer with physicians to finalize discharge diagnosis.**

Clinical Transformation

- **Clinical Transformation** teams have worked on:
 - Ventilator day reduction
 - ICU reduction in LOS
 - Decreased respiratory treatments
 - Wound care - pressure ulcer reduction
 - Rehab Care
 - Formulary restriction/IV to PO conversion
 - Healthcare Acquired Infection reduction
 - Sepsis
 - Pneumonia Protocols
 - Emergency Services
 - Readmissions
 - Antimicrobial Stewardship
 - Critical Care/ CV Surgery Plan
 - Healthcare Acquired Infection / Sepsis
 - Orthopedics
 - General Surgery
 - Maternal/ Child Care
 - Alarm Safety
 - Hand Washing
 - Coordination of Care
 - Patient Safety Huddle

Risk Management/Patient Safety

The Risk Management Program is designed to reduce, modify, eliminate and control conditions and practices, which may cause injury and/or damage to persons or property and which might result in financial loss.

Major Goals:

- To find and correct problems in clinical care before anything happens to harm a patient/resident.
- To find and correct problems relating to the safety and security of hospital and long term care buildings, services and equipment before anything happens to harm a patient, visitor, employee or volunteer.
- To stop or correct the bad effects caused by a mistake or accident as much as possible, as quickly as possible after it happens.
- To reduce/prevent the hospital's financial liability after an accident of injury happens.



Use Alarms Safely

When selecting medical devices, emphasis is placed on the availability and functionality of the equipment alarm characteristics.

PRIORITY: Response Time – **IMMEDIATELY**

Example: Ventilators, Patient Cardiac Monitors; Defibrillators used for patient monitoring; Medical Gas Alarms; Patient safety alarms (bed/chair alarms)

PRIORITY: Response Time – **within 10 minutes**

Example: Parenteral Nutrition Pump Alarms; IV Pumps; Infant Warmers; Hypothermia/Hyperthermia Units; Nurse Call

ALARM FATIGUE AND STRATEGIES FOR MANAGING

Alarm fatigue may occur when staff members are exposed to an excessive number of alarms resulting in sensory overload. This overload may result in desensitization to the alarms and a delayed and / or missed response to the alarm.

Follow the manufacturer's guidelines for proper operation of equipment. Set alarm limits according to the manufacturer's instructions, the individual patient's clinical condition and the patient's medical history.

Ensure all alarms are audible and visually displayed.

Ensure critical alarms are distinguishable over unit noises and other alarms.

Inform patients and families about alarms and what each alarm means.

Use Alarms Safely Continued...

NEVER DISABLE OR TURN OFF AN ALARM.

Silence the alarm while troubleshooting the problem; when the problem has been corrected, ensure the alarm is set to audible.

No one is permitted to turn off an alarm unless there is a written LIP order to stop monitoring that specific clinical parameter.

An order by an independent practitioner for Palliative Care or end of life care or Hospice Care or Do Not Resuscitate does not automatically include the termination of monitoring the patient or turning off alarms.

Discontinue monitors and alarms as per specific order or hospital approved protocol.

National Hospital Inpatient Quality Measures (Core Measures)

Venous Thromboembolism Prophylaxis

- **Patients must receive VTE prophylaxis (mechanical or pharmacological) or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission**
- **Intensive Care Unit venous Thromboembolism prophylaxis patients must receive VTE Prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission/transfer to the Intensive Care Unit**

Influenza Immunization

- **Patients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated**

Disease Specific certification from the Joint Commission for Stroke and AMI. Good Samaritan only.

Electronic Medical Record (EMR) “ConnectCare” an Epic based system.

Bon Secours ConnectCare Vision and Guiding Principles

Vision

To achieve world class outcomes; enable caregivers to provide superior, consistent care; and enhance operating performance by leveraging leading clinical practices through an integrated system of clinical information.



Guiding Principles

We shall:

- Make decisions that are patient-centric, improve quality and safety, and enhance the patient/caregiver experience.
- Commit to standardization and “systemness” so that systemwide benefits will be realized.
- Adopt leading clinical practices based on evidence and national practice standards.
- Be accountable for the transformation required to achieve a successful implementation.
- Dedicate the necessary resources to support an optimized system for sustainable transformation.

The ConnectCare Physician Support Team looks forward to assisting you in your transition to our system by working with you to ensure that your ConnectCare classes are completed in a timely manner.

Physician Support Analysts are located at all three Bon Secours Charity Health System locations.

For questions or to make an appointment for required ConnectCare training , please call (845) 558-7897.

Electronic Medical Record (EMR)

Data Integrity:

1. Providers documenting in the electronic medical record must **avoid indiscriminately copying and pasting** another provider's note, discharge summary, or electronic mail communication.
2. Once an entry has been completed and signed, additional information can only be added as an addendum.
3. Copy and paste functionality may only be utilized within the same patient record and same patient encounter. If any information is imported or reused from a prior note, the provider is responsible for its accuracy and medical necessity. **Providers may not copy and paste information or language from one patient record to another.**

ConnectCare Downtime

During Downtime, documentation of patient care continues through the use of downtime forms. All documentation that is maintained in ConnectCare will be captured on paper downtime forms until ConnectCare becomes available.

Sufficient patient information should be recorded on all downtime forms to identify the patients. To the extent possible, the manual forms follow the same format and order as ConnectCare.

Each unit/department should have a downtime toolkit or manual with downtime forms or instructions on where to locate the forms. These forms should be used only during ConnectCare downtime. The downtime forms will have barcodes located on each form to facilitate document scanning in HIM after patient discharge. Paper downtime forms for orders for ancillary systems should be included in the downtime kits.

Manual documentation forms that are used explicitly to facilitate ConnectCare documentation include:

- a. Physician forms (existing BSHSI approved physician order sheets and progress notes)
- b. General admission, daily transfer, and discharge charting forms
- c. Medication Administration Records
- d. Medication Reconciliation Forms
- e. ED Documentation
- f. Inpatient and Outpatient Clinical Documentation
- g. Surgical documentation
- h. Ambulatory documentation
- i. Charge capture forms.

All forms will be placed in the patient's paper-lite chart. This includes any documentation completed in Ancillary departments. These documents will be scanned into the EMR upon discharge.

History & Physical Examination

- A medical history and physical examination must be completed and documented for each patient **no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services.**
- When the H&P is conducted within 30 days before admission or registration, **an update must be completed** and documented by a licensed practitioner who is credentialed and privileged by the hospital's medical staff to perform an H&P.

History & Physical Examination continued...

- **The Update must include:** Documentation of any changes in pts condition” - In the past 24 hrs.
**An example: “The H&P was reviewed, the patient was examined, and that “no change” has occurred in the patient's condition since the H&P was completed”.*
- This can be an added **“Smart Phrase”** in Connect-Care → in the **Admission Interval Notes.**
- **Or, with the appropriate “Update Stamp”** for H&P’s on paper/light charts.

History & Physical Examination continued...

- **If dictated**, the chart shall at least contain an abbreviated admission note and physical examination.

- The organized **medical staff monitors the quality** of the medical histories and physical examinations.

- **History & Physical Examinations must include:**
 - Shall be completed within the first 24 hours of admission.
 - Must include the following:
 - Chief complaint
 - Details of the present illness;
 - Relevant past, social and family history;
 - Allergies;
 - Review of Systems;
 - Physical examination to include inventory of body systems and vital signs;
 - Conclusion or impression;

The Medical Record as a Medicolegal Document

General Guidelines:

- All entries in the medical record must be legible, dictated, dated and timed.
- Records shall be completed and authenticated within 30 days following patient's discharge.
- Records will be considered complete when all dictated reports are transcribed and all entries authenticated.
- All professional staff making entries into the medical record should indicate their professional status after their signature; M.D., R.N., etc.
- If a correction needs to be made, one line should be neatly drawn through the error, leaving the incorrect material legible and then it should be initialed, dated, and "ERROR" written so it will be obvious that it was a corrected mistake.
- The original report must always be maintained in the Medical Record.
- All verbal/telephone orders should be documented as "READ BACK" and authenticated by the appropriate authorized personnel to whom dictated with the name of the practitioner per his or her own name and co-cosigned by the physician **within 48 hours.**
- All consent forms must be witnessed dated **and timed.**

Prohibited Abbreviations, Acronyms & Symbols

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for (zero), the number (four) or	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d, qod (every other day)	Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "every other day"
Trailing zero (X.0 mg)*	Decimal point is missed	Write X mg
Lack of leading zero (.X mg)	Decimal point is missed	Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate"
MSO₄ and MgSO₄	Confused for one another	Write "magnesium sulfate"

The Official Do Not Use List applies to all handwritten, patient-specific documentation, including all types of orders, progress notes, consultation reports and operative notes.

Disaster Response for Licensed Independent Practitioners

In the event that a CODE HICS (Internal/External Disaster) is initiated, Medical Staff and Allied Health Staff will be guided to take the following actions:

ON DUTY IN HOSPITAL:

Continue with regular duties unless otherwise directed by the Department Medical Director or Incident Command Staff.

OFF DUTY:

Contact Department Medical Director with availability and estimated time of arrival to facility.

Upon arrival, report to your regular unit or other area designated by the Department Medical Director.

In the event that a site for labor pool is established, applicable staff will be directed to sign in at that specific location.

Disaster Privileges

All Licensed Independent Practitioners (LIPs) are subject to credentialing and privileging procedures. As a component of the Bon Secours Charity Health System emergency operations plans, Volunteer Licensed Independent Practitioners (VLIPs) will be credentialed and privileges granted according to policy MS-BSCHS12.

When the Bon Secours Emergency Operations Plan has been activated and there is determined an inability to meet the immediate needs of the patients:

Bon Secours Charity Health System will implement a modified credentialing and privileging process for eligible volunteer licensed independent practitioners (VLIPs) in order to allow volunteer practitioners to provide immediate care, treatment and services; and The medical staff will oversee the professional practice of volunteer licensed independent practitioners (VLIPs).

Infection Control

When it comes to preventing infections, including those caused by multiple-drug resistant bacteria and other emerging pathogens, the following simple steps can have a big impact:

- Use standard precautions with all patients
- Practice 'Respiratory Etiquette' protocol
Cough/Sneeze into tissue and discard, Hand Hygiene, Mask Patients with a cough if possible
- Initiate transmission-based precautions [airborne, droplet, contact] for suspicious or confirmed diagnosis
- Isolate or cohort colonized and infected patients
- Contact Infection Control for consultation



Infection Control continued...

Hand Hygiene is known to reduce patient morbidity and mortality from health-care acquired [HAI] infections.

When performed properly, there is a significant decrease in the carriage of potential pathogens on the hands.

Acceptable agents are: soap and alcohol-based waterless products.

Exception: when hands are visibly soiled, and if patient has C-Difficile traditional hand washing using soap and water must be performed.



Ordering IV Opioids

- Ordering dose ranges is not permitted (i.e. 1mg to 2 mg)
- Ordering PRN orders must have a specified dose per indication(i.e. 1mg for moderate pain,2mg for severe pain)
- If a non steroidal and opioid is going to be used for pain you must specify which medication shall be used first(i.e. ketorolac 15mg iv for pain if no relief may give dilaudid 1 mg)

Sepsis is a leading cause of hospitalization and death in the United States

- NYS → Effective
October 1, 2014
Discharges:

NYSDOH Required Reporting DATA: ALL Severe sepsis and septic shock discharges.

- CMS → Starting with
October 1, 2015
Discharges:

CMS will be requiring Core Measure submission for patients with severe sepsis and septic shock.

Severe Sepsis/Septic Shock Present

Severe Sepsis Present

**Three criteria (all within 6 hrs. of each other)*

1. Documentation of suspected source of infection
2. Two or more SIRS criteria
3. One sign of organ dysfunction

OR

4. Physician, APN or PA documentation of severe sepsis or suspected/possible severe sepsis

Septic Shock Present

1. THERE MUST BE:
documentation of SEVERE SEPSIS PRESENT.
2. Tissue hypo-perfusion persists after crystalloid fluid administration, evidenced by either:
 - **Systolic blood pressure < 90,**
OR.....Mean arterial pressure < 65
 - **A decrease in systolic blood pressure by > 40 points,**
OR.....Lactate level is > 4 mmol/l

Once Sepsis is Identified.....

❖ **There are 2 BPA's (best practice advisories) for sepsis** built into Connect-Care that warn of possible sepsis.

1. **MEWS= Modified Early Warning Score:**
2. **SEPSIS BPA:** When **SIRS criteria** from the Vital Sign column PLUS additional documentation (WBC, an infection related problem, a culture order) a sepsis BPA will fire.
3. **In either case → consider sepsis → choose → The New Severe Sepsis/Septic Shock Order set.**

Sepsis 3 Hour Bundle-SEP-1

TO BE COMPLETED WITHIN 3 HOURS OF TIME OF PRESENTATION † :

1. Measure **lactate level**
2. Obtain **blood cultures** prior to administration of antibiotics
3. Administer **broad spectrum antibiotics**
4. Administer **30ml/kg crystalloid for hypotension or lactate ≥ 4 mmol/L**

† ***“time of presentation”*** is defined as the time of earliest chart annotation consistent with all elements severe sepsis or septic shock ascertained through chart review.

Sepsis 6 Hour Bundle-SEP-1

TO BE COMPLETED WITHIN 6 HOURS OF TIME OF PRESENTATION:

5. Apply **vasopressors** (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP) ≥ 65 mmHg
6. In the event of persistent hypotension after initial fluid administration (MAP < 65 mm Hg) or if initial lactate was ≥ 4 mmol/L, **re-assess volume status and tissue perfusion and document findings**
7. **Re-measure lactate** if initial lactate elevated.

Quantros – Incident Reporting

What is Quantros Safety Event Manager?

Safety Event Manager allows us to:

- ❖ Report, track and monitor adverse events
- ❖ Identify and address adverse events in real time
- ❖ Reduce the risk of litigation, bad publicity and loss of confidence

Why should I report?

- ❖ We can't fix what we don't know about
- ❖ Data collection helps to monitor quality of care and target appropriate interventions to improve healthcare delivery
- ❖ IT'S THE RIGHT THING TO DO!

QUANTROS TRIAGE MANAGER

- Click on Internet Explorer and you will be on the Charity IRIS home page
- On the right lower side of page you will see Quick Links...find the Quantros link and click on it
- Select your hospital from drop down box, then click on Patient or Visitor
- On next screen, there are several options; choose the one which one pertains to your event
- When that page opens, you may begin to fill-out form. Give us as much information as you can (the more, the better)
- All **red** asterisked areas are required
- Click Submit and you are done!
- Please do not click "Save as Incomplete"

Health Insurance Portability & Accountability Act (HIPAA)

- HIPAA regulations punish individuals or organizations that fail to keep patient information confidential in accordance with the regulations.
- Until these regulations were enacted, there was no federal framework to protect patient information from being exploited for personal gain.
- The Office for Civil Rights, in the Department of Health and Human Services, has been charged with enforcing the HIPAA privacy rule, while CMS is the enforcement agency for security and transactions and code sets

Protected Health Information (PHI)

- HIPAA regulates the use and disclosure of what is known as protected health information or “PHI”.
- PHI is any information that can be used to identify the past, present, or future healthcare of an individual or the payment for that care.
- PHI is not limited to a patient’s clinical information. It includes any information that can identify the patient and is related to a person’s past, present, or future physical or mental health condition. Confidential information includes all identifying information patients provide and information about their treatment, including the following:

Name	Address	Age
Social Security #	Diagnosis	Medical History
Medications	Observations of Health Status	

To contact the privacy officer please call 845-368-5137

Focused Professional Practice Evaluation (FPPE)

- **The Focused Professional Practice Evaluation (FPPE) is the time limited evaluation of practitioner performance in performing a specific privilege. The process is implemented for all initially requested privileges and whenever a question arises regarding a practitioner's ability to provide safe, high-quality patient care.**
- **A 6 month evaluation period for initially requested procedures/admissions of new appointees shall be required.**
- **The terms of evaluation may vary from one department to another (as predetermined by each department); however, procedures crossing specialty lines should have uniform evaluation requirements.**
- **It is the practitioner's responsibility to complete the above requirements in collaboration with their department director. All documentation must be submitted to the Medical Staff Office.**

Ongoing Professional Practice Evaluation (OPPE)

- **The Ongoing Professional Practice Evaluation (OPPE) is a document summary of data collected for the purpose of assessing a practitioner's clinical competence and professional behavior. The information gathered during this process is factored into decisions to maintain, revise or revoke existing privilege(s) prior to or by the end of the 2 year privilege renewal cycle.**
- **OPPE data is run and distributed every 9 months, reporting on 12 months of clinical data.**
- **Providers with low or no volume will be required to supply quality data from their primary facility and/or a peer reference.**

Impaired Licensed Practitioner

The term “impaired licensed practitioner” is used to describe a practitioner who may be prevented by reasons of illness or other health problems or conditions from performing professional duties at the expected level of skill and competency to practice medicine safely and effectively.

Some illnesses may also decrease the ability and/or willingness on the part of the affected individual to acknowledge the problem or seek help to recover. Such a situation places the practitioner and the Hospital at risk and may pose an actual or potential risk to the health and safety of our patients.

Impaired Licensed Practitioner continued...

- The Hospital will utilize the Committee for Physicians Health (CPH) as the first and primary mechanism for managing practitioners with illness which may lead to impairment.
- Practitioners are encouraged to contact CPH to obtain confidential assistance for themselves and their colleagues. Any staff observing signs and symptoms, which may be indicative of a potentially impairing condition should make a referral to CPH. All referrals are held confidential.
- CPH clinical staff will assess the credibility of the referral and coordinate the intervention and risk assessment. If the referral is credible, CPH will arrange for a confidential clinical evaluation by a specialist approved by the Medical Society of the State of New York. If the evaluation results in no diagnosis, no further action will be taken.
- If a condition is diagnosed, CPH will obtain the practitioner's approval to contact the appropriate medical staff leaders of the Hospital. Practitioners requiring time off for treatment and/or rehabilitation will be encouraged to request a Medical Leave of Absence.

Behavior that Undermines a Culture of Safety

Disruptive behavior is any conduct which interferes with the cooperative and collegial atmosphere that is required for the delivery of quality health care. Such conduct may include, but is not limited to, the following:

- a. Inappropriate comments made verbally in front of BSHSI staff, patients, family members, the press or the public, which impugn the quality of care in BSHSI, or criticize, demean or attack other physicians, nurses, or staff, or BSHSI itself or its policies or practices.**
- b. Non-constructive criticism, comments or threats that are addressed in such a way as to intimidate, demean, undermine confidence, belittle, or imply stupidity or incompetence.**
- c. Inappropriate demands or requests of employees.**
- d. Loud, unruly or offensive remarks or conduct.**
- e. Lack of cooperation or passive conduct such as refusal to answer questions or return phone calls.**
- f. Refusal to cooperate with BSHSI employees who operate in a manner consistent with BSHSI policies, procedures, bylaws, and directives.**
- g. Condescending language or voice intonation, and impatience with questions.**

Behavior that Undermines continued...

h. Verbal or physical threats, intimidation or coercion.

i. Physical abuse or unwanted touching.

j. Throwing things.

k. Deliberate destruction or damage to property.

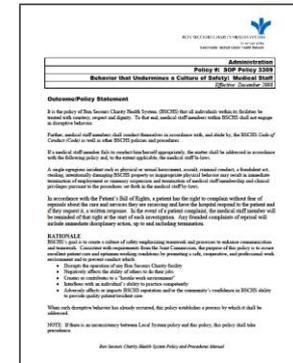
l. Sexual or other harassment or discrimination.

m. Repeated, willful failure to abide by BSHSI policies, procedures, bylaws, or directives.

n. Retaliating, and threatening to retaliate, against those who report disruptive behavior.

o. Any other conduct which interferes with the proper functioning of BSHSI or the provision of quality care.

Policy Attached



Use of Restraints

- **Restraints are only to be used if all other interventions to maintain patient safety have failed.**
- **The nurse may apply restraint only under the direction of a physicians order.**
- **The nurse must notify the patient's family when a restraint is applied.**
- **The patient's care plan must reflect the application of the restraint.**

For additional information, the Restraint Policy can be found on the hospital Intranet.

- **Orders for Restraint for Patient Safety (Medical Restraints)**
- **In an emergency, a patient may be restrained for his/her safety as determined by a registered nurse; the physician then must be notified immediately and an order obtained within minutes.**
- **The order for restraint specifies the reason needed, the time limitation, not to exceed twenty-four (24) hours, the nature of the restraint conditions and time of expiration. If the restraint is required another 24 hours, the patient must be reassessed prior to the order expiring.**
- **The orders must never be written as a standing order or PRN.**
- **The physician must see and evaluate the patient within one hour of the application of restraints and document as such in the ConnectCare (EMS).**
- **The patient's attending physician must be notified of the restraint order ASAP or within 2 hours.**

Pain Assessment: Adults

The physician's role is to assess the pain and, in collaboration with the patient and nurse, prescribes the pharmacological and non-pharmacological medical interventions.

Numeric Pain Intensity Scale and the Wong-Baker Faces Pain Rating Scale as the primary assessment tool utilized by the patient in reporting pain to the caregiver.

For verbal adults, assess pain using the: Verbal Rating Scale

- Ask patient to verbally rate his level of perceived pain intensity on a scale from 0 to 10, with 0 representing no pain and 10 representing the worst pain possible.

For nonverbal adults, assess pain using the: Faces Pain Rating Scale:

- Point to each face and read the corresponding words that describe pain intensity. Ask the patient to point to the face that best describes his own pain. Record the corresponding number.



0	2	4	6	8	10
No	Med	Mod	Severe	Very	Worst
Pain	Pain	Pain	Pain	Severe	Possible
				Pain	Pain

Ethics Committee

Whenever a clinical situation arises that presents a bioethical dilemma for a patient, his/her significant other(s) or any member of the health care team involved in the case, that cannot be resolved with a care conference, the Ethics Committee is available to address the issue.

The Ethics Committee is accessible to advise our patients and their significant other(s) at the request of a physician, a member of the nursing staff, Hospital Administration or the House Supervisor (after hours).

Anti-Microbial Stewardship

Extended infusion rate for Zosyn allowing better efficacy and using less medication. Clinical pharmacist review IV antibiotics for potentially switching to an oral formulation. Pharmacist review creatine clearance for renally cleared antibiotics to ensure that the medication is dosed correctly.

Intravenous Medications

- **The pharmacy department will purchase premixed IV medications from a pharmaceutical manufacturer when available.**
- **The pharmacist will compound low and medium risk preparations under USP 797 Guidelines.**
- **Practitioners are allowed to prepare IV preparations in emergent situations or in an OR environment. The IV Preparations must be administered within 1 hour from preparing.**

Disinfection of Blood/Body Fluids Spills

- Contain area, cover spill with absorbent pad
- Donne appropriate PPE: Gloves, gown
- Use gloves & forceps to pick up sharps, and discard items in puncture resistant container
- Clean visible Blood < 10ml and Other Potentially Infectious Material Using 1:100 bleach solution to clean surfaces with visible blood.
- After cleaning up all visible blood, use a new cloth with 1:100 bleach solution for a second cleaning of the surface. Make the surface glisteningly wet and let air dry unless otherwise specified by the manufacturer.
- Work Surface Cleaning and Disinfection with Visible Blood > 10ml and Other Potentially Infectious Material using Bleach Solutions Use 1:10 bleach dilution to clean surfaces with visible blood.
- After cleaning up all visible blood, use a new cloth wetted with 1:100 bleach solution for a second cleaning of the surface. Make the surface glisteningly wet and let air dry unless otherwise specified by the manufacturer.
- Discard all cleaning cloths/material in biohazard bag.

Exposures to Bloodborne Pathogens & Needle Stick Exposure

In Accordance with the OSHA Bloodborne Pathogen Standard and the New York Department of Health code, healthcare workers who have reasonable anticipated job-related contact with blood or other potentially infectious materials (PIM) are provided the protections of the Bloodborne Pathogen Standard.

- Copy of Bloodborne pathogen standard available
- Healthcare personnel are at risk for occupational exposure to bloodborne pathogens, including hepatitis B virus (HBV), hepatitis C virus (HCV), and the human immunodeficiency virus (HIV). Most exposures to bloodborne pathogens occur through needle sticks or cuts from sharp instruments contaminated with an infected patient's blood or other potentially infectious materials (PIM)
- Other modes of transmission are a mucosal and non-intact skin contact with blood or PIM
- The BSCHS Exposure Control Plan can be found on the intranet in the Standard Operating Procedure Manual
- Identification of tasks that may involve exposure to blood or OPIM in your department
- Universal Precautions-treating all human blood and body fluids as though they are infectious for HBV, HIV, or other bloodborne pathogens
- Use engineering controls (e.g., sharps disposal containers, self-sheathing needles, and needleless system), work practices, & personal protective equipment to reduce risk of exposure.

In the event of an exposure:

1. Immediately rinse affected area with water, complete the required incident forms to include route of exposure, circumstances of exposure, & identify the source patient where feasible.
2. Report to the Emergency Dept. for post-exposure medical evaluation, baseline screening, and post-exposure prophylaxis as indicated.

HIV – Confidentiality, Prevention, Infection Control

- All employees and medical staff follow Standard Precautions when caring for all patients, regardless of their diagnosis.
- Standard Precautions ***is implemented when contact with any of the following is anticipated:*** blood, all body fluids, secretions, and excretions, except sweat, regardless of whether they contain visible blood, non-intact skin, mucous membrane
- Employees exposed (i.e. needle stick) to blood borne pathogen will follow the Blood borne Pathogen Exposure Policy [post-exposure prophylaxis](#) (PEP).

Blood Transfusion

- **Patient Consent** – Physician must obtain patient consent prior to transfusion. It is recommended that a physician “discuss the nature and purpose of the transfusion, the risk and likely benefits of the transfusion, and the consequences of declining the transfusion “ (NY State Council of Human Blood and Transfusion Services)
- The informed consent process should be documented including refusal to consent.
- Required documentation includes the Physician signature, date and time and the Patient or legal guardian signature, date and time



Blood Transfusion continued

- When ordering blood products in Connect Care, select or enter the appropriate reason to transfuse
- Ex. Transfuse Red Blood cells — a) Hgb less than 7.0g/dl in a hemodynamically stable patient, b) Hgb less than or equal to 9g/dl in a dialysis patient
Transfuse Platelets – a) platelet count less than 50,000 in presence of bleeding or in surgical patient, b) platelet count less than 10,000 for prophylactic transfusion.
- Include attributes on the order if needed (Irradiated, LR, CMV negative, etc.)
- Emergency Release of Un-crossmatch Blood is ordered and the form signed by a physician. Emergency release of blood is reviewed by the Blood Bank Medical Director and reported to the Blood Utilization Committee.

Glucometers

- For patients requiring a finger stick glucose, the provider is to place an order for a POC GLUCOSE and the frequency that they want them performed.
- The Accu Chek Inform II glucometer is NOT to be used as a screening tool for diabetes.
- The glucometers may be used by the following staff members: RN, LPN, ED Techs and Care Partners (in non-critical care areas).
- With the exception of the Nursery, if the glucose meter value reads <50 mg/dl or >400 mg/dl a STAT venous glucose laboratory verification must be ordered immediately.

N-95 FIT Testing/Training

The OSHA Respiratory Protection standard 1910.134 requires employers to safeguard the health of it's employees by ensuring that:

- All employees potentially involved in the direct care of patients with suspected or confirmed diagnosis of TB, SARS, or other respiratory isolation cases:
 - have access to appropriate respirators
 - are medically screened prior to being fit-tested
 - fit tested for select N-95 respirator prior to initial use and on annual basis
 - trained in performing seal check, inspection, storage, and disposal of respirator
- The elements of protection listed above are available to all Medical Staff In accordance with NYS HEALTH Code 405.11 to reduce the spread of infection and communicable diseases to all healthcare personnel.
- Contact Occupational Health for fit testing appt. @ 845-368-5557

Dialysis Equipment and Procedures

Chemical and Biological Analysis

- For the health and safety of hemodialysis patients, it is vital to ensure that the water that is used to make dialysate is safe and clean. According to [CDC's Division of Healthcare Quality Promotion](#) and the [Healthcare Infection Control Practices Advisory Committee \(HICPAC\)](#), hemodialysis requires "special water-treatment processes to prevent adverse patient outcomes of dialysis therapy resulting from improper formulation of dialysate with water containing high levels of certain chemical or biological contaminants. The [Association for the Advancement of Medical Instrumentation \(AAMI\)](#) has established chemical and microbiologic standards for the water used to prepare dialysate, substitution fluid, or to reprocess hemodialyzers for renal replacement therapy. The AAMI standards address: a) equipment and processes used to purify water for the preparation of concentrates and dialysate and the reprocessing of dialyzers for multiple use and b) the devices used to store and distribute this water [\(1\)](#). (CDC, 2009)

FMS Water Standards Table:

Test	Action Level	Allowable Limit
Colony Count	20 CFU/ml	100 CFU/ml
Endotoxin	0.125 EU/ml	0.25 EU/ml

AAMI Water Standards Table:

Test	Action Level	Allowable Limit
Colony Count	50 CFU/ml	200 CFU/ml
Endotoxin	1 EU/ml	2 EU/ml

FMS Dialysate Standards Table:

Test	Action Level	Allowable Limit
Colony Count	20 CFU/ml	100 CFU/ml
Endotoxin	0.06 EU/ml	0.25 EU/ml

AAMI Dialysate Standards Table:

Test	Action Level	Allowable Limit
Colony Count	50 CFU/ml	200 CFU/ml
Endotoxin	1 EU/ml	2 EU/ml

Dialysis Equipment & Procedures Continued

Chlorine/Chloramine checks are performed by dialysis staff every four hours

- This is required testing that cannot be missed
- Exposure to chlorine/chloramines causes hemolysis and can lead to death

Immunochemistry

- All patients receiving dialysis must be screen for hepatitis B and C upon admission
- Ordering a hepatitis panel on patients who will have renal consults (when dialysis is inevitable) will assist in meeting requirements to start dialysis and placing patients appropriately

Central Line Associated Blood Stream Infections (CLABSIs) are monitored in dialysis patients

- Best Practice includes temporary central line removal/replacement for dialysis catheters within 7 days and/or upon signs and symptoms of infection

Informed Consent

- Ensuring informed consent is ***the responsibility of the licensed physician or independent care provider*** who is to conduct the proposed test, procedure or treatment, consistent with State and Federal laws and/or regulations.
 - The informed consent of a patient and/or the patient's representative must be ***obtained prior to*** providing treatment or performing a procedure. (*Informed Consent Policy (#1114)*)
 - **Procedures Requiring Written Consent:**
 - Surgical procedures
 - Blood transfusions
 - Invasive diagnostic procedures
 - Procedures involving anesthesia, sedation/analgesia
 - Invasive procedures of significant risk
 - **Types of Consent:**
 - **Emergency Consent:** where the delay of treatment would increase risk to the patient's life or health
 - **Implied Consent:** where the patient voluntarily submits to medical treatment
 - **Express Consent:** written consent is preferred and every effort must be made to obtain it. Alternatives to written include:
 - Oral consent with a witness present
 - Telegram or fax consent
 - Telephone consent with a witness present
 - ***Oral, telegram and faxed consents should be followed by a written consent as soon as possible.***
- NOTE:** "Administrative Consent" is not a legally valid concept.

Informed Consent continued...

- **Adults without Capacity**

- Due to mental illness or mental retardation, the following may provide consent after confirming patient's inability to consent:
 - Health Care Agent (Proxy)
 - Court-Appointed Guardian
 - Surrogate Decision Maker: next of kin/significant other

- **Consent by Minors**

- NYS permits persons less than 18 to independently consent for the following:
 - Medical emergencies
 - Prenatal care/STDs/HIV Testing
 - Care for children of minor parents

NOTE: Legally emancipated minors are not required to provide proof of emancipation by court order, marriage, armed service, etc.

- **Informed Refusal**

- Mentally capable adult patient or surrogate has the right to refuse treatment and to withdraw consent **at any time.**
- **To be fully "informed" the licensed care provider is required to provide all appropriate information regarding reasonably foreseeable risks including any possibility of death, as well as all consequences and benefits involved in both the procedure and the alternative.**



Thank you for your participation.

*Please note that Medical Staff Policies can be accessed on
the hospital intranet.*