Medical Staff Services Annual Orientation

WMC Health
Westchester Medical Center Health Network

BON SECOURS CHARITY HEALTH SYSTEM
A member of the Westchester Medical Center Health Network

Westchester Medical Center Health Network (WMCHealth)

The Westchester Medical Center Health Network (WMCHealth) is a 1,700-bed healthcare system headquartered in Valhalla, NY, with 9 hospitals on 8 campuses spanning 6,200 square miles.

WMCHealth employs more than 12,000 and has nearly 3,000 attending physicians. With Level 1, Level 2 and pediatric trauma centers, the region's only acute-care children's hospital, an academic medical center, several community hospitals, dozens of specialized institutes and centers, skilled nursing, assisted-living facilities, homecare services and one of the largest mental-health systems in New York State, WMCHealth is the pre-eminent provider of integrated healthcare in the Hudson Valley.


Westchester Medical Center


Maria Fareri Children's Hospital


Good Samaritan Hospital


St. Anthony Community Hospital


Bon Secours Community Hospital

Behavioral Health Center


MidHudson Regional Hospital


Margaretville Hospital


HealthAlliance Hospital

Westchester Medical Center

A member of the Westchester Medical Center Health Network

Westchester Medical Center is the premier provider of advanced medical care in New York's Hudson Valley region.

The flagship of the Westchester Medical Center Health Network, this 415-bed academic hospital located in Valhalla, New York, provides local residents with acute care services – Level I trauma and burn care, organ transplants, Comprehensive Stroke Center and more - found nowhere else in the region.

Westchester Medical Center is the primary referral facility for other hospitals in the Hudson Valley and serves as a lifeline for more than 2.4 million people.

Bon Secours Charity Health System

A member of the Westchester Medical Center Health Network

Good Samaritan Hospital

Suffern, NY

286-bed hospital providing emergency, medical, surgical, OB/GYN and acute-care services to residents of Rockland and southern Orange counties in New York, and northern Bergen County, NJ. Includes a Primary Stroke Center and Level III Trauma Center.

Bon Secours Community Hospital

Port Jervis, NY

122-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, NY

60-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

A member of the Westchester Medical Center Health Network

Schervier Pavilion

Warwick, NY

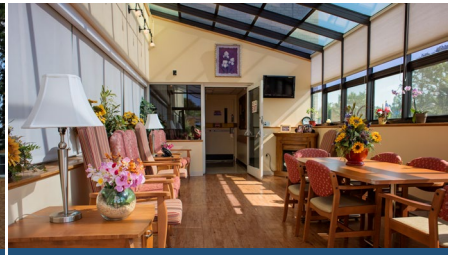
120-bed, skilled nursing facility dedicated to the highest standard of healthcare excellence. Residents participate in a broad range of therapeutic and social activities designed to enhance their physical and mental capabilities.

Mount Alverno Center

Warwick, NY

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.

Offers a host of professional services in a choice of 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

Port Jervis, NY

Located on the first floor of Bon Secours Community Hospital, serving 46 residents 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 residents can call "home."

Home Care

Rockland and Orange County, NY

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.

Mission and Vision

Mission Statement

The Mission of Bon Secours Charity Health System is to make visible God's love 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.

Vision Statement

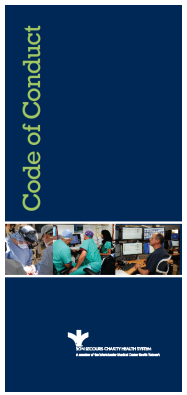
Inspired by the Healing Ministry of Jesus and the Charisms of Bon Secours and the Sisters of Charity of Saint Elizabeth, the Bon Secours Charity Health System will be distinguished as the leading provider of quality, compassionate and community-based health care services in the Hudson-Delaware Valley.

Code of Conduct

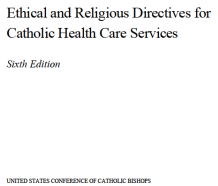
Ethical and Religious Directives for Catholic Health Care Services

Medical Staff Behaviors

Code of Conduct



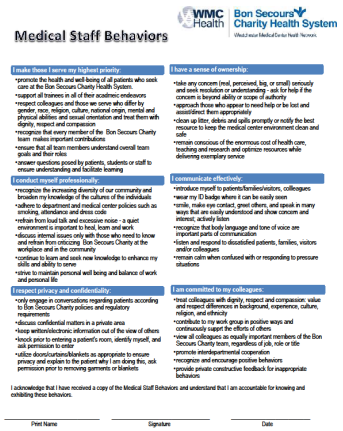
Ethical & Religious Directives


Ethical and Religious Directives for Catholic Health Care Services

Sixth Edition

UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

Medical Staff Behaviors


Medical Staff Behaviors

WMC Health | Bon Secours Charity Health System

I make those I serve my highest priority:
- promote the health and well-being of all patients who seek care at the Bon Secours Charity Health System.
- support all trainees in all of their academic endeavors
- respect colleagues and those we serve who differ by gender, race, religion, culture, national origin, mental and physical abilities and sexual orientation and treat them with dignity, respect and compassion
- recognize that every member of the Bon Secours Charity team makes important contributions
- ensure that all team members understand overall team goals and their roles
- answer questions posed by patients, students or staff to ensure understanding and facilitate learning

I conduct myself professionally:
- recognize the increasing diversity of our community and broaden my knowledge of the cultures of the individuals
- adhere to department and medical center policies such as smoking, attendance and dress code
- refrain from loud talk and excessive noise - a quiet environment is important to heal, learn and work
- discuss internal issues only with those who need to know and refrain from criticizing Bon Secours Charity at the workplace and in the community
- continue to learn and seek new knowledge to enhance my skills and ability to serve
- strive to maintain personal well being and balance of work and personal life

I respect privacy and confidentiality:
- only engage in conversations regarding patients according to Bon Secours Charity policies and regulatory requirements
- discuss confidential matters in a private area
- keep written/electronic information out of the view of others
- knock prior to entering a patient's room, identify myself, and ask permission to enter
- utilize doors/curtains/blankets as appropriate to ensure privacy and explain to the patient why I am doing this, ask permission prior to removing garments or blankets

I have a sense of ownership:
- take any concern (real, perceived, big, or small) seriously and seek resolution or understanding - ask for help if the concern is beyond ability or scope of authority
- approach those who appear to need help or be lost and assist/direct them appropriately
- clean up litter, debris and spills promptly or notify the best resource to keep the medical center environment clean and safe
- remain conscious of the enormous cost of health care, teaching and research and optimize resources while delivering exemplary service

I communicate effectively:
- introduce myself to patients/families/visitors, colleagues
- wear my ID badge where it can be easily seen
- smile, make eye contact, greet others, and speak in many ways that are easily understood and show concern and interest; actively listen
- recognize that body language and tone of voice are important parts of communication
- listen and respond to dissatisfied patients, families, visitors and/or colleagues
- remain calm when confused with or responding to pressure situations

I am committed to my colleagues:
- treat colleagues with dignity, respect and compassion; value and respect differences in background, experience, culture, religion, and ethnicity
- contribute to my work group in positive ways and continuously support the efforts of others
- view all colleagues as equally important members of the Bon Secours Charity team, regardless of job, role or title
- promote interdepartmental cooperation
- recognize and encourage positive behaviors
- provide private constructive feedback for inappropriate behaviors

I acknowledge that I have received a copy of the Medical Staff Behaviors and understand that I am accountable for knowing and exhibiting these behaviors.

Print Name _____ Signature _____ Date _____

The Joint Commission

Hospitals that receive reimbursement from Medicare and Medicaid must be accredited to assure compliance with CMS standards. Bon Secours Charity Health System is accredited by The Joint Commission (TJC) who conducts triennial unannounced surveys of our hospitals to assure our compliance with best-practice clinical care standards established by both CMS and TJC. The survey also serves an educational role as it helps hospitals maintain optimal patient outcomes.

TJC 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 (Cont.)

Questions about TJC standards, quality/safety concerns, or the accreditation process?

Internally:

Reach out to our Quality Department Accreditation and Regulatory Compliance Manager:

Fred Conklin
Freddy.Conklin@wmchealth.org
845-367-3143

Externally:

The Office of Quality and Patient Safety (OQPS)
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
Phone: 630-792-5800
www.jointcommission.org

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

The Joint Commission Standards

TJC has many standards and numerous “elements of performance” (EPs) within each standard. The standard chapters and number of standards per chapter are as follows for 2024:

- Accreditation Participation Requirements (13)
- Environment of Care (21)
- Emergency Management (15)
- Human Resources (8)
- Infection Prevention & Control (12)
- Information Management (8)
- Leadership (30)
- Life Safety (23)
- Medication Management (21)
- **Medical Staff (26)**
- National Patient Safety Goals (12)
- Nursing (5)
- Provision of Care, Treatment & Services (44)
- Performance Improvement (4)
- Record of Care, Treatment and Services (9)
- Rights & Responsibilities of the individual (12)
- Transplant Safety (5)
- Waived Testing (5)

National Patient Safety Goals 2023

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

SAFETY GOALS PANEL 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)
- **Timely reporting of critical results**
- **Medication safety:**
  - **Labelling** (inc. containers/ syringes)
  - **Reduce patient harm with anticoagulants**
  - **Maintain & communicate ACCURATE patient medication information / reconciliation**
- **Improve clinical alarm safety**
- **Hand Hygiene** (CDC/WHO guidelines)
- **Reduce suicide risk** (Identify & address high risk patients during course of any care)
- **Improve health care equity (Added 2024)** (Patient health care disparities are identified, and a plan is in place to improve them)
- **Prevent surgery errors:**
  - **Pre-procedure verifications**
  - **Mark procedure site**
  - **Conduct TIME-OUT prior to procedure**

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.

Patient Bill of Rights (cont.)

As a patient in a hospital in New York State, you have the right, consistent with law, to:

- Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.
- Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints
- Receive emergency care if you need it.
- Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
- Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
- A non smoking environment.
- Receive complete information about your diagnosis, treatment and prognosis.
- Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
- Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Deciding About Health Care — A Guide for Patients and Families."

Patient Bill of Rights (cont.)

- Refuse Treatment and be told what effect this may have on your health.
- Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
- Privacy while in the hospital and confidentiality of all information and records regarding your care.
- Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
- Identify a caregiver who will be included in your discharge planning and sharing of post-discharge care information or instruction.
- Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
- Receive an itemized bill and explanation of all charges.
- View a list of the hospital's standard charges for items and services and the health plans the hospital participates with.
- You have a right to challenge an unexpected bill through the Independent Dispute Resolution process.
- Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.
- Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
- Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

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

Contacting the NYS Department of Health or The Joint Commission

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 Complaints about New York State Hospitals and Diagnostic and Treatment Centers | New York State Department of Health (ny.gov)

To contact The Joint Commission about patient Safety concerns TJC Report a Patient Safety Concern or Complaint

Reporting Abuse or Mandated Reporter

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

Call the hot line for adults:

Monday – Friday
8:30am – 8:00pm

844.697.3505

For suspected child abuse and maltreatment cases involving children, call the New York State Child Abuse and Maltreatment Register at:

800.635.1522

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 who have suicidal ideation or present for a behavioral health condition as their primary reason for care need to be screened for suicide risk using the CSSRS. Any patient who screens at risk for suicide needs a psychiatric consult for further evaluation and be placed on a Constant Observation.

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 (PTSD)

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

- **R**escue – Anyone in danger
- **A**lert – Pull nearest fire alarm
- **C**onfine – Close all doors & windows
- **E**vacuate/Extinguish – Move patients to designated areas

Grab the fire extinguisher and: PASS

- **P**ull – Pull ring
- **A**im – Aim nozzle at base of flame
- **S**queeze – Squeeze handles
- **S**weep – Use sweeping motion with nozzle across base of fire

Staff With Direct Patient Contact

Close all doors and windows
Assist in moving patients if indicated
Keep the lights on
as available

Keep hallways clear
Maintain patient care as needed
Provide information to patients/visitors

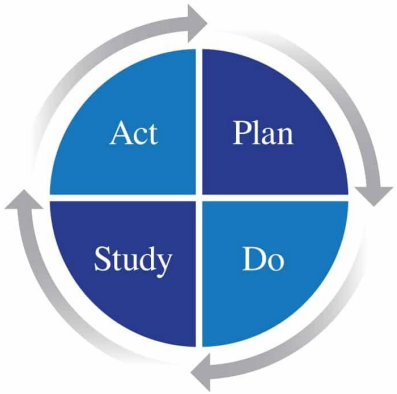
Performance Improvement Methodology

Plan:
- Identify a goal for improvement
- Define metrics with SMART goals
- Put plan into action

Do:
- Implement the plan

Study:
- Monitor outcomes for progress/success or problem areas for improvement

Act:
- Close the cycle or tweak the plan to improve problem areas



These four steps can be repeated over and over as part of a never-ending cycle of continual learning and improvement

Case Management

Appropriate Status Placement

- Observation vs Inpatient
- No downgrades from to lower level of care
- CM reviews documentation to support status
- Case manager/Physician Advisor provides recommendation to upgrade patients

Discharge Planning

- Patient Centered and includes the discharge caregiver
- Home if possible
- Post-Acute care: home care vs in-patient rehab or long-term care

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.

New York State's Care Act

- Discharge from the hospital.
- Intended to help patients and their caregivers plan a safe transition from hospital to home.
- Caregiver can be a family member, friend or someone else who agrees to help plan your discharge from the hospital and assist with your care at home.
- Patient does not have to provide a name and/or change the name during your visit at the hospital.
- MUST provide written authorization to share patient's medical information to the caregiver.
- Hospital staff MUST inform the caregiver 24 hours prior to discharge of patient.

https://www.nysenate.gov/legislation/laws/PBH/A29-CCCC

https://www.nextstepincar.org/Caregiver_Home/NYS_CARE_Act_Guide/

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Opportunities to Identify A Caregiver

- A Hospital shall provide each patient or, if applicable, the patient's legal guardian with at least one opportunity to identify at least one caregiver under this article following the patient's entry into a hospital and prior to the patient's discharge or transfer to another facility.
- Patient is unconscious or otherwise incapacitated upon his or her entry into a hospital, the hospital shall provide such patient or his/her legal guardian with an opportunity to identify a caregiver following the patient's recovery of his or her consciousness or capacity.
- Patient or the patient's legal guardian declines to identify a caregiver under this article, the hospital shall promptly document this in the patient's medical record.
- Hospital shall record the patient's identification of a caregiver if given by the patient or legal guardian, the relationship of the identified caregiver to the patient, and the name, telephone number, and address of the patient's identified caregiver in the patient's medical record.
- Hospital shall promptly request the written consent of the patient or the patient's legal guardian to release medical information to the patient's designated caregiver.
- If the patient or the patient's legal guardian declines to consent to release medical information to the patient's designated caregiver, the hospital shall not be required to provide notice to the caregiver

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Notice to Identified Caregiver

- Hospital shall notify the patient's identified caregiver of the patient's discharge or transfer to another hospital or facility licensed by the department or the office of mental health as soon as the date and time of discharge or transfer can be anticipated prior to the patient's actual discharge or transfer to such facility.
- In the event the hospital is unable to contact the designated caregiver, the lack of contact shall not interfere with, delay, or otherwise affect the medical care provided to the patient or an appropriate discharge of the patient. The hospital shall promptly document the attempt in the patient's medical record.
- Hospital shall promptly document the attempt in the patient's medical record.

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Instruction to Identified Caregiver

- Twenty-Four hours prior to a patient's discharge from a hospital, the hospital shall consult with the identified caregiver along with the patient regarding the caregiver's capabilities and limitations and issue a discharge plan that describes a patient's after-care needs at his or her residence.
- Hospital is unable to contact the designated caregiver, the lack of contact shall not interfere with, delay, or otherwise affect the medical care provided to the patient or an appropriate discharge of the patient.
- Caregiver is unwilling or unable to confidently provide proper care, the hospital shall assess whether other services, including but not limited to home care services, are needed and, if necessary, order such services.
- Hospital shall promptly document the attempt in the patient's medical record.
- At minimum, a discharge plan shall include:

(a) the name and contact information of the caregiver identified under this article;

(b) a description of all after-care tasks recommended by the discharging physician, taking into account the capabilities and limitations of the caregiver; and

(c) contact information for health care, community resources, and long-term services and supports necessary to successfully carry out the patient's discharge plan.

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Instruction to Identified Caregiver (cont'd)

- The hospital issuing the discharge plan must offer caregivers with instruction in all after-care tasks described in the discharge plan.
- At minimum, such instruction shall include:

(i) a live or recorded demonstration of the tasks performed by a hospital employee authorized to perform the after-care task, provided in a culturally competent manner and in accordance with the hospital's requirements to provide language access services under state and federal law;

(ii) an opportunity for the caregiver and patient to ask questions about the after-care tasks; and

(iii) answers to the caregiver's and patient's questions provided in a culturally competent manner and in accordance with the hospital's requirements to provide language access services under state and federal law.

- Any instructions required under this article shall be documented in the patient's medical record, including, at minimum, the date, time, and contents of the instruction.

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Corporate Compliance Program
A Brief Overview of Healthcare Compliance
WMC Health
Westchester Medical Center Health Network

Documentation & Reimbursement

- Documentation is the written account of a provider's encounter with a patient
  - Must be accurate, complete and legible if written
  - All physician notes MUST be signed and dated, electronically or written
- Tens of **Billions** of Dollars are lost annually to *improper payment* for:
  - Services that patients didn't receive
  - Up-coding for higher reimbursements
  - Medically unnecessary services
  - Separate billing for outpatient/inpatient services for the same period. See link below on False Claim DOJ Article.

DOJ Article-False Claims-Healthcare Providers-Pay $22.5 Million

HIPAA PRIVACY AND SECURITY

HIPAA Privacy Tips

- Do not use personal photography equipment inside the facility, i.e. cell phone cameras.
- Do not use texting that includes PHI. Texting is not a secure method to transmit information without the ability to encrypt, such as through Tiger Text.
- Always check proper documentation being handed to a patient, ENSURE IT IS THEIRS!
- If you are not involved in the treatment, payment or healthcare operations of a patient, you may NOT access their medical record for any reason. This includes family, friends, co-workers, etc.
- When accessing PHI: Only access Minimum Necessary needed for treatment, payment or operations.
- Use shredders or privacy bins
- Keep voices to minimum so others do not overhear.
- Double check fax numbers before hitting SEND.
- Do NOT post PHI to Facebook, Twitter, or any social media account.
- Know the OPT Out Policy

HIPAA Security Tips

- Don’t leave your computer unattended.
- Don’t share your password.
- Don’t download unauthorized software.
- Only use hospital approved email addresses.
- Never forward or send PHI to a personal email address.
- All emails containing PHI sent outside the WMC Network must be encrypted.
- Do not include PHI in the subject line of an email. The subject line is not encrypted.

What is WMC's Policy on Retaliation?

- WMC has a policy of "zero tolerance" for any form of retaliation against those who report Code of Conduct concerns in good faith.

- WMC encourages honest discussion about these concerns.

- Zero tolerance applies to:
  - Direct as well as indirect retaliation.
  - Retaliatory action as well as threats of action.
  - Retaliation from Supervisors as well as from coworkers.

Gifts, Gratuities & Business Conduct

Federal Anti-Kickback Statute prohibits acceptance of items of value, cash or any kind, in exchange for referral or business

Unacceptable Items:

- Cash, gifts or other items of value to influence individuals we do business with (i.e., patients, vendors) or for referrals

Acceptable Items:

Promotional items (pens/notepads) $15 or less but are discouraged

Departments or groups may accept perishable or consumable gifts (fruit baskets/candy/cookies)

Link on DOJ Article-Medical Director-Fraud-$50 Gift Cards

Conflict of Interest

Potential Conflict Situations:

- A personal interest that compromises your **duty of loyalty** to WMC Health Network

  When an individual uses his/her position, or the knowledge gained from their position for personal benefit

  - Even the appearance of a conflict can be a problem
  - Requirement to disclose conflicts
  - NYS Joint Commission of Public Ethics
    - State employee
    - 2-year moratorium
    - Are you a designated decision maker?
      - File an annual disclosure

Emergency Medical Treatment and Active Labor Act (EMTALA)

Individuals with a medical emergency or in labor have the right to receive:

- Medical Screening Exam
- Necessary stabilizing treatment
- Appropriate transfer to another facility

- EVEN if individual cannot pay, do not have medical insurance or are not entitled to Medicare or Medicaid.

- EMTALA obligations begin once an individual “comes to “the Emergency Department or arrives “on hospital property” (within 250 yards of main building) requesting examination and treatment.

- Under EMTALA, hospitals and physicians cannot delay examination or treatment to inquire about the patient’s method of payment or insurance status.

- The Hospital may register the patient, including asking for insurance information, as long as the registration process does not delay the medical screening examination and stabilizing treatment. The Registrar will not discourage any individual from remaining for further evaluation.

What is EMTALA?

EMTALA (The Emergency Medical Treatment and Labor Act) requires hospitals with an emergency department to provide an appropriate medical screening examination and emergency treatment, regardless of the patient's ability to pay.

- The determination of an emergency medical condition is the responsibility of the examining physician or other qualified medical personnel.
- Staff who may come into contact with a patient seeking examination or treatment of a medical condition should be aware of the hospital's obligation under EMTALA.

Reporting… Where to find help with compliance-related issues?

Valerie Campbell, Regional VP of Corporate Compliance
Email: Valerie.Campbell@wmchealth.org Phone: 914-598-7740

Heather Ubides, Director, Compliance Audit Program (Documentation and Coding)
Email: Heather.Ubides@wmchealth.org Phone: 845-368-5889 / 845-987-5836

Margarita Gerzhgorina, Manager of Corporate Compliance
Email: Margarita.Gerzhgorina@wmchealth.org Phone: 845-368-5137

Angelina Rodriguez, Senior Compliance Coordinator
Email: Angelina.Rodriguez@wmchealth.org Phone: 845-368-5814

Helpline Line: 844-961-2442 or go to: bshsi.ethicspoint.com
The toll-free Help Line is a confidential, anonymous and non-retaliatory reporting mechanism available 24 hours a day, 7 days a week.

Clinical Transformation

Clinical Transformation teams have worked on:

- Reducing catheter use
- Reducing in LOS
- Wound care - pressure ulcer reduction
- Healthcare Acquired Infection reduction
- Sepsis
- Improving HCAHPS & Patient Experience
- Medical record documentation workflow
- Emergency Services
- SDOH: Social determinants of health
- Suicide risk assessments
- Policy updates & workflow in MCN
- Reducing readmissions
- Reducing falls
- Improving patient throughput

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.
- To assist staff in navigating legal issues that arise from litigation, in conjunction with the legal team.

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.

Use Alarms Safely (cont.)

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.

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 LP or provider 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.

2024 CMS National Hospital Inpatient Quality Measures

Some of the measures required to meet hospital inpatient quality reporting requirements:

Severe Sepsis & Septic Shock Bundle Adherence

HCAHPS

Maternal Morbidity

Mortality

Readmissions

Screening for Social Drivers of Health (SDOH)

Total Hip Arthroplasty and/or Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (PRO-PM)

Patient Safety Indicators (PSI)

COVID & flu vaccination among healthcare personnel

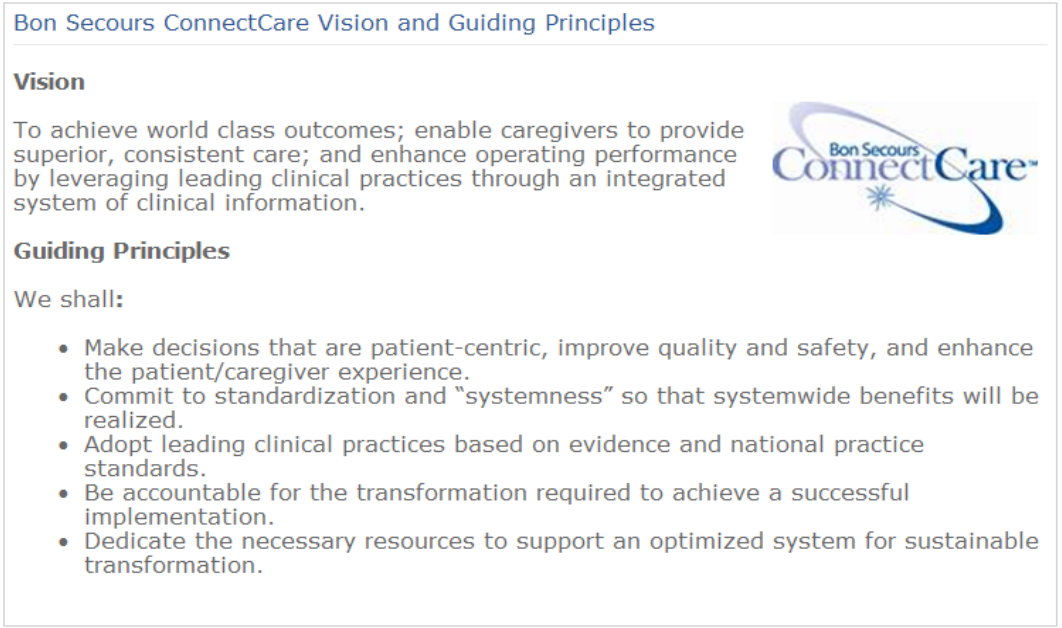
Disease Specific certification from the Joint Commission for Stroke and AMI.
(Good Samaritan only)

Electronic Medical Record (EMR) "ConnectCare" an Epic Based System

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 845.368.5969.



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.

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 using 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.

ConnectCare Downtime (cont.)

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

a) Physician forms (existing BSHSI approved physician order sheets/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.

The Update Must Include:

- Documentation of any changes in pts condition"- In the past 24 hrs.
  - ✓ 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 (cont.)

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; MD, RN, 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, signed, 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"
MSO_4 and $MgSO_4$	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 THE 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.

If 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 (cont.)

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.

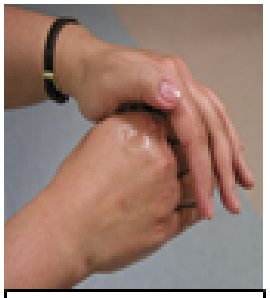
Acceptable agents are soap and alcohol-based waterless products.

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

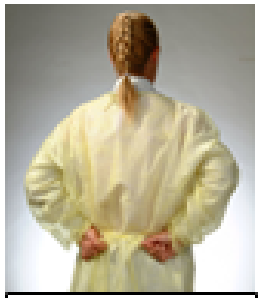
Covid 19 & Personal Protective Equipment (PPE)

Droplet + Contact + Face Shield Precautions

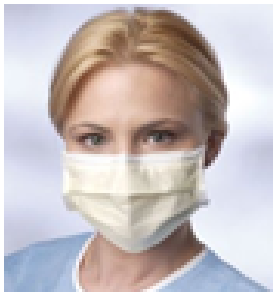
BEFORE ENTERING ROOM:



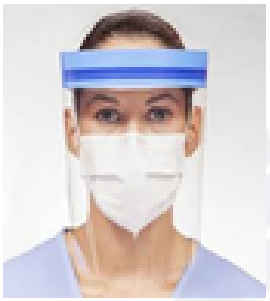
 # 1 Perform HAND HYGIENE



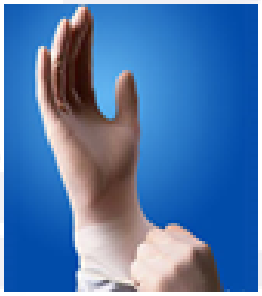
 # 2 Put on GOWN



#3 Put on SURGICAL/PROCEDURE MASK



#4 Put on EYE PROTECTION



#5 Put on GLOVES

When leaving room remove gloves, gown (wash hands), eye protection, mask (wash hands)

Substitute a N95 mask during:

- **Intubation , Bipap , Aerosolized generated procedures**

Tuberculosis (TB) Assessment & Education

What is TB?

- TB is a disease caused by a bacterium called Mycobacterium tuberculosis (M. Tuberculosis) that usually attack the lungs but can attack any part of the body such as lymph nodes, bones and joints, the brain, and other organs.

TB Transmission

- TB is spread through the air from person to person. Tiny water particles may be expelled into the air when a person with infectious TB of the lungs, airway, or larynx coughs, sneezes, speaks or sings.
- These droplet nuclei can remain in the air for several hours depending on the environment.
- If another person inhales air that contains droplet nuclei, they may become infected. However, not every person that is exposed to TB becomes infected with M. tuberculosis.

Tuberculosis (TB) Assessment & Education

Risk of developing TB Disease

- The risk of developing TB disease is highest in the first 2 years after infection.
- The risk of developing TB disease is much higher for persons with weakened immune systems than for persons with normal immune systems.
- HIV infection is the strongest known risk factor for infection progressing to TB disease.

How TB develops in the body

- Not everyone infected with M. tuberculosis becomes sick. People who are infected but not sick have latent TB infection. There are two TB related conditions:
  - ✓ ***Latent*** TB infection
  - ✓ ***Active*** TB Disease
- People with ***Latent*** TB infection do not feel sick, and they cannot spread TB to others.
- When bacteria attack the lungs, the person has ***Active*** TB disease.
- People with ***Active*** TB disease may feel sick and may spread TB to others.

Tuberculosis (TB) Assessment & Education

General Symptoms of TB Disease

- Fever, Chills, Night sweats, Weight loss, Appetite loss, Fatigue, Malaise
- **Symptoms of Pulmonary TB Disease:** Cough lasting 3 or more weeks, Chest pain, coughing up blood or sputum (phlegm)

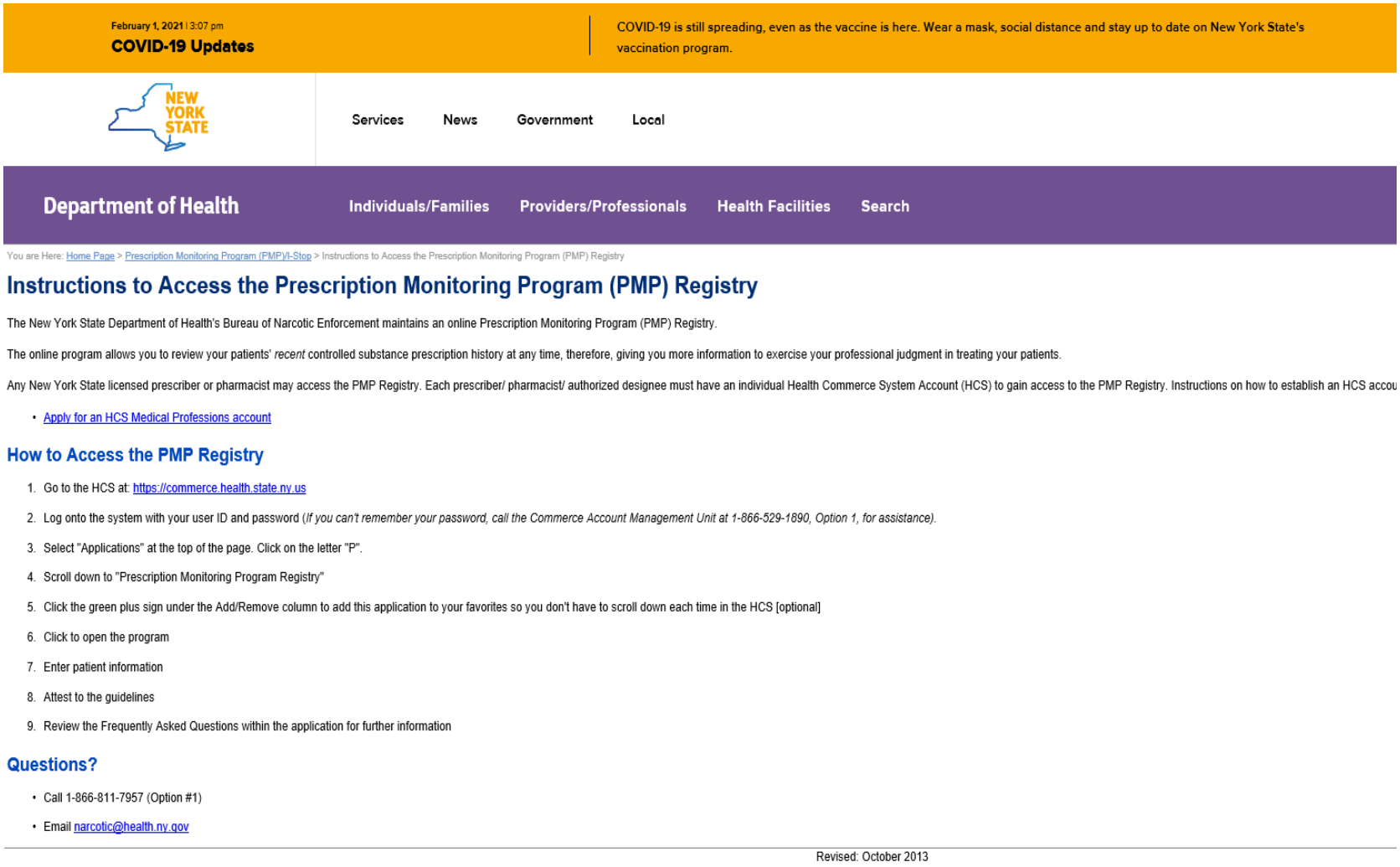
TB Contacts

- Persons who spend a lot of time in enclosed spaces with people who have TB disease are at the highest risk of becoming infected with M. tuberculosis. This may include family members, friends, roommates, or coworkers.
- These persons or contacts are identified by public health workers through interviews with patients who have TB disease.

Infection Control

- It is important for Healthcare facilities to practice appropriate infection control procedures to protect others from getting TB.
    1. Prompt detection of TB
    2. Airborne precautions to prevent the spread of TB
    3. Treatment of persons who have suspected or confirmed TB disease
    4. Personal respirators should be worn by healthcare workers to prevent the inhalation of droplet nuclei.

Prescription Monitoring Program (PMP) Registry



February 1, 2021 | 3:07 pm
COVID-19 Updates

COVID-19 is still spreading, even as the vaccine is here. Wear a mask, social distance and stay up to date on New York State's vaccination program.

NEW YORK STATE

Services News Government Local

Department of Health Individuals/Families Providers/Professionals Health Facilities Search

You are Here: Home Page > Prescription Monitoring Program (PMP)/I-Stop > Instructions to Access the Prescription Monitoring Program (PMP) Registry

Instructions to Access the Prescription Monitoring Program (PMP) Registry

The New York State Department of Health's Bureau of Narcotic Enforcement maintains an online Prescription Monitoring Program (PMP) Registry.

The online program allows you to review your patients' *recent* controlled substance prescription history at any time, therefore, giving you more information to exercise your professional judgment in treating your patients.

Any New York State licensed prescriber or pharmacist may access the PMP Registry. Each prescriber/ pharmacist/ authorized designee must have an individual Health Commerce System Account (HCS) to gain access to the PMP Registry. Instructions on how to establish an HCS accou

- Apply for an HCS Medical Professions account

How to Access the PMP Registry

1. Go to the HCS at: https://commerce.health.state.ny.us
2. Log onto the system with your user ID and password (*If you can't remember your password, call the Commerce Account Management Unit at 1-866-529-1890, Option 1, for assistance).*
3. Select "Applications" at the top of the page. Click on the letter "P".
4. Scroll down to "Prescription Monitoring Program Registry"
5. Click the green plus sign under the Add/Remove column to add this application to your favorites so you don't have to scroll down each time in the HCS [optional]
6. Click to open the program
7. Enter patient information
8. Attest to the guidelines
9. Review the Frequently Asked Questions within the application for further information

Questions?

- Call 1-866-811-7957 (Option #1)
- Email narcotic@health.ny.gov

Revised: October 2013

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)
  - **In accordance with NYS LAW, PRN orders must have 72 hour stop date**
  - **Scheduled orders must have 7 day stop date**
- If a nonsteroidal 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

A Leading Cause of Hospitalization and Death In The United States

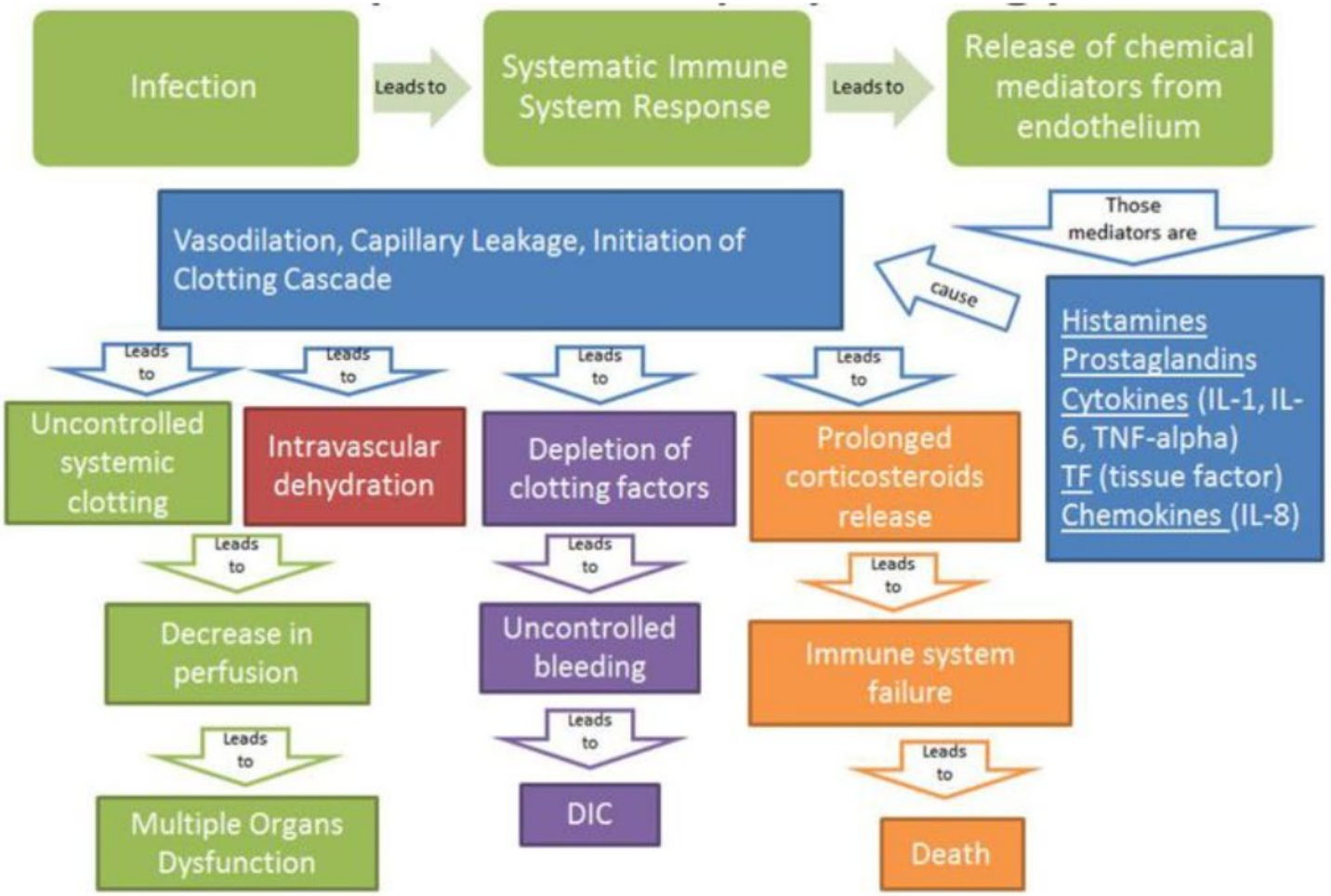
Impact

- *Affects 1.7 million people and takes 350,000 adult lives in the U.S. every year.*
- *1 in 3 patients who die in a hospital had sepsis during their hospitalization.*

CMS & NYS

The Centers for Medicare & Medicaid Services (CMS) and NY State initiated monitoring in 2015 as a quality metric to standardize and promote best practice in hospitals.

Sepsis Pathophysiology



Severe Sepsis/Septic Shock Identification

Signs & Symptoms

- Known **source of infection**
- **SIRS**:
  - Temp > 100.9°F or < 96.8°F
  - HR > 90
  - RR > 20
  - WBC > 12,000 or < 4,000 or >10% bands
- **Altered mental status**
- **Diaphoresis**
- **Pain**
- **Rash**

Organ Dysfunction

- SBP<90mmHg or MAP <65mmHg
- SBP decrease of more than 40mmHg
- Acute respiratory failure as evidenced by new need for invasive or noninvasive mechanical ventilation
- Creatinine >2 mg/dL
- Urine output < 0.5cc/kg/hr for more than 2 hours
- Platelets < 100,000
- INR > 1.5 or aPTT > 60sec
- Lactate > 2 mmol/L

Severe Sepsis/Septic Shock Identification

Severe Sepsis

Criteria

(all within 6 hrs. of each other)

- Suspected source of infection
- Two or more SIRS criteria
- One sign of organ dysfunction

OR

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

Septic Shock

- Severe sepsis is present + persistent hypotension OR tissue hypoperfusion.
- Persistent hypotension: two or more readings with a MAP < 65mmHg.

OR

- Tissue hypoperfusion:

  lactate > 2 mmol/L.

Electronic Tools for Early Identification of Sepsis

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:**

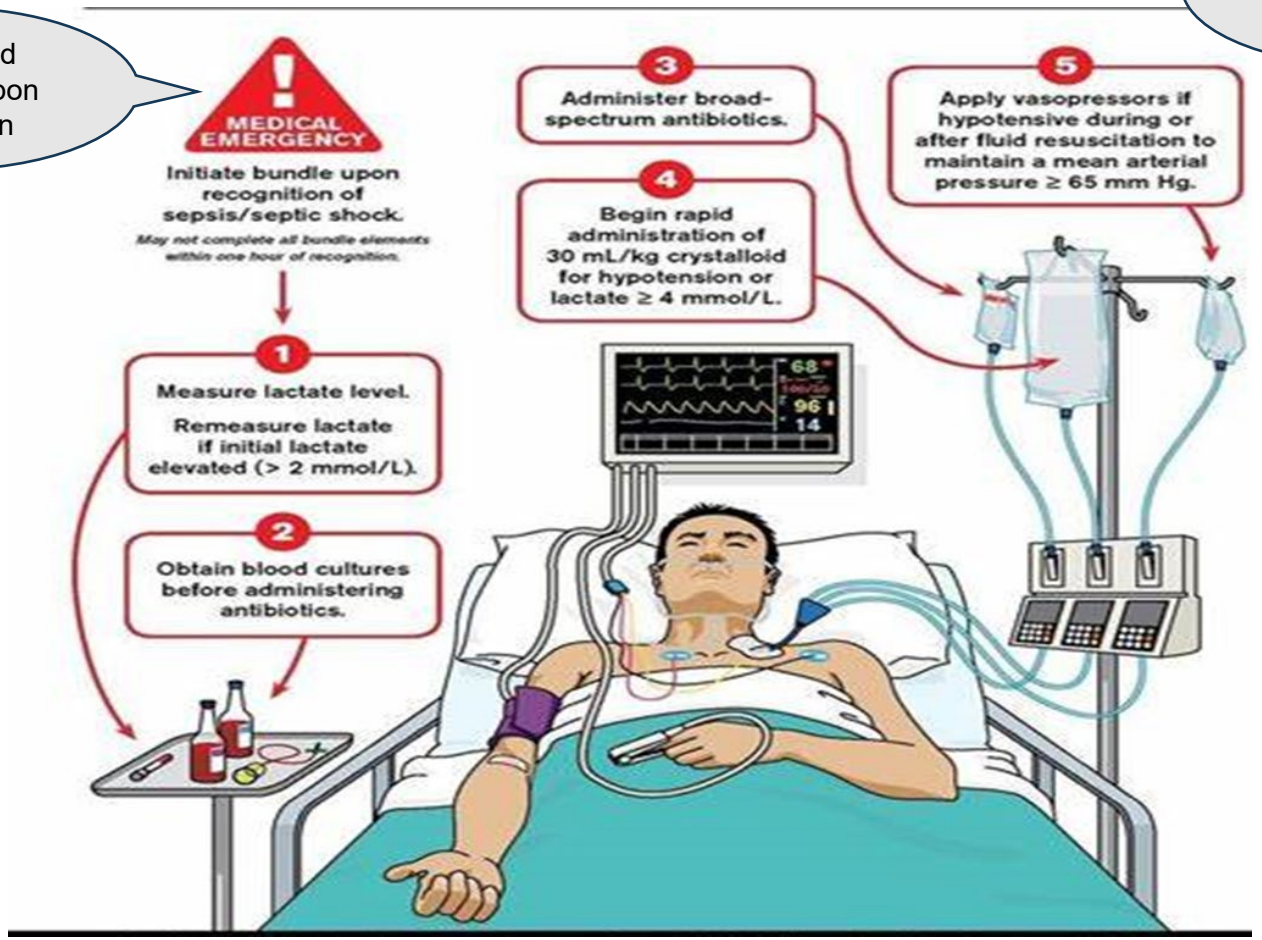
2. **SEPSIS BPA: When SIRS criteria from the Vital Sign column PLUS additional documentation (WBC, an infection related problem, a culture order) a sepsis BPA will fire.**

In either case → consider sepsis → choose → The Severe Sepsis/Septic Shock Order set.

Begin Bundle within 1 Hour of Recognition

Call a rapid response upon recognition

If patient in septic shock consider vasopressors



Sepsis 1 Hour Bundle

TO BE INTIATED WITHIN 1 HOUR OF PRESENTATION*

- Measure **lactate level**
- Obtain **cultures** prior to administration of antibiotics
- Administer **broad spectrum antibiotics**
- Administer **30ml/kg crystalloid for hypotension and/or lactate ≥ 2 mmol/L**

**"time of presentation" is defined as the earliest time clinical criteria of severe sepsis or septic shock are identified.*

Reassessment

- **Re-assess volume status and tissue perfusion and document findings.** In the event of persistent hypotension (MAP < 65 mm Hg) after initial fluid administration or if initial lactate was ≥ 2 mmol/L then:
    - Consider **vasopressors** (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP) ≥ 65mmHg
- **Re-measure lactate**

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 ≥4mmol/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) ≥65mmHg

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.

**"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.*

MIDAS – Risk Event Reporting

What is MIDAS Risk Event Reporting?

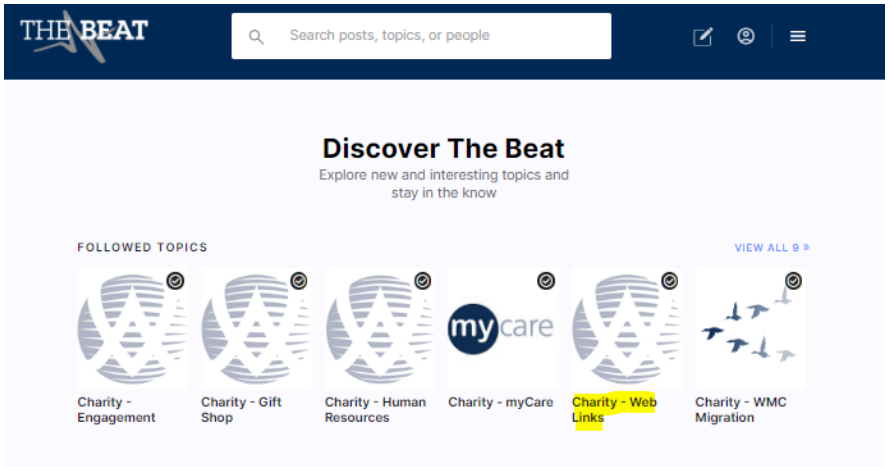
- Report, Track, and Monitor adverse events or potential safety issues
- Identify and address adverse events in real time
- Escalate system or process issues to administration for remediation
- Reduce the risk of litigation, bad publicity and loss of confidence

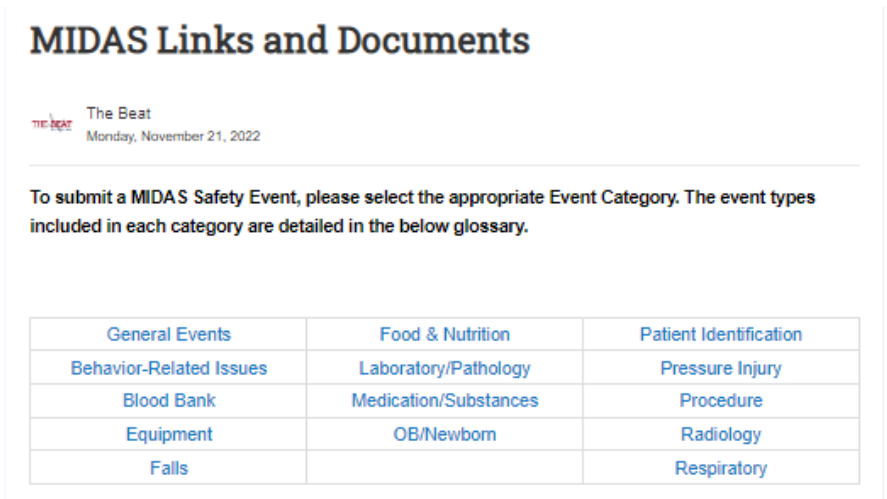
Why should I report?

- 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!

Midas – Risk Event Reporting

- Log into the BEAT
- Click the Charity Web Links
- Find MIDAS
- Select the appropriate Event Category
- Select your Hospital from the drop-down box and the date of the event
- Search for the patient and encounter
- Complete the form – the bold items are required for completion
- When completed Click submit and you are done!
- All events are anonymous





MIDAS Links and Documents

The Beat
Monday, November 21, 2022

To submit a MIDAS Safety Event, please select the appropriate Event Category. The event types included in each category are detailed in the below glossary.

General Events	Food & Nutrition	Patient Identification
Behavior-Related Issues	Laboratory/Pathology	Pressure Injury
Blood Bank	Medication/Substances	Procedure
Equipment	OB/Newborn	Radiology
Falls		Respiratory

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 (cont.)

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.

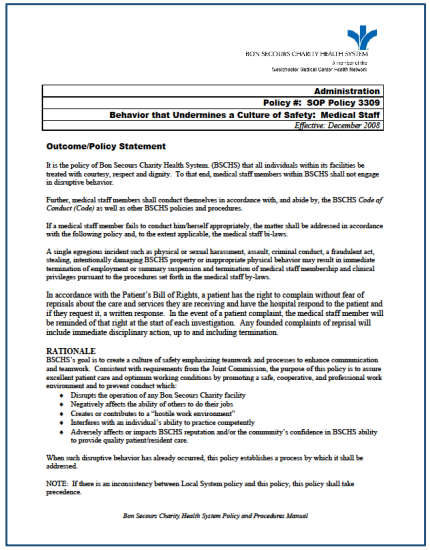
e) Lack of cooperation or passive conduct such as refusal to answer questions or return phone calls.

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 (cont.)

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:



BON SECOURS CHARITY HEALTH SYSTEM
A member of the Westchester Medical Center Health Network

Administration
Policy #: SOP Policy 3309
Behavior that Undermines a Culture of Safety: Medical Staff
Effective: December 2008

Outcome/Policy Statement

It is the policy of Bon Secours Charity Health System, (BSCHS) that all individuals within its facilities be treated with courtesy, respect and dignity. To that end, medical staff members within BSCHS shall not engage in disruptive behavior.

Further, medical staff members shall conduct themselves in accordance with, and abide by, the BSCHS *Code of Conduct (Code)* as well as other BSCHS policies and procedures.

If a medical staff member fails to conduct him/herself appropriately, the matter shall be addressed in accordance with the following policy and, to the extent applicable, the medical staff by-laws.

A single egregious incident such as physical or sexual harassment, assault, criminal conduct, a fraudulent act, stealing, intentionally damaging BSCHS property or inappropriate physical behavior may result in immediate termination of employment or summary suspension and termination of medical staff membership and clinical privileges pursuant to the procedures set forth in the medical staff by-laws.

In accordance with the Patient's Bill of Rights, a patient has the right to complain without fear of reprisals about the care and services they are receiving and have the hospital respond to the patient and if they request it, a written response. In the event of a patient complaint, the medical staff member will be reminded of that right at the start of each investigation. Any founded complaints of reprisal will include immediate disciplinary action, up to and including termination.

RATIONALE
BSCHS's goal is to create a culture of safety emphasizing teamwork and processes to enhance communication and teamwork. Consistent with requirements from the Joint Commission, the purpose of this policy is to assure excellent patient care and optimum working conditions by promoting a safe, cooperative, and professional work environment and to prevent conduct which:

- Disrupts the operation of any Bon Secours Charity facility
- Negatively affects the ability of others to do their jobs
- Creates or contributes to a "hostile work environment"
- Interferes with an individual's ability to practice competently
- Adversely affects or impacts BSCHS reputation and/or the community's confidence in BSCHS ability to provide quality patient/resident care.

When such disruptive behavior has already occurred, this policy establishes a process by which it shall be addressed.

NOTE: If there is an inconsistency between Local System policy and this policy, this policy shall take precedence.

Bon Secours Charity Health System Policy and Procedures Manual

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.

Use of Restraints

Utilize the least restrictive device
Non-Violent/Non-Self-Destructive: Level One restraint standards are implemented for medical or surgical purposes and apply when the primary reason for use directly supports medical healing.

Violent/Self-Destructive/4-5 Point Restraint/Chemical: Level Two restraint standards are implemented to protect the individual against injury to self or others resulting from an emotional or behavioral disorder

CHEMICAL RESTRAINT: A drug or medication when it is used as an intervention to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition or as otherwise defined in federal regulations of the Centers for Medicare and Medicaid Services.

ONE-TO-ONE OBSERVATION: A situation in which a staff member is responsible for maintaining a continuous watch of a single patient, keeping the patient at arm's length in view at all times.

CONSTANT OBSERVATION: A situation in which a staff member is responsible for maintaining a continuous watch of a single patient, keeping the patient within view of 10 feet.

FOUR-POINT RESTRAINT: The application of restraints encasing the wrists and ankles of a person lying on a bed, which are secured to the bed frame.

FIVE-POINT RESTRAINT: The application of a four-point restraint with the addition of a strap, which is placed over the person's upper torso and secured to the bed frame. The order for a nonviolent/non-self-destructive restraint may not exceed 24 hours

The order for violent/self-Destructive/Chemical management may not exceed:

Adults: 2 hours
Children/Adolescent Ages 9–17: 1 hour
Ages under 9: 30 minutes
Manual Hold Any age: 30 minutes

Provider face-to-face physician assessment is required prior to writing a restraint order. In an emergency the provider will perform a face-to-face evaluation for nonviolent restraint within one hour. For violent/self destructive/chemical management within 30 minutes.

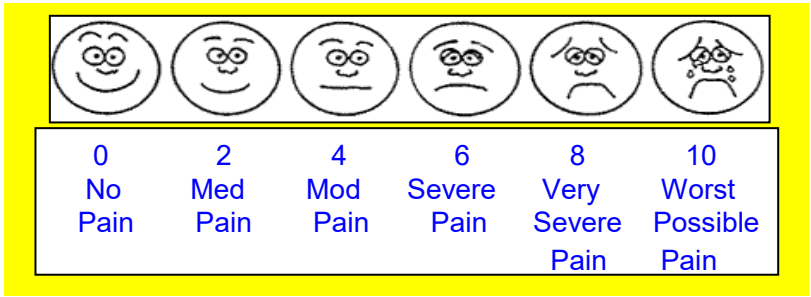
Pain Assessment: Adults

Providers are responsible for providing an individualized pain management plan based on the patient's assessment and functional level. Consider nonpharmacological pain management.

When prescribing opioids for patients upon discharge, the risk for adverse effects, including misuse, overdose, and diversion are considered. Upon discharge, initial opioid prescriptions for treatment of acute pain shall not exceed a 7-day supply.

A naloxone prescription and overdose education shall be offered to those with a history of substance use disorder, those prescribed concurrent use of opioids and benzodiazepines or nonbenzodiazepine sedative hypnotics, those discharged with a morphine equivalent daily dose of 50 mg or more, or others identified as at risk for opioid overdose.

Placebo use is prohibited as it endangers the patient's trust in caregivers and violates the patient rights to pain management. The use of placebos is restricted to IRB approved clinical trials in which informed consent has been obtained.



Ethics Committee

The Ethics Committee is a multidisciplinary team that is available to consult with patients, family members, caregivers, physicians and clinical staff in the event of a clinical issue, bioethical dilemma or communication concern.

Ethics Consultations are requested through the electronic medical record.

Antimicrobial Stewardship Program (ASP)

- Antimicrobial resistance is a growing problem
- The Joint Commission mandates ASP to tackle resistance
- Providers are advised to order appropriate cultures and continually re-assess antimicrobial regimen
- Bon Secours Charity ASP conducts:
- Daily monitoring of select broad spectrum antibiotics
- Opportunities are discussed with L.I.P
- Intravenous to Oral Formulation Conversion
- Select medications will be automatically converted to oral formulations in accordance with MEC approved criteria
- L.I.P must indicate “DO NOT CONVERT TO PO” in administration instructions if IV formulation is deemed medically necessary

Antimicrobial Stewardship Program (ASP)

- **Bon Secours Charity ASP conducts:**
  - ✓ Renal Dose Optimization
  - ✓ Select medications will be automatically adjusted per renal function in accordance with MEC approved criteria
  - ✓ L.I.P must indicate “DO NOT ADJUST” in the administration instructions if higher dose is deemed medically necessary
  - ✓ Develops and maintains disease specific order sets based off local antibiogram
  - ✓ Order-set utilization is monitored and reported in quarterly ASP meetings

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

Exposures to Bloodborne Pathogens & Needle Stick Exposure (cont.)

- OSHA Bloodborne Pathogen Standard and the New York Department of Health code (cont.) Copy of Bloodborne pathogen standard available
  - ✓ 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).

PEP (POST-EXPOSURE PROPHYLAXIS)

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:**
  - ✓ Physician signature, date and time and
  - ✓ Patient or legal guardian signature
  - ✓ Date and time

Blood Transfusion (cont.)

- When ordering blood products in Connect Care, select or enter the appropriate reason to transfuse
  - ✓ 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 appointment 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)

Dialysis Equipment and Procedures

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

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

Informed Consent | 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.

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

Informed Consent (cont.)

Consent by Minors

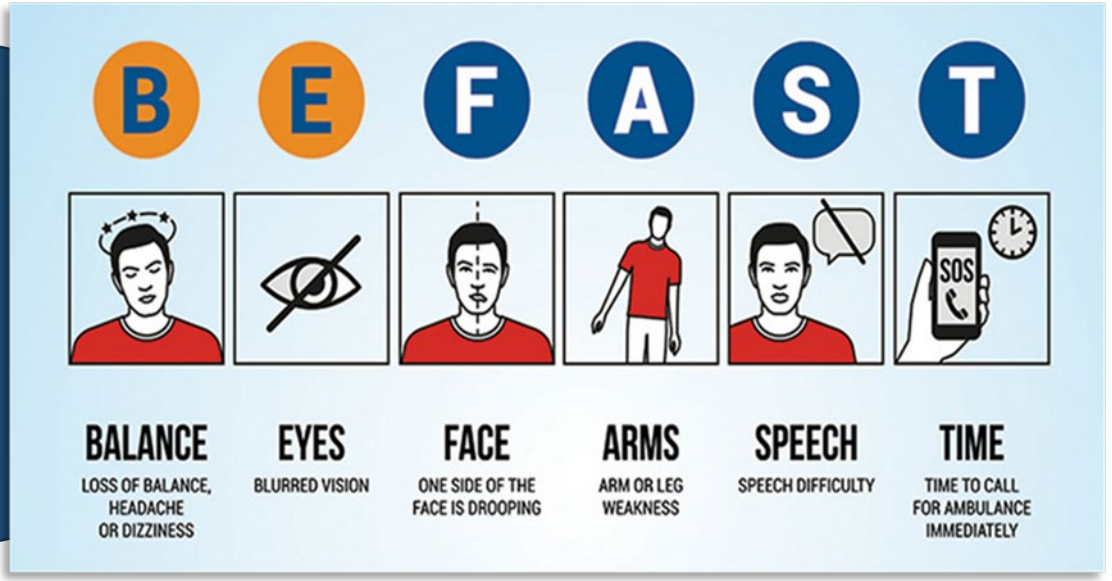
- NYS permits persons less than 18 to independently consent for the following:
  - ✓ Medical emergencies
  - ✓ Prenatal care/STDs/HIV Testing
  - ✓ Care for children of minor parents
- NOTE: Legally emancipated minors are not required to provide proof of emancipation by court order, marriage, armed service, 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.**

What Does A Stroke Look Like?

Any of these symptoms may be a sign of a stroke



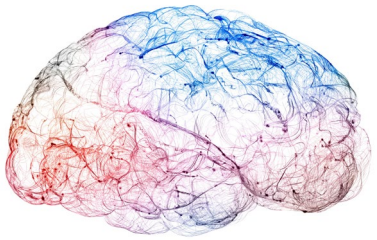
Call a Brain Stat

- Determine **Last Known Well (LKW)** time. That is the last time the patient was seen at their normal baseline.
- If that time is **≤24H** ago, activate **Brain Stat**.
  - ✓ **Patient may be a candidate for alteplase infusion**
  - ✓ **Patient not a candidate for endovascular therapy**

Call x4444
Tell the operator:
Patient's location
Brain Stat

Stroke Management

- Utilize “Brain Stat” order set to order:
  - ✓ Labs: CBC, Chemistries, coags, type and screen, pregnancy test (woman of childbearing age)
  - ✓ Non-contrast head CT (completed within 25 minutes to rule out hemorrhagic stroke)
  - ✓ NPO until dysphagia screen
  - ✓ IV with NS KVO
  - ✓ Cardiac monitor
  - ✓ Nasal cannula titrated to maintain O2 sat>94%



- Collaborate with neurology to decide on the best course of treatment.

Department of OB/GYN

WMC Health
Westchester Medical Center Health Network

BON SECOURS CHARITY HEALTH SYSTEM
A member of the Westchester Medical Center Health Network

Quantitative Blood Loss: Vaginal Delivery

Part 1:

Begin QBL immediately after the infant's birth (prior to delivery of the placenta) and assess and record the amount of fluid collected in a calibrated under buttocks drape.

Subtract the pre-placenta fluid volume from the post-placenta fluid volume. If irrigation was used, deduct the irrigation amount from the total fluid volume.

Weigh all blood-soaked materials and clots.

Add the fluid volume collected in the drapes to the blood volume weighed to determine QBL.

Part 2:

QBL at the completion of recovery (typically 2 hours)

Weigh all blood-soaked items at clots obtained during the recovery period

Add this value to the delivery QBL to calculate total blood loss

Quantitative Blood Loss: C-Section Delivery

Part 1

Begin QBL when amniotic membrane is ruptured or after infant is born.

Suction and measure all amniotic fluid within the suction canister before delivery of the placenta and note level with a black magic marker.

After delivery of the placenta, measure the amount of blood lost in the suction canister and drapes.

Prior to adding irrigation fluid, ensure the scrub team communicates when irrigation is beginning. Continue to suction into the same canister and measure the amount of irrigation fluid.

Weigh all blood-soaked materials and clots.

At the conclusion of surgery, add the volume of quantified blood calculated by weight with the volume of quantified blood in the suction canister to determine total QBL.

Part 2

QBL at completion of recovery (typically 2 hours).

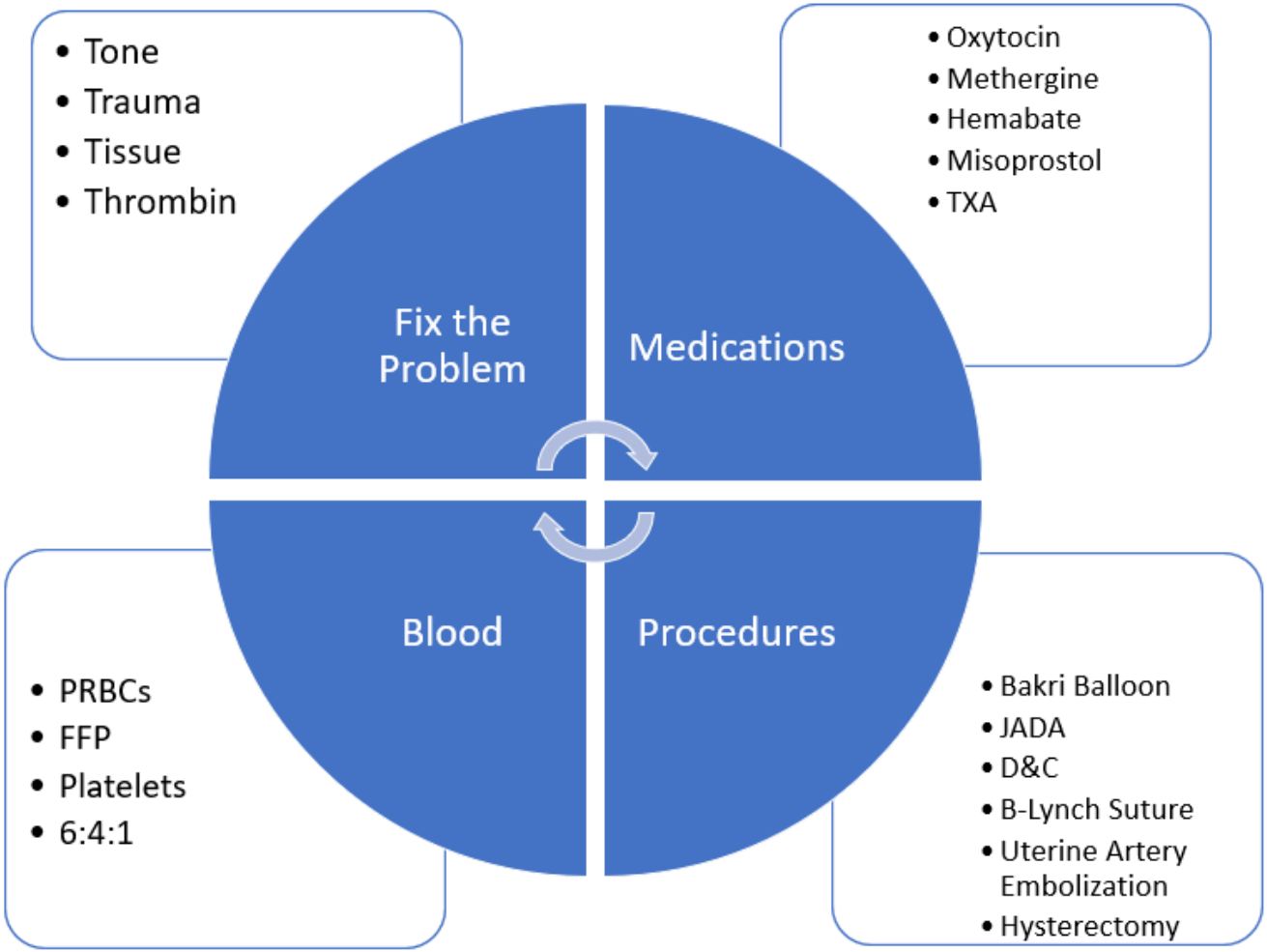
Weigh all blood-soaked items at clots obtained during recovery period.

Add this value to the delivery QBL to calculate total blood loss.

UTEROTONIC AGENTS FOR POSTPARTUM HEMORRHAGE

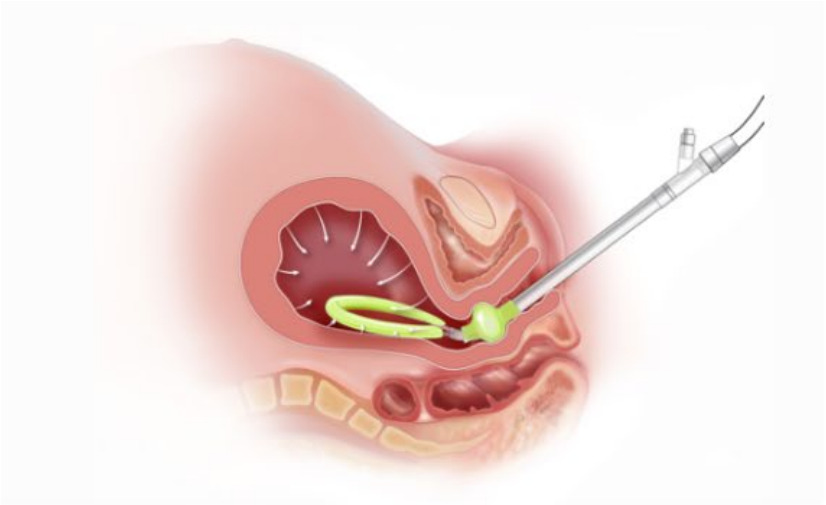
Drug	Dose	Route	Frequency	Side Effects	Contraindications	Storage
Pitocin® (Oxytocin)	30 units per 500 ml, Rate titrated to Uterine tone	IV infusion	Continuous	Usually none Nausea, vomiting, hyponatremia ("water intoxication") with prolonged IV admin. ↓ BP and ↑ HR with high doses, esp. IV push	Hypersensitivity to drug	Room temp
Methergine® (Methylergonivine) 0.2mg/ml	0.2mg	IM (**not** given IV)	5 min max 5 doses	Nausea, vomiting Severe hypertension, esp. with rapid Administration or in patients with HTN or PIH	Hypertension, PIH, Heart disease Hypersensitivity to drug **Caution** if multiple doses of ephedrine have been used, may exaggerate hypertensive response	Refrigerate Protect from light
Hemabate® (15-methyl PG F2a) 250 mcg/ml	250 mcg	IM or intra-Myometrial (**not** given IV)	-Q15 -Not to exceed 8 doses/24 hrs.	Nausea, vomiting, Diarrhea Fever (transient), Headache Chills, shivering Hypertension Bronchospasm	Contraindicated in women with hepatic disease, active cardiac or pulmonary disease Hypersensitivity to drug. Use caution for patients that have asthma, hypertension/hypotension.	Refrigerate
Cytotec® (Misoprostol) 100 or 200mcg tablets	800-1000mcg	Per rectum (PR)	One time	Nausea, vomiting, diarrhea Shivering, Fever (transient) Headache	Rare Known allergy to prostaglandin Hypersensitivity to drug	Room temp
Tranexamic Acid (TXA)	1gram	IVSS/IVP	Once can be repeated X1 in 30 minutes	None	Carrier of major thrombophilia Active DVT High risk for VTE Thrombogenic cardiac rhythm disease Subarachnoid hemorrhage Severe renal insufficiency	Room temp

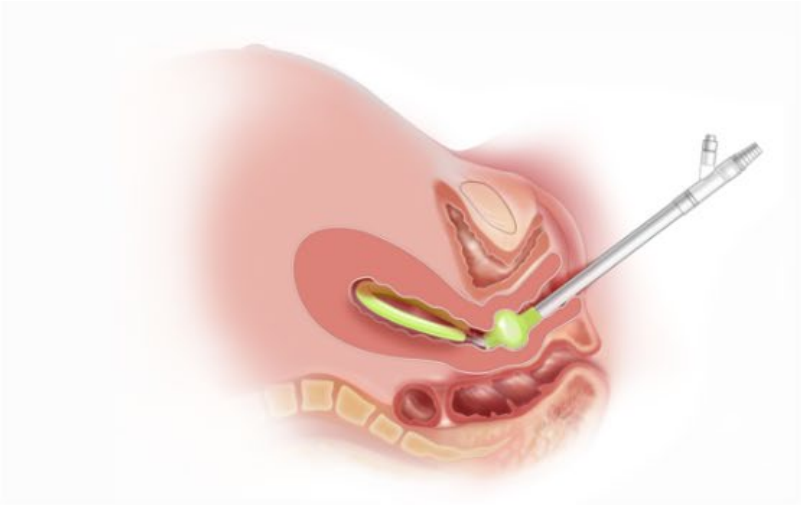
Hemorrhage Response & Management

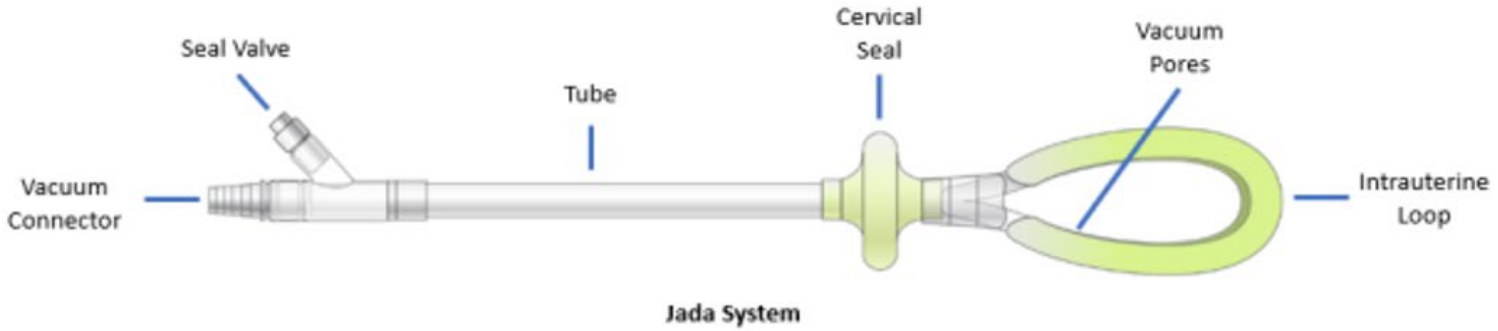


Bakri Balloon – Rapid Installation Video

JADA







Jada System

STATISTICS

Hypertensive disorders of pregnancy are a leading cause of pregnancy-related death in the United States.

<u>According to the CDC for 2017-2019</u>:

- Prevalence of hypertensive disorders of pregnancy increased from 10.8% in 2017 to 13% in 2019.
- One-third of all maternal deaths that occurred during the delivery hospitalization had a hypertensive disorder of pregnancy-associated.
- Hypertensive disorders affect 1 in 7 deliveries.

References

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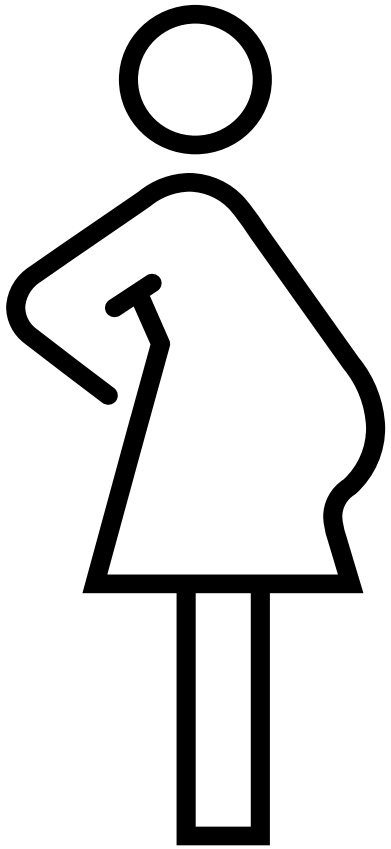
Steps to Preventing Morbidity and Morality



1. Proper risk assessment
2. Proper recognition
3. Proper response
4. Proper management

Risk Factors

- **History of preeclampsia -** personal or family history
- **Chronic hypertension**
- **First pregnancy**
- **New paternity**
- **Age -** very young or older than 35
- **Race -** women of African descent have a higher risk of developing preeclampsia than women of other races.
- **Obesity**
- **Multiples pregnancy**
- **Interval between pregnancies -** less than two years or more than 10 years apart
- **History of certain conditions -** conditions before you become pregnant — such as chronic HTN, migraines, type 1 or type 2 diabetes, kidney disease, a tendency to develop blood clots, or lupus
- **In vitro fertilization**

Types of Hypertension

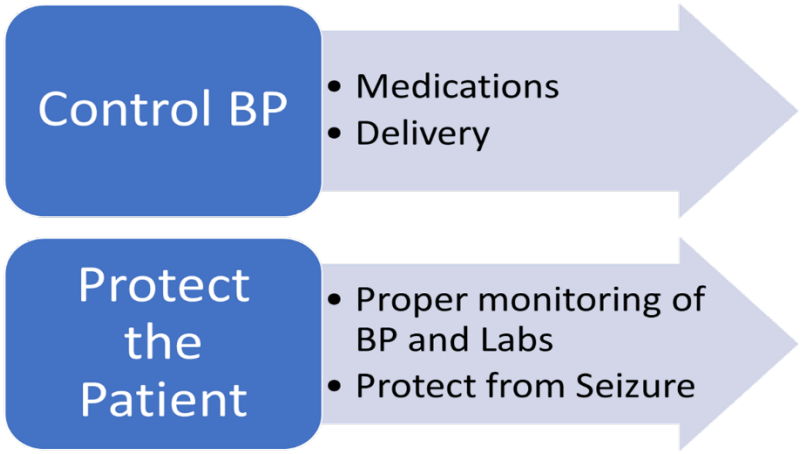
Chronic Hypertension	○ SBP ≥ 140 **or** DBP ≥ 90 ○ Pre-pregnancy or <20 weeks
Gestational Hypertension	○ SBP ≥ 140 **or** DBP ≥ 90 on at least two occasions at least 4 hrs apart after 20 weeks gestation in women with previously normal BP ○ Absence of proteinuria or systemic signs/symptoms
Preeclampsia – Eclampsia	○ SBP ≥ 140 **or** DBP ≥ 90 ○ Proteinuria with or without signs/symptoms ○ Presentation of signs/symptoms/lab abnormalities but no proteinuria **Proteinuria not required for diagnosis eclampsia seizure in setting of preeclampsia*
Chronic Hypertension with Superimposed Preeclampsia	○ Preeclampsia in a woman with a history of hypertension before pregnancy or before 20 weeks of gestation
Preeclampsia with severe features *(ACOG Practice Bulletin #202, Gestational Hypertension and Preeclampsia, & ACOG Practice Bulletin #203, Chronic Hypertension in Pregnancy)*	○ SBP ≥ 160 **or** DBP ≥ 110 (can be confirmed within a short interval to facilitate timely antihypertensive therapy) ○ Thrombocytopenia (platelet count less than 100,000/microliter) ○ Impaired liver function that is not accounted for by alternative diagnoses and as indicated by abnormally elevated blood concentrations of liver enzymes (to more than twice the upper limit normal concentrations), or by severe persistent right upper quadrant or epigastric pain unresponsive to medications. ○ Renal insufficiency (serum creatinine concentration more than 1.1 mg/dL or a doubling of the serum creatinine concentration in the absence of other renal disease) ○ Pulmonary edema ○ New-onset headache unresponsive to medication and not accounted for by alternative diagnoses ○ Visual disturbances

Hypertensive Emergency SBP ≥ 160 or DBP ≥ 110

HELLP (Hemolysis, Elevated Liver Enzymes, Low Platelets) Syndrome
Identifies the signs and symptoms of HELLP.
• Preeclampsia • General malaise • Epigastric, RUQ pain not relieved by medication • Nausea and vomiting • May not have hypertension or proteinuria (15% of women) • May present postpartum

- Notify MD after one severe BP reading
- If two severe BP's occur (up to 60 mins apart), treatment should occur asap if not already initiated. Elevated BP readings DO NOT need to be consecutive.

Hypertensive Emergency Management



Antihypertensive Medications

IV Labetalol

IV Hydralazine

Oral Nifedipine (if no IV access)

Seizure Prophylaxis

IV Magnesium Sulfate: *Can be given IM in each buttock if no IV access

- First line agent
- NOT AN ANTI-HYPERTENSIVE
- Loading and maintenance dose
- Contraindications:
  - Myasthenia gravis
  - Pulmonary edema
  - Use with caution in renal failure

For recurrent seizures or if magnesium sulfate contraindicated:

- Lorazepam (Ativan) IV
- Diazepam (Valium) IV
- Phenytoin (Dilantin) IV
- Keppra (Levetiracetam) IV or Oral

Labetalol Algorithm

EXAMPLE

Trigger: If severe elevations (SBP ≥160 or DBP ≥ 110) persist* for 15 min or more **OR** If two severe elevations are obtained within 15 min and tx is clinically indicated

1. **Labetalol 20 mg† IV over 2 minutes**
2. **Repeat BP in 10 minutes**
3. **If SBP ≥ 160 or DBP ≥ 110, administer labetalol 40 mg IV over 2 minutes; If BP below threshold, continue to monitor BP closely**
4. **Repeat BP in 10 minutes**
5. **If SBP ≥ 160 or DBP ≥ 110, administer labetalol 80 mg IV over 2 minutes; If BP below threshold, continue to monitor BP closely**
6. **Repeat BP in 10 minutes**
7. **If SBP ≥ 160 or DBP ≥ 110, administer hydralazine§ 10 mg IV over 2 minutes; If below threshold, continue to monitor BP closely**
8. **Repeat BP in 20 minutes**
9. **If SBP ≥ 160 or DBP ≥ 110 at 20 minutes, obtain emergency consultation from specialist in MFM, internal medicine, anesthesiology, or critical care**
10. **Give additional antihypertensive medication per specific order as recommended by specialist**
11. **Once BP thresholds are achieved, repeat BP:**
12. **- Every 10 minutes for 1 hour**
    - Then every 15 minutes for 1 hour
    - Then every 30 minutes for 1 hour
    - Then every hour for 4 hours
13. **Institute additional BP monitoring per specific order**

- Notify provider after one severe BP value is obtained
- Institute fetal surveillance if viable
- Hold IV labetalol for maternal pulse under 60
- Maximum cumulative IV-administered dose of labetalol should not exceed 300 mg in 24 hours
- There may be adverse effects and contraindications. Clinical judgement should prevail.

* Two severe readings more than 15 minutes and less than 60 minutes apart

† **Avoid parenteral labetalol with active‡ asthma, heart disease, or congestive heart failure; use with caution with history of asthma. May cause neonatal bradycardia.**

‡ "Active asthma" is defined as:
Ⓐ symptoms at least once a week, or
Ⓑ use of an inhaler, corticosteroids for asthma during the pregnancy, or
Ⓒ any history of intubation or hospitalization for asthma.

§ Hydralazine may increase risk of maternal hypotension.

Safe Motherhood Initiative

ACOG The American College of Obstetricians and Gynecologists District II

Revised February 2020

Hydralazine Algorithm

EXAMPLE

Trigger: If severe elevations (SBP ≥160 or DBP ≥ 110) persist* for 15 min or more **OR** If two severe elevations are obtained within 15 min and tx is clinically indicated

1. Administer hydralazine[5] 5 mg or 10 mg IV over 2 minutes
2. Repeat BP in 20 minutes
3. If SBP ≥ 160 or DBP ≥ 110, administer hydralazine 10 mg IV over 2 minutes
4. Repeat BP in 20 minutes
5. If SBP ≥ 160 or DBP ≥ 110, administer labetalol 20 mg[†] IV over 2 minutes; If BP below threshold, continue to monitor BP closely
6. Repeat BP in 10 minutes
7. If SBP ≥ 160 or DBP ≥ 110, administer labetalol 40 mg IV over 2 minutes, and obtain emergency consultation from specialist in MFM, internal medicine, anesthesiology, or critical care
8. Give additional antihypertensive medication per specific order as recommended by specialist
9. Once BP thresholds are achieved, repeat BP:
10. - Every 10 minutes for 1 hour
    - Then every 15 minutes for 1 hour
    - Then every 30 minutes for 1 hour
    - Then every hour for 4 hours
11. Institute additional BP monitoring per specific order

- Notify provider after one severe BP value is obtained
- Institute fetal surveillance if viable
- Hold IV labetalol for maternal pulse under 60
- There may be adverse effects and contraindications.
- Clinical judgement should prevail.

* Two severe readings more than 15 minutes and less than 60 minutes apart

† **Avoid parenteral labetalol with active[‡] asthma, heart disease, or congestive heart failure; use with caution with history of asthma. May cause neonatal bradycardia.**

‡ "Active asthma" is defined as:
Ⓐ symptoms at least once a week, or
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Please note that Medical Staff Policies can be accessed on the hospital intranet, The Beat.

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