TO: Members of the Medical Staff Active and Courtesy Staff

FROM: Sandy Sulik MD, VPMA
Pawan Rao MD, President Medical Staff

DATE: March 13, 2017

Attached is the required annual education for the medical staff. Please review, sign and add your contact information to the attestation form linked at the end of the packet. This includes the required education for our DNV certification, and the Conflict of Interest declination that is required annually.

Please know we are trying to limit the required materials that you need to attest to annually. We are also working to limit the number of HealthStream materials you are getting.

We appreciate you taking the time to review. Please complete by April 30, 2017.
Credentialed Provider Mandatory Education - 2017

*All credentialed providers are expected to abide by Medical Staff Rules & Regulations, Medical Staff Bylaws, and St. Joseph’s Hospital policy

Restraint

**Non-Violent Restraints**

The patient has the right to be free from restraints of any form that are not medically necessary. Restraints must never be initiated for staff convenience, as a substitute for adequate staffing to monitor patients, or as a coercive, disciplinary or retaliatory action against patients. Orders for restraints must be renewed daily for patients requiring ongoing restraints. Daily progress notes must adequately address the need for continued restraint use.

**Violent Restraints**

Violent patients may require restraints for the protection of the patient and staff. These should be considered a last resort with alternative, less-restrictive, measures considered first. Following the application of restraints, the physician must reassess the patient within one hour of application to assess the efficacy of the intervention. Additionally, restraints for violent patients must be assessed and documented by the physician on an hourly basis with nursing assessment occurring every 15 minutes. The physician assessment must include behaviors indicating need for ongoing restraints and possible alternatives to restraints. The order for violent restraints must be renewed every four (4) hours. While the patient is in violent restraints he is under constant observation with assessments documented every 15 minute.

**Chemical Restraints**

Medication used to manage a patient’s behavior or restrict the patient’s freedom of movement, and is not otherwise a standard treatment or dosage for the patient’s condition is a chemical restraint. Chemical restraints, as with other violent restraints, require a specific physician’s order to denote purpose as well as alternative methods used prior to the application of chemical restraints. Additionally, chemical restraints require a face-to-face assessment of the patient to determine efficacy within 60 minutes of application.

For violent restraints in designated psychiatric areas (3-6 & CPEP), the Office of Mental Health requires additional regulations around time limitations from application to order. If unable to be present at the time of restraint, the nurse is able to obtain a verbal order, however, the attending physician must assess the patient and cosign the order for restraint within 30 minutes of the application of restraint.

**Patient Progression & Length of Stay**

Physician engagement in patient progression and length of stay is critical to achieving our operational goals. Length of stay targets have been established for the vast majority of DRG in alignment with national geometric mean length of stay for the same diagnosis. Prolonged length of stay without supportive evidence of increased acuity contributes to significantly higher overall cost for patient care. If patients are expected to stay beyond their targeted length of stay, documentation must be provided to support. Please review and incorporate the following guidelines into your practice to assist in impacting patient progression:

1. Know your patients target length of stay and working diagnosis by communicating regularly with the CCM assigned to your patient.
2. Anticipate potential weekend discharges and communicate to the CCM, especially when looking to place patients in nursing homes, inpatient rehab and/or outpatient dialysis
3. Escalate any discharge barriers/delays (i.e., OR scheduling, testing, procedures, etc.)
4. Organize your daily workflows to discharge patients first

**Readmissions**
Readmission reductions in high-risk patients with chronic conditions remain a focus, both nationally and here at St. Joseph’s. Readmission avoidance is no longer focused purely on the patient’s acute hospitalization, but on the success of the overall continuum of care. Timely follow-up appointments with primary care physicians/specialists, appropriate access to necessary medications, transportation to follow-up care & testing, access to necessary support systems, and patient/family understanding of both their disease as well as the instructions given to care for themselves are essential to avoiding unnecessary readmissions.

Hand Hygiene
5 moments for Hand Hygiene defined by World Health Organization and CDC:
1. Before patient contact (and between contact with different sites on the same patient)
2. Before Aseptic Task (performing any invasive procedure/prior to putting on sterile gloves)
3. After Body Fluid Exposure Risk
4. After patient contact (after removing gloves)
5. After contact with patient surroundings
   • Minimally, hand hygiene is required with every entry and exit of a patient’s room, regardless of anticipated contacted with the patient.
   • Hand wash: requires 15-20 seconds of friction under running water/required for all care of patients with C. difficile on Contact Precautions
   • Alcohol Gel/Foam: When hands are not visibly soiled/ appropriate for same conditions listed above with exception of C. difficile patients

Hospital Acquired Infection Prevention
Central Line Associated Blood Stream Infections (CLABSI):
• Prior to insertion, review alternatives to central lines, such as peripheral IV or midline catheters
• Review line necessity daily and discontinue as possible
Catheter Associated Urinary Tract Infections (CAUTI):
• Prior to insertion, review possible alternatives to bladder catheter – encourage use of bladder scanners and straight catheters and/or appropriate bedside urinals
Surgical Site Infections (SSI):
• Adherence to evidence-based interventions such as preoperative antibiotics, temperature control, blood sugar control, clean closure techniques, and evidence-based postoperative dressing and wound management
• Perioperative Governance has reviewed and approved these protocols – adherence by medical staff is critical to improved clinical outcomes for surgical patients.
Multidrug resistant organisms (MRSA, VRE, CRE, C. difficile and others):
• Hand hygiene as detailed above
• Appropriate isolation to prevent potential spread of bacteria

Legionella
Legionella testing must consist of both a urine antigen and a sputum culture. Certain serogroups of Legionella are not detectable with urine antigen alone. Please utilize the pneumonia order set when screening these patients as it contains all necessary diagnostic testing.

OSHA Blood Borne Pathogen Standard
Blood and body fluids of all patients are to be considered potentially infectious without regard to their medical diagnosis. Wear a surgical mask when placing a catheter, accessing or injecting material into the spinal canal or subdural space (includes lumbar punctures, intrathecal injections, etc.)

Sepsis
Incidence of sepsis is increasing. Severe sepsis and septic shock have substantial mortality. Early recognition and prompt institution of sepsis protocol can improve outcomes. Any patient who meets SIRS criteria or Sepsis should have a lactate level and antibiotics administered within 1 hour; time is
critical. In accordance with the international Surviving Sepsis Campaign, the following elements should all be completed within 3-hours of presentation:

1. Measure lactate level – Lactate levels > 2mmol/L with a suspected infection is indicative of Severe Sepsis
2. Obtain blood cultures prior to the administration of antibiotics
3. Administer broad spectrum antibiotics
4. Administer 30ml/kg crystalloid for hypotension or lactate >2mmol/L – this is the most commonly missed intervention for care and treatment of patients with sepsis

Interpreter Services
Consistent with the American with Disabilities Act, all patients and their companions have the right to be provided meaningful access to quality healthcare services regardless of race, religion, ethnicity, or national origin, including those persons who are limited English proficiency (LEP), hard of hearing, or visually impaired. For those meeting the criteria mentioned above, appropriate accommodations for communication must be made. These services are free of charge to the patient or their companion. These include, but are not limited to, translated documents (i.e., consent forms), CyraCom Interpreter Phones, and CyraCom Video Remote Interpretation Equipment for ASL. Documentation in the medical record must reflect use of interpretive services including, but not limited to, the refusal of offered interpreter services in lieu of a family member by the request of the patient. Per the Interpreter Services Policy, staff cannot act as medical interpreters.

Just Culture
We support one another in the creation of a safe environment for our patients and our community at-large. The concepts of human beings being inherently fallible and the systems within which we work being imperfect are central to creating this culture of safety. Just Culture encourages supporting, consoling and coaching a colleague prior to discipline in order to ensure understanding and improvement of system contributors to patient safety.

Medical Staff Code of Professional Behavior
In order to promote and support the mission and values of St. Joseph’s Health, all members of the St. Joseph’s community are expected to maintain the highest level of professional behavior, ethics, integrity and honesty, regardless of position or status. It is the policy of the Medical Staff that all credentialed medical providers shall conduct themselves in a professional and cooperative manner, and shall not engage in disruptive behavior. Disruptive behavior has a negative impact on the quality of patient care, as safety thrives in an environment that values and promotes cooperation and respect for others.

Ethical and Religious Directives for Catholic Health Care Services
St. Joseph’s Health, as a Catholic Health care provider and regional health ministry, abides by the Ethical and Religious Directives for catholic Health Care Services. In order to support our mission, values and catholic identity, all members of the St. Joseph’s community are expected to review and abide by the ERD’s upon appointment to the medical staff.

Sexual Harassment
All members and affiliates of the Medical Staff are responsible for assuring that the workplace is free from sexual harassment. The hospital strongly disapproves of offensive or inappropriate sexual behavior at work. It is expected that all members and affiliates of the Medical Staff will avoid any action or conduct that could be viewed as sexual harassment.

Workplace Violence / Disruptive Behavior
Workplace violence will not be tolerated by any member of the medical staff or employee at St. Joseph’s Health. Whether real or perceived, workplace violence is defined as threatening, intimidating, abusive, physically/sexually harassing or violent behaviors occurring in the work setting. These behaviors can be in the form of verbal, including yelling or use of profanity, written, or physical towards others, including patients, visitors, co-workers.

**Agitated Patients**

**Verbal De-escalation**

With a significant increase in the number of reported assaults on physicians and staff by patients, verbal de-escalation of patients is key to ensuring the safety of yourself and your colleagues. Below are a few tools to assist in de-escalating patients.

- *Stay calm* – The patient will read your emotions; the more anxious or angry you are, the more escalated they will become.
- *Manage your own response* – Think before you speak; gauge the patient’s non-verbal responses and take time to respond. Silence is OK.
- *Set limits* – Boundaries are OK. Space limits and limiting the audience will also assist you with calming the patient.
- *Handle challenging questions* – The more questions you can answer, the more satisfied the patient will be.
- *Prevent a physical confrontation* – Ensure adequate space between yourself and the patient at all times and always leave yourself between the patient and your egress.

**Code Gray**

When verbal de-escalation tools are not effective, the hospital has created a response team to assist in the de-escalation of these situations. Whether due to acute psychiatric needs, delirium, or substance withdrawal, calling of a **CODE GRAY (CODE G)** provides the care team with behavioral health, security and nursing resources to assist in de-escalating the situation. Call Code G as soon as it is noted that the patient’s behavior is escalating to assist you in determining the appropriate treatment plan while at the same time maintaining the safety of the entire care team.

**Advance Directives**

**NEW** Patients who are unable to produce a copy of their Advance Healthcare Directive upon admission, or within 48 hours of admission, will be asked to complete one at that time.

Competent adults and emancipated minors have the right to provide instructions about future treatment should patients lose the capacity to make health care decisions. Such instructions may be in the form of a Health Care Proxy, Living Will or other written form or verbal instructions regarding health care. Patients may with Do Not Resuscitate (DNR) order or Medical Orders for Life Sustaining Treatment (MOLST) forms completed by a physician and reflecting the patient’s or authorized decision maker choices about life sustaining treatment.

Patients (or their Authorized Decision Makers) have varying preferences about the kinds of treatment desired as the end of life approaches. St. Joseph’s Hospital is committed to honoring these preferences, within the bounds of medically appropriate treatment and in light of applicable laws. Patients have broad rights to refuse medical treatment, including life-sustaining treatment. If patients are incapacitated, the Authorized Decision Maker has the ethical and legal right to make decisions on the patient’s behalf. The standards for such decisions are, in order of preference:

1) The patient’s prior wishes;
2) Inferred from the patient’s values and beliefs (substituted judgment);
3) The patient’s best interests.

Refusal of medical treatment will be documented, as appropriate, by progress notes detailing the plan of care and completion of appropriate forms and Advance Directives (including MOLST forms) as described in this policy. DNR/DNI forms (and corresponding EPIC orders) will be used to document inpatient DNR/DNI orders.
All patients approaching the end of life will be offered the optimal relief of pain and other symptoms, and assistance with decisions regarding forgoing life sustaining treatments. The Palliative Care Team responds to requests by patients, families, or clinicians to assist in the provision of pain relief, symptom management, and comfort and assistance with clarifying goals of care. St. Joseph’s Hospital affords all patients, including those with developmental disabilities, full and equal rights and equal protection as provided for in applicable laws.

**Patient Capacity**

A patient’s capacity is presumed unless there is reason to suspect, by diagnosis or actions, that the patient does not understand the risks, benefits, and alternatives of the proposed treatment. Some patients may have capacity for lower level decisions but not for more complicated decisions. The initial determination of lack of capacity is made by the attending physician to a reasonable degree of medical certainty. The physician shall assess the cause and extent of the incapacity. A second licensed physician must independently assess and concur with these initial findings. All assessments and findings must be documented in the medical record. It is important to note that psych consult is not required for to determine a patient’s lack of capacity.

**Death Certificates**

Death Certificates must be completed and made available to the funeral director within 72 hours of receipt of the body.

- If a medical examiner case the medical examiner to complete within 72 hours of taking charge of the case.
- The attending physician of record or covering physician is responsible for completing the death certificate on inpatients
- A resident may complete a death certificate if licensed
- The primary care provider of record should be contacted for patients arriving in the Emergency Department deceased on arrival. For patients who expire in the ED, the ED physician will complete the death certificate.
- Conflicts arising related to who will complete the death certificate will be elevated to the VPMA.
- Healthstream training on eDeathCertificate is available and will be distributed to various departments early in 2017

**Ethics Consult**

New York State requires a formal review mechanism for some medical decisions at the end of life. When disagreements arise about medical decisions at the end of life attempts to resolve them should first be made by calling an ethics consult.

**Privacy and Security of Patient Information**

1. Your access to patient information is granted in order to permit you to carry out your role responsibilities. Look at and share only the minimal amount of confidential information necessary to do your job.
2. When entering a patient’s room, ALWAYS ask the patient if it is OK for his or her visitor to be present for discussion about care.
3. Limit discussing patients in hallways and other open areas, by lowering your voice volume, moving away from other patients and visitors and using minimum patient identifiers.
4. When having discussions with patients or families minimize the chance of others overhearing by closing the door, and lowering your voice volume, and ask visitors to step out of the room.
5. Use the designated consult rooms in surgical waiting areas to discuss the patient’s status with his/her family.

6. If you are not a member of the care and treatment team for a specific patient, you may not access information without the Attending Physician’s consent.

7. Photographs and other media recordings of patients require patient consent unless they are taken for care and treatment purposes.

8. Passwords must remain confidential to protect the security of our information.

9. Log-off your computer when you walk away from it; even if you only step away from your computer for a few minutes.

10. Follow general guidelines for protecting portable devices, including iOS devices, Blackberries, and Laptops:
   a. Password-protect your device - Make sure that you have to enter a password to log in to your mobile device;
   b. Keep your valuables with you at all times - When traveling or at home, keep your device with you. Additionally, device left in unattended and locked vehicles is not considered a secure protection mechanism;

ISO 9001: Quality Management System (QMS)
As part of our hospital accreditation with DNV, St. Joseph’s is ISO 9001 certified. Through integration of CMS Hospital Conditions of Participation (CoPs) and ISO principles, an overarching quality management system has been created. ISO provides the structure to ensure the continual improvement of our key processes and achievement of our strategic goals, thus improving the care we provide. The three objectives of ISO 9001 are:
1. Consistent care
2. Customer satisfaction
3. Continual improvement

Event Reporting
Adverse events are to be reported using the MIDAS QATF system. This is a peer review protected, confidential, electronic tool to report and collect events that involve or pose potential for harm solely for the purpose of quality assurance and patient safety. Access to event reports are not provided to patients, their representatives or third parties

Procedure Verification/Consent
Changes to the informed consent policy were made to ensure consistent practice and patient safety between campuses and to comply with New York State DOH regulations. This applies to both adults and children. The process for procedure verification and consent applies to ALL clinical settings and invasive procedures that pose more than minimal risk, including: special procedure units, endoscopy units, catheterization laboratories, intervention radiology suites, intensive care units, labor and delivery areas, emergency departments, bedside procedures, CT scans, and all clinical units.

Operative Notes
An operative report describing techniques, findings, and tissues removed or altered shall be dictated or documented, and authenticated by the physician immediately following the procedure. This must occur prior to the patient being transferred to the next level of care (i.e., before the patient leaves the PACU). In the event that this cannot be dictated within this timeframe, a brief postoperative note is required to be documented. This shall include all of the following elements regardless of applicability to the procedure performed:
1. The surgeon and assistants;
2. Pre-operative and post-operative diagnosis (post-operative diagnosis of “same” is not permitted);
3. Procedure(s) performed;
4. Specimens removed;
5. Estimated blood loss;
6. Complications (if any encountered);
7. Type of anesthesia administered; and,
8. Grafts or implants (if none post-operative note should reflect “none”)

For your convenience, a brief operative note template has been created and is available for use.

**Emergency Codes**
- **Code “A”** ALPHA – Infant/Minor Abduction
- **Code “B”** BRAVO – Activation of the Emergency Operations Center
- **Code “C”** CHARLIE – OB Emergency
- **Code “D”** DECON – Decontamination Team Activated
- **Code “F”** FOXTROT – Facility Evacuation as directed by Incident Commander
- **Code “G”** Gray – Behavioral Health Rapid Response
- **Code “I”** IVAN – Surge Capacity Procedures
- **Code “L”** Lockdown
- **Code “M”** MIKE – Calls additional Security staff to an area
- **Code “P”** PAPA – Emergency Patient Discharge
- **Code “S”** SIERRA – Bomb Threat
- **Code “T”** TANGO – Active Shooter
- **Code “W”** – Severe Weather Warning
- **Code “X”** XRAY – Chemical, Biological, Radiological, Nuclear, Explosive Event Response

Fire Safety – Rescue, Alarm, Confine, Extinguish (RACE)

Please [click here](#) to submit the attestation/acknowledgement for the Provider Annual In-Service.

If you haven’t done so, please [click here](#) to fill out the Medical Staff Conflict of Interest Disclosure Form.