ANNUAL EDUCATION for MEDICAL STAFF - 2017

INFECTION CONTROL

Hand Hygiene
Alcohol gel is the preferred method of hand washing at SMH; Soap and water must be used when hands are visibly soiled or after entering a room on enteric precautions
Perform hand hygiene:
• When entering AND exiting a patient room. Gel In; Gel Out.
• After removing gloves
• After contact with patient surroundings - bedside table, call bell, etc.
• After touching inanimate objects, i.e., computers, phone, etc. in between caring for patients
• SMH follows the CDC hand washing guidelines - Use soap and water (15-20 seconds), scrub between the fingers in under the nails, rinse hands, dry hands with towel and turn water off with the towel
• SMH’s Hand Hygiene goal is 95%.

Prevent the Spread of Multi-Drug Resistant Organisms (MDROs) And Health Care-Associated Infections (HAIs)
• Contact precautions are appropriate Isolation Precautions for patients with known or suspected MDROs, i.e., MRSA, VRE
• Don appropriate personal protective equipment (PPE) according to room signage before entering room and when touching anything in room
• Disinfect equipment between patients
• Perform hand hygiene

Prevention of Central-Line Associated Bloodstream Infections (CLA-BSI)
• Educate patients about CLA-BSI prevention
• Use central line insertion checklist
• Avoid femoral site
• Perform hand hygiene, use full body drape; wear mask, cap, sterile gown and sterile gloves, use chlorhexidine skin prep
• Hand hygiene & gloves before changing dressing or accessing port—Scrub the hub before all access
• Discontinue catheter order when no longer needed.

Prevention of Surgical Site Infections (SSI)
• Educate patients about SSI prevention
• Perform proper surgical scrub on hands
• Use proper antibiotics for prophylaxis at right time
• If hair removal needed, use clippers in pre-op area. Do not use razors.
• Ensure proper surgical site scrub
• Minimize traffic in OR during surgery
• Do not flash sterilize equipment
• Hand hygiene before and after caring for wound

Prevention of Catheter-Associated Urinary Tract Infections (CAUTIs)
• Perform hand hygiene
• Aseptic insertion
• Secure catheter
• Sterile closed drainage system
• Discontinue order/Remove any unnecessary catheter

Prevention of Ventilator-Associated Pneumonias (VAPs)
• Perform hand hygiene
• Elevate HOB
- Daily sedation vacation and readiness to wean
- PUD and DVT prophylaxis
- Antiseptic oral care

**Influenza Strategies**
- SMH requires all healthcare providers caring for patients to be vaccinated against the seasonal flu.
- Limitation on number of visitors during flu season; Restricting visitors/employees with flu-like symptoms
- Placing masks on patients with signs and symptoms of flu

**RED RULES**
- A Red Rule is a practice that is done 100% of the time by all physicians and staff.
- Red Rule TEAM TIMEOUT:
  - Conducting a team “time out” prior to any surgery or procedure. The time out is to validate right patient, right procedure and right site. Any disagreement among the team requires stopping of the activity until the red rule is in compliance.)
- Red Rule PATIENT IDENTIFIERS:
  - SMH requires the use of 2 identifiers to ensure right patient with right medication or treatment
    - patient name on armband matches name on chart
    - patient DOB confirmed by patient or on chart

**New Info!!! COMMUNICATION**
- SBAR is an internal communication tool used to provide a quick, concise explanation of the purpose of the conversation (Situation), a Background and Assessment of the patient’s condition and a Recommendation for the next step of care.
- WHY IS SBAR NEEDED?
  - Poor or lack of communication accounts for a majority of sentinel events or errors.
  - The healthcare workforce is very diverse, both culturally and in age, which can lead to communication misunderstandings.
  - Responsibility for professional communication with our internal and external customers is a two-way street. We must be sure that we are doing our part as far as communicating effectively by having our information organized in an accurate and concise format. Using the SBAR format consistently will ensure the completion of this step in the communication process.
- Only 12% of U.S. adults are considered to be highly proficient in health literacy – the ability to find, understand, and use health information. Practitioners should not assume patients understand what they are being told.
- Over use of medical terminology can further inhibit patients’ ability to filter out facts critical to their decision-making process. *(AMA Journal of Ethics)*

**TRANSLATION/INTERPRETIVE SERVICES**
- The patient has a right to receive information in a manner he/she understands
- Translation and interpretive services require only certified hospital personnel perform this task. A list of interpreters is available on SMH’s intranet.
- Video Translation Services (JH International Translation via iPad) is available from Communications. The Cyracom translation phone (a.k.a The Blue Phone) is on every unit. Sign language interpretation is available via an iPad link.

**PROFESSIONAL BEHAVIOR**
- It is the policy of this Hospital that all individuals within it be treated with courtesy, respect and dignity. Members of the Medical Staff shall conduct themselves with dignity and professionalism at all times.
- Offensive, insulting language or inappropriate physical behavior toward colleagues, nurses, employees, patients, their families or visitors will not be tolerated.
- It is recognized that stressful situations may arise constituting a challenge for the Medical Staff member.
- Nonetheless, the response must always be expressed with dignity, patience, insight, and professionalism. Collegial interaction should be calm and polite.
- Performance critiques should be discussed in an appropriate setting and directed toward a positive learning experience.

**RESTRRAINT and SECLUSION**
- Medical Staff who orders restraints must have a working knowledge of the restraint and seclusion policy.
• The decision to use restraints is not driven by treatment setting or diagnosis, but by comprehensive assessment of the patient, plant of care and situation.
• Medical Staff may not be involved with applying restraints or seclusion without proper training.
• 2 categories of restraint:
  o Physical: any manual method, equipment or device that immobilizes or reduces the patient’s ability to move freely.
  o Chemical: use of a medication to restrict or manage a patient’s behavior or freedom of movement if it deviates from standard treatment or dose for patient condition.
• Prone restraint is not permitted.
• Restraint for non-violent patient (at risk for harm due to cognitive impairment)
  o Alternative measure are attempted and documented prior to restraint
  o Order obtained within 8 hrs of application AND limited to 24 hrs.
  o After initial 24 hrs, new order and face-to-face evaluation by primary physician.
• Restraint requirements for violent or self-destructive behavior:
  o A timed/dated order for initiation
  o An in-person evaluation within 1 hour of implementation (physician, psychologist, or LIP or nurse can conduct in-person evaluation).
  o Care plan must be updated to include restraints
  o Duration of orders: ≥ age 18 – 4 hours; age 9-17 – 2 hours; under age 9 – 1 hour
• Restraints should be discontinued when the patient meets the criteria outlined in the medical record. The RN will terminate the restraint or seclusion and document the rationale in the medical record.

PRACTITIONER HEALTH
• The term impaired is used to describe a practitioner who is prevented by reason of illness or other health problems from performing his professional duties at the expected level of skill and competency.
• Impairment also implies a decreased ability or willingness to acknowledge the problem or to seek help to recover. It places the practitioner at risk and creates a risk to public health and safety.
• Some signs of impairment are deterioration of hygiene or appearance, personality or behavior changes, unpredictable behavior, unreliability or neglecting commitments, excessive ordering of drugs, lack of or inappropriate response to pages or calls, decreasing quality of performance or patient care.
• SMH will assist the entry of a suspected or confirmed impaired practitioner into evaluation, appropriate treatment, and/or rehabilitation.

PAIN MANAGEMENT
SMH respects patients’ rights to effective pain management. Pain management is a multidisciplinary process, characterized by continual coordination and communication of the plan of care towards the improvement of patient outcomes: increased comfort, reduced side effects, and enhanced patient satisfaction.

Pain is generally assessed using a 0-10 Scale: 0 = No Pain, 10 Worst Pain
For non-verbal patients, a picture scale is available showing various faces indicating pain level. For cognitively impaired patients or patients unable to use numeric or faces scale, pain is assessed by using a non-verbal pain scale.
• Pain medication should be ordered with specific details regarding indications and dose.
• Range orders for medications should be clarified in such a way that nursing staff can ascertain the parameters for when to give what dose in the range.
• When multiple medications are ordered for pain, specific guidelines for which medication to give for each type of pain should be provided.

INFORMED CONSENT
• Informed consent is a process of communication between a patient and physician that results in the patient’s authorization or agreement to undergo a specific medical intervention.
• Must be signed, dated, & timed by the patient or legal guardian, witness, and provider. Each person must enter the date and time next to their signature.
• The consent must include the name of the procedure in full, without abbreviations, as entered or ordered by the provider performing the procedure.
• The physician providing or performing the treatment and/or procedure, is expected to disclose and discuss with the patient:
  o The patient's diagnosis, if known;
- The nature and purpose of a proposed treatment or procedure;
- The risks and benefits of a proposed treatment or procedure;
- Alternatives;
- The risks and benefits of the alternative treatment or procedure; and
- The risks and benefits of not receiving or undergoing a treatment or procedure.

- In turn, the patient should have an opportunity to ask questions to elicit a better understanding of the treatment or procedure, so that he or she can make an informed decision to proceed or to refuse a particular course of medical intervention.
- This communication process or a variation thereof, is both an ethical obligation and a legal requirement spelled out in statutes and case law in all 50 states and the District of Columbia. (excerpts from the AMA Guide re: Physician-Patient Relations)

  Informed consent is not to be delegated to another practitioner.

EVENT REPORTING

- An adverse event (incident) is any happening not consistent with the routine operations of the facility or routine care of a particular patient. Primary attention is to the care, safety, and well-being of any patients, employees, or visitors involved in such an event.
- Adverse events should be reported to the Risk Management Department as soon as possible after the occurrence.
- Should an event occur, medical record documentation:
  - Should only include clinically pertinent information to describe the event.
  - Must not contain documentation regarding the completion of an Event Report or notification to Risk Management of the event. The Event Report is not a part of the Medical Record. Event reports are not to be printed, copied, or maintained outside the Risk Management Department.
- Certain events have mandated reporting to the DC DOH and JC. The President, in collaboration with the Director of Risk Management, Safety and Compliance and/or the Director of Quality will determine if the Joint Commission, DOH, or the DC Medical Boards are to be notified.
- Healthcare workers may anonymously report, without fear of retaliation, any urgent patient safety or quality concern, as well as an improvement idea, through the SMH Event Tracking System HERO.
- Concerns may also be reported directly to:

  **The Joint Commission**
  Division of Accreditation Operations
  Office of Quality Monitoring
  One Renaissance Boulevard
  Oakbrook Terrace, IL 60181
  800-994-6610 or complaint@jointcommission.org

CONFLICT OF INTEREST

- A conflict of interest arises when a practitioner has a financial or other interest in an entity other than Sibley, and has the opportunity to direct, make, participate in, or influence decisions at Sibley relating to this interest. A conflict of interest includes any interest of his/her family member (i.e. spouse, parents, children, siblings, their respective spouses, and anyone residing in the household of the Medical Staff member).
- Examples of actual conflict of interest situations:

  A Medical Staff Member in a position to make decisions or recommendations regarding purchases of equipment, instruments, materials, drugs or services for SMH from a private organization firm or entity, with which that Medical Staff Member or family member also has a significant financial interest.

  A Medical Staff member in a position to make decisions or recommendations regarding the negotiation of contracts between Sibley and private organizations, firms or entities with which the Medical Staff member or family member has a consulting or other significant relationship, or will receive favorable treatment as a result of such influence.

ENVIRONMENT OF CARE and EMERGENCY MANAGEMENT

  **Code Red:**  Fire or Smoke alarm.  Call 4600
  -  “RACE” = Rescue, Alarm, Contain, Extinguish.
  -  “PASS” = Pull, Aim, Squeeze, Sweep
**Code Blue:** Cardiopulmonary Arrest  
**Code Pink:** Infant/Child Abduction  
**Code Yellow:** Accident / Incident on grounds  
**Code Purple:** Neonatal resuscitation  
**Code Orange:** Hostage Situation  
**Code Silver:** Active Shooter (stay in place)  
**Code Strong:** Disruptive or Combative Person  

**Status E:** Emergency Department is at capacity. Units are to assess for discharges.  
**Code 100:** Internal/External Disaster  

**Medical Staff Role in Emergency Management**  
The organization has established a comprehensive plan to respond to a variety of emergency situations. The details of these plans are available on Sibley’s Intranet, [https://intranet.sibley.org](https://intranet.sibley.org). In the event of a significant emergency (disaster), members of the medical staff will be responsible for providing medical care and support. This may involve such activities as:  
- Determining which patients under your care could be discharged to make room for emergency admissions.  
- Staffing triage and secondary care areas depending on your discipline and specialty  
- Providing medical direction to care units.  

_During an emergency, members of the medical staff report to the physician’s lounge for your assignment._

**Material Safety Data Sheet (MSDS)** Be familiar with the hazards posed by chemicals used in your workplace. If you are exposed to any hazardous materials, call ext. 4775. MSDS information is located via a link on the Intranet /Links /MSDS online.  

**SMH IDs** are to be worn and visible to patients when providing patient care.  

**CERTIFICATION FOR ADMISSION**  
- CMS certification for admission order is needed in addition to an admission order for inpatients.  
- **A physician must place and sign the Certification for admission order.**  
- For patients who do not have the order, an alert will display when opening a patient’s EMR that will direct providers to the certification order. Please be sure to complete these two items as soon as possible after admission to avoid delays at the time of discharge  

**RAPID RESPONSE**  
- A Rapid Response is called to alert designated health care providers, the Rapid Response Team (RRT), to respond urgently and to intervene in the sudden or unexpected deterioration in a patient’s condition.  
- The RRT members will be able to offer clinical expertise and manpower in emergent, non-code situations.  
- When an Adult / Pediatric Rapid Response is activated and the patient continues to deteriorate, the patient may require activation of the Code Blue Plan prior to transfer to a higher level of care.  
- RRT members include Medical House Officer, Surgical House Officer, ICU Nurse, Telemetry Nurse, Respiratory Therapist and Patient Care Services (PCS) Coordinator (off-shifts/weekends) / Critical Care Bed Coordinator (day shift)  
- The Neonatal Rapid Response Team (NRRT) consists of health care providers that will respond urgently when requested to intervene in the sudden or unexpected deterioration in condition of a neonate or infant less than 3 months of age.  

**ANTICOAGULANT THERAPY**  
- Anticoagulation therapy can be used as therapeutic treatment for a number of conditions, the most common of which are atrial fibrillation, deep vein thrombosis, pulmonary embolism, and mechanical heart valve implant.  
- It is important to note that anticoagulation medications are more likely than others to cause harm due to complex dosing, insufficient monitoring, and inconsistent patient compliance.  
- Sibley’s EMR has established guidelines and protocols for the initiation and maintenance of anticoagulant therapy that can reduce the risk of adverse drug events associated with heparin (unfractionated), low molecular weight heparin, and warfarin.
- To achieve better patient outcomes, patient education is a vital component of an anticoagulation therapy program.

**NEW!!! ANTIMICROBICAL STEWARDSHIP**

- At Sibley Memorial Hospital, we have an antimicrobial stewardship program which coordinates interventions designed to improve and measure the appropriate use of antimicrobials. The program is overseen by a multidisciplinary group representing: Physicians, Pharmacy, Nursing, Infection Prevention, Patient Safety and Clinical Microbiology.
- The Goals of Antimicrobial Stewardship are:
  - achieve optimal clinical outcomes related to antimicrobial use,
  - decrease development of resistance organisms,
  - decrease antibiotic treatment related illnesses (e.g., C-diff),
  - decrease the risk of adverse effects,
  - educate patients, nurses, physicians and all relevant health care staff on best practice for antibiotic use.
- A separate stand-alone clinical guide to evidenced-based antibiotic use is published by Sibley and available to all clinicians through the pharmacy.

**DO NOT USE ABBREVIATIONS**

<table>
<thead>
<tr>
<th>OFFICIAL “DO NOT USE” LIST</th>
<th>POTENTIAL PROBLEM</th>
<th>USE INSTEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>U, u</td>
<td>Mistaken for “0” (zero), the number “4” (four) or “cc”.</td>
<td>Write <strong>unit</strong></td>
</tr>
<tr>
<td>IU (international unit)</td>
<td>Mistaken for IV (intravenous) or the number 10 (ten).</td>
<td>Write <strong>International unit</strong></td>
</tr>
<tr>
<td>Q.D., QD, q.d., qd (daily)</td>
<td>Mistaken for each other. Period after the Q mistaken for “l” and the O mistaken for “l”.</td>
<td>Write <strong>daily</strong></td>
</tr>
<tr>
<td>Q.O.D., QOD, q.o.d., qod (every other day)</td>
<td>Mistaken for each other. Period after the Q mistaken for “l” and the O mistaken for “l”.</td>
<td>Write <strong>every other day</strong></td>
</tr>
<tr>
<td>Trailing zero (X.0 mg)*</td>
<td>Decimal point is missed.</td>
<td>Write <strong>X mg</strong></td>
</tr>
<tr>
<td>Lack of leading zero (.X mg)</td>
<td></td>
<td>Write <strong>0.0 mg</strong></td>
</tr>
<tr>
<td>MS MSO₄ and MgSO₄</td>
<td>Can mean morphine sulfate or magnesium sulfate. Confused for one another.</td>
<td>Write <strong>morphine sulfate</strong> Write <strong>magnesium sulfate</strong></td>
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</tbody>
</table>

*Please confirm that you have reviewed the SMH Annual Education for the Medical Staff by completing the online Certificate of Participation*