Orientation for Medical Staff & Residents

Presented by: Medical Staff Services
**HOSPITAL INFORMATION**

- General Information
- General Safety and Security
- Emergency Preparedness
- Health Information Management
- Information Technology
- Infection Control
- Patient Safety
- Quality Improvement
- Departments & Services
  - Pharmacy Services
  - Emergency Department
  - Outpatient Procedure Services
  - Hospitalist & Intensivist Services
  - Surgical Services
  - Labor & Delivery, Nursery Services
  - Spiritual Services
  - Palliative Care Services
- Rapid Response Team
- Diversity Awareness
- Communication – SBAR
- Compliance
- Reporting of Events (Risk Management

**MEDICAL STAFF & RESIDENT INFORMATION**

- Governance Documents
- Citizenship
- Confidentiality
- Professional Behavior & Conduct
- Practitioner Health
- Informed Consent
- Privileges
- Focused and Ongoing Practice Evaluation
- Direct Admission Process
- The Medical Record
  - Legibility & Authentication
  - Do Not Use Abbreviations
  - Admission Orders & Documentation
  - H & P Requirements
  - General & Verbal Orders
  - Medication Orders
  - Progress Notes
  - Obstetrical Record
  - Discharge Notes
  - Miscellaneous: post-procedure, dependent practitioners, death certificates
- Pain Assessment
- Restraint & Seclusion
General Hospital Information
General Information

Sibley Memorial Hospital, in Northwest Washington, D.C., has a distinguished history of serving the community since its founding in 1890. As a not-for-profit, full-service, 318-bed community hospital, Sibley offers emergency services, medical, surgical, intensive care, obstetric, oncology and orthopedic care. The Renaissance Unit provides post hospital skilled nursing care. Sibley’s campus is also home to Grand Oaks, an assisted living residence. The Medical Building is comprised of physician offices, an ambulatory surgery center and an imaging center.

Sibley Memorial Hospital is a proud member of Johns Hopkins Medicine.

- Check out Sibley’s home page, www.sibley.org, for additional information, phone directory and service lines.
THE MISSION of Sibley Memorial Hospital is to provide quality health services and facilities for the community, to promote wellness, to relieve suffering and to restore health as swiftly, safely and humanely as it can be done, consistent with the best service we can give at the highest value for all concerned.

OUR VISION is to make available superior healthcare service and value with the goal of improving health and well-being of our community. We plan to continuously improve that service by using scientific methods, teamwork and knowledge of best practices and customer expectations. Our vision guides us to work continuously to improve our services.
OUR VALUES

• Personal and Compassionate Service
• Professionalism
• Teamwork
• Trust and Respect
• Continuous Quality Improvement
• Confidentiality and Privacy
• Honesty, Integrity, Flexibility and Selflessness

OUR VALUES ARE AT THE CENTER OF EVERYTHING WE DO
• Our most basic expectation is to be treated with courtesy and respect. We value and respect one another’s unique areas of expertise.

• Our interactions with colleagues, patients and visitors directly impacts the patients perception of their care while in our facility.
  – Wear your Sibley ID Badge
  – Promote a Safe and Clean Environment
  – Maintain Privacy and Confidentiality
  – Protect Dignity
  – Keep Patient and Family Informed
  – Be Responsive
General Safety & Security

• **ID Badge**
  – Sibley issued **ID badge is required** and displayed while on hospital premises.

• **Fire or Smoke:**
  – **Code Red**: get a fellow team member to help, pull the fire alarm AND dial 4600.
  – “RACE”: **R**escue persons; pull **A**larm; **C**ontain fire; **E**vacuate (if needed).

• **Hazardous Materials/Spill**
  – Isolate the affected area as much as possible.
  – Notify a hospital employee who will arrange for appropriate care and treatment of the accident.
• **Waste Containment**
  – Place all waste in proper containers:
    • RED - medical waste
    • YELLOW – chemo
    • PURPLE/BLUE/BLACK – pharmaceutical
    • GREEN – recycling
    • Locked drop boxes – HIPAA/Confidential papers

• **Security**
  – Violence Free Work Place – Report All Violent Actions or threats immediately
  – Observe and report (x4674) suspicious activity
Codes Designation:

- Code Blue: Cardiopulmonary arrest
- Code Purple: Neonatal resuscitation
- Code Pink: Infant/child abduction
- Code Yellow: Incident on the grounds
- Code Orange: Hostage situation
- Code Strong: Disruptive or combative person
- Code Silver: Active shooter incident
Emergency Preparedness

• Sibley uses a comprehensive Emergency Operations Plan (EOP) that is activated in the event of a major emergency within our facility or a disaster that impacts our community.
• This plan provides the means for maintaining current operations and obtaining the necessary resources (personnel, supplies, and/or equipment) required to continue functioning at a level consistent with the needs of our patients and staff.
• Code 100 activates the Emergency Operations Plan.
• Hospital-issued picture ID is required to access hospital during an incident and may be required to access Sibley campus.
• Disaster information is available at:
  – WTOP 103.5 FM/ 820 AM & Major TV stations
• Medical Staff is to report to campus only when notified to do so. (MS Policy & Proc re: Emergency Preparedness; Sibley Intranet EOP).
Information Technology

• Epic is the Johns Hopkins Health System’s electronic health record.

• Practitioners with clinical privileges MUST complete the appropriate Epic training prior to any patient care.

• Additional Systems
  – IDX/ PACS: digital imaging (orientation contact: 202-537-5164)
  - EndoPro: endoscopy (orientation contact: 202-537-4025)
Medical Library

- Serves all Sibley and Sibley-affiliated clinicians
- Your gateway to medical information - point-of-care databases (UpToDate, DynaMed …), 24 online collections of books and journals (ScienceDirect, Ovid … ), pharmacological resources
- Updated collection of medical books in print
- Quiet Zone, well designed and equipped for research

The librarian will help you to find specific publications and answers to your clinical questions, will conduct literature searches and show you how to use electronic resources.

- **Website:** Intranet (https://intranet.sibley.org) -> Library (a tab on the Tab bar)
- With your JHED ID, most online resources are also accessible via the Welch library at Johns Hopkins [http://welch.jhmi.edu](http://welch.jhmi.edu)
- **Location:** 4 West, Main Building
- **Hours:** 8:30 a.m. - 4:30 p.m. Please call Safety & Security at 4674 to get access to the library off hours.
- **Contact the Librarian:** ysuprun1@jhmi.edu | 202 537 4110.
Health Information Management

- Information documented in any manner (dictated, created on-line, via email, written on paper, etc.) about the treatment of a patient constitutes the medical record, must be accessible to all care providers no matter where the care is provided.

- Documentation is to be done contemporaneously.

- Verbal orders are to have limited use AND practitioners are to sign the verbal order promptly.
MEDICAL RECORDS REQUIREMENTS

• Every patient requiring inpatient admission or an outpatient procedure MUST have a H&P.
  – Within 24 hours of an admission, a complete H&P examination and admission note MUST be recorded.
  – Outpatient procedures may use a focused H&P on the chart prior to the procedure (see Short Stay Record).

• The attending physician shall countersign the H&P and discharge summaries when recorded by an NP, PA, CNM, etc.
MEDICAL RECORDS

Notification of deficient or delinquent records will be via your Epic In-basket.

Definitions:
• **Deficiency**: items in the EHR that are incomplete
• **Delinquency**:
  • **Operative Report** – is delinquent 14 days POST PROCEDURE
  • **Discharge Summary** – is delinquent 14 days POST DISCHARGE

Failure to complete DELINQUENCIES within 14 days will lock the record; practitioners must go to Medical Records to unlock and complete the record.
Infection Control

HAND HYGIENE – is Sibley’s primary initiative for controlling hospital acquired infections. Soap & Water is the preferred method of washing; alcohol sanitizer may also be used.

• Before and after patient contact
• After removing gloves
• After touching inanimate objects (such as computers, phone, etc…,) in between caring for patients
• Use soap and water (15-20 seconds) after caring for patients with C.difficile and if hands are visibly soiled

PREVENT SPREAD OF MULTI-DRUG RESISTANT ORGANISMS (MDROs)

• Contact Precautions for patients known or suspect for MDROs
• Gown & glove when touching anything in the room
• Disinfect equipment between patients (i.e. stethoscope)
• Avoid taking chart into the room
INFECTION CONTROL (continued)

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 CHG skin prep
• Hand hygiene & gloves before changing dressing or accessing port—Scrub the hub before all access
• Remove any unnecessary catheters

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
• Ensure proper surgical site scrub
• Minimize traffic in OR during surgery
• Do not flash sterilize equipment
• Hand hygiene before and after caring for wound
INFLUENZA STRATEGIES Ref: HR Policy # 03-21-74.

• Seasonal vaccinations are offered to all Sibley staff, physicians and volunteers annually through the Employee Health department.

• All Sibley employees must comply with the Immunization policy through vaccination or declination. Sibley encourages all health care providers to be vaccinated against the seasonal flu.

• Employee Health (EH) provides the following to facilitate vaccinations through the flu season:
  • Seasonal Influenza vaccination clinics
  • Schedule a vaccination appointment in EH
  • Vaccine information Statements (VIS) available on the Sibley intranet

• Restrictions during the Influenza season:
  • Limitation of number of visitors during flu season
  • Placing masks on patients with signs & symptoms of flu
  • Inpatients being ruled out or diagnosed with the flu are placed on droplet precautions
  • Restricting visitors and Sibley employees with signs & symptoms of the flu from the hospital
  • Age restrictions for visitation may apply
  • Facility access restrictions may apply
Contact Infection Control (phone 202-537-4265)

- To report to the Department of Health a reportable disease
- To report a healthcare associated infection in your patient
- To be fit tested for a N-95 respirator
- For information on Sibley’s healthcare associated infection rates, or Surgical Site infection rates on specific surgical procedures
- For questions on isolation or other IC policies (Sibley intranet/Infection Control Section)
- To report if you have a communicable disease that would affect the patients and staff of the hospital
Patient Safety

• Sibley provides a safe environment for patients in the hospital based on the patient’s assessed needs.

• Sibley Patient Safety Team is lead by the hospital’s Patient Safety Officer (PSO). Patient Safety Initiatives at Sibley include:
  – Implementing the Hospital’s Safety Plan
  – Conducting monthly Administrative Safety rounds
  – Monitoring National Patient Safety Goal compliance
  – “Time out” before any surgery or procedure (Red Rule)
  – “Use of 2 identifiers” to ensure right patient; patient name and patient date of birth. (Red Rule)

Red Rule is a practice that is done 100% of the time by all physicians and staff.
Physicians support Sibley Hospital in maintaining a culture of patient safety by doing the following:

- **Timely** completion of the Medical Record
- **Use of** your physician **identification number** with signature (Epic enterprise ID)
- Utilize Sibley hospital **protocols** for core measure care, surgical care, and high risk medication administration
- **Participate** in medical staff or hospital committees as requested
- Demonstrate **compliance** with the National Patient Safety goals
- **Red Rule:** 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:** Use of **2 identifiers** to ensure right patient with right medication or treatment
PATIENT SAFETY (continued)

• CUSP Team
  – Comprehensive Unit-based Safety Program
  – Multidisciplinary team that focus on safety improvements at the unit level.
  – Sibley has formed the ICU CLABSI Team with the focus to reduce central line blood stream infections.
Sibley’s **Quality Council** is the hospital’s quality improvement oversight committee. It’s a multidisciplinary team that:
- meets monthly to monitor the progress of hospital
- is briefed on quality/performance improvement teams
- reviews data on the hospital’s dashboard (scorecard)
- reviews patient and staff satisfaction survey results

Sibley’s Performance Improvement Plan:
- outlines the goals set for the hospital each year that support the hospital’s mission and vision
- Utilizes the performance improvement **PDSA model** (Plan, Do, Study, and Act)
CORE MEASURES

• Data is collected and reported internally and externally for the following Core Measures:
  – AMI (Acute Myocardial Infarction)
  – HF (Heart Failure)
  – PN (Pneumonia)
  – OP (Outpatient AMI and Surgical Patients)
  – SCIP (Surgical Care Improvement Project)
  – ER (Emergency Department)
  – IP HBIPS (Inpatient Psychiatric Core Measures)
Pharmacy Services

Pharmacists:

- Have a presence on each unit and participate in multidisciplinary rounds.
- Review and verify medication orders for appropriateness prior to administration to patient.
- Perform approved automatic substitution, IV to PO conversion, Vancomycin dosing and Renal Dosing service.
- Review research protocols, work with investigators and study monitors, and dispense investigational medication.
PHARMACY SERVICES (CONTINUED)

• Protocols:
  – Heparin Infusion
  – Coumadin dosing for orthopedic service
  – VTE protocol
  – Parenteral Nutrition dosing protocol

• Pyxis is Sibley’s automated medication dispensing and storage system.

• Adverse Drug Reaction (ADR) Hotline: x7076
Prescriber error reduction strategies for Look Alike/Sound Alike medications include:

- Formulary restrictions, deletions or denials
- Special labels or communication notes
- Use of brand and generic name on labels and orders
- Use of standardized order forms in EHR
- Ordering medication with indication on the order
- Patient/Family education during hospitalization and/or at discharge

A list of look alike/sound alike meds is available on the Sibley Intranet/ For Physicians/ Pharmacy / Look Alike-Sound Alike Meds
Emergency Department

• The Emergency Department at Sibley Memorial Hospital practices leading-edge emergency medicine in a patient satisfying environment. They combine outstanding clinical care, efficiency, comfort, dignity and safety to the approximate 30,000 patients seen each year.

• The department is located on the first floor of the hospital.

• The Department is divided into two areas:
  – Major Treatment Area: 15 beds and is open 24/7.
  – Fast Track: for minor complaints, designed to get patients treated and discharged faster. Fast Track has 5 treatment areas and is open from 11am to 11pm daily. During other times, minor illnesses are treated in the main department.
Outpatient Procedure Services

• Procedures and treatments performed:
  – Endoscopy/Bronchoscopy/Colonoscopy
  – Invasive Cardiology
  – Minor Surgery
  – Infusion Therapy
  – Pain Management

Recovery care is provided to all patients receiving moderate sedation anesthesia and monitored anesthesia care in the Outpatient Procedure Suite.

• Location:
  – Outpatient Procedures Suite is located on the first floor of the hospital adjacent to the admission area.
  – The Infusion Center is located on the 3rd floor of the MOB.
Hospitalist & Intensivist Services

- **Hospitalists** are Internal Medicine physicians that provide 24/7 coverage. Hospitalist communicate with primary care physicians during the course of patient hospitalization and at discharge.

- **Intensivists** participate in the care of every patient entering the critical care unit. This coordinated activity improves the quality of care.
Surgical Services

- Sibley Memorial Hospital is a major provider of surgical services, most notably in the areas of general surgery, gynecology, neurosurgery, otolaryngology, orthopedics, plastic and cosmetic surgery, thoracic surgery and urology.

- Surgical facilities are equipped with state-of-the-art equipment, including daVinci robot, operating microscopes and support for minimally invasive surgical techniques.

- Contact the Surgery Department 202-537-4563 to set up an appointment to review equipment, department protocols and meet staff prior to your first case.
Women’s and Infants’ Services

• Amenities:
  – state-of-the-art delivery rooms equipped for complicated deliveries
  – three fully equipped operating rooms ready and able to accommodate multiple cesarean birth deliveries at any time
  – two triage rooms.
• Full-time coverage by board certified Obstetricians is available.
• Board-certified anesthesiologists provide a full range of pain relief measures.
• Level II Neonatology services are provided in the Special Care Nursery.
• Contact the Family Centered Care Unit, 202-537-4370, to set up an appointment to review equipment, department protocols and meet staff.
Spiritual Services

- The Pastoral Care Department is part of a holistic team, including the Ethics Advisory Committee, that promotes the spiritual care of persons as an essential dimension of total care and services provided by Sibley.
- Reasons to seek spiritual support are:
  - Care and comfort in times of spiritual distress or anxiety. This may include anger, fear, hopelessness, guilt, confusion or grief.
  - Patients who are struggling with the meaning of their illness.
  - A listening ear during conversations about end-of-life care; selection of a treatment facility, decisions about organ donation or concerns about decisions.
- Services are available 24 hours a day, seven days a week.
Palliative Care Services

- helps to define immediate and long term goals of care and promotes advance care planning
- optimizes symptom control
- optimizes functional status
- promotes the highest quality of life for the patient and family
- educates patients and families about the underlying disease process
- facilitates patient and family adjustment to disease process/care needs thereby assisting with plans for discharge to the appropriate level of care in a timely manner

• To order a Palliative Care Service Consultation, the attending physician must write an order in the medical record or call 202-370-6580; pager: 301-943-5502.
Rapid Response Team

• The Rapid Response Team (RRT) consists of a team of health care providers who will respond urgently at the request of nurses or physicians 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 an emergent, non-code situation.

• NOTE: When a Rapid Response Team 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.

• To contact the RRT, call the code blue number, x4555, and request the Rapid Response Team.
Diversity Awareness

Sibley Memorial Hospital is made up of patients and staff who come from every corner of the world, creating a very diverse environment. Patients and staff have different beliefs, customs, communication styles and dress that we must acknowledge and respect.

WORKPLACE TRENDS  www.bls.gov/opub/mlr/2001

• Median age is slowly increasing as the baby boomers are aging. In 1980 the median age was 34, in 2010 the median age is 40.
• Increasing numbers of women and minorities. Hispanics are growing at the fastest rate, from 6% of the workforce to 11% in the last 10 years.
• Decreasing percentage of white males. In 1980-1990 white males contributed to 82% of the workforce, in 2010- 73%.

GOLDEN RULE:
• Treat others as you would want to be treated.
• Demonstrate respect and honor for their differences.
SIBLEY CENTER FOR WEIGHT LOSS

• Obesity is a chronic illness. Obese persons are often blamed for their own condition and are not afforded the same consideration as others who suffer from a disability.

• Obesity is the second leading cause of preventable, premature deaths after smoking. There are multiple causes of obesity; they include genetics, hormones, environmental, and neurological. Currently, surgery is the most effective treatment for the severely obese patient.

• Obese individuals often experience discrimination from healthcare professionals. They often shy away from doctors and hospitals because they are afraid of being embarrassed, chided or humiliated by medical workers or their surroundings.

• Special needs of the Obese Patient include:
  – Equipment: Sturdiness/weight limits
  – Location: Distance, Accessibility
  – Space: Temperature, Accommodations
Communication - SBAR

- **SBAR** stands for "**S**ituation, **B**ackground, **A**ssessment, **R**ecommendation/Request"

- SBAR is a communication tool that provides a quick, concise explanation of the purpose of the conversation, a background and assessment of the patient's condition and a recommendation for the next step of care.

- Sibley Hospital uses SBAR as the format for communicating pertinent patient care information between healthcare practitioners, hospital departments, etc. This includes phone conversations about patient care.
WHY IS SBAR NEEDED?

• Poor or lack of communication accounts for a majority of sentinel events or errors.

• The health care 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 our 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.
Compliance

• Sibley Memorial Hospital is committed to the prevention, detection and resolution of fraud, or any instances of conduct that do not conform to federal, state and private health care program requirements. Sibley and its Medical Staff values honesty, integrity and high ethical standards in the conduct of its business by:
  – Prohibiting any activity that violates the anti-kickback statute;
  – Ordering only those services or tests that are believed to be medically necessary;
  – Only performing services or tests on a patient with evidence of a written order.
Reporting of Events (Risk Management)

• 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 via the electronic event reporting database as soon as possible after the occurrence, but no later than the same business day.

• 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.

Ref: Hospital Policy 02.25.10
Medical Staff & Resident Information
Governance Documents

As a member of the Medical Staff and Resident staff you agree to follow Hospital Policy and the bylaws, rules and regulations and policies of the Medical Staff.

• Medical Staff Governance Documents can be found on:
  – Sibley Intranet / For Physicians / Governance Documents
  – Documents Include:
    • Medical Staff Bylaws (Bylaws)
    • Medical Staff Rules and Regulations (R&R)
    • Medical Staff Policy & Procedures (P&P)

• Hospital Policy manual can be found on Sibley Intranet / Hospital Policy
Citizenship

• Good citizenship is an important facet of professional conduct. Citizenship on our staff includes participating in medical staff activities and committees, and being a mentor, teacher, and lifelong learner.

• It means upholding one’s mutually agreed-upon responsibilities to the Medical Staff, the Hospital, one’s Department and Division, our patients, our colleagues, and our community.

• It means making prudent use of the resources available to us, and accepting our stewardship for those resources. It means conducting ourselves with dignity, integrity, and honesty, and accepting responsibility for our actions.
Confidentiality

Physicians agree to maintain complete confidentiality of patient care information at all times, in a manner consistent with generally accepted principles of medical confidentiality. We recognize that, physicians have the right to have certain personal and professional issues dealt with in a confidential manner, including such things as performance problems and concerns about competency. Physicians agree to maintain this confidentiality and to seek the proper, professional, objective arenas in which to deal with these issues.
Professional Behavior and Conduct

It is the policy of this Hospital that all individuals within it be treated with courtesy, respect and dignity. To that end, all members of the Medical Staff & Residents 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 or Resident. 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.
Unprofessional behavior is defined as conduct that adversely affects the Hospital’s ability to accomplish the objectives stated above including, but not limited to, the following:

– Verbal attacks, including the use of hostile, angry or confrontational voice

– Physical attacks of any sort or behavior threatening a physical attack

– Destruction of property

– Denigrating or inappropriate comments or illustrations made in patient medical records or other official documents that impugn the quality of care in the hospital or attack particular physicians
– Abusive language or criticism directed at the recipient in such a way as to ridicule, humiliate, intimidate, undermine confidence, or belittle

– Derogatory comments that go beyond differences of opinion that are made to patients or patients’ families about caregivers (This does not prohibit comments that deal constructively with the care given.)

– Refusal to follow required departmental, hospital, or medical staff policies in a professional and appropriate manner

– Sexual harassment

– Behavior demonstrating or promoting discrimination
Practitioner Health

• Sibley Memorial Hospital and its Medical Staff require all practitioners who have been granted privileges for the purpose of providing quality patient care to maintain continuous adequate health status to carry out those privileges.

• Any Medical or Allied Health Staff Member whose health status changes in such a manner as to jeopardize his/her ability to provide quality patient care shall notify the Department Chair, the Director of Medical Affairs, the President of the Medical Staff, or CEO in a timely manner. The physician may request consultation with the Practitioner’s Health Committee.

• Any Medical Staff member should report concerns about a colleagues health, as per medical staff policy - MS Policy & Procedure: Practitioner Health
Some significant departures that may act as red flags or warnings that a practitioner is exhibiting impairment include:

- Episodic odd behavior, i.e. writing inappropriate comments in patient medical notes
- Rounding at odd hours so as to avoid colleagues
- Screaming / Shouting / Assault
- Overt tantrums / Throwing medical equipment
- Depression
- Poor judgment
- Contradicting own orders
- Consistently unavailable
- Unexplained absences
- Alcohol on breath
- Increasingly uncommunicative
- Decline in clinical / technical skills
- Tremor
Informed Consent

• Informed consent is more than simply getting a patient to sign a written consent form. It 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.

• As the physician providing or performing the treatment and/or procedure, you are expected to disclose and discuss with your patient:
  – 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 (regardless of their cost or the extent to which the treatment options are covered by health insurance) and the risks and benefits of the alternative treatment or procedure; and
  – The risks and benefits of not receiving or undergoing a treatment or procedure.
INFORMED CONSENT (continued)

• In turn, your 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 communications 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.

• Informed consent is not to be delegated to another practitioner.

• Proceduralists are to sign, date, time and authenticate the informed consent form.

(From the AMA Guide Physician-Patient Relations)
Focused and Ongoing Practice Evaluation

• What is Ongoing Practice Evaluation?
  – Medical Staff departments/divisions have identified indicators for which individual practitioner data is trended. This objective report is intended to help practitioners support best practice initiatives and evaluate ongoing performance.

• When is Focus Practice Evaluation required?
  – For New Practitioners who requesting privileges
  – For Current Staff requesting a new privilege/procedure
  – As a result of ongoing practice concerns or for cause
Direct Admission Process

• All direct admissions should be called in prior to sending a patient to the hospital.

• Physician line is **202-364-7666**. This line is used exclusively for physicians.

• At the time of the call, have the patient’s demographic and insurance information available.

• **Note:** after 4:30 pm and on weekends, we may be limited in obtaining information from the insurance carriers when the patient is being *sent from another hospital*. In such instances, you may be referred to the nurse coordinator.
The Medical Record
GENERAL INFORMATION

• **LEGIBILITY** - it is the expectation that all handwritten documents are legible. Sibley Medical Staff believes that legible documents are critical to maintaining a safe and efficient environment for each patient.

• **AUTHENTICATION**: is the use of a legible identifier to follow your signature on any order/documentation. Approved methods of authenticating your signature:
  - Use your Epic enterprise ID following your signature (e.g. *John Doe, MD - ID:55555*)
  - Electronic signature

• The attending practitioner shall be responsible for a complete and legible medical record for each patient.

• Its contents shall be pertinent and current.
<table>
<thead>
<tr>
<th>Official “Do Not Use” List Do Not Use</th>
<th>Potential Problem</th>
<th>Use Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>U, u (unit)</td>
<td>Mistaken for “0” (zero), the number “4” (four) or “cc”</td>
<td>Write &quot;unit&quot;</td>
</tr>
<tr>
<td>IU (International Unit)</td>
<td>Mistaken for IV (intravenous) or the number 10 (ten)</td>
<td>Write &quot;International Unit&quot;</td>
</tr>
<tr>
<td>Q.D., QD, q.d., qd (daily)</td>
<td>Mistaken for each other Period after the Q mistaken for &quot;I&quot; and the &quot;O&quot; mistaken for &quot;I&quot;</td>
<td>Write &quot;daily&quot;</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 &quot;I&quot; and the &quot;O&quot; mistaken for &quot;I&quot;</td>
<td>Write &quot;every other day&quot;</td>
</tr>
<tr>
<td>Trailing zero (X.0 mg)*</td>
<td>Decimal point is missed</td>
<td>Write X mg</td>
</tr>
<tr>
<td>Lack of leading zero (.X mg)</td>
<td></td>
<td>Write 0.X mg</td>
</tr>
<tr>
<td>MS</td>
<td>Can mean morphine sulfate or magnesium sulfate Confused for one another</td>
<td>Write &quot;morphine sulfate&quot;</td>
</tr>
<tr>
<td>MSO4 and MgSO4</td>
<td></td>
<td>Write &quot;magnesium sulfate&quot;</td>
</tr>
</tbody>
</table>
ADMISSION ORDERS AND DOCUMENTATION

• Orders shall be on the medical record within 2 hours of a patient’s admission.

• Within 24 hours of an admission, a complete history and physical examination and admission note shall be recorded. These records shall include all pertinent findings.

• If a history and a physical examination has been performed within 30 days before admission, a durable, legible copy of this report may be used in the patient’s medical record, provided any changes that may have occurred are recorded in the medical record at the time of admission. Failure to comply will be reported to the attending physician by the floor head nurse or to the chairperson of the department if there is further delay.
HISTORY & PHYSICAL

• A complete H & P will contain a chief complaint, details of the present illness, relevant past, social, and family histories appropriate for the patient’s age, allergies, a review of systems, a summary of psychosocial needs, a physical examination that describes the major findings related to the admission, the cardiovascular system, and lungs in all cases, and a statement about conclusions or impressions.

• The focused H & P on the Short Stay Record should, at minimum, address the history of the process requiring treatment, allergies, and a description of the pertinent physical findings. If anesthesia or moderate sedation is required, heart, lungs, and the airway must be assessed.

• For minor procedures requiring only local anesthesia or no anesthesia for out-patients, a brief history and description of the process requiring treatment may suffice.

• All histories and physical examinations must be pertinent, signed, dated, timed, and authenticated.

• The attending physician shall countersign, date, time and authenticate the history, physical examination and pre-operative note when recorded by other practitioners. A consulting physician must countersign, date, time and authenticate the history and physical, and discharge summary conducted by a physician extender/resident.
GENERAL ORDERS

• A verbal/telephone order shall be considered as a written order if the physician provides his ID number and it is dictated to a registered nurse, registered pharmacist or respiratory therapist functioning within his or her sphere of competence and signed by the responsible practitioner.

– ALL VERBAL ORDERS AND ORDERS DICTATED OVER THE TELEPHONE SHALL BE SIGNED, DATED, TIMED, AND AUTHENTICATED BY AN AUTHORIZED PRACTITIONER AS SOON AS PRACTICAL OF SUCH ORDER.
PROGRESS NOTES

• Pertinent progress notes shall be written legibly and recorded at the time of observation, sufficient to permit continuity of care and transferability.

• Whenever possible each of the patient’s clinical problems should be clearly identified in the progress note and correlated with specific orders as well as results of tests and treatments.

• Progress notes shall be written daily on critically ill patients and those where there is difficulty in diagnosis or management of the clinical problem.

• All other patients should have a progress note no less than every two (2) days. This shall include an immediate post-operative report.
Immediate POST OP NOTE

• Immediately following any procedure, a post op note is to be written in the medical record prior to the patient leaving the procedure area.

• Elements required for the post-op note:
  - Name of Surgeon
  - Name of Assistants
  - Description of Procedure
  - Findings of Procedure
  - Estimated Blood Loss (even if it is “zero” or “none”)
  - Any specimens removed
  - Post op Diagnosis
DISCHARGE NOTES

• The final diagnoses shall be recorded in full, without the use of symbols or abbreviations and dated and signed by the responsible practitioner.

• The attending practitioner is required to document the need for continued hospitalization after specified periods of stay as identified by the Clinical Resource Management Committee of the hospital. (R&R IX: Medical Record General)

• A discharge summary shall be written or dictated on all medical records of IP hospitalized over 48 hours except for normal obstetrical deliveries, normal newborn infants and certain selected patients with problems of a minor nature. These latter exceptions shall be identified by the Executive Committee of the Medical Staff, and for these a final summation type progress note shall be sufficient to justify the diagnosis and warrant the treatment and end result. All summaries shall be signed by the responsible practitioner.
MISCELLANEOUS MEDICAL RECORD ITEMS

- **Dependent practitioners** are agents of their supervising physician.
  - Each entry/episode of care must identify the name of the supervising physician for whom they are the agent.
  - Comply with signatory elements.
  - Shall identify themselves as a PA.
  - Supervising physician must countersign H&Ps and Discharge Summary

- **Death certificates** must be signed by the attending practitioner or his/her designee prior to release of the body.
Pain Assessment

• Sibley Memorial Hospital respects patient’s 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 assessed on a scale of 0 - 10
  - 0 = no pain .................. 10 = worst pain

• Pain medication should be ordered with specific details regarding indications and dose.

• When multiple medications are ordered for pain, specific guidelines for which medication to give and when for each type of pain are provided.
Restraint and Seclusion

Hospital Policy 01-31-12

- Each patient’s safety needs are individually evaluated and the least restrictive type of restraint is utilized.
- Alternative measures are attempted and documented before resorting to restraints or seclusion.
- Restraints or seclusion must be discontinued at the earliest possible time regardless of the length of time specified in the order.

*It is the responsibility of the physician / LIP who initiates use of restraints and seclusion to be familiar with and comply with every aspect the hospital’s policy and procedure.*
Conditions for Using Restraint or Seclusion:

– For the **Purposes of Promoting Medical-Surgical Healing** (e.g.: to prevent a patient from pulling out a tracheostomy tube).
  • time-limited order of no more than 24 hours,
  • defines the specific type of restraint, and
  • the reason for implementation

– For **Violent or Self-destructive Behavior** that is an immediate threat to the patient, staff, or other’s physical safety
  • A face-to-face evaluation is required within 1 hour of initiation.
  • Restraints or seclusion orders must be renewed every:
    – *Four (4) hours* for adults (over 18); *Two (2) hours* for ages 9-17; *One (1) hour* for under age 9.
  • Restrained or secluded patient is re-evaluated face-to-face by an LIP every:
    – *Eight (8) hours* for patients who are 18 or older; *Four (4) hours* for patients who are 17 and under; *One (1) hour* for patients under 9.
Sibley – Certified as a Stroke Center of Excellence

- Evidence-based, best practice methodologies are used to promote consistent stroke care. Stroke centers have excellent standards of program management, clinical information and self-management.
- To activate stroke team at Sibley call 4555. Medical Office Building above the first floor needs to call 911.

The Physician’s Role

- All patients admitted with a primary diagnosis of TIA or stroke will be admitted to the Telemetry or ICU depending on acuity and need for TPA.
- Physicians must utilize the stroke order sets for all stroke/TIA patients in order to insure best practice.
Sibley Emergency Department Stroke Response

Activate Stroke Response Team- 4555
Place patient directly in room. Charge nurse will notify:

- MD performs assessment, stabilize patient, NIH scale performed
- RN/CA Checks blood glucose, obtains Vital signs, EKG, IV access, patient on monitor, and labs -NPO, Swallow screen performed.
  (notify lab patient is stroke patient) walk blood to lab code sticker
  - Quick registration so patient may have orders entered

CT and labs ordered Patient to CT with RN
CT Scan completed
Within 25 minutes of arrival
CT read by radiologist
Within 45 minutes of arrival

No Hemorrhage
Probable ischemic stroke, consider ready for TPA

OR
Hemorrhage
Consult neurosurgery, NO TPA consider transfer Tele or ICU

Administer TPA if no contraindications and consented to by patient/family within 68 minutes of arrival (or 4.5 hours from onset of symptoms) Admit to ICU

07/2011 v4
Sibley Inpatient Stroke Response

Inpatient presents with symptoms of stroke

Call 4555
Activate Stroke Response Team - state location

Note time when patient last seen well
- Check blood glucose
- Notify CT scan and lab
- NIH scale by RN/physician
- Obtain IV access/order labs/blood samples/CT/cardiac enzymes also draw and hold (pink top)
- Label blood place code blue sticker on bag
- Blood taken to lab ASAP
- PT to be NPO till swallow screen performed
- EKG

CT and labs ordered
Patient to CT with Tele stroke response RN

CT scan completed
Within 35 minutes of rapid response call

CT read by radiologist
Within 45 minutes of rapid response call

- No hemorrhage
  - Probable ischemic stroke
  - Consider/ready for TPA

- Hemorrhage
  - Consult Neurosurgeon
  - NO TPA
  - Admit ICU/Tele
  - Consider transfer

Administer TPA if no contraindications and consented to by patient/family
Within 60 minutes of stroke response call
Admit to ICU
PERFORM STROKE SWALLOW

07/06/11v4
Thank you for completing the Medical and Resident Staff Orientation for Sibley Memorial Hospital.

Please copy this page and paste it in an email to jbarne40@jhmi.edu as verification of completing the orientation.