PHYSICIAN ORIENTATION
Physician Orientation

Upon completion of this enduring material, the participant will be able to:

1) Describe the Mission, Vision, and Values of Orlando Health.
2) Understand the roles and responsibilities of the Organized Medical Staff.
3) Act professionally in the clinical setting.
4) Recognize Illness impairment.
5) Communicate effectively/safely to ensure quality patient care.
6) Identify the CME Core Measures and National Patient Safety Goals.
7) Be familiar with Orlando Health’s Risk Management program and Pharmacy Services.
8) Construct a clear plan to avoid and control infections.
9) Illustrate the Orlando Health, accrediting organization and regulatory requirements for documentation.
10) Respond in non-clinical emergency situations.
Welcome

Welcome to the Orlando Health Physician Orientation Program. We are excited to have received your application for privileges to our staff. We look forward to your addition to our staff upon successful completion of the application and credentialing process. Orlando Health is proud of it’s service to each individual patient and to the community at large. We take our mission extremely seriously and want all our potential new members to reflect upon our mission statement and values.
Disclosure

Accreditation: Orlando Health is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Orlando Health designates this enduring material for a maximum of 2.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Faculty & Planners: Aurelio Duran, MD; Ameen Baker, MHA; Amberly Deju; Kelli Lopez; Janelda Minor, MA, RN

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Our Mission

To improve the health and quality of life of the individuals and the communities we serve.
Our Values

People

• We are committed to excellence in serving and supporting our patients, our physicians, our guests and fellow team members.
• We not only care for people, we care about them.
• We will do everything in our power to ensure all people are treated with respect, dignity, kindness and compassion.
• We will listen intently to our customers and each other with open minds and with open hearts.
• We will make a positive difference in the lives of the people we serve.
Our Values

Quality

• We will never compromise on quality.
• Our team will provide the highest quality of care and service in everything we do.
• We will take responsibility for conserving time, money and resources.
• We will be creative and versatile as a team in our solutions.
Our Values

Community

• We are proud to serve the people of this community.
• We will never lose sight of the fact that we are a community-owned organization.
• We will demonstrate, in our words and actions, the highest level of commitment to the communities we serve.
The Organized Medical Staff (OMS)

• Responsible for establishing and maintaining patient care standards

• Provides oversight regarding the quality of care, treatment and services rendered by privileged practitioners (and non-employed dependent practitioners)

• The OMS governs itself through:
  • Medial Staff Bylaws, Rules & Regulations and Policies & Procedures

• The OMS is accountable to the Board of Directors (BOD)
Content of Bylaws, Rules & Regulations or Policies & Procedures (including but not limited to)

- Qualifications for privileging and appointment/reappointment
- Process for privileging and appointment/reappointment
- Process for amendments to the above documents
- H&P requirements
- Disciplinary actions (suspensions, investigations, hearing & appeals)
- Coordination between the Medical Staff and the Hospital
- Temporary privileges
- Timing of credentialing and communications to applicants
- Telemedicine process
- Composition of the MEC
Medical Executive Committee

- Acts on behalf of the OMS
- Makes recommendations for appointment and termination to the BOD
- Participates in process improvement and patient safety initiatives
- Makes recommendations about, services, space, equipment and the OMS budget
- Oversees the functions of the OMS and acts of makes recommendations as appropriate to Administration or BOD
PROFESSIONAL CONDUCT
Professional Conduct

- The medical staff of Orlando Health abides by the American Medical Association’s “Principles of Medical Ethics”.

- Our medical staff bylaws also support the American Medical Association’s policies on physicians and disruptive behavior and has adopted the association’s guidelines on professional conduct and behavior.
Professional Conduct

• In addressing disruptive conduct, the protection of patients, team members, physicians and others at Orlando Health and the orderly operation of our facilities are of paramount concern.

• To promote a safe, cooperative, and professional environment for the provision of quality patient care the medical staff is expected to refrain from conduct that:
Professional Conduct

• Disrupts or impedes the operations of the organization.

• Adversely affects the ability of others to do their jobs.

• Creates an unprofessional or hostile work environment for team members or other medical staff members.

• Interferes with an individual’s ability to practice competently.

• Adversely affects or impacts the community’s confidence in our ability to provide quality patient care.
Disruptive conduct or behavior directed toward medical staff members, team members, patients, visitors or others includes, but is not limited to:

- Verbal attacks that are personal, irrelevant to hospital operations or exceed the bounds of professional conduct.
- Shouting, yelling, or the use of profanity.
- Verbally demeaning, rude or insulting conduct, including exhibiting signs of disgust.
Professional Conduct

• Inappropriate physical conduct such as pushing, shoving, grabbing, hitting, making threatening or obscene gestures, or throwing objects.

• Inappropriate comments or illustrations made in patient medical records or other official documents, impugning the quality of care provided at Orlando Health, or attacking particular team members, medical staff, or hospital policies.
Professional Conduct

- Belittling remarks about the patient care provided in the presence or vicinity of patients or families.
- Non-constructive criticism that is addressed to the recipient in such a way as to intimidate, undermine confidence, belittle, or imply stupidity or incompetence.
- Refusal to accept, or disparaging or disgruntled acceptance of, medical staff assignments including emergency department call.
- Inappropriately noisy or loud behavior in patient care areas.
Professional Conduct

None of the preceding conduct and behavioral requirements are intended to prevent or inhibit you from appropriately expressing good faith concerns or complaints you may have about patient care issues, Orlando Health policies, or an alleged violation of law, rule or regulation. In fact, you are encouraged to do so in an appropriate manner so that issues can be resolved.
Professional Conduct

Why is such a strong message regarding professional conduct being stressed during this stage of your application process?

• Orlando Health Medical Staff Leadership have noted that the majority of medical staff issues arise from unprofessional conduct.

• Unprofessional conduct can lead to consequences that affect the efficient operation of Orlando Health.
Professional Conduct

Consequences related to unprofessional conduct may include:

1. Loss of key personnel due to an overly stressful work environment.

2. Loss of team morale.

3. Disruption of critical communication.
You are required to sign a Code of Conduct form that specifies conditions that must be met to receive and maintain Orlando Health medical staff membership and clinical privileges.
CODE OF CONDUCT
The Code of Conduct outlines specific expectations for your behavior as a member of the medical staff. The content of the code is as follows:

1. I agree to treat hospital personnel and physicians practicing at Orlando Health in a courteous and professional manner. I will not in any way demean, belittle, or berate OH personnel or medical staff members. I will not intentionally intimidate, undermine confidence, or imply stupidity or incompetence.

2. I will not use profane, threatening or abusive language.
3. I shall refrain from making degrading or demeaning comments regarding patients, families, nurses, physicians, hospital personnel or Orlando Health.

4. I will not engage in inappropriate physical contact that is threatening, intimidating, or of a sexual nature.

5. I will not throw charts, equipment, surgical instruments, or any other items.

6. I agree to refrain from making derogatory, impertinent or inappropriate comments about Orlando Health or others in any patient’s medical record or other official documents that impugn the quality of care delivered or received. Medical records must be used only to record patients’ conditions and care received.
7. I will not obtain or review the medical record or information of patients who are not my own. I will not use patient information obtained from Orlando Health to further my self-interest.

8. I will use appropriate administrative channels to register complaints or concerns about others practicing at Orlando Health.

9. I will not engage in any verbal or physical activity that could be interpreted as sexual harassment.

10. I agree to abide by all bylaws, policies, rules and regulations of Orlando Health and the Medical Staff and understand that any violation of the same shall be a violation of my appointment.
Impaired Provider

Please click on the attached link for further information on illness and impairment recognition.

Impaired Healthcare Provider
TITLE VI
Recognizing Other’s Rights

Please click on the attached link for further information on Title VI.

Title VI Presentation
PATIENT SATISFACTION
Patient Satisfaction

“Hospitals with a high level of patient satisfaction provided clinical care that was higher in quality for all conditions examined.” New England Journal of Medicine

Patient Satisfaction surveys ask

How often did doctors…
• Treat you with courtesy and respect?
• Listen carefully to you?
• Explain things in a way you could understand?

Scale: Always, Usually, Sometimes, Never

Best Practices of Physicians scoring highest at Orlando Health are:
• Extend a handshake and sit down
• Be sincere and have good eye contact
• Ensure understanding and be a thoughtful listener
• Coordinate care among the care team
While many topics are covered in this orientation, our primary goal is to emphasize quality care and patient safety.

Our intent is to provide a safe environment for your patients and for you by promoting safe clinical practices and facilitating excellent communication processes.
Effective communication among all staff is critical to our goal.

- In almost every circumstance of less than optimum patient care there is an element of poor communication.
- Gaps can occur in communication between the physician and patient or between the physician and other healthcare team members including fellow physicians.
- Policies regarding consultation with emphasis on direct physician to physician and physician to nurse communication guide good sharing of information at Orlando Health.
QUALITY AND SAFETY: COMMUNICATION

• Continued focus is being placed on physician to physician communication because of better patient care that can result, especially in critical care patients.

• Direct physician communication must occur when requesting a consultation.

• A key part of good communication is the designation of a managing physician.

• Optimum patient care is achieved through a single physician assuming the role of managing and coordinating the care/advice of consultants.

• Every patient admitted to an Orlando Health facility will have a designated managing physician.
QUALITY AND SAFETY: COMMUNICATION

• The attending physician will be considered the managing physician unless otherwise specified by physician order.
• The name of the managing physician will be clearly identified by the PILS label and on the face sheet.
• Perfect Serve will direct the clinician to the appropriate physician.
QUALITY AND SAFETY: COMMUNICATION

The Managing Physician will be responsible for:

1. Coordinating the patient’s care.
2. Being available for communication with the patient’s family on a routine basis.
3. Resolving any patient care conflicts.

Managing Physician for Surgical Patients

1. Patients with a primary surgical problem will be admitted to a surgeon.
2. Patients with a primary surgical problem within 30 days of surgery will be admitted to their surgeon of record.
3. Patients admitted for a non-surgical problem within 30 days of surgery will have their surgeon of record notified of their admission.

Physicians providing coverage for the managing physician will assume all the responsibilities of the managing physician.
Team Concept at Orlando Health

We take pride in working together as a team to deliver the highest quality, most cost-effective and evidence-based care with extraordinary skill and compassion using the best technology.
Core Measures

• Core Measures are standardized, evidence-based quality performance measures/indicators that are proven to reduce errors.

• Information regarding these reportable measures can be viewed at hospitalcompare.hhs.gov a consumer-oriented website.
Core Measures

• Well-informed patients are looking at this information to help them make healthcare decisions.

• A group specially trained nurses at Orlando Health abstracts and analyzes information related to the Core Measures. The information is presented to various medical staff departments so appropriate actions can be taken to ensure compliance with the measures.
Core Measures

• In the upcoming slides, all of the basic requirements are listed for each Core Measure. While some are initiated by a nurse, your familiarity with each one provides an opportunity for you to confirm that patients under your care are getting everything that is necessary to help obtain good outcomes.
Current Core Measure Sets

- Acute Myocardial Infarction (AMI)
- Children’s Asthma Care (CAC)
- Emergency Department (ED)
- Immunization (IMM)
- Outpatient Core Measures (OP)
- Perinatal Care Measures (PC Mom & PC Babies)
- Stroke (STK)
- Venous Thromboembolism (VTE)
Core Measures: Acute Myocardial Infarction

- **Inpatient AMI**: There is only one measure left in this set - Fibrinolytic therapy within 30 minutes of arrival.

- **Outpatient AMI/Chest Pain**:  
  - Median Time to Fibrinolysis  
  - Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival  
  - Median Time to Transfer to Another Facility for Acute Coronary Intervention  
  - Emergency Department acute myocardial infarction (AMI) patients or chest pain patients (with *Probable Cardiac Chest Pain*) who received aspirin within 24 hours before ED arrival or prior to transfer.  
  - Median Time to ECG
Core Measures: Children’s Asthma Care

There is only one measure left in this set - Documentation exists that the **Home Management Plan of Care (HMPC)** as a separate document specific to the patient, was given to the patient/caregiver, prior to or upon discharge to include:

- Arrangements for follow-up care
- Environmental control and control of other triggers
- Method and timing of rescue actions
- Use of controllers
- Use of relievers
Core Measure Criteria: Emergency Department Throughput

• **Inpatient throughput median times will be reported as follows:**
  • ED arrival to ED departure for admitted patients.
  • Decision for admission time to departure from ED.

• **Outpatient throughput median times will be reported as follows:**
  • ED Arrival to ED Departure for Discharged ED Patients.
  • ED Arrival to Provider Contact for ED Patients.
Core Measures: Global Immunizations Criteria

- **Influenza Vaccine**: All inpatients 6 months and older must be screened for seasonal (October 1 – March 31) influenza immunization status and be vaccinated prior to discharge if indicated (according to CMS guidelines).

- Post screening patients will meet one of the following criteria to pass the measure:
  1. Receive the vaccine during their admission.
  2. Refuse the vaccine.
  3. Have an allergy or contraindication to receiving vaccine.
  4. Already received vaccine
Core Measures: Outpatient

- **Pain Management**: Median time from emergency department arrival to time of initial oral, intranasal or parenteral pain medication administration for emergency department patients with a principal diagnosis of long bone fracture (LBF).

- **OP Stroke**: Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients who arrive at the ED within 2 hours of the onset of symptoms who have a head CT or MRI scan performed during the stay and having a time from ED arrival to interpretation of the Head CT or MRI scan within 45 minutes of arrival.
Core Measures: Venous Thromboembolism (VTE)

- **VTE prophylaxis** is given, or documentation why it was not given, the day of or day after admission or surgery.

- **VTE Prophylaxis** is given, or documentation why it was not given, the day of or day after initial admission or transfer to the ICU or surgery end date (for surgeries that start the day of or the day after ICU admission or transfer.

- VTE patients have **anticoagulation overlap therapy** with IV/sub-q therapy and warfarin.
Core Measures: Venous Thromboembolism (VTE)

- Patients with unconfirmed VTE receive IV unfractionated heparin dosages with *platelet count monitored by protocol*.

- **Patients with confirmed VTE**, who are discharged on warfarin, receive *discharge instructions* with all required elements.

- **Incidence of Potentially-Preventable VTE** – number of patients diagnosed with confirmed VTE during hospitalization who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.
Core Measures: Stroke

- Ischemic and hemorrhagic stroke patients receive **VTE prophylaxis** initiated day of or day after hospital admission or there is documentation as to why not.

- Ischemic stroke patients are **discharged on antithrombotic therapy**.

- Ischemic stroke patients with ANY history of atrial fibrillation/flutter or a diagnosis or signed ECG of ANY atrial fibrillation or flutter are **prescribed anticoagulation therapy at hospital discharge**.

- Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well have **IV t-PA initiated at this hospital within 3 hours of time last known well OR a reason for not giving it is documented**.
Core Measures: Stroke

- **Antithrombotic therapy** is initiated in ischemic stroke patients by the end of hospital day 2.

- Ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival are **prescribed statin medication at hospital discharge**.

- **Stroke Education** is provided during the hospital stay.

- Ischemic or hemorrhagic stroke patients who were **assessed and/or received rehabilitation services** during this hospitalization.
Core Measures: Criteria for Perinatal Care
Measures - Mother

• Delivery prior to 39 weeks gestation must meet ACOG and The Joint Commission criteria and not be elective.
• Primary cesarean rate monitored
• Women in premature labor must receive a full course of steroids between 24-32 weeks gestation prior to delivery.
Core Measures: Criteria for Perinatal Care

Measures - Baby

- **Health Care Associated Bloodstream Infection in Newborns**: staphylococcal and gram negative septicemias or bacteremias in high-risk newborns are tracked.

- **Exclusive Breast Milk Feeding**:
  - Baby has breast milk feeding (exclusively) during the entire hospitalization.
  - Baby has breast milk feeding (exclusively) during the entire hospitalization considering the mother’s initial plan.
  - Reasons for not doing so must be clearly documented in the medical record.
Psychiatric Facility Core Measures
Hospital-Based Inpatient Psychiatric Services (HBIPS)

The following are monitored in this population:

• Hours in physical restraints
• Hours in seclusion
• Patients discharged on 2 or more antipsychotic medications
• Patients discharged on 2 or more antipsychotic medications who have appropriate justification documented
• Patients discharged with a continuing care plan
• The continuing care plan must be transmitted to the patient’s next level care provider within 5 days of discharge.
Other Core Measures Being Currently Collected in Psychiatric Population

- **Substance Abuse** – alcohol screening is performed within 3 days of admission using a validated screening questionnaire.

- **Tobacco Use:**
  - Patients are screened within the first 3 days of admission for tobacco use.
  - For tobacco users, treatment is offered within the first 3 days after admission.
  - The number of patients who received counseling to quit AND received cessation medications during the first 3 days after admission.
Core Measures Resources

• For detailed information about these measures, please visit SWIFT / Quality / Understanding Core Measures

• For the CMS information and detailed specifications, please visit http://www.qualitynet.org  OR

• The Joint Commission at: http://www.jointcommission.org
NATIONAL PATIENT SAFETY GOALS
NPSGs were developed by The Joint Commission (TJC) to promote specific improvements in patient safety. Numbered goals are published yearly but not all apply to the hospital setting. Applicable ones are listed on the following slides.
National Patient Safety Goals (NPSG)

• **GOAL 1** - Improve the accuracy of patient identification- use at least two unique patient identifiers when providing care, treatment or services. The patient’s room number or physical location cannot be used as an identifier.

• **GOAL 2** - Improve the effectiveness of communication among caregivers. Physicians must participate in the “read-back/verify” process when giving verbal or telephone orders or receiving critical test results. This ensures that the person giving and the one receiving the information agree on what was said so appropriate action can be taken.
National Patient Safety Goals (NPSG)

• “Critical Test” refers to designated diagnostic tests whose results, normal or abnormal will be rapidly communication to the provider. (E.g., ABGs).

• Orlando Health is responsible for monitoring the timeliness of reporting critical tests and critical results. Physicians are involved in determining what tests and values are considered critical.
National Patient Safety Goals (NPSG)

- Participation in a standardized, interactive approach to “hand off” communication is required. Hand-off provides the opportunity for questions and answers between the giver and receiver when a patient transfers from one care setting or provider to another and is required.
- The intent of a hand-off is to provide accurate information about a patient’s care, treatment, current condition, and any recent or anticipated changes in the care processes.
- The hand-off can be verbal, written, or in an electronic format.
- The receiving provider must have the ability to ask questions or clarify information.
National Patient Safety Goals (NPSG)

• The hand-off communication model used at Orlando Health is SBAR (Situation, Background, Assessment, Recommendation) technique.

• SBAR provides a framework for delivering or receiving patient information from one clinical area or person to another.

• Communication based on SBAR promotes teamwork and fosters a culture of patient safety.
National Patient Safety Goals (NPSG)

**SBAR**

- **S** = Situation - Identify yourself, patient’s name and current situation.
- **B** = Background - Relevant H&P information, physical assessment pertinent to the situation, treatment/clinical course summary, abnormal test results and pertinent changes.
- **A** = Assessment - Offer conclusions about the present situation.
- **R** = Recommendation - Explain what you think needs to be done and what the patient needs; allow questions.
National Patient Safety Goals (NPSG)

• Always use the SBAR technique when transferring your patients to another provider or when requesting a consultation.

• Orlando Health has designated Rapid Response Teams (RRTs) who may be requested by any clinical team member, patient family or even a patient, to identify and evaluate subtle/early changes in condition or medical concerns.

• Expect to receive information from RRTs and other clinical staff at Orlando Health regarding your patients in this SBAR format.
National Patient Safety Goals (NPSG)

- **GOAL 3** - Improve the safety of using medications.
- Use only approved abbreviations. See Policy #0070 (SWIFT-Policies-Search) for a list of Prohibited abbreviations and access to the approved abbreviation list.

**DO NOT ABBREVIATE ANY MEDICATION NAME**

The following abbreviations must NOT be used when writing medication orders:

- U or u for units - write unit.
- Q.D., QD, or q.d. - write daily.
- Q.O.D., QOD, q.o.d, qod - write every other day.
- IU - write International Unit.

Any order for a “prn” medication must contain the indication for use and frequency. “PRN” pain orders must also designate a pain severity (e.g. mild, moderate, severe, etc.). Additionally, an indication is required for any antimicrobial and/or anticoagulant order.
National Patient Safety Goals (NPSG)

- Never use a trailing or terminal zero after a decimal point for medication doses expressed in whole numbers.
  
  Always write the dose as a whole number without a decimal point. For example - 5 mg or 1 gram.

- Always include a leading zero before a decimal point when the dose is less than a whole unit.
  
  Use a leading zero before a decimal point when the dose is less than a whole unit. For example - 0.125 mg or 0.75 mcg.

- If you write a medication order with frequency ranges, the order will be entered in the computerized information system (Sunrise) by the shortest time interval. For example – Q 4 H to 6 H will be entered as Q 4 H).
National Patient Safety Goals (NPSG)

• Medication Labeling – 03.04.01
  • Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural areas.
  • Providers should insist that all syringes, etc., be labeled with the medication name, strength and other vital information prior to administration.
  • Devastating error events have occurred when someone assumed the content of an unlabeled medication container.
Anticoagulant Safety – 03.05.01

- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.
  - Standard concentrations have been established to reduce errors.
  - Order sets enhance communication among caregivers and help to ensure patient safety.
  - Ongoing evaluation of anticoagulant safety helps to ensure safety and efficacy.
National Patient Safety Goals (NPSG)

• Accurate Medication Information – 03.06.01
  • Maintain and communicate accurate patient medication information.
  • Orlando Health documents a list of the patient’s current home medications in “Prescription Writer” or Home Medication: Physician Verification and Orders/Medication Reconciliation at Discharge form.
  • Once medication list is complete, it is essential that providers review the listing in a timely manner to ensure that ongoing regimens are not interrupted unintentionally.
  • Regulations require that the listing of “home medications” be reviewed AND acted upon within no more than 24 hours of admission.
National Patient Safety Goals (NPSG)

- **GOAL 6** - Reduce the harm associated with clinical alarm systems.

Alarm fatigue has been associated with risk to patients when the alarm signal are ignored or are malfunctioning. Orlando Health is in the process of developing policies and procedures to address proper operation, settings and detectability of alarms.
• **GOAL 7** - Reduce the risk of health-care associated infections. All caregivers must comply with the CDC hand hygiene guidelines. Remember to wash your hands before and after each patient contact and after removal of gloves! Orlando Health has programs to prevent transmission of infectious diseases among patients, licensed independent practitioners and staff (e.g., Ebola and MERS programs). Testing, treatment and counseling are available as appropriate when exposed to infectious diseases.

• **GOAL 15** – The hospital identifies safety risks inherent in its patient population (Suicide screening, assessment and safety interventions)
National Patient Safety Goal (NPSG)

- **Universal Protocol** is a process designed to help prevent wrong site, wrong procedure and wrong person surgery/procedure and applies to all operative and invasive procedures.
  - Consist of Three parts:
    - Pre-procedure Verification (always),
    - Site Marking
    - Time out (always)
  - During any point of the Universal Protocol if a discrepancy is noted any member of the team may stop the case. Case will not proceed until discrepancy is resolved.
National Patient Safety Goal (NPSG)

• **Pre-Procedure**
  - Verification of correct person, correct site, and correct procedure with patient(family) involvement, if possible, at the following times:
    - Procedure scheduled
    - Preadmission testing assessment
    - Admission or entry into facility
    - Before patient leaves pre-procedure area or enters procedure room
    - Anytime responsibility for care of the patient is transferred
National Patient Safety Goal (NPSG)

- **Site marking** must be completed for cases involving:
  - Laterality (right or left)
  - Surface (flexor extensor)
  - Level (spine)
  - Specific digit or lesion
  - Sites are to be marked by physician who is ultimately accountable for the surgery/procedure and will be present when procedure is performed (*exceptions refer to Policy #2725*)
  - Marked sites must be visualized at time out
National Patient Safety Goal (NPSG)

- **Time Out** is the final pause performed before starting the surgery/procedure to ensure mistakes are not made.

- **Time Out Must Be:**
  - Conducted in the location where the surgery/procedure will be done
  - Done “immediately” before starting surgical/invasive procedure
  - Involve the entire surgical/procedural team
  - Use active communication. All team members in agreement. Surgery or invasive procedure does not start until all questions or concerns are resolved
National Patient Safety Goal (NPSG)

- **Continued**

- **Time Out** must address at a minimal:
  - Correct patient (identify with two identifiers)
  - Confirmation of correct site (Laterality - Marking must be visible)
  - Correct procedure

In addition to “Time Out” the WHO checklist verifies and requires communication regarding: Current H&P, consent, positioning, antibiotics, implants, equipment, allergies and any other important information pertaining to patient and surgery/procedure.
RISK MANAGEMENT: Overview

• Primary purpose of Risk Management is to protect patients, visitors, staff and the financial assets of the corporation.

• Risk Management program is required by Florida Statute 395.0197.

• Risk Management program is the responsibility of the Board.

• Includes risk prevention and claims management teams

• Risk Management program includes:
  • Investigation and analysis of the frequency and causes of general categories and specific types of adverse incidents to patients
  • Development of appropriate measures to minimize the risk of adverse events to patients through:
RISK MANAGEMENT: Overview

- Risk management and risk prevention training for personnel annually;
- Requirements to maintain safety and privacy of patients in the recovery room;
- Requirements for competency assessments of persons participating in surgical procedures;
- Requirements for systems to assure accuracy in identifying correct patient, correct procedure and correct surgical/procedural site;
- Analysis of patient grievances that relate to patient care and quality of medical services
- A system for informing a patient who was the subject of an adverse incident
- Implementation of an incident reporting system based on affirmative duty of all health care providers and employees to report adverse incidents to the risk manager
“Adverse incident” means an event over which health care personnel could exercise control and which is associated in whole or in part with medical intervention, rather than the condition for which such intervention occurred, and which:

(a) Results in one of the following injuries:

1. Death;
2. Brain or spinal damage;
3. Permanent disfigurement;
4. Fracture or dislocation of bones or joints;
5. A resulting limitation of neurological, physical, or sensory function which continues after discharge from the facility;
6. Any condition that required specialized medical attention or surgical intervention resulting from nonemergency medical intervention, other than an emergency medical condition, to which the patient has not given his or her informed consent; or
7. Any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the patient’s condition prior to the adverse incident;
(b) Was the performance of a surgical procedure on the wrong patient, a wrong surgical procedure, a wrong-site surgical procedure, or a surgical procedure otherwise unrelated to the patient’s diagnosis or medical condition;
(c) Required the surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage was not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process; or
(d) Was a procedure to remove unplanned foreign objects remaining from a surgical procedure.

An annual report summarizing the incident reports that have been filed must be submitted to the Florida Agency for Healthcare Administration.
Any of the following adverse incidents, whether occurring in the facility or arising from health care prior to admission, shall be reported by the facility to the Florida Agency for Healthcare Administration within 15 calendar days after its occurrence:

(a) The death of a patient;
(b) Brain or spinal damage to a patient;
(c) The performance of a surgical procedure on the wrong patient;
(d) The performance of a wrong-site surgical procedure;
(e) The performance of a wrong surgical procedure;
(f) The performance of a surgical procedure that is medically unnecessary or otherwise unrelated to the patient’s diagnosis or medical condition;
(g) The surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage is not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process; or
(h) The performance of procedures to remove unplanned foreign objects remaining from a surgical procedure.
RISK MANAGEMENT – Sentinel Event

• Unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.

• Need for immediate investigation and response

• Required by The Joint Commission

• Examples:
  • Wrong site surgery
  • Adverse drug events
  • Delay in treatment
  • Patient fall
  • Restraint-related injury or death
  • Homicide/Suicide/Assault/Rape
  • Maternal/Perinatal death
  • Unintended retention of foreign object
  • Op/postop complication
  • Medical-equipment related injury
  • Wrong blood products given
A care review (root cause analysis) is conducted for sentinel events. Physician participation is required for events involving the physician.

Meeting with involved:
- Caregivers
- Risk Manager
- Chief Quality Officer
- Chief Nursing Officer
- Manager of Unit

Review:
- Timeline of events
- Plan of Care
- Outcome

Look for defects in process
- Direct
- Indirect

Develop action plan
RISK MANAGEMENT – Sexual Misconduct Statute

The risk manager must:

1. Investigate every allegation of sexual misconduct which is made against a member of the facility’s personnel who has direct patient contact, when the allegation is that the sexual misconduct occurred at the facility or on the grounds of the facility.
2. Report every allegation of sexual misconduct to the administrator of the licensed facility.
3. Notify the family or guardian of the victim, if a minor, that an allegation of sexual misconduct has been made and that an investigation is being conducted.
4. Report to the Department of Health every allegation of sexual misconduct, as defined in chapter 456 and the respective practice act, by a licensed health care practitioner that involves a patient.

Any person who witnessed or who possesses actual knowledge of the act that is the basis of an allegation of sexual abuse shall:

1. Notify the local police; and
2. Notify the hospital risk manager and the administrator.
RISK MANAGEMENT – Event Report

• Non-punitive
• Used to communicate unusual events
• Used to track/trend events to help determine when process improvements may be necessary
• Used to document inappropriate professional behavior
• Not to be mentioned in the medical record
• Privileged and confidential
• Web-based, electronic event form, on every computer – click on EMS icon on desktop – Instructions on SWIFT – Training available by risk manager
• May be dictated during down-time: Use work type 77 and clearly state at the beginning and end of dictation that it is an event report
• State the facts of the event
  • Avoid pejorative language about other providers
  • Avoid speculation
RISK MANAGEMENT – Disclosure Process: Adverse Events

• Disclosure of adverse event to patient/family is required by Florida law.
• Orlando Health disclosure process is followed.
• Physician, administration, risk management to be notified of event
• Investigation → medical record; statements; peer review; care review meeting – root cause
• Disclosure team may include physician, administrator, risk manager – determine next steps and disclosure process
• Temporary or permanent harm: disclosure process to be determined by disclosure team
• Apology is part of disclosure process.
RISK MANAGEMENT – Patient Privacy

• Governed by Federal law (HIPAA), state statute, and hospital policy
• Limits the disclosure of Protected Health Information (PHI)
  • Relates to past, present, or future physical or mental health
  • Can be used to identify the individual
RISK MANAGEMENT - Your Risk Manager is a Resource for:

- Patient safety issues
- Complaint/case investigation
- Peer review
- Withholding/withdrawal of life support
- Living wills
- Healthcare surrogate/proxy
- Ethical issues
- Informed consent
- Florida statutes/health law
- Policies and procedures
- Baker Act
- Confidentiality/HIPAA
- Regulatory/accreditation requirements
- Difficult patient/family
- Event reports
- Medical malpractice
- Education programs
RISK MANAGEMENT – When to Contact

- Questions: consents, advance directives, end of life decisions, documentation, policies/regulations, legal issues, any care concerns
- Unexpected outcomes with injury/potential injury
- Catastrophic outcomes: death, paralysis, amputation, etc.
- Potentially litigious patient
- Patient unhappy with quality of care
- Uncooperative/difficult patient/family
- Concern about another practitioner’s care

**WHEN IN DOUBT, CALL!**

- Complete an event report on line
RISK MANAGEMENT
AVAILABLE 24/7/365

321-841-5294

Weekends, Holidays & After Hours:
Call Operator To Have On-Call Risk Manager Contacted
Orlando Health Pharmacy Services (Overview)

• The Orlando Health Department of Pharmacy is a multi-hospital department which provides pharmaceutical care and services to a broad range of patient populations across the organization.

• **Mission Statement:**
  - To establish, coordinate, and implement safe and cost-effective high quality pharmacy services utilizing a Patient-First strategy throughout Orlando Health.

• **Vision Statement:**
  - Pharmacy Services will provide the highest quality integrated care with excellent service, utilizing innovative technology and best practices.
Pharmacotherapy (P&T) Committee (Overview)

• A multidisciplinary committee that is responsible for the safe and effective use of medications at Orlando Health.

• Responsible for the approval of all medication policies, protocols, and formulary additions/deletions.

• Physician membership and participation is highly encouraged.

• For more details regarding committee membership, please contact the Pharmacy Manager at your facility or the Pharmacy Services Office at (321) 841-8038.
Orlando Health Pharmacy Services
(Scope of Services)

- Adverse Drug Reaction Monitoring and Reporting
- Antimicrobial Therapy Review and Monitoring
- Drug Information
- Intravenous (IV) to Oral (PO) conversion program
- Medication Distribution
- Parenteral Nutrition Consultative Services
- Patient Education
- Pharmacokinetic Services
  - Aminoglycosides (IV)
  - Vancomycin (IV)
- Procurement and storage of medications
- Review of all medication orders
- Medication Reconciliation Assistance
- Sterile Compounding
- Targeted Drug Review program
Adverse Drug Reaction Monitoring and Reporting

- After the patient’s immediate medical needs are addressed, the Pharmacy Department will evaluate the nature and cause of the adverse drug event (ADE).
  - ADE Evaluation Form (#2422-42907P)
  - FDA MedWatch Reporting Form

- Documentation of the allergy in Sunrise XA is performed upon approval by the prescriber.

- For more information, please refer to the **Adverse Drug Event/Reaction Policy (PCP# 5004)**.
Antimicrobial Therapy Review and Monitoring

- The Pharmacy Department reviews and monitors all scheduled antibiotics for appropriate dosing and selection to optimize successful therapy and minimize adverse effects.
- When ordering an antibiotic, the prescriber must enter an indication and stop date into the appropriate fields in Sunrise XA.
- Prescribing of a restricted antibiotic (e.g. fluoroquinolones, daptomycin, linezolid, ceftaroline, meropenem, and tigecycline) for a restricted indication requires approval from the Antimicrobial Management Team.
- For more information regarding the utilization of antimicrobial agents, please visit the Antimicrobial Stewardship Program Webpage on SWIFT.
Intravenous (IV) to Oral (PO) Conversion Protocol

• An automatic IV to PO interchange is performed on certain medications as outlined within the protocol.
• Prior to performing an interchange, the pharmacist will evaluate the patient based upon an established criteria.
  • Oral/Enteral intake
  • Gastrointestinal absorption and function
  • Exclusion criteria
  • Antimicrobial Criteria
• A prescriber consult is NOT NEEDED to initiate this service, and the pharmacist will enter the new medication order in Sunrise XA (under Source code: MEC approved).
Pharmacy Consults

- The generation of a Pharmacy Consult can be made for any of the following Pharmacotherapy Committee approved items:
  - Medication Protocol Orders (e.g. Iron Dextran)
  - Pharmacy-Directed Protocols
    - Parenteral Nutrition Consultative Services
    - Pharmacokinetic Services
      - *Aminoglycosides (IV)
      - *Vancomycin (IV)
  - *Note: The pharmacist is automatically consulted on all intravenous aminoglycoside and vancomycin orders at Orlando Health.

- The Pharmacy Department will document all patient-care activities, relative to the consult, in the form of an electronic Progress Note under the Physician Documents section in Sunrise XA.

- Consults for drug therapy management for non-Pharmacotherapy approved items require a pharmacist to contact the physician with any recommendations to adjust therapy (e.g. colistin).
Best Possible Medication History (BPMH)

• The Orlando Health Inpatient Pharmacies assist in obtaining a best possible medication history (BPMH) for patients being admitted to an Orlando Health hospital.
  • EXCEPTION: APH and WPH—RN will collect the BPMH
• The medication history is recorded in Sunrise XA, which allows the prescriber to perform the medication reconciliation process electronically.
• Medication reconciliation refers to the process of comparing the current medications that the patient has been taking prior to the time of admission or entry to a new setting with the medications that the organization is about to provide.
• NOTE: The medication reconciliation process can only be performed by a prescriber.
Sterile Compounding

• The preparation of sterile products (e.g. intravenous medications) is performed within a LAFW or BSC by a pharmacy team member.

• Admixture of sterile intravenous medications should only be performed outside of the Pharmacy Department when:
  • STAT administration is required
  • Medication is to be administered IV Push
  • EXCEPTION: Product preparation in procedure areas such as the operating rooms

• NOTE: Parenteral Nutrition products (e.g. TPN) are NOT prepared by the Orlando Health Pharmacies.
  EXCEPTION: APH and WPH
The Targeted Drug Review (TDR) Program is a pharmacy sponsored program that utilizes a best practice model to ensure the safe and effective use of designated medications.

Pharmacists are required to evaluate and monitor TDR designated medications as outlined within the TDR/Best Practice documents.

Pharmacotherapy has approved automatic laboratory orders by pharmacists as outlined in the TDR/Best Practice documents.
Targeted Drug Review Medications

- Acyclovir*
- Apixaban
- Ceftriaxone*
- Dabigatran
- Digoxin
- Enoxaparin
- Fondaparinux
- Metformin
- Rivaroxaban
- Warfarin

Legend: *Pediatrics Only
The purpose of the Warfarin Patient Identifier includes:

- Identification of patients on warfarin therapy to all healthcare providers
- Reduce the occurrence of patient harm associated with duplicate anticoagulant therapy.
- Ensure proper transition of care during:
  - Patient Transfer (from one patient care area/department to another)
  - Patient Discharge

For more details regarding the TDR guidelines, please reference the Pharmacy Services Homepage on SWIFT.
Key Orlando Health Patient Care Policies
Ordering Medications  (*PCP# 5135: Medication Ordering/Prescribing*)

- All medication orders must include both a prescriber’s handwritten or electronic signature, date, time, and a dictation number.
  - In addition, all medication orders must include: medication name, dose/strength, quantity or duration (as appropriate), route, and frequency
- The terms “renew”, “resume”, “continue” or other similar language in reference to previous orders, is prohibited when ordering medications.
- Any medication order that is *conditional* upon another prescriber’s approval, or that is without clearly defined parameters is prohibited. Examples include the following:
  - Conditional orders that shift physician-to-physician communication regarding patient care to a nurse or another clinician (e.g. start enoxaparin if OK with neurosurgery)
  - Conditional orders with ambiguous triggers that require a clinical interpretation (e.g. hold warfarin if the INR is elevated)
Verbal Orders  (*PCP# 0500: VERBAL ORDERS*)

- There are **two designations**:
  - **Verbal Face-to-Face** *(verbal/read back verification)*
  - **Verbal telephone order** *(telephone/read back verification)*

- **Verbal face-to-face** orders shall be utilized only in urgent/emergent situations and during procedures (*Prescriber must be present*).

- **Verbal telephone orders** shall be utilized only when necessary for the provision of care.

- All orders relative to controlled substances, do not resuscitate (DNR) status, and restraint use must be countersigned **within 24 hours** by the prescriber.

- Prescribers are not allowed to “text” patient orders.
Range Orders *(PCP# 5196: RANGE AND MULTIPLE ROUTE MEDICATION ORDERS)*

- Range orders will include adequate direction regarding the circumstances in which the medication is to be administered.
- Range orders shall only be written for medications which are to be administered on an ‘as needed’ basis to treat symptoms such as pain, nausea, itching, fever, or anxiety.
- Range orders for pain medications will include a designation of the specific level of pain for which the medication is prescribed (e.g. mild pain, 1-3; mod. pain 4-6; etc.).
- Multiple route medication orders require dosing specific to each route of administration (e.g. Zofran 4mg PO/IV).
- Dose ranges shall not vary by more than five-fold (e.g., 1-5 mg, 2-10 mg, etc.).
  - **Exception:** Analgesic orders specifically for burn dressing changes may vary up to ten-fold.
Home Medications *(PCP #5110 Home Medications)*

- The use of home medications by patients while they are hospitalized is discouraged, and should not be implemented unless the medication cannot be readily supplied by an Orlando Health Pharmacy.
- A prescriber order is required for a patient to continue on a home medication, and the patient (or caregiver) must be able to self-administer the medication.
- Prior to administration, the Pharmacy Department will verify that the medication is suitable for administration.
- All Pharmacy verified, home medications are to be labeled and properly stored.
  - Home medications are NOT to be left at the patient’s bedside. *(EXCEPTION: Topical and inhaled medications prescribed for ‘as needed’ administration)*
- Self-administered home medications will be charted after observation as “given by patient, parent, adult family member, or significant other” in Sunrise XA.
Medication Formulary *(PCP#5133: MEDICATION FORMULARY)*

- **Non-Formulary medication (defined):**
  - A medication that has not been reviewed by the Pharmacotherapy Committee or has been reviewed and denied inclusion on the formulary. (NOTE: These agents are not routinely stocked)
  - A medication that is included on the Orlando Health Formulary but is prescribed for an indication that is not approved by the Pharmacotherapy Committee (e.g. Restricted agents)

- **Prohibited medication (defined):**
  - A medication that may not be prescribed or administered under any circumstances (e.g. bisphosphonates, SERM, etc.).

- Medications shall be added to the Formulary based on an established criteria and upon final approval by the Pharmacotherapy Committee.

- A listing of medications on the Formulary is maintained within the Formulary Advisor® Tool located in Micromedex®.

- Medications not listed on the Formulary are available for use through the Non-Formulary Request process.
Home Medications *(PCP #5110 Home Medications)*

- The use of the following home medications is prohibited at Orlando Health:
  - Natural Products (e.g. St. John’s Wart)
  - Nutraceuticals (e.g. Metabolife™, Lactaid®)
  - Controlled Substances (Patient’s Own Supply)

- Continuation of home continuous subcutaneous insulin infusions require the following *(PCP #5107 Home continuous subcutaneous insulin infusions)*:
  - A prescriber’s complete order for inpatient use
  - Patient must sign a Continuous Subcutaneous Insulin Infusion Therapy Agreement Form
  - Patient must have the physical and cognitive ability to self-manage the insulin pump
  - Patient provides supplies (i.e. insulin, tubing)
Additional Patient Care Policies

- Abbreviations
- Anticoagulant Safety
- Chemotherapy: Oncology/Hematology
- Electrolyte Infusions
- High Alert Medications
- Insulin Intravenous Infusions
- Insulin, Patient Owned Pump for CSII
- Intravenous Infusion of Medications

- IV Push Medication Administration
- Medication Administration
- Medication Ordering/Prescribing
- Medication Samples
- Medication Scheduling
- Pharmaceutical Reps Access to Orlando Health Hospitals
Pharmacy Contact Information

- If you need assistance with a medication related matter, please feel free to contact the Pharmacy Department at your facility.
  - Arnold Palmer and Winnie Palmer Hospital
    - Main Pharmacy Number: (321) 841-1396
  - Dr. P. Phillips Hospital
    - Main Pharmacy Number: (407) 351-8510
  - UF Health Cancer Center
    - Main Pharmacy Number: (321) 841-1849
  - Orlando Regional Medical Center
    - Main Pharmacy Number: (321) 841-6006
  - South Seminole Hospital
    - Main Pharmacy Number: (321) 842-5150
Infection Prevention & Control

- Good infection prevention & control practices are critical for maintaining a safe environment for your patients and for you.

- The policies and procedures presented in the next few slides will ensure a safe environment for everyone.
Infection Prevention & Control

The Infection Prevention & Control Department operates 24/7 by designating an on-call Infection Preventionist when the office is closed.

The department is available as a resource to help determine if any special precautions (isolation) are needed when not clear from the policy or any other time you have a question regarding Infection Prevention.
Infection Prevention: Hand Hygiene

When:
- Before and after each patient contact
- After using the restroom
- Before and after eating, drinking or smoking

How:
- Alcare® alcohol foam is the preferred method before/after patient contact
- However, use soap & water if hands are visibly soiled.
- **Use soap & water after caring for patient with C. difficile**

Clean Hands Save Lives!
An Orlando Health team member’s finger tips before the use of alcohol foam!

The same team member used alcohol foam, let it dry for 20 seconds and look, no bacteria!

Courtesy of OH Infection Control Department 2004
Infection Prevention: Standard Precautions

- Standard Precautions
  - Based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes could contain transmissible infectious agents.
  - Standard Precautions includes good hand hygiene and use of gloves, gown, mask, and/or eye protection (depending on the anticipated risk of exposure)
  - Use Standard Precautions for all patients regardless of suspected or confirmed infection status.
Infection Prevention: Standard Precautions

• Assess the risk and use appropriate personal protective equipment (PPE):

  **Gloves**- Wear when the hands may directly contact blood or other potentially infectious material.

  **Gowns**- Wear if splashing/spraying is expected OR in rooms identified as requiring contact isolation.

  **Face/Eye protection**- Wear if spraying/splashing is expected.
Infection Prevention: Expanded Precautions (Isolation)

- Contact Precautions
  - Gown & gloves required to enter room
    - MDROs (MRSA, VRE, multi-drug resistant gram negatives)
    - *Clostridium difficile*
    - Scabies or lice
    - Major draining wounds

- Droplet Precautions
  - Regular mask & gloves required to enter room
    - Meningococcal meningitis
    - Pertussis
    - Influenza

- Airborne Precautions
  - Fit tested N-95 or higher respirator required to enter room
    - Known or suspected TB
    - Chickenpox or shingles (with contact precautions added)
    - Measles
Infection Prevention: Preventing Blood/Body Fluid Exposures

• Evaluate task at hand to determine if personal protective equipment (PPE) (such as goggles/eye protection, gowns, and/or gloves) is needed

• Safety mechanisms on medical sharps should always be used

• There should never be any hand to hand passing of sharps in the OR
  • Always use a “neutral zone” to hand off sharp instruments

• Always dispose of contaminated sharps at point of use into a sharps container. Never leave sharps (including syringes with attached needle) on a treatment tray.
Infection Prevention: Tuberculosis

• All patients are screened for Tuberculosis
• Following a positive screening by an RN:
  • Your patient will be placed in airborne precautions or masked until placement can be made.
  • You will be called to make further assessment to determine whether isolation should continue and TB testing should be ordered.
  • If you determine the patient does not require TB testing, you must document your reasoning and an alternate diagnosis based on symptoms identified on the TB screen.
Infection Prevention: Device Related infections –CAUTI & CLABSI

- CAUTI and CLABSI are reportable infections.
- Orlando Health has corporate, multidisciplinary teams aggressively working to reduce CAUTI and CLABSI.
  - In addition, each infection is reviewed in depth by a multidisciplinary group from the unit on which the infection occurred.
- **For Foleys:** You must specify one of the approved indications for Foley insertion when ordering. The following indications are **NOT** approved:
  - incontinence
  - I&O in non-critical care areas
  - prolonged post-operative use
  - morbid obesity
  - confusion or dementia
  - patient request
- **For Central Lines:** Full barrier precautions and sterile technique are required when inserting central lines.
- Patients should be assessed daily for continued need. Foleys and CVLs should be removed as soon as the need no longer exists.
Infection Prevention: Surgical Site Infections (SSI)

- Selected SSIs are reportable infections.
- Orlando Health has a corporate, multidisciplinary SSI Collaborative Practice Committee aggressively working to reduce SSIs
  - Each infection is reviewed by surgeons on the committee who determine whether the infection was preventable.
- Physicians receive their infection rates from their site CQO on a regular basis
REGULATORY & ACCREDITATION
Many regulatory and accrediting agencies impact the way hospitals do business, manage their workforce, and deliver patient care services. Periodically we are surveyed by these agencies to ensure that Orlando Health meets their standards. Everyday we strive to exceed our goal of delivering high quality care in a safe environment. The Medical Staff plays an integral role in ensuring that we are in a constant state of readiness.

Information about one such agency, The Joint Commission (TJC), follows.
The Joint Commission

• The Joint Commission (TJC) survey process focuses on the actual delivery and documentation of care, treatment and services.

• There are two types of Surveys: Triennial or organization-wide surveys (latest was in June 2014) and Focus/For Cause Surveys which occur as a result of complaints to TJC. All surveys are unannounced.
Recent TJC compliance challenges for Medical Staff include:

- Timing of medical record entries missing
- Incomplete H&Ps
- H & P updates missing
- Informed Consent missing
- Risk Benefits and Alternatives discussion not documented
- Illegible handwriting and use of prohibited abbreviations
- Pre-anesthesia Assessment missing
- Pre-sedation or pre-anesthesia patient assessment missing
- Time Out done incorrectly
- Immediate Post Op/Post procedure note missing
The Joint Commission

The Joint Commission Contact Information is available for physicians and staff on SWIFT/Regulatory site

• For Patient/Family
  • Can be found in the “Personal Choices & Bill of Rights” brochure located at:
  • https://swift.orhs.org/client_data/Departments_Creative/Forms/FORMS/4901-975400%20ES%2030x11.pdf
Transfer of Patients

Sometimes the nature of the care your patient requires may necessitate transfer within the facilities of Orlando Health. To ensure that the transfer goes smoothly, the next slide identifies the correct process to follow.
Transfer of Patients

If you feel your patient may need to be transferred to another Orlando Health facility to receive care, the following procedure will be implemented:

• Non-emergent transfer requests are reviewed by the admission case manager during normal working hours M-F. After hours and weekend requests are referred to an administrative supervisor.

• Any issues regarding physician requests for non-emergent transfers after hours will be referred to the Physician on Call for transfers who will make the final determination.

• Transfers should be done if a higher level of care or specialty service is needed.
Complete and accurate documentation is critical to achieve our goal of delivering high quality, safe patient care.

Review the Orlando Health requirements listed in the Rules and Regulations for H & Ps as well as information about the appropriate use of restraints in the following slides.
History & Physical Requirements per Medical Staff Rules & Regulations

- Chief complaint.
- Details of the present illness (including when the appropriate assessment of the patient’s emotional, behavioral and social status was done).
- Relevant past social and family histories.
- Inventory or body systems.
- Comprehensive current physical assessment.
- Statement of the conclusions or impressions drawn from the H&P.
- Statement of the course of action planned for the patient while he/she is in the hospital.
History & Physical Requirements per Medical Staff Rules & Regulations

- The H&P exam must be completed no more than 30 days before or 24 hours after admission (or registration) for each patient and prior to non-emergent surgery or procedures requiring anesthesia services.

- All H&Ps completed within 30 days of admission (or registration) must be updated in the medical record prior to surgery or a procedure requiring anesthesia services. This update must include the following verbiage:
  - H&P reviewed,
  - Patient examined, and
  - Any (or no) changes.

- This notation must be signed, timed and dated.
Restraint Use

- It is the Policy of Orlando Health To Preserve Patient Rights, Dignity, and Safety During the use of Restraints
- There are two types of restraints: violent & non-violent. The patient’s behavior mandates the type of restraint.
- There are no “trial periods for restraint” Discontinue the restraint order if the patient no longer needs to be restrained.
- No prn or standing orders for restraints are permitted.
- You must sign initial written or verbal orders for non-violent restraints within 24 hours of the initiation of restraint use.
- You must examine the patient to verify the need for restraints.
- Verbal and written restraint and seclusion orders for violent or self-destructive behavior is time-limited and dependent upon the age of the patient
Documentation

- Provides accurate and complete information about the care and treatment of your patient. Document accurately and objectively.
- Provides a basis for planning the course of treatment for your patient.
- Provides an ongoing means of communication among all caregivers.
- Serves as the source documentation for malpractice suits.
- Supports accurate code assignment which affects the hospital’s and your reimbursement. Physician documentation is the only source documentation coders can use when assigning codes. Coders cannot code from lab results, nurses’ notes or other diagnostic documentation.
Documentation

- Be timely; late entries could affect patient care and reimbursement
- Sign, time, and date each medical record entry.
- Use your physician ID number when writing orders
- Document all procedures, diagnoses and treatments
- Justify the diagnosis and state treatment choices
- Review all dictated notes (H&Ps, consults, post-op reports etc.), for accuracy and completeness. Edit as appropriate.
- Don’t document anything inflammatory in the medical record. Use the Event Reporting Process for documentation of such items or you can dictate the item by using work type 77. No purpose is served and there are other avenues to address concerns you might have.
Documentation

Orlando Health supports and encourages the use of our electronic medical record.

• Use only approved abbreviations.

• *Include your physician ID number.*

• All handwritten entries must be legible, signed, dated and timed. Illegibility results in errors and contributes to harm events.
Documentation: Who Monitors Your Documentation and Why?

**Federal:**
- Centers for Medicare and Medicaid Services (CMS) - focused on proper reimbursement.
- Office of Inspector General (OIG) - monitors payment errors to physicians.
- The Joint Commission - accreditation permits billing to government payers such as Medicare and Medicaid.

**State:**
- Agency for Healthcare Administration (AHCA) - maintains statistics for Florida and profiles physicians practices.

**Orlando Health:**
- HIM - ensures compliance with all regulatory agencies and maintains statistics for re-appointment.
- Coding - assigns appropriate and accurate codes for reimbursement and statistics.
- The Regulatory Department conducts audits to validate compliance with various standards.
ELECTRONIC SYSTEMS DOWNTIME
Downtime

Please click on the attached link for further information regarding downtime procedures when the Electronic Medical Record (EMR) is unavailable

Downtime in Sunrise
Language Services at a Glance

How to Find Language Services on SWIFT:

• Go to “Departments,” and click on “Culture and Language Resources.”

• It is important to note that all of our patients with limited English proficiency have the right to obtain an interpreter at NO COST to them.

• The quality of communications between patients and healthcare providers is a strong determinant of whether patients receive optimal care and by using interpreter services and resources.
Services Offered

• Telephonic Interpretation 24/7
  • Language Line (dual handset phone)
  • Hospital Phone (dial 67)
  • Dial 1-888-830-9481 (non-emergency) or 1 800 523-1786 (emergency)

• Cyracom
  • Hospital Phone (dial 66) or 1-800-481-3293
  • Enter 4 digit department number
  • Account number is 501013949

• Video Remote Interpreting
  • iPads are available for the hearing impaired/deaf patient at hospital sites

• Person to Person Interpreting 24/7
SAFETY & ENVIRONMENT OF CARE

[Orlando Health Logo]
Environment of Care (EOC)

• In order to comply with The Joint Commission’s standards, Orlando Health conducts EOC surveys semi-annually in all patient care areas.
• Standard EOC Operations survey items relate to:
  • Infection Control
  • Life Safety
  • Occupational Safety
  • Staff knowledge
• During surveys, you may be asked about RAACE, PASS, emergency codes, and how to respond to an EOC incident.
• Orlando Health is subject to unannounced external agency inspections where these questions may be asked, e.g. TJC, AHCA & Fire department.
Important Joint Commission Information

• Orlando Health educates all team members and physicians that they can report any concern regarding safety or quality of care to The Joint Commission without fear of retaliation.

• The Joint Commission’s contact information is:

  Mailing Address:
  The Joint Commission
  One Renaissance Boulevard
  Oakbrook Terrace, Illinois 60181
  On the Web: jointcommission.org
  Telephone: 800.792.5800
OSHA Hazard Communication Standard

• A Material Safety Data Sheet (MSDS) is a source of detailed information and is required to be available for each chemical product.

• An MSDS includes information such as:
  • Chemical identity
  • Hazards associated with the product
  • Precautions for safe handling/use

• MSDS’s for chemicals used at Orlando Health can be found on SWIFT on the Safety webpage by clicking on the icon below.
MSDS On-line: Search capabilities

To search by product name:

To search by location:

**Announcements:**
Please remember to contact Andrea Ramirez from Corporate Safety if your department receives new chemicals. The new chemicals will need to be added onto your e-binder and your chemical inventory list.
Smoking Policy

• As of July 1, 2008 all Orlando Health campuses are tobacco-free.

• No smoking or tobacco use is allowed.
Waste Disposal

In order to protect yourselves and others who handle waste, along with the environment, it is important to use the right waste container.

**Biohazardous Waste**
Disposables soiled with body fluids or human tissue

**Pharmaceutical Waste**
Partially used vials, ampoules, IV bags containing medications & bulk chemo drugs.

**Trace Chemotherapy**
Only for waste contaminated with trace chemo drugs (e.g. empty IV tubing, PPE, etc)

**Regular Trash**
Any other waste that does not match the descriptions of other wastes
Radiation Safety

At Orlando Health we base our policies and procedures on the ALARA principle – As Low As Reasonably Possible.

Most radiology equipment only poses a danger when in use. Rooms contain signage to show when safe to enter.

Stay min 6’ away when portable X-Ray machine in use

Do not enter if light is on
Radiation Safety

Orlando Health uses 3 kinds of radiation warning signs to mark the use of ionizing radiation in restricted areas.

Consult the appropriate department (Nuclear Medicine, Radiology, or Radiation Oncology) before entry to confirm required safety measures.
MRI Safety

Due to the dangers of having metallic objects near the MRI magnet, all persons entering the MRI scan room must be screened.

Only MRI-Safe and non-ferrous items may be brought into the scan room.

Orlando Health has MRI Safety Zones to ensure everyone’s safety.
MRI Safety

**Zone 1:** General Public Access

**Zone 2:** Patient Holding/Screening area

**Zone 3:** Access only with MRI staff. Non-MRI safe items removed

**Zone 4:** Entry ONLY with MRI Technologist
Emergency Management

• Prepare for, respond to, and expediently recover from any incident that could potentially impact Orlando Health operations or the people that work and care for patients within our facilities

• This includes the development of Emergency Operations Plan (EOPs) and preparation of staff and resources

• EOPs can be found on SWIFT/Policies/Emergency Management
A quick reference chart to emergency response codes
Emergency Codes

Code Black  Bomb Threat
Code Blue 45/90  Cardiac Arrest Ped/Adult
Code Brown  Severe Weather
Code Copper  Information Technology
             Infrastructure Failure
Code Echo  Possible patient elopement
Code Gray  Crisis assistance in pt care area
Code Green  Medical Gas Failure
Code Orange  Large Chemical Spill
Emergency Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PE</td>
<td>Crisis assistance – Behavioral Health</td>
</tr>
<tr>
<td>Pink (Age)</td>
<td>Abduction of Child</td>
</tr>
<tr>
<td>Red</td>
<td>Fire</td>
</tr>
<tr>
<td>Red Stat</td>
<td>Horizontal Evacuation</td>
</tr>
<tr>
<td>Silver</td>
<td>Active Shooter</td>
</tr>
<tr>
<td>White</td>
<td>Hostage Situation</td>
</tr>
<tr>
<td>Zulu</td>
<td>Medical helicopter crash on campus</td>
</tr>
</tbody>
</table>

Remember: Always refer to your code card if unsure!
Reporting Emergencies via Phone

- **Dial**
  - **22** for ORMC, M. D. Anderson Cancer Center Orlando, ACC, Arnold Palmer Hospital, Winnie Palmer Hospital & Dr. P. Phillips Hospital
  - **111** for South Seminole Hospital
  - **44** Lucerne Pavilion
  - **911** for non hospital building

- **Remember to:**
  - State your name, your title, and the code (e.g. “code red”).
  - State your exact location including the hospital, floor and area.
  - Non-hospital buildings - know your street address.
  - For Code Red, state what is smoking and/or burning.
  - Do not hang up until the operator repeats the info back to you.
Code Red (Fire): Act quickly

Call for help!

“Please call the operator”

“Activate the pull station”
Remove patients, visitors & staff
2 Activate the Pull Station

Know where the pull stations are in your area!
Alert the operator

22 for ORMC, MDACCO, ACC, APH, WPH & DPH
111 for SSH
44 for Lucerne Pavilion at ORMC
9-1-1 for non hospital buildings
Confine

Make sure to close all doors in the affected area
Hospital: Extinguish the fire (PASS)

1. Pull
2. Aim
3. Squeeze
4. Sweep
5 Non-Hospital: Evacuate

Evacuate Everyone
Proceed to your assembly point
Smoke Compartments (Hospital only)

Code Red Stat: Fire resulting in horizontal evacuation. Proceed to the next smoke compartment by passing through a door with the red ‘Fire/Smoke Door’ tag below.
Fire Drills

- To be familiar with response procedures
- Must follow all RAACE procedures and react as if the fire is a real event.
Security

Security is a shared responsibility for all team members, physicians and licensed independent practitioners.

Security can be contacted directly at each facility;
• Hospital facilities: Call 4321
• Non-Hospital facilities: Call 321.841.5600

When to call Security?
• Suspicious person/situation
• Exterior/security lights not working
• Escort to your vehicle
• Property damage or stolen property

If you See Something, Say Something
Security: ID Badge

Part of putting patients first if identifying who we are to patients.

The primary purpose of your ID badge is to identify you as part of our team – a person our patients can trust.

It also authorizes access to work area.

Your badge must be visible, above the waist, at all times.

*If you See Something, Say Something*
General Safety

If you see an unsafe condition or behavior, correct if you can and/or report it to the charge nurse. For example;

- **Slip, trip, falls hazards** (Note: All patients are assessed for falls risk- Morse Falls Risk Scale for adults and Humpty Dumpty Scale for peds. Appropriate falls reduction interventions are based on score- Policy#2225)

- **Floor spills**
- **Obstructed corridors**
- **Damaged equipment, furnishings, or physical environment**
- **Failure to use PPE or hand-washing**
A. Patient’s self-report using a pain rating scale:
   1. Numeric pain scale of 0-10
      (0 = no pain, 1-3 = mild pain, 4-6 = moderate pain, 7-10 = severe pain)
   2. Pediatric (3 years and older): Numeric pain scale of 0 to 5, (e.g., Wong-Baker Faces Scale or 0 = no pain, 1-2 = mild pain, 3-4 = moderate pain, 5 = severe pain).

B. Non-verbal pain behaviors (behavioral & physiological cues):
   1. Critical Care Pain Observation Tool (CPOT), Adult critical care only.
   2. Pediatrics (4 months to 4 years):
      3. FLACC (Face, Legs, Activity, Cry or Consolability).
      4. CRIES (Infants <4 months)

C. Proxy Report: Pain report from parent, family/others close to patient.

Pain Assessment & Management

- Acute pain crises (severe, uncontrolled, acute pain episodes) are communicated to the physician or designee and addressed promptly.
RESOURCES

The following resources are available to help ensure things go right for you and your patients:

- **SWIFT** - system-wide information at your fingertips is the OH intranet. Policies and procedures, call schedules, Medical Staff Bylaws and many other things are available on-line.
- **Department Chairs** are available to assist you. Contact information can be obtained through Medical Staff Services.

Here are a few examples of internal publications available to you:

- **The Physician Post** gives a snapshot of the ever-changing environment at ORMC, Lucerne Hospital and M.D. Anderson-Orlando. It is available in the physician lounges in these three facilities. Our community hospitals also have newsletters that are site specific for physicians.
- **Pharmascripts** contains information regarding medications and safe prescribing procedures.
PHYSICIAN ORIENTATION

We hope this presentation is helpful to you as you begin practicing at Orlando Health.

Please contact Medical Staff Services at 407-841-5139 if you have any questions.

Again, welcome to the Orlando Health Team!