

## PATIENT SAFETY

The central mission of an acute care hospital such as Washington Regional Medical Center (WRMC) is to provide quality care to its patients. The WRMC Board of Directors has the ultimate responsibility for ensuring that the institution provides quality care in a safe environment. For example, Medicare & Medicaid Conditions of Participation (COPs) specify that the Medical Staff is accountable to the hospital's governing board for the quality of care provided to patients. Although the Board of Directors may appropriately utilize the expertise of the Medical Staff and other professionals to address professional competency and quality issues, these professionals must work actively with the Board of Directors to advance WRMC's quality agenda, to identify systemic deficiencies and to make appropriate recommendations for action. Regular review with management of the quality of care provided to patients and evaluations of the adequacy of these policies in light of evolving standards, clinical practices and claims experience or trends are consistent with the Board's responsibility to provide appropriate oversight of the quality of care rendered within WRMC.

- Safe practice with high risk medications
- Prevention of Healthcare Associated Complications
  - Retention of foreign body
  - Air embolism
  - Blood transfusion incompatibility
  - Hospital acquired pressure ulcers
  - Falls with injuries
  - Poor glycemic control
  - Catheter associated urinary tract infection
  - Vascular device associated infections
  - Ventilator associated pneumonia
  - Surgical site infections
  - Hospital acquired venous Thromboembolism
  - Iatrogenic pneumothorax
- Appropriate hand hygiene
- Prevention of wrong site surgery
- Provision of a safe environment of care

Ultimately, the responsibility for providing quality, safe care to our patients rests with each of us who work within WRMC. Each of us can fulfill this responsibility by maintaining a heightened sense of awareness to deviations from safe practices. When a concern is noted, it should be communicated to a Unit Director, member of the Executive Team, or to the Patient Safety Officer. The Patient Safety Officer at WRMC is the Chief Medical Officer. The Patient Safety Officer can be reached by anytime, day or night, by paging the Hospital Operator.

## SAFETY AND SECURITY

For emergencies, dial 1234 on any house phone or 463-1000 and speak with a PBX operator. Emergency assistance is available

from our in-house security department and you may contact them directly at 463-1170

## PATIENT ABUSE, NEGLECT

All professional staff that provides patient care is required by The Joint Commission (TJC) standards to have annual training on Abuse and Neglect, defined as physical, sexual and/or emotional maltreatment. Child abuse and neglect is defined as any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse or exploitation of child by a parent or caretaker. Geriatric patients and children (persons under 18 years of age) may be victims of neglect. Neglect is defined as a failure of those who are legally responsible for the care and maintenance of the child or incompetent, incapacitated, or endangered adult to provide medical, surgical or any other care necessary for the person's well being. Sexual abuse may occur at any age and is not gender specific.

Possible indications of abuse/neglect may include:

- Patient states that abuse/neglect occurred
- Repeated and/or unexplained traumatic injuries
- Explanation of injuries is vague or patient refuses to explain
- Patient exhibits fear, withdrawal or unnatural compliance in presence of caregiver
- Suspicious injuries, "doctor hopping", etc.
- Unusual delay in obtaining treatment for injuries

If abuse and/or neglect is suspected, you should:

- Report this immediately to Case Management ext 1194 or 463-1194
- Notify the House Supervisor ext. 1234, to take pictures, if applicable
- Document findings, observations and statements made by the family / caregiver(s)

## MEDICAL BIOETHICS

The principles of Medical Bioethics can be traced to antiquity with such writing as **the Hippocratic Oath** and **Formula Comitis Archiatrorum**. WRMC's Medical Ethics Committee applies such principles as Patient Autonomy, Beneficence, Non-Maleficence, and Justice to the practice of healthcare and does so with a multidisciplinary membership. The Committee is comprised of five members of the Medical Staff, three Nursing Staff members, one Chaplain, the Social Services Director, Home Health & Hospice Director, and non-medical community members. The Committee's charge, as defined by the Medical Staff Bylaws, is to:

- a) provide a forum for individuals within the institution to express concerns and seek guidance concerning ethical issues that arise pertaining to direct patient care;

- b) define educational programs in ethics of health care
- c) assist WRMC in the review of policies and guidelines regarding ethics which arise in the care of patients, and recommend development of new policies and guidelines as necessary.
- d) Provide consultation and advice to healthcare providers, patients and family members when there is uncertainty or disagreement concerning medical ethical issues;
- e) Analyze the overall experience of patients, family members, and WRMC staff, and make recommendations as to how to address their needs in their area of medical ethical decision-making.

The Committee can be convened by contacting the Chief Medical Officer who will assist in presenting the question and coordinating the meeting.

## SMOKING POLICY

Smoking is not allowed on any WRMC property. Arkansas law prohibits the smoking of tobacco in and on the grounds of all medical facilities.

## CHEMICAL SPILLS

Dial 1234 for assistance with any chemical spill.

## UTILITY DISRUPTIONS

Should you encounter a utility emergency please dial ext. 1234 for the operator or 463-1000, or you may call the Maintenance Department directory at 463-1052.

## EMERGENCY OPERATION PLAN FOR LIPs

In the event of an Internal or External Disaster ( Code Yellow ) , a "page" is sent by the PBX operator to all Medical Staff Staff Members, Allied Health Practitioners, and Licensed Independent Practitioners (LIPs). All LIPs and Allied Health Professionals will be assigned tasks during the Code Yellow through the Chief Medical Officer.

## EMERGENCY CODES

**All codes are to be reported by dialing ext 1234**

**Code Cardiac Conference** - Cardiac or Respiratory Emergency

**Code Purple** - Combative or Disruptive person

**Code Green** - Kidnapped or Missing Patient.

**Code Gray** - Tornado threatening the facility

**Code Yellow** - Internal or External Disaster causing an influx of injured to the hospital

**Code Black** - Bomb Threat or Bomb Discovery (DO NOT TOUCH)

**Code Red** - Fire Emergency. **RACE** procedures followed. **R**escue patient to safety, pull fire **A**larm or dial ext. 1234, **C**ontain fire, by closing all doors, **E**xtinguish or **E**vacuate.

**Code White** - Chemical/Biological Incident

**Code Pink** - Missing Infant or Child

**Code Silver** - Individual(s) appears to be actively shooting or engaged in killing persons in hospital or on the grounds. Move to the nearest location with a locked door and remain until all clear.

### **PROFESSIONAL CONDUCT POLICIES**

The Organized Medical Staff (OMS) of WRMC has developed and approved policies addressing Sexual Harassment, Disruptive Behavior, and Impaired Practitioners. Although the incidence of these types of behavior is extremely low, it is critical that you are aware that a formal process is in place to provide you an avenue to report any such concerns to the Chief Medical Officer.

### **INFECTION PREVENTION & CONTROL**

#### **Influenza Vaccination**

Influenza vaccination is the number one way to prevent becoming a victim and/or spreading influenza to your patients, employees and family.

- It is a requirement that WRMC reports vaccination compliance information to the National Healthcare Safety Network at the CDC.

You are required to provide the following to WRMC's Employee Health Services department: Ext. 1593

- Documentation of annual vaccination
- If you decline, please complete the Declination Form provided by the Employee Health Service department.

#### ***Hand Hygiene – The most effective way of preventing the spread of infectious organisms.***

##### ***Wash your hands:***

- When entering and leaving the patient's environment (In and Out)
- Before and after patient contact
- Before donning and after removal of gloves
- With soap and water (15 seconds) after examining a patient who is positive for Clostridium difficile toxin

#### ***Prevent the spread of MDROs when following WRMC protocols:***

- Contact Isolation for patients with known or reported history of MDROs (MRS, VRE) or other significant organisms such as Clostridium difficile
- Avoid taking chart into the patient's room

#### ***Prevent Central Line-Associate Bloodstream Infections using strategies such as:***

- Remove any unnecessary catheters
- Educate patients about infection prevention
- Use maximum barrier protection in compliance with the WRMC central line bundle when inserting central lines

#### ***Prevent catheter-associated urinary tract infections using strategies such as:***

- Appropriate indications for urinary catheter
- Remove catheter when no longer necessary

### **RISK MANAGEMENT**

The Legal, Compliance, and Risk Management Departments are available to assist you with medical-legal, regulatory compliance, and other risk or legal concerns, including potential medical negligence concerns. The Risk Manager, Donna Bloyed, can be reached at ext. 1596 (463-1596). The Corporate Compliance Officer, can be reached at 463-7640. The General Counsel, Tom Olmstead, can be reached at 463-5018. The Chief Medical Officer, David Ratcliff, MD, can be reached at 463-6004. The Accreditation Coordinator, Jim Bass, can be reached at 463-3377.

#### **HIPAA** (Health Insurance Portability and Accountability Act

If you have a concern regarding a breach of protected health information, or patient confidentiality, contact Tom Olmstead at 463-5018.

The HIPAA Privacy Rule provides federal protection to safeguard patients' personal health information held by covered entities (physicians, clinics and health plans to name just a few) and gives patients an array of rights with respect to that information. The Privacy Rule regulates when and under what circumstances a covered entity can use and/or disclose PHI for patient care, covered entity healthcare operations, payment, to law enforcement, for research, and other important purposes.

The Security Rule specifies a series of administrative, physical and technical safeguards to assure confidentiality, integrity and availability of patients' electronic protected health information.

Key points to remember:

- Protected Health Information (PHI) may be shared by and between covered entities who share a relationship with a patient for the purpose of coordinating the treatment of an individual as well as for payment purposes and healthcare operations.
- PHI is limited to the minimum necessary to carry out your responsibilities.
- Passwords are never shared.
- If a patient is awake and aware, always consult with the patient regarding with whom their health information can be shared.
- You only have a right to view patient information on patients by virtue of your practice or consultation.
- Providers have been criminally prosecuted in Arkansas for violating a patient's privacy rights.

- Social media sites are not secure or private and patient information should never be posted on any such sites.

### **CULTURAL DIVERSITY**

In compliance with federal and Arkansas law, including the provisions of Title VII of the Civil Rights Act of 1964, the Arkansas Civil Rights Act of 1993, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, it is the policy of Washington Regional Medical Center and its affiliated entities ("Washington Regional") to maintain a work environment free from discrimination based on race, sex, gender or sexual orientation, religion, color, national or ethnic origin, age, disability, military service, or genetic information.

WRMC employees are afforded the right to disclose to their supervisor any cultural or religious conflicts as they pertain to his/her job duties. Examples of patient care activities an employee may elect not to participate in are:

- Abortion, including after-rape treatment
- Sterilization procedures
- Withholding or withdrawing of life-sustaining treatment, including nutrition and hydration
- Following a physician's orders of plan of care when the employee believes that the best interests of the patient are at risk

An employee may not refuse to participate in the care or treatment of a patient based solely on the patient's behavior or diagnosis, e.g., HIV/AIDS, other sexually transmitted diseases, tuberculosis or other contagious disease.

### **PATIENT RIGHTS & RESPONSIBILITIES**

The hospital, its employees and medical staff must comply with the Medicare Conditions of Participation (MCOP) which establish as framework for the delivery of patient care. One section of the MCOP is entitled "Patient Rights and Responsibilities" under which are many important elements for the delivery of patient care. The rights range from the simple, "the right to know the name of your physician", to the complex, "the right to be free from restraint." Listed below are three important MCOPs:

#### **1. Informed Consent**

WRMC has a policy which you can find located on the intranet that defines the consent process and the use of the consent form. Consent is a process or discussion

between the physician and patient regarding the risks and benefits of procedures or treatments as well as the risk of no treatment or procedure. An Informed Consent form is then signed by the patient which acknowledges that the physician/patient conversation took place and the patient chooses to move forward with the procedure or treatment.

2. Advance Directives

Patients have a right to formulate an advance directive which includes a healthcare proxy or durable healthcare power of attorney to make decisions regarding health care for them if the patient is incapacitated. Advance Directive forms can be found on the WRMC intranet site.

3. Grievance Committee

The Grievance Committee is a hospital committee with oversight from the Board of Directors. The Committee meets weekly to review patient and family concerns that were not resolved at the bedside. A written response is provided to the patient within a reasonable time.

#### **PERFORMANCE IMPROVEMENT**

All hospitals strive for better patient outcomes by improving the safety and quality of the care, treatment, and services they provide. The best way to achieve better care is by measuring the performance of processes that support care, and then using that data to make improvements. The Organized Medical Staff, as well as the WRMC staff, all participate in Performance Improvement initiatives on an ongoing basis. PI initiatives are developed through data analysis by both the OMS and Hospital Committees. The hospital's goals are to provide excellent, evidence based care and create an environment that supports and offers recognition for excellent care. We strive to be among the top performers on state and national regulatory and safety measures, and have an ultimate goal of 100% on all accountable care measures.

#### **ACCREDITATION**

WRMC has full Accreditation with The Joint Commission. The next expected hospital TJC Survey can occur anytime before early October 2017. WRMC also receives periodic unannounced visits from the Arkansas Department of Health as well as from CMS. Surveyors look at priority focus areas to determine the level and consistency of care provided in our organization.

**Priority Focus Areas (PFAs)** are defined as processes, systems or structures in a health care organization that significantly impact the quality and safety of care. They can be used to guide assessment of standards compliance in relation to the patient experience. Specific areas surveyed are:

- **Assessment and Care/Services** - evaluates the execution of a series of patient processes including, as relevant:
  - assessment;
  - planning care, treatment, and/or services;
  - provision of care; ongoing reassessment of care;
  - discharge planning, referral for continuing care, or discontinuation of services.

While some elements of Assessment and Care/Services may occur only once, other aspects may be repeated or revisited as the patient's needs or care delivery priorities change.

- **Effective Communication** - required when providing quality patient care. Effective communication includes:
  - Provider and/or staff-patient communication
  - Patient and family education
  - Staff communication and collaboration
  - Information dissemination
  - Multidisciplinary teamwork
- **Effective Staffing** - entails providing the optimal number of competent personnel with the appropriate skill mix to meet the needs of a health care organization's patients based on that organization's mission, values, and vision. Effective staffing includes defining competencies and expectations for all staff including licensed independent practitioners and medical staff.
- **Effective Patient Safety** - entails proactively identifying the potential and actual risks to safety, identifying the underlying cause(s) of the potential, and making the necessary improvements so risk is reduced. Patient Safety includes:
  - Planning and designing services
  - Directing services
  - Integrating and coordinating services
  - Error reduction and prevention
  - The use of Sentinel Event Alerts
  - The Joint Commission's National Patient Safety Goals
  - Clinical practice guidelines
  - Active patient involvement in their care

#### **PATIENT IDENTIFICATION/WRIST BAND**

The application of color-coded wristbands will be based upon patients' initial and/or ongoing clinical and risk assessment findings, patient-specific decision making, and medical orders. The following, standardized wristband colors are used:

- **Blue** Used for primary patient identification. There are two types of blue armbands. The non-label protected type are used for outpatients; the label-

protected type are used for patients going to surgery, or to a bed.

- **Green** – Allergy to latex
- **Red** – Allergies, other than latex
- **Yellow** – Risk for Fall
- **Pink** – With Physician order, limited DNR (Do Not Resuscitate), with specific limitations of resuscitative treatment, as indicated
- **Purple** – with Physician order, complete DNR
- **Red/White Striped** – Blood Bank armband

#### **FALL PREVENTION & REDUCTION**

An ADULT fall is defined as any unplanned descent to the floor with or without injury to the patient. A PEDIATRIC fall is defined as any unplanned descent to the floor with or without injury to the patient as developmentally appropriate.

To enhance patient safety, nurses will:

- Identify fall risk using Morse Fall Risk Scale in the Patient Admission Assessment and Ongoing Assessment forms. The Morse Fall Risk Score lists factors that predict fall risk potential
- Initiate prevention strategies
- Provide patient family education that includes:
  - Hospital-specific precautions (found in Micromedex and on WRMC Intranet under Fall Education)
  - Home fall reduction strategies (found in WRMC Patient Guide)
- Perform post fall assessment and analysis
- Report and document fall risk at shift change, in Transfer of Care document, and upon Transfer of the patient to another facility
- Document patient and family education
- Document all actions and patient response to actions
- Update Care Plan and Problem List
- Document discharge planning strategies for home fall prevention

WRMC staff receive annual education that includes fall awareness and prevention. Clinical and non-clinical staff assigned in patient care departments or support roles (e.g. housekeeping) will receive annual education about falls precautions to understand their roles in fall prevention.

All patient falls are reviewed for cause. This process will be accomplished through the use of an immediate Post Fall Huddle. The attending physician will be notified of any patient fall.

#### **CARDIAC CONFERENCE**

Cardiac Conference is the code for a patient, visitor or staff member having a cardiac or respiratory arrest. When observing

the need for a Cardiac Conference, dial ext. 1234 on any house phone or 463-1234 from a cell phone.

- Designated patient care areas of the hospital have blue Cardiac Conference buttons mounted on the walls to alert PBX operators of an event.
- Inform PBX with name of person calling, location of person needing help, type of code to be announced.

#### **RAPID RESPONSE TEAM (T-REX)**

T-REX – Team Response to Extremis

Assists with the care of the unstable patient in a non-critical care unit. The following criteria is utilized for instituting T-REX call:

- HR <40 or >130
- RR <8 or >30
- SBP <90 or >200
- SPO2 <88%
- Acute change in level of consciousness, active chest pain, or nurse judgment of instability.

The T-REX team is summoned by dialing ext. 3333 on a house phone or dialing '0' and clearing stating "T-REX to Room # \_\_\_\_". Any member of the healthcare team, patients, and/or families may summon the T-REX team. The attending or on-call physician will be notified during or immediately following any rapid response encounter.

#### **USE OF RESTRAINTS**

WRMC strives for a restraint-free environment that assures an appropriate level of physical, mental and psychological function of the patient. The patient has a right to the least restrictive environment consistent with safe care. Patient's rights and dignity are always maintained. The patient has the right to freedom of movement and normal access to his/her body. Restraints may not be used as a means of coercion, discipline, convenience or retaliation by staff.

Restraints are used in response to assessed patient need. Restraints may be used in response to emergent, dangerous behavior, or as a part of a medically approved plan of care that is authorized by an individual physician order. Restraint use for violent or self destructive behavior is restricted to urgent situations. Comprehensive assessment of the patient and environment, in conjunction with individualized care planning will be used to ensure the patients' well being. Restraints must be ordered by a physician after examination of the patient. Once a restraint is removed, a new order must be obtained from the physician before initiating restraints.

#### **MEDICATION RANGE ORDERS**

PRN medication orders must include an indication or reason for administration. PRN orders such as "Morphine 2-5mg IV every 1-4

hours for pain" are not allowed because they have too wide a dose range and no criteria for dosage selection. However, a physician may order a specific drug and/or dose for PRN medications based on the patient's pain scale.

Example:

- Percocet 1 tab, P.O., q 4 hrs, PRN mild pain (1-3)
- Morphine 2mgm, q 2 hrs, IV Push, PRN moderate pain (4-6)
- Morphine 4mgm, q 2 hrs, IV Push, PRN severe pain (7-10)

Note: these are adult pain scale levels

If pain relief measures are assessed to be inadequate, the nurse will contact the physician for further orders.

#### **ILLNESS AND IMPAIRMENT RECOGNITION SPECIFIC TO MEDICAL AND ALLIED HEALTH STAFF MEMBERS**

As an integral part of patient safety, all medical staff, allied health staff members and organizational staff are encouraged to come forward should they have concerns about physicians or advanced practice professionals. The Physician Health Committee receives and evaluates concerns about physician health or functioning while assuring maximum confidentiality. If you believe that a practitioner is impaired, report your concern to the Chief Medical Officer at 463-6004.

Signs of impairment that may be observed include physical state and behavior in the hospital. Examples are as follows:

- Deterioration in personal hygiene
- Deterioration in clothing and dressing habits
- Unusual patterns of prescribing and/or taking prescription medications
- Frequent visits to physicians and dentists
- Accidents
- Emotional crises
- Making rounds late, or displaying inappropriate, abnormal behavior during rounds
- Decreasing quality of performance, e.g., in staff presentations, writing in charts
- Inappropriate orders or over-prescribing of medications
- Reports of behavioral changes from other personnel
- Involvement in malpractice suits and legal sanctions against hospital
- Unavailability or inappropriate responses to telephone calls
- Hostile, withdrawn, unreasonable behavior to staff and patients
- Complaints by patients to staff about doctor's or practitioner's behavior